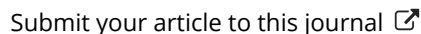


Robert Michels

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THE PSYCHOANALYTIC QUARTERLY BOARD OF DIRECTORS APPOINTS NEW EDITOR-IN-CHIEF

Jay Greenberg's term as Editor-in-Chief of the *Quarterly* comes to an end this year. We will express our gratitude to him in the January issue.

We are pleased and proud to welcome Lucy LaFarge as our new Editor-in-Chief, effective January 1, 2021.

Dr. LaFarge comes to the *Quarterly* from the *International Journal of Psychoanalysis*, where she was Regional Editor for North America from 2010-2020. In the past she has served on the editorial boards of both the *Quarterly* and the *Journal of the American Psychoanalytic Association*. She is a Clinical Professor of Psychiatry at Weill Cornell Medical College. A former training and supervising analyst at the Columbia University Psychoanalytic Center, she is now a member of the affiliate faculty at the Austen Riggs Center. She resides in New York City, where she has a private practice in psychoanalysis and psychotherapy.

Dr. LaFarge has published and presented widely, addressing such broad ranging psychoanalytic topics as analytic listening and counter-transference, the analyst's disillusionment and despair, concepts of narcissism, revenge, forgiveness, the use of multiple models in clinical work, screen memory, the fate of the frame at termination, and the interface of psychoanalysis and literature.

Assuming the editorship at a time of great change in the field and the larger world, her intent is to maintain the tradition of excellence and the psychoanalytic focus of the *Quarterly* and to continue to forge a place for this North American psychoanalytic journal within the international literature.

Robert Michels
Chairman
Board of Directors

Embodiment and the Perversion of Desire

By Andrea Celenza

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EMBODIMENT AND THE PERVERSION OF DESIRE

BY ANDREA CELENZA

A contemporary definition of perversion is offered that aims to reveal a form of psychic functioning as a quality of being toward others in the external world, translating to a mode of relating toward internal objects, and/or a mode of relating toward one's body as an object. This quality of being is contrasted with perversion denoting a specific set of behaviors, as in classical conceptualizations. Two schematics illustrate healthy and perverse phenomenological positions (i.e. identifiable within the person's preconscious or conscious perspective and experience). These positions highlight ways in which perverse modes of experiencing can be depicted, by use of internal psychic positions and the extent to which these are integrated, interpenetrate one another or are truncated and foreclosed. In particular, a perverse internal psychic mode is proposed where affective, embodied, and pre-reflective self-experience is split off or dissociated. The case of Laura is offered as an illustration of a perverse mode of being and a perverse relationship to her body. I also suggest that perverse modes of relating towards others (primarily through objectification) is more common in males whereas the objectification of one's body is more common in females.

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Keywords: Perversion, desire, embodiment, objectification, sexuality.

INTRODUCTION

A 30-year-old, exceedingly fit, and strikingly beautiful woman came to see me because, as I heard it, “I’m attracted to *my nurse!*” In an acutely anxious state in this first session, Laura went on to describe her attempts to keep her mind off her sexual feelings. She catalogued her rigorous exercise schedule, her writing activities (she was in the middle of writing a play), her television watching (criticizing herself for it as self-indulgent), and other daily activities, all of which were failing to keep her attention from her dreaded sexual desire. I expected to hear about some sports-related injury (given her level of fitness) or body-based pain, both by way of introducing the nurse, but she made no mention of these or of the dreaded nurse. Nor did I understand why she was so anxious about her attraction to the nurse. Perhaps the nurse was partnered or otherwise unavailable, I speculated.

After some time had passed and I did not hear anything about the nurse, I asked her to clarify for me what she had said when she entered my office. It was only then that she repeated, and I correctly heard for the first time, that she was attracted to *minors* ... I had misheard *minors* as *my nurse*. While I was re-orienting to this new information, I kept my auditory slip at the back of my mind, wondering about a possible unconscious communication.

When she realized I had just now understood her, Laura quickly added, “This is why I cannot get married and have children because I have to always be vigilant and make sure I never act on these desires. And I never would. I never want to molest a child or even infants ... and I’m attracted to infants too—it’s terrible, I cannot be in places where there are kids and I’m now avoiding parks, schools, family gatherings where my cousins might be present” She said all this fast-paced while crying. I noted how the future was, in a command-like manner, foreclosed.

Laura told me she had thought she was asexual, but when she was 8 years old, she “felt it.” Felt what? I asked and she explained, “Well I didn’t then feel much, it’s ideas that scare me.” Now, she explained, she

feels too much. Since she was 16 or so, she has become aware of sexual attractions, boys or girls under the age of 8. She masturbates and enjoys it, but is totally horrified that she is intensely aroused by seeing the clitoris or penis of an infant. If this happens, she becomes acutely aroused, does not even have to touch herself to orgasm, and then she is totally disgusted with herself. My notes reflect her saying, "I'm attracted from infancy to about 4 years old, when they're nonverbal, before I start talking to people." I think that last phrase was a slip ("before *I* start talking to people") but I cannot be sure. It is how I wrote it in my notes. Also, she regularly contradicted herself with the ages of when this started and of the ages of children to whom she is attracted. Sometimes the child is under 4 years old, sometimes 8, and either she was 8 or 16 when the awareness of sexual feelings set in. At the beginning of our work, she reassured me in almost every session, "I am very good at and very serious about impulse control."

Given her acute anxiety, I suggested a twice weekly treatment and she readily agreed. I asked her about her experiences in romantic and sexual relationships. She said she has had none with the exception of kissing one boy. She has been attracted to others, though rarely, and always these persons had some built-in obstacle, such as they were "too close a friend," or a woman (she does not think she's gay), a cousin ("It would be incest!" she exclaims), or now, with children. I say that her sexual feelings seem to find a way to emerge in just the places where they are prohibited and she agrees, which is why, she tells me, she is so terrified. She dreaded these feelings would never go away. I noted to myself the way she understood my comment in this early session. She seemed to take it at face value rather than as a suggestion of the operation of defenses. Was she unable to think about the workings of her mind, I wondered?

Laura told me she was completely unattracted to (and frightened by) men her own age. Of course, I found these clinical facts extremely interesting in light of her attraction to children and when I shared this with her initially, she immediately dismissed my linking of the two, thinking they were only vaguely related. I thought if she could appreciate her mind in conflict and the defenses she might be unconsciously utilizing in order to mediate that conflict (e.g., projection and displacement to manage her fears and wishes) she would be relieved, but in early sessions

when I further explained these possibilities with her, she was highly suspicious. The immediacy with which she had dismissed these ideas led me to wonder further as well. I thought she might be experiencing my interpretations as seductions, tempting her to loosen her vigilance on her desire to molest a child. In the early weeks, I did not suggest this to her, for fear of frightening her with a transference interpretation before establishing a sufficient alliance. Weeks later, however, we had the following exchange:

A: You seem afraid of this idea that the two [her fear of dating and her attraction to children] might be related.

L: I am very good at self-control, I think I told you. I would never harm a child.

A: Are you afraid to relax your vigilance, that *I* might be tempting you to relax your vigilance?

L: I know you mean well, you want to help me, but I am afraid of this idea, it's true. I know I would never molest a child. But the feelings are still there, so there are temptations. How would it work if these two ideas are related anyway?

A: Your mind seems to find ways of allowing desire only where there is sufficient, even extreme prohibition. It's with men your own age where you cannot allow yourself to feel anything and there, it would be permissible to act. . . maybe that's the real temptation.

L: I don't know – I did kiss a boy once. I felt nothing. But you're making it complicated. Is this possible? I'll have to think about it.

At this point, I noted that she was able to consider my comments without becoming suspicious of me, presumably because of the increasing trust between us and a sense of confidence that I was a benevolent person trying to help her. (If this were indeed true, I also knew that our growing alliance would not rule out the possibility of my becoming a seductive, tempting object at some point in the future.)

In subsequent sessions, Laura did report feeling some relief, and though she was by no means convinced that her sexual feelings might be the result of an unconscious defensive transformation, she was willing to consider this as a possibility. She also became interested in the workings of her mind. She requested a third weekly session and expressed interest in my writing, stating, "The titles of your books are so *cool*. What interesting subjects you write about!" I noted that though she thought the titles were "cool," (an interesting choice of word – was something between us becoming too hot?), she did not read anything further nor ask me about my writing. I asked her what aroused her curiosity in particular and she spoke of the title of my first book. This was when she told me about her parents' extremely permissive child-rearing style (below). Still, I noted the emergence of curiosity about me and about the subject of sexuality in general. I wondered if there was a role for her anxiety now emerging in the transference, but these comments by Laura had an intellectual quality only. The feeling for me was that her interest was *cool*, she did not pursue her curiosity further nor speculate about me. Only later did I realize that her lack of pursuit might portend other foreclosures as well.

Laura stated that she comes from a family with an atmosphere and strong ethic of almost unlimited freedom, indeed boundlessness. She felt "everything was permitted" and the only boundaries that existed were self-imposed. Her parents talked to their children about drugs, for instance, but this took the form of sharing their own experiences with them. She took baths with her brother and father (in a small tub, she added) until she touched her father's penis and he realized bathing together was not a good idea. I asked her directly if she remembered other sexual incidents. She stated forthrightly that she had no memory of outright sexual abuse. I had the thought that her symptoms would be consistent with this historical reconstruction, but also noted that the atmosphere in the home (as she described it) might be sufficient to create anxieties about the limits of desire, even if sexual acting out had not occurred.

Laura described her family as guilt-ridden, always speaking of giving back, and devoting many hours to charity work. Laura was also preoccupied with doing good works and making something of her life that will make a difference in the world. "Giving is prioritized; taking is forbidden. If you're consuming, you're not doing," she stated succinctly. She

said her parents have unconditional love; but she is sure that her attraction to minors is the condition that would break it.

As Laura continued to tell me about her sparse dating history, I noticed that she seemed to eclipse the space between herself and her bodily receptivity to pleasurable feeling so that she could not think about pleasure except to condemn herself. She explained that when she has tried dating, she is quick to tell her prospective date (before they meet) that there will be no chemistry, they will only be friends, she will not feel anything, and if he is okay with this, they can move forward. "Sounds like a command," I said, and she explained, "I dread hurting him." She was apparently convinced this is the way it would go. She continued, "I become inarticulate when dating. I have overwhelming anxiety to the point of panic. Dating guarantees someone is going to be hurt. I have an infinite capacity to hurt people so I'm looking for a reason to say no."

When it comes to sexual feelings, Laura said she doesn't have a *physiological reaction*, she has an *intellectual longing*. She explained that she "desires to desire an attractive man, but the biggest, most powerful, and horrific thing is to reject somebody. It is soul-crushing." She said she used to be afraid she'd be pressured to have sex on dates; now it's about setting the boy up for disappointment which, in her mind, is immoral. She remembered telling me she is frightened but could not own her anxiety in these early weeks of treatment. Though she was increasingly curious about herself and able to reflect on her symptoms, she continued to seem intellectualized, affectless, and afraid of her feelings.

Laura also told me she has struggled with periodic depressions throughout her life and, interestingly and consistent with her intellectualized presentation, she said the quality of these are not primarily affective. They are dominated by suicidal ideation (she assured me she would never do it) and the fears are existential—that she is not going to continue to be the same person. They occur in transitions—separations and moves—and the thing that has helped is her gradual realization that she will continue to be the same person from one end of the juncture to the next.

Another form her suicidal ideation tends to take is in answer to the question, "Is this enough to want to live?" Her life has been dominated by work and achievement-related activities that she is committed to, yet

from which she derives little pleasure. Or at least, little enough that it raises the question, "Is this enough to make life worth living?" She is plagued by a growing awareness that the sexual desire she feels toward children and infants is the one thing that might be enough.

As noted, Laura is not completely sexually dormant. She started masturbating compulsively when she was 12 years old, long before she had any crushes. She likes "erotica" or soft porn, man-on-woman, and prefers stories where a woman is totally taken over, where the woman "has zero control." This might include being given a drug, hypnotized, bound, or tied up, or where "a guy age regresses a woman to a child, someone with less boundaries." She considers these situations to comprise "not *non-consent*, but reluctant." I noted the truncation of desire and agency in all of these scenarios.

Tentative formulations of Laura's psychic distress can be constructed from various theoretical orientations. Perhaps Laura's symptoms represent an attempt to find the limits to her omnipotent, destructive, and voracious fantasies and wishes. From a conflict perspective, her sexual pleasures are freighted with intolerable guilt and fear such that she projects and displaces them onto prohibited objects. From another perspective, she might be viewed as having a self-disorder – fears of annihilation, depersonalization, or fragmentation arise when separations loom; an intolerance of difference and separateness, the gaps experienced as voids making separateness psychologically dangerous. She truncates her potential to think and feel, just as she does when she is about to date and she commands herself (and her date) to have no chemistry; she makes a pact, as it were, not to feel nor leave a space for the uncertainties, mysteries, and excesses of her desire. Yet another perspective highlights fears of receptivity, one pole of a dialectic where potency—the desire to do good works and accomplishments that would change the world—are privileged over anything associated with "taking in." Finally, there is the possibility that the infants and children toward whom Laura is attracted unconsciously represent infantile versions of herself, dissociated self-states perhaps secondary to sexual trauma that she does not recall.

Suddenly (to me), my work with Laura was prematurely terminated when she announced she was moving. After only a few months of treatment, she stated she was moving out of the area and presented this

move as unavoidable, a career opportunity that she insisted she had told me about in our first session. I think in fact she had. Looking back, I remembered that she had informed me about a pre-existing career commitment she had made (to begin several months hence), thereby artificially circumscribing our treatment to be of a short duration, however I had apparently let myself become absorbed in the work and had forgotten!

I saw Laura's foreclosing the treatment as a possible enactment of her command to prospective dates: "There will be no attraction, no chemistry," i.e. no lasting relationship, commitment, or ongoing attachment. On a reality level, it appeared that her prior commitment was indeed an important career opportunity and I did not want to interfere with this. However, I shared with her that though it seemed necessary for her to leave the area, I could not ignore the possibility that she was truncating our relationship in ways that fit the pattern of forestalling her desire. She did not *feel* the importance of this but agreed to consider it as a possibility. Since she could see the pattern, she then wondered if I would be willing to continue the treatment via Skype. I told her I would think about this.

My private reflections on this question led me to the following considerations. I observed Laura's capacities to increasingly reflect on the workings of her mind, i.e., ways in which she was now able to consider defensive processes, the possible meanings of her fears and anxieties, and ways in which her upbringing may have contributed to her inhibitions. The treatment, in other words, was developing her reflective capacities. But this was not where I thought the core of the work might be located. I speculated that Laura's inhibitions revolved more around her capacity *to feel*, to be receptive to *affective (especially sexual) experience*, especially in relation to her sexual desires as it was *tied to her own agency (intentionality)*. If this were true, she would need to allow certain fears, anxieties, desires, and wishes to emerge within a sufficiently containing and affectively charged transference experience. I could not be sure if the *embodied presence* of an analyst would be necessary for this to occur, but I suspected it might be.

I also thought it likely that Laura's treatment would require several years of intensive, affectively enlivening work. Though I would have enjoyed continuing to work with Laura, we had only just begun and after

extensive thought on my part, I surmised it would be best for Laura to have an “embodied analyst.” At the risk of colluding with a possible transference/countertransference enactment in this nonnegotiable truncation of the treatment, indeed, a truncation of the relationship through a premature termination, I referred her to an excellent analyst near her new home.

DISCUSSION

After a brief digression on perversion that recasts the term through a contemporary lens, the concept of “perverse scenarios” is defined and utilized. I then offer two schematics, healthy and perverse, that can be used to illustrate a person’s inner psychic functioning, comprised of various psychic positions or self-states. The perverse schematic aims to depict Laura’s constricted inner psychic functioning, especially with regard to how certain capacities are truncated or foreclosed from affective (embodied) experiencing. The contemporary understanding of perversion offered here coincides with such foreclosures where a perverse internal mode of experiencing dissociates or splits off affective, embodied, pre-reflective self-experience. This contrasts with the capacity to self-reflect which can remain intact in perverse modes. The case of Laura is an attempt to illustrate an example of this second schematic.

Perversion

The concept of perversion has a long and tainted history. In contemporary times, many psychoanalysts refuse to use it, rejecting the heteronormative and phallogentric assumptions that imply pathologization of nonheteronormative groups. To other analysts, however, the concept conjures meanings that are complex and clinically useful. Contemporary usages have been clinically revealing, including (but not limited to): Eiguer’s (2007) study of the “intersubjective link,” Purcell’s (2006) discussion of the analyst’s excitement in the analysis of perversion, Jiménez’ (2004) phenomenology of perversion, Grossman’s (2015) object-preserving function in sadomasochism, my (Celenza 2000) emphasis of libido in sadomasochism, Josephs’ (2003) “perversion of the observing ego,” Sanchez-Medina’s (2002) hypothesis of “perverse thought,” Carignan’s (1999) clinical description of a

perverse transference, and Etchegoyen's (1978) thesis of transference perversion. For the purposes of this paper, I aim to build on Parsons' (2000) overview and recasting of sexuality and perversion in object relations terms. I aim to clarify the concept of perversion by refracting it through a contemporary lens, especially at the level of epistemology (namely, social constructivist), thereby reclaiming this complex theoretical construct—to destroy it in order to preserve it, as it were.

The classical definition of perversion is complex and multi-layered, differing even from within the arc of Freud's writings¹ and then subsequently in the literature from various early psychoanalytic writers. The following definition is excerpted from Laplanche and Pontalis (1973, pp. 306-309) and will be used to situate the classical ways perversion has been understood in order to contrast this with a more contemporary view. Several dimensions of the classical view of perversion can be identified, including perversion defined as 1) a deviation from a norm (that being coitus with the opposite sex by means of genital penetration; 2) orgasm achieved with other sexual objects (other than a person of the opposite sex); 3) orgasm achieved via erogenous zones of the body other than genital penetration; 4) where orgasm is subordinated to extrinsic conditions that bring about sexual pleasures.

These elements, taken together, combine to define perversion as *aberrant behavior* underlaid with heteronormative and phallocentric assumptions. My purpose is to find what is still useful in the terminology and discard outdated assumptions no longer held to be true or valid. A contemporary lens focused on healthy sexuality allows for wide-ranging behaviors that are not necessarily tied to a specific erogenous zone or a partner of a particular sex. Further, as noted above, the idea that *behaviors themselves* can be deemed perverse (or not) is a prescriptive orientation that implies ways of behaving, the judgment and prescription of which is pointedly anti-psychoanalytic.

Therefore, the term perversion requires the dismantling of phallocentric and heteronormative assumptions as well as links to pregenital functioning and part-object ties. At the same time, seemingly gendered anxieties often lurk in perverse symptomatology (regardless of how

¹ See Grossman (2015) for an explication of the changes in Freud's views on sadism and masochism in parallel with the evolution of instinct theory.

perversion is defined), a clinical fact that cannot be ignored. In the case of Laura, for example, the conflict between the desire for sexual pleasure and the prohibitions and fears against them can be viewed as representing stereotypically gendered anxieties. For example, Laura can be viewed as embattled in a stereotypically gendered conflict where she cannot desire “masculine” penetration for fear of “feminine” receptivity. This parallels some stereotypic ways in which perversion has been characterized in classical literature, through the depiction of exaggerated acting out of “feminine” or “masculine” behaviors. Given the persistence of seemingly gendered concerns in perverse scenarios, then, it is my contention that the classical literature on perversion may retain relevance in the understanding of perversion today (see, for example, Arlow 1971, 1987; Freud 1905, 1927; Sperling and Arlow 1954).

Further, I suggest that the classical literature on perversion retains clinical utility because *persons engaging in perverse scenarios are attempting to imagine a one-person universe* (albeit wishful, illusory, impossible, and fantastically construed). In this view, a perverse mode of being or a perverse mode of functioning is a defensive fantasy construction that constitutes a retreat from interpersonal experiencing (either in relation to internal objects or those in actual reality) and/or certain internal psychic positions in relation to one’s body. This is essentially an effort to construct an imagined, (yet impossible), self-contained (in the sense of omnipotent), and constricted one-person universe. Such defenses are unconsciously mobilized in order to defend against a perceived danger, consciously and concretely located either outside the self or from within.

What Is Not Perversion

In attempting to define perversion, it is useful to begin with what perversion is *not*. It is my contention that it is most useful to discard the notion that perversion refers to a set of behaviors. Viewing perversion as a set of behaviors devolves into a thinly disguised effort to legislate ways of being, usually based on a set of moralisms or convention. This is anti-psychoanalytic in that psychoanalysts do not prescribe how to be, how to act, or what to do. Rather than refer to *a perversion* (or for that matter, *a pervert*), the term *perverse scenarios* will be employed because the term is descriptive of problematic

modes of being, experiencing, or functioning *at a fantasy level* (usually at least partly unconscious) that, if enacted, are psychically harmful to the individual or others. Perverse scenarios define modes of being as they function, i.e., as a *quality of being*, rather than referring to a specific set of behaviors per se, thereby avoiding the risk of engaging in moralisms, judgmentalisms, and exclusionary consequences. As in all psychological symptomatology, the sole manner in which to understand a perverse scenario is to seek an understanding of the particular meaning of the perverse scenario for the individual.

In this regard, it can be assertively stated that perversion is not an aberration or variant of sexual behavior relative to some cultural convention. It is not about the number of people engaging in the behavior, i.e., a deviation from a norm, as in the behavior being common or rare. It is also not about society's moral judgments, as in a deviation from some cultural standard. (These are useful delimitations outlined previously in Stoller 1986.)

Nor is perversion about sexual orientation, in contrast to the now discredited but widely held belief in the past (at least within psychoanalytic circles) that homosexuality is a perversion of healthy sexual functioning. While it is true that within perverse scenarios, one almost always finds some question of gender identity (male/female) or gender role (masculinity/femininity), these can often be understood as deriving from an unconscious self-imposed, false binarial trap (Celenza 2014). The perverse scenario can be interpreted as a way to manage such traps in order to address various perceived unconscious (sometimes nongendered) dangers. As psychoanalysts, we assume a psychic bisexuality that exists as a set of potentials throughout life or at least in the early years of sexual development. Psychic bisexuality can be conceptualized as a universal developmental challenge to reckon with the dual capacities of receptivity (i.e., the ability to "take in" from the outside world and from within oneself) and potency (i.e., the ability to "act upon" the world or to express oneself).

It is possible, then, to understand these challenges, sometimes experienced as psychic dangers, as delimiting, and unconsciously choreographing the dual challenges of receptivity and potency.

Perverse scenarios can be viewed as unconscious enactments that serve to manage and control some imbalanced reckoning with this binary and the ways in which the polarities have come to define one's embodied and gendered sense of self.² We can easily see Laura as trapped in one pole of this (false) binary where she criticizes herself for various indulgences (pleasures that are passively "taken in" as in TV watching) while prioritizing charitable acts that give to" others, i.e., act upon the world. The question is then usefully raised, what is Laura defending against, what affective experiences are too dangerous for her to allow from within her body?

Perverse Scenarios as a Quality of Being

There are several characteristics that define a perverse quality of being. These include: *constriction and constraint, repetition, objectification, sexualization, desire to harm, means/end reversal, and absence of symbolization*. Taken together, a perverse mode of being is where perceived dangers are unconsciously symbolically rendered in some objectified form in order to provide concrete props for an unconscious drama that may be enacted. Sometimes a prop can be a person, sometimes it is a thing. These then set the stage for personally meaningful scenarios that are unconsciously scripted to address a variety of anxieties. These scenarios are unconsciously choreographed to manage and control perceived (interpersonal or internally located) dangers.

Constriction and constraint. This is the experience of deadness, control, and predictability, resultant from a retreat from interpersonal relations, where others are viewed as dangerous external or internal objects. This also includes the relationship to one's own body as a dangerous "other." The defensive process employed to manage such dangers (either located externally or internally) is a kind of devitalization or objectification. Such dangers are marked by intra-psychic divisions, often referred to as splits or dissociations, for the purpose of cordoning off affective, embodied modes of experiencing. Undergirding this definition are implied assumptions about healthy modes of being that are worth delineating. As psychoanalysts, we privilege affective aliveness and

² See, for example, Benjamin's (1998) notion of the "post-oedipal recuperation of overinclusiveness."

the capacity to experience the full range of affects in their intensity and creativity.³ Perverse modes are the opposite of this. Play is a good example of a creative outlet that can be conscripted for perverse purposes if the play is enacted in a repetitious, constricted, and rigidified manner. “When play takes on a compelling, obsessive quality, it is no longer play. It becomes a symptom” (Arlow 1987, p. 34). It is obvious that Laura is struggling with the feelings of deadness in her body as she describes, for example, being unmoved by potential love objects of her own age. This can be viewed as the result of a defensive process where her body is devitalized in relation to certain others in the external world.

Perverse scenarios are *repetitive*. Repetitious modes of being and experiencing can be clinically observed. There is a fixed and ritualized quality that evoke associations to trauma and are, often enough, the result of a repetition compulsion (Arlow 1987; Stoller 1986). A perverse scenario can be understood as an attempt to turn passive into active, to triumph over passively endured pain. This, of course, depends on the individual meaning of the perverse scenario. If there is sexualization or other pleasurable aspects to it, there can be a self-reinforcing feedback loop (and this is one reason perverse scenarios are difficult to treat). The symptom of attraction to minors, as per Laura’s report, comprises an unbidden,⁴ repetitive experience that preoccupies her and requires constant vigilance. This symptom can be viewed as a repetitive preoccupation with a prohibited yet sexualized other.

In terms of constriction, constraint, and repetitiveness, perverse scenarios are much like obsessive rituals. Perverse scenarios differ, however, in their additional qualities (delineated below), especially in terms of harm to oneself or others, a means/end reversal, and the lack of symbolization. The lack of symbolization, in particular, is a distinct feature of perverse scenarios (as they differ from obsessions) given that obsessive

³ It can be argued that these comprise judgmentalisms or moralisms, i.e., where psychoanalysis prescribes *ways to be*. Indeed, we do have values and goals for our patients, what defines healthy modalities, and what constitutes liberation from conflict or constraint.

⁴ In this sense, unbidden refers to “the emergent quality of our experience . . . [the] felt sense of the arrival of experience in my mind, of how little my conscious intentions seem to have to do with the whole process” (Stern 2015, p. 3)

rituals are often represented in the ideational realm, can be discussed and referenced in the individual's mind.

Perverse modes of being involve *objectification*. Building on Parsons' (2000) view of perversion as a defense against object-relatedness, I suggest that perversion can be viewed as a retreat from interpersonal relatedness and/or the relation to internal objects where *the other* (in external reality or as fantasied from within) is perceived as a threat. Alternatively, these threats may also be experienced as arising from within one's own (affectively experiencing) body. Perverse modes of being transform this threat to a manageable "thing" – in effect to "thingify." Examples of this mode of experiencing is reflected in many of Laura's reports: depression as "an idea, not a physiological reaction," "I didn't then feel much, it's ideas that scare me," and the commands to prospective dates, "There will be no chemistry!"

In the clinical setting, I have found the tendency toward objectification to have a different form in women than men where the dangerous affective experience, sense of intention, or agency⁵ is located within themselves and experienced as a threat. As an example, for many women, it can appear that their own personal desires (arising from within) are experienced as dangerous such that the "other" becomes their own body, especially in its capacity for generating desire, and in this way the body can be objectified and/or fetishized. There is a kind of Cartesian duality, a mind/body split that serves to anaesthetize the body and its capacity to arouse desire. For some women, then, it might be better to say that the retreat is not from the experience of interpersonal relatedness but from certain internal psychic experiences, especially in relation to their sense of intentionality or agency, and how these intersect with pleasure and the sense of embodiment. A patient of mine recently said, "It's as if I'm holding my head out here, a foot away from my body."

This problem is easily identifiable in Laura where she commands herself and a prospective date that "there will be no chemistry" between them. She complains that her depression is not a feeling state, but an idea. And most notably, she finds herself arousable, that is capable of a

⁵ Often, in the case of women, the threatening affective experience is associated with desire, appetite (as in eating disorders), or power (see Celenza 2014).

feeling state, only in contexts where such feelings are prohibited, contexts she must therefore avoid.

Sexualization is commonly employed to transform a perceived threat into a pleasurable experience. (This was Marquis de Sade's project. He said, "[In horror] there is ... matter to produce an erection," 2013, p. 532). We know that sexual gratification can be experienced alone; somatic, bodily pleasure does not have to be a two-person event. In perverse scenarios, sexual pleasure (whether or not an actual other person is involved), counters the deadening effects of objectification and the retreat from the experience of interpersonal relatedness or internal affective experiencing. We see here how the body can be either a cradle or a grave for signification (Lombardi 2008).

In contrast, Grossman (2015) emphasizes the *object preserving* quality of sexual perversion wherein the sadistic tie is characterized as an attempt to control and thereby maintain an attachment to the object. In a previous paper, I also discussed the erotic dimension in sadomasochistic relations as an irreducible, hidden structure that both threatens *and sustains* the destructive attachment (Celenza 2000). While these reports can be interpreted as contradictory to the present thesis, I aim to emphasize here the destructive aspects of the perverse scenario to the other's intentionality, agency, and personhood such that the other is objectified and thereby (in fantasy) controlled, deadened, and thereby destroyed. The same logic can be applied to the experience of affective deadening through an attack on the body's threatening affective vitality.

Laura's symptomatology was highly sexualized, possibly converting a noxious traumatic repetition or deadening experience into a pleasurable (yet horrifying) experience. She described giving in to the temptation of masturbation only to feel disgust with herself afterwards. She also reported an avoidance of others ("minors") who threaten to arouse her body. As the treatment progressed, she elaborated the experience of suicide as an attempt to kill the desires that came to her from within. These were often accompanied by a sense of depersonalization, a fear that she had lost a sense of continuity, and a concomitant feeling of deadness within her body.

Stoller (1986) identified the *desire to harm* as part of a perverse scenario. Objectification itself harms the other or one's own body when

perversion is viewed through the lens of a mode of relating or mode of being (respectively). Often the desire to harm represents a desire to exact revenge (and this is surely evident if the unconscious meaning of the perverse scenario is a repetition of a traumatic event). Were Laura to act out her attraction to children, this would comprise a molestation or abuse of a child, causing trauma and harm to the child (as well as horrifying Laura). It is possible that Laura's preoccupation with her attraction to minors (or "her nurse") represented a return of some repressed or dissociated memory of trauma she endured as a child or "minor" and for which she is now unconsciously seeking revenge. On a conscious level, however, she was preoccupied with the attempt to obliterate desire both in actual reality and from within herself.

The most important aspect of the definition of a perverse mode of being is the employment of a *means/end reversal* (Stein 2005), i.e., *the use of constructive means, tools, or processes for destructive ends*. This turns a constructive process on its head, an undermining of the constructive purpose with a destructive goal. In intimate sexual relations, for example, there are components of mutuality, growth enhancement, affection, reciprocity, and nurturance. A perversion of loving relations is an engagement with another person in nonreciprocal, non-intimate (objectified), harmful, and restrictive ways. Paraphrasing Stoller (1986), perversions of loving are essentially an erotic form of hatred. This is the mechanism that creates various perverse transferences (Etchegoyen 1978; Meltzer 1973; Richards 1993), the ways in which the analytic purpose is subverted and degraded, either by stripping words of affective meaning, engaging in pseudo-dialogues, or fetishizing aspects of the process.⁶ In a broad way, a perverse scenario, as a means/end reversal, employs the tools of analysis in order to de-vitalize, control, manage, and deaden rather than vitalize and deepen affective experience and growth. Laura's ultimate foreclosure of the treatment can be viewed as a retreat, an avoidance of her growing relationship with me. It subverted the treatment as the process was deepening and foreclosed the growth-promoting efforts we had been developing.

⁶ Again, these behaviors are selected as examples because of constriction, constraint, and other features of perverse scenarios, not in terms of the manifest behavior itself.

In this way, perverse modes of being are on the opposite pole to truth. They are designed to subvert the truth. Many writers (see for example, Kaplan 1991, 2006; Sanchez-Medina 2002; Stein 2005) name the lie as its hallmark. In her symptomatology, Laura was upending the potential of a love relationship by converting her attraction into a horrifying and unacceptable scenario. She was aware of her potential to harm others (e.g., “rejection is soul-crushing”) and therefore used this as a rationale to avoid interpersonal relations altogether. Similarly, her attraction to minors incorporated an inherent aspect of abuse rendering seeking such relations or gratification taboo. In this way, she was attempting to eliminate from the world (her world) these stimulating others.

Finally, in persons struggling with various perverse modes of being, you can see the *absence of symbolization*. Persons employing perverse scenarios can appear to be particularly concrete, or if not in general, have a demarcated, concrete way of holding the perverse scenario itself. It is viewed nonpsychologically—it *just is* and can sometimes be experienced in an externalized, disowned way, i.e., as if the perverse mode of being persecutes oneself. Laura did not think about her preoccupation with minors in psychological terms when I began treating her. The potential meanings of her attractions only became thinkable within the process of treatment. Though she initially dismissed my interpretations and my attempts to reveal the defenses she was utilizing (for fear of loosening her vigilance on her behavior), she gradually considered these possibilities as the patterns became more and more coherent to her. She reported feeling some relief as she could consider the possible meanings of her symptoms instead of taking them solely at face value. This too had the effect of opening her mind to psychoanalysis, leading her to request a third hour, and eventually to accept the referral to a psychoanalyst near her new home.

Motives Underlying Perverse Scenarios

Not surprisingly, many patients who engage in perverse scenarios report histories of trauma. As I have mentioned, one way a perverse scenario can be identified is in its attempted mastery over some trauma, the wish to turn passively endured pain into an active experience; there may be evidence of an attachment to a destructive object, a desire for revenge;

and/or the perverse scenario may function as a drive to remember. I have had patients wonder, "Did this happen or am I imagining it?" or "I think I have done this before." These are motives characteristic of all defensive organizations and coping mechanisms resultant from trauma. Here, I offer the idea of an "attempt to function in a one-person universe" as representing an unconscious and impossible fantasy, due to the quality of relatedness in perverse scenarios where the other is depersonalized (as in objectification) rendering oneself triumphant in a world of nonthreatening (literal) objects, i.e., nonpersons. In the case of trauma that is enacted within oneself or within one's own body, the internal world associated with this type of perverse scenario is highly constricted and rigidified, especially in relation to the capacity for affective vitality, rendering one's own body a thing. (The schematics that follow attempt to depict the internal self-experience that is associated with perverse scenarios in such a constricted fashion.)

As noted, it is also hard to escape notice how often gendered themes are involved in perverse scenarios. Perverse scenarios are often ways of coping with threats to one's gender identity (the question of whether one is male or female) or gender role (confusions surrounding the sense of oneself as "masculine" or "feminine"). These confusions and restrictions can be understood as imbalanced reckonings between the dual capacities of receptivity and potency. Perverse scenarios may choreograph ways to free oneself from a constricting binarial trap where these two capacities are polarized and split. These are usually highly stereotyped notions of masculinity and femininity that are depicted in extreme form, e.g., a woman as a maid, or a man as master to a slave. Though not inherently gendered, the polarization of the dual capacities of receptivity and potency can be recruited to illusorily delimit the set of challenges that otherwise would overwhelm the individual as s/he strives to organize gendered and nongendered self-development.

In general, perverse scenarios can be understood as ways to defend against the threatening intentionality or personhood of the other, often defined in a gendered way. As an example, Dunn (2015) makes a compelling case that the protagonist's anxieties in the movie *Rear Window* (Hitchcock 1954) are related to gendered threats within the primal scene, i.e., women tyrannize men; men exact bloody revenge on them.

Primal scene fantasies are struggles with triangularity, however anxieties that might form the underlying content of perverse scenarios can be dyadic in nature as well. There can be a fundamental anxiety around separateness. In these cases, the danger associated with the separateness of the other usually revolves around fears of the other's intentionality, i.e., fantasies of what the other might do. Fears associated with difference might play a part in perverse scenarios as well. These may symbolize anxieties about castration, the difference between the sexes, or fantasies and fears of the other as alien.

Psychodynamics of Perverse Scenarios

I have found that the effort to *localize the perceived danger* opens up new meanings of perverse scenarios in a helpful way. If the localization of the danger is projected outward and experienced as residing in the outside world, this is the most common mode of perverse scenarios in men where the perceived danger is the personhood or intentionality of the other. In contrast, when the perceived danger is localized within, i.e., within one's own body or as one's own dangerous intentionality or desires, this is a common mode of perverse relating in females. The body is objectified and/or fetishized in these cases.

Representing a British Object Relations point of view, Michael Parsons (2000) describes perversion in a way that makes the necessary shift from viewing perverse scenarios as "a defense against drive derivatives to a defense against object relatedness" (p. 43).⁷ Instead of viewing perverse behaviors as a defense against a threatening impulse or affect, he sees it as a defense against object relatedness. To this, I would add that perverse scenarios can represent a defense against the experience of the other *as a person or center of agency* in their own right. In this way, perverse scenarios can fruitfully be viewed as an attempt to defend

⁷ Parsons explains these threats from an Object Relations point of view, noting that this theorizing adds "an emphasis on depersonalizing the object but also merging with it . . . what is unbearable is the relationship to a *person* who has his or her own *otherness*. The *personhood* of the other is avoided by turning the person into a thing while the *otherness* of the other is avoided by the merging." (Parsons 2000, p. 45, italics in original). I would add to this an important conceptualization of the threatening other (personhood in Parsons' terms) *as a separate and different subject, i.e., center of initiative*.

against *the personhood or intentionality of the other* or to defend against *a dangerous intentionality or desire within*.

From a narrower perspective, viewed from within the confines of the symptomatic picture and solely from the patient's point of view, it can be seen that the nature and form of the perverse scenario is an attempt to create and live in a fantasied, wishful yet impossible one-person universe. In short, the perverse scenario is a defensive attempt to construct a one-person drama, obliterating, *in fantasy*, the intentionality and difference of the other (in actual reality or as internal objects) or the affective experience of the self arising from within one's own body.

What constitutes a threat in the other? These tend to be the experience of difference with and/or separateness. These challenges of difference and separateness are not exactly the same, though often constitute simultaneous and intertwined threats. Difference (otherness) is perceived as dangerous because it is unfamiliar and alien, threatening the unknown. Beyond difference, however, is the other's intentionality or separateness that threatens as well. The other's intentionality can threaten harm if the other, as an enlivened subject, is recognized. The fantasy of merging, a common feature of perverse scenarios, is often an effort to omnipotently control these threats.

Transitional Perverse Scenarios

As noted here, perverse modes of relating or qualities of being are pathological because they do destructive things to others and/or to oneself. They are by definition anti-growth promoting, developmentally constricting, and repetitively truncated. They cause personal suffering and careful psychoanalytic theorizing can encompass these patterns in a way that problematizes them. This is not to ignore or minimize adaptive aspects to a particular perverse scenario or the way perverse scenarios may represent attempted solutions to pathogenic situations. It is for this reason that I conceive of *levels of perversion*, where at its most extreme, a perverse mode is defined by rigidity, constriction, and constraint. At some moderate level, however, perverse scenarios may serve a *transitional function*, where an individual's enactment of a perverse fantasy is reflected upon and in this way, opened up to more potential for play (see, for example, Bader 1993; Corbett 2013).

I am proposing a category of perverse scenarios that function as *transitional perverse scenarios*. This is when there is the capacity to reflect upon the perverse scenario and when the analyst/therapist is allowed to join in the perverse scenario. Defenses aimed at objectification, constriction, and constraint will be aimed at the analyst signaling a defense against the arousal and containment of affective experiencing. These defenses also signal that affective experiencing is a potential. This signals an opening, i.e., the presence of a gap where symbolization is possible, the attempt to play, and to find a space in order to allow the presence of the other despite separateness and difference. The presence of the analyst/therapist is necessary so that uncertainty can be tolerated, as one attempts to feel, symbolize, and think. This creates a psychological space where meanings can emerge or be constructed, the opening up of psychological mindedness, the potential for affective vitality, and the creation of meaning.

These ideas helped me sort through the decision of whether to continue with Laura via Skype or refer her to another analyst near her new home. I do not want to suggest that virtual modes of treatment can never be helpful. Indeed, they are currently being discussed as serving a transitional function for many schizoid patients, especially when in-person modalities cannot be tolerated (see, for example, Knafo and LoBosco 2016; Lemma and Caparrotta 2014). For some, a virtual treatment is the only way to begin the process of reflecting on oneself. I also think a virtual treatment might have been successful in Laura's case, given that she already demonstrated capacities to be witnessed in my actual presence, despite that engaging her at an affective level was still elusive. However, I do not think a virtual treatment is ideal and if alternatives modalities exist, they should be seriously considered.

TWO SCHEMATICS: INTERNAL PSYCHIC POSITIONS

The first schematic below depicts internal psychic positions⁸ over which an individual experiences some measure of conscious control, though

⁸ The use of the term *internal psychic position* is utilized here to denote various internal perspectives within the individual that differentiate and characterize the

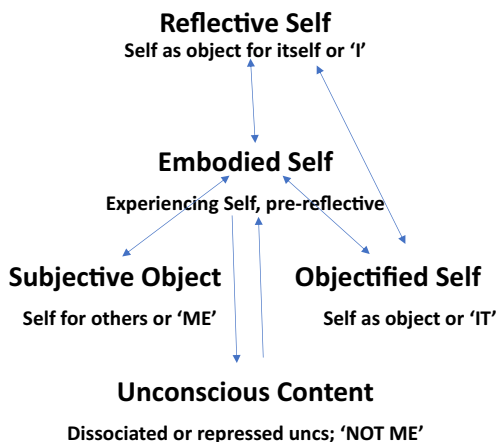


FIGURE 1. Internal psychic positions.

each position is undergirded with unconscious factors and elements. This schematic attempts to depict multiple ways of positioning oneself, multiple self-states within the individual's psychic experience and/or in relation to others, internal objects, or in relation to one's own body. The use of the term *internal psychic position* is utilized here to denote various internal perspectives within the individual that differentiate and characterize the individual's relation to him/herself and the various perspectives one can take toward oneself, one's body, or others in the external world. In healthy modes of being, these internal psychic positions flexibly interpenetrate and form the basis upon which the individual experiences him/herself in relation to internal, affective experiencing and in relation to the outside world. This terminology will be further explicated below.

The positions are capacities, ways of perceiving oneself in relation to others or in relation to one's own reflections on oneself. For

individual's relation to him/herself and the various perspectives one can take toward oneself, one's body, or others in the external world. In healthy modes of being, these internal psychic positions flexibly interpenetrate and form the basis upon which the individual experiences him/herself in relation to internal, affective experiencing and in relation to the outside world. This terminology will be further explicated in the body of the paper.

example, there is a familiar state of mind when one is alone, lost in thought about oneself. This is the position of the Reflective Self or the self that can take oneself as an object for itself. Then there is a shift when one becomes aware of someone watching, engaging the Subjective Object or self for others. In the healthiest case, there is a capacity to flexibly alternate, to access the various positions simultaneously, or in succession, i.e., depending on context, to move from one position to another. None of these capacities are truncated, cut off from affective experience, or inaccessible. In a healthy, mature individual, we would expect the capacity to reflect on oneself as well as the capacity to present oneself publicly and to reflect on that.

The center of the diagram depicts *The Embodied Self* (the pre-reflective, experiencing and agentic self, a nonreflective position). Arbitrarily located around the center are other positions, including *The Subjective Object* (the capacity to take oneself as an object for others or “Me”; the public self), *The Reflective Self* (the self who reflects on itself, i.e., takes itself as an object for itself or “I”) and the more dissociated, sometimes pathological self-structure, *The Objectified Self* or “It.” These positions are descriptions from the point of view of the experiencer; it is a schematic attempting to depict phenomenal (that is, conscious) subjective experience that may or may not coincide with an intrapsychic formulation constructed by an outside observer.

All of these internal psychic positions are rooted in and influenced by unconscious processes, defenses, and self-states, categorized as “Not Me,” which may be comprised of dissociated unconscious images or self-states, repressed unconscious fantasies, either encoded or unencoded, the latter referring to Bollas’ (1982) unthought known, and/or non-encoded, unformulated yet embodied unconscious and nonconscious processes (as in Stern’s [2009] unformulated experience).

This schematic borrows from the work of many theoreticians who denote some of these positions with slightly different names and I lean heavily on these understandings. The Subjective Object includes Bollas’ (1982, 1987) discussion of the relation to the self as an object, where the individual recreates aspects of the mother’s facilitation of his existence. Similarly, Dimen (2008) speaks of subject-as-object, the self as object to itself. Ogden’s (1994) ideas of self and the phenomenology of

subjectivity also overlap with many of these categories. The Reflective Self denotes the position that embodies self-reflexive functioning, as Aron (1998) discusses. Grotstein (2000) denotes similar ideas in his Phenomenal Subject and the Ineffable Subject of the Unconscious. On Grotstein's *Phenomenal Subject*, I use the term *Embodied Self* in order to emphasize the conjoint presence of embodiment and sense of self,⁹ the experiencing self. In my view, this is 'the dreamer who dreams the dream.'¹⁰

Several types of links (that is, the interpenetration of these positions or the capacity to flexibly alternate among them) can be conceived depending on the individual's defensive organization. The links might be depicted as a line with a double arrow or a single arrow at one end or the other. These arrows depict either a reciprocal relation or a one-way relation, displaying the degree of psychic communication that exists between the different positions, especially in relation to affective communication. A single-arrowed line depicts one-wayness, where disowned, repressed, dissociated, or disavowed affective states are disclaimed or otherwise banished from consciousness, i.e., not to be experienced or thought. The relationship between the *Embodied Self* and the *Unconscious, Not Me* position (like a repository) might be considered only relatively pathological depending on the individual's functioning, from neurotic to psychotic, a *Not Me* relation where the function is to expel those proto-mental experiences that are expelled, with or without symbolization.

In contrast, it is possible to objectify oneself or others in the individual's psychic experience. As noted, this appears to be common in female perversions. As I also aim to illustrate, Laura's current functioning might also be viewed as illustrative of these positions, where intolerable anxiety associated with sexual impulses and feelings leads to a defensive deadening of her body and affective experience in certain situations.

Figure 2 depicts a perverse relation between the *Embodied Self* (the pre-reflective experiencing self), and the positions of the *Reflective Self*

⁹ Benjamin (2013) comments that the term *embodied subjectivity* should be redundant; however, it is not, due to the history of mind/body duality in Western philosophical thought.

¹⁰ See Grotstein (2000). See also Celenza (2014) for a further elaboration of these positions and other writers on these subjects.

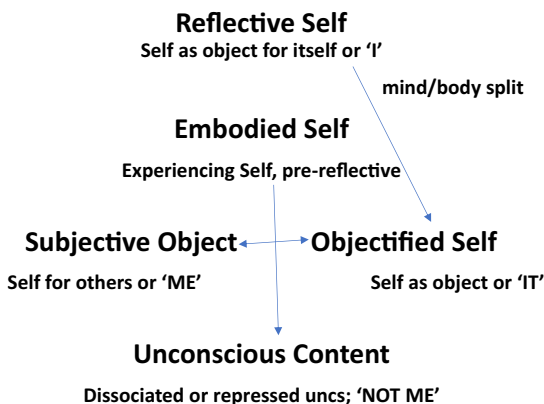


FIGURE 2. Perverse psychic positions.

and the *Objectified Self*. I suggest that when Laura is prescribing to a prospective date (and herself) that no emotion or arousal will be felt, she is positioned in a perverse mode of being in relation to her body and the other. There is no link from her *Embodied Self* to all other positions except the *Unconscious, Not Me* position; her phenomenal, affective life is deadened. Rather, in these moments, she engages from the position of an *Objectified Self*, representing a perverse mode of being. This depiction and the absence of *double-headed* arrows may also be viewed as a graphic illustration of attacks on linking (Bion 1959).

It is also interesting to consider that the *Reflective Self* might still be partially operative, a possibility that demonstrates the limited utility of insight alone in these cases. During my brief treatment of Laura, I repeatedly had the experience that she was (increasingly) listening to my interpretations, especially in relation to the possible defensive transformations that she might be employing, yet these interventions did not yet increase her responsivity and capacity to feel her body at an affective level. This may have been due to the brief nature of the treatment and, as Figure 2 depicts, she was sufficiently cut off from her affective experience such that she could not allow herself to be receptive to affects at this point in time, despite being able to consider my interpretations at an ideational level. But I suspect that had the treatment continued at a sufficiently intensive

frequency, there would have been transformations in her *Embodied Self* through transference/countertransference repetitions (of some kind) where she might have gradually and increasingly allowed herself to be more affectively present to our relationship and her experience without foreclosure.

When Laura was suspicious of interventions pointing out the ways in which she truncates the transitional space, cannot think, or consider uncertainties where affective experience might be in some way engaged, I believe she was demonstrating her inability or unwillingness to relate to me in an embodied, affectively vital way. It could be said that she was relating from the positions of an *Objectified Self* and *Reflective Self*, but no arrow would link to her as an *Embodied Self*. Because I viewed her psychic experience in this way, aided in part by the graphic depiction of her psychic capacities as they were foreclosed, I was skeptical of the usefulness of Skype in order to continue the treatment.

In my view, interventions aimed at helping Laura expand her receptivity to pre-reflective affective experiences were clinically indicated and hopefully, would have established links to the other positions of her internal psychic states. Questions such as, “Do you feel that?” “How do you feel that?” “Where is it in your body?” exemplify such interventions. These are aimed at expanding the capacity for pre-reflective experiences, i.e., body-based experiences. These would be aimed at Laura’s relationship to her body in its affective, sensory modality (the vertical dimension of transference, in Lombardi’s [2008] terminology). On the contrary, interventions that expand or primarily engage her *Reflective Self* (those aimed at insight and her capacities to observe herself) would be of limited utility. This was borne out in the early stages of the treatment when I suggested to Laura that her desire seemed to find expression in exactly those places where it was forbidden. This interpretation stimulated greater resistance presumably because she became more anxious about relaxing her vigilance. Insight-oriented interpretations eventually provided short-term relief, offering alternative formulations to her being a “pedophile,” such that she gained confidence in continuing the work with her next analyst. Employing the model introduced in this paper, we might say that a person transitions from engaging in a perverse mode of relating to a transitional mode when the *Embodied Self*, i.e., the pre-reflective self is expanded and links to other psychic positions.

SUMMARY

The case of Laura, a young woman who feared she is a pedophile, is presented in order to introduce a contemporary definition and delimitation of the concept of perversion and perverse scenarios. Perversion is conceived as a mode of being and relating towards others, internal objects, or towards one's body. In the effort to clarify and redefine perversion through a contemporary lens, perversion is defined by multiple characteristics that comprise a particular way of being. These characteristics include: *constriction and constraint, repetition, objectification, sexualization, desire to harm, means/end reversal, and absence of symbolization*. A schematic is offered that depicts various internal psychic positions (*The Embodied Self, The Reflective Self or "I," The Subjective Object or "Me," The Objectified Self or "It," and Unconscious Processes or "Not Me"*). These positions are conceived as depicting phenomenal internal psychic states that are universal potentials. The schematic also depicts the extent to which each position is integrated and flexibly interpenetrates with other positions. In addition, a modification of this schematic is proposed to illustrate perverse modes of psychic functioning where the position of *The Embodied Self* is split off or dissociated, resulting in a deadening of affective experience. The case of Laura illustrates the latter mode of functioning through her constricted inner psychic functioning, especially with regard to how certain capacities are truncated or foreclosed from affective (embodied) experiencing.

This paper has not aimed to provide an overview of the treatment of Laura but rather to offer a way of thinking about Laura's internal psychic positions and experience so that the recommended course of treatment can be clarified. Interventions aimed at expanding her internal affective psychic experience, i.e., the position of *The Embodied Self*, are indicated and these are counterposed against interventions that focus on insight alone.

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Dangerous Territory: Racist Moments in the Psychoanalytic Space

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DANGEROUS TERRITORY: RACIST MOMENTS IN THE PSYCHOANALYTIC SPACE

BY DHWANI SHAH

Racism and racist fantasies are inherent to being human yet have had profound traumatic effects on an individual and collective scale. Lurking in the shadows, racist images, fantasies, and attitudes can suddenly enter the analytic space and disrupt the psychic functioning of both the analyst and patient. A personal experience with racism outside the office is presented with clinical material involving my struggle in the countertransference around racist material that is brought up by my patient. Racial enactments, playfulness, racial humor, white privilege, and political/cultural differences are discussed focusing on my countertransference reactions to the patient and her responses.

Keywords: Racism, countertransference, racist fantasies, racial enactments.

A RACIST MOMENT OUTSIDE THE OFFICE¹

I was driving my son and daughter home after their summer camp in New Jersey on a hot summer day in the afternoon in August. My mind was wandering, and I was distracted by the day's events. I gradually noticed a large black Jeep in my rearview window with two young white men with baseball caps behind me, swerving their car back and forth

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¹ Editor's Note: This paper and the one that follows were submitted to the *Quarterly* jointly; in her paper, Dionne Powell discusses Shah's paper and draws connections between his ideas and the 2017 film *Get Out*.

and quickly flashing their lights. Living in New Jersey, I'm used to this kind of rudeness; aggressive driving is a part of daily life. I felt annoyed but resigned to just letting them pass. Suddenly, the Jeep accelerated to the side of my car and then slowed down, demanding my attention. I turned my head to look towards them and the passenger through an open window gave me a menacing look with his middle finger. "Go the fuck back to your country asshole!" he yelled as the Jeep sped away. I got a look at the back of the Jeep as it drove off: old NJ plates, a sticker of the American flag and a huge "Make America Great Again" sticker on the back window proudly displayed.

At first, I was stunned. I couldn't think clearly, my head felt cloudy, and I could feel a throbbing sinking sensation in my stomach. I felt helpless and shamed and my face felt hot and my body was trembling. I reflexively looked back at my children and they seemed completely oblivious to what happened, both of them just sitting there. I then felt this incredible impotent rage within me swell up. Hateful words towards them flooded my mind, including "white trash." I wanted to chase that car, smash into it, find out where those men lived and hurt them and their families. A wave of paranoid anxiety then hit me: "What if they come back? What if they try to hurt my family?" I pictured the car and their faces contorted in hatred and my stomach dropped again. The rage was unbearable. For a moment I thought I could maybe find out who they are. I could post a video on YouTube of what happened, humiliate them and their families, get an army of people to find them, and ruin their lives. A part of me shamefully wanted to exaggerate what happened to create a greater effect on the person listening to the story. People would say it wasn't a big deal. It only lasted for a second, not even a minute. I am safe and my children are safe. Maybe it did not even happen the way I thought it did. It could have been much worse. Despite these thoughts, the shock of that moment and an uneasiness in the pit of my stomach stayed with me.

A RACIST MOMENT ARRIVES AT THE OFFICE

A few weeks later I was in the midst of a psychotherapy session with Kay, a bright and attractive caucasian 34-year-old married woman with a

degree in finance and a mother of two young children. Kay worked part time at home for a well-known financial firm and at the time of this session was struggling with the transition to suburban life; she missed being in Boston, the town where she got her Masters and had her first job. She felt overwhelmed by the responsibilities of her life: raising two children, balancing a career and struggling to connect emotionally and sexually with her husband John, a successful investment banker who was raised by a prominent Republican family in the community where I work.

Kay was in twice weekly psychoanalytic psychotherapy with me for about 18 months and presented initially with lifelong symptoms of depression which included a pervasive self-doubt, a lack of being able to experience pleasure, and a persistent sense of unease that she was not doing something right. She worried others her in social circles had a better life than her: a more fulfilling marriage, more polite and emotionally regulated children, and a nicer and stylish home.

Kay began the session describing an argument she had with her husband John the day prior to the session. She described a dynamic we had often talked about before: she felt overwhelmed and resentful of the fact that John often came home late and did not seem appreciative of the sheer amount she had to do with her own job and the two children while he was away. Kay often expressed her frustration towards him by making passive aggressive comments and mocking his inability to take care of the children without her help:

Kay: I think we are both just exhausted. I know I pick fights with him that are unfair, we've gone over this before. He's got this long commute on that disgusting Northeast corridor line. It's gross, and he hates it. It makes all these stops and these people get on the train and crowd in making it so tight and smelly. You know, those ... *Kay suddenly looks visibly uncomfortable and grimaces.*

Me: You made a face there.

Kay: I don't want to say it, ok. How did I end up talking about this? *Those Indians...* I was going to say, but you're Indian! I shouldn't have said anything. Now I feel stupid. I hate this. You tell me to say whatever is on my mind, and not to censor

myself, and now I'm saying this and you're going to say I'm a racist. Fuck!

A racist fantasy crashes the analytic field. Obviously, we entered dangerous territory and it took us both by surprise. Racism, a traumatic historical and political act of violence, infiltrates the intimate space of the consulting room. This is by no means a surprise—the personal and political feel so dangerous, yet closely linked in our culture today it would be surprising if this did not occur between us at some point in our relationship.

TWO UNBEARABLE TRUTHS ABOUT RACISM

I want to focus on my reaction to her comment and her subsequent associations and how it affected my ability to think and stay in an open and curious state of mind. Psychoanalysis has always emphasized verbal freedom—to speak the unspeakable, to cultivate the courage to put into words what before felt forbidden and shameful. Our commitment to survive and contain our patient's most unbearable affects and fantasies is an essential aspect of this process. Is this true with racist comments as well? There is a combustible quality to these moments for both the analyst and patient that intersect areas of culture, privilege, and trauma that put particular challenges on the analyst's ability to stay with the patient.

As psychoanalytic therapists we have to confront two facts about racism that feel impossible to resolve. Racism has caused individual and societal harm on an unimaginable scale and the experience of a racist attack is traumatizing. In this moment with Kay I felt a painful gut level response that is difficult to fully articulate. "To be at the receiving end of this type of animosity is to experience something that cuts deep and gnaws away subtly at your sense of self, sometimes signaled by a visceral response that something is not quite right, a feeling in the guts that one has been, or is being, misused" (Keval 2016, p. xviii). There is a rupture in one's continuity of being—that sense we all have control of our insides, of what uniquely sets "me" apart from "them," the ability to not let the other to march in and take possession of the self along power lines (Keval 2016).

The other truth we have to contend with is that we all have racist and prejudiced beliefs and fantasies lurking in the recesses of our minds often unknown to us. We all have the potential to be racist. Racism is not created out of external societal structures nor is it purely intra-psychic, but rather both shape and call upon each other. Conscious and unconscious racist fantasies often organize our relations to one another through encounters with difference and the mysterious “Other.” As Fonagy and Haggitt (2007) note, prejudice regulates affect—it can be an antidote to overwhelming and massive mental pain and shame. We all construct a model of a new experience with the other based on limited information. Prejudice constitutes our very being, because it is involved in filling the gaps of our limited understanding (Fonagy and Haggitt 2007). Prejudiced and racist aspects of our personality exist in all of us (Akhtar 2007).

The universality of racism and prejudice is one rare area of convergence in multiple fields of research including psychoanalytic cases, cultural studies, social psychology, cognitive neuroscience, and cultural anthropology. Research and clinical experience clearly demonstrate that we all carry implicit racial biases, racist fantasies and prejudices, including unconscious racial biases against our own ethnicities and ourselves (Banaji and Greenwald 2013). We cannot escape racism outside or inside us, despite that fact that this has caused damage on an unimaginable scale. Racism is a treacherous phenomenon with many faces and has a remarkable capacity to co-exist with ethnic and cultural diversity. We all have hidden prejudiced and racist parts of ourselves that can grip us in moments of mental anguish.

In our current culture climate this is dangerous and forbidden territory to discuss openly. Being called a racist is one of the most frightening and shameful labels to carry: “the Scarlet R.” It is associated with being evil, immoral, dirty, and dangerous—in a word, a sin. There is a strong temptation to project our racist fantasies onto others to relieve this tension. We can stay pure and keep our righteous indignation to those “racists” out there. But I would argue that this is also a fantasy, one that can impede growth and genuine exploration in psychoanalytic therapy. One might never meet a full blooded “racist” in our clinical practice, but if you do not come across any racist or prejudiced parts of your patients or yourself you haven’t been paying close enough attention.

The challenge for us as clinicians is to acknowledge and explore racial biases, ignorance, and privilege that take place within the therapeutic dyad (Powell 2018).

I hope to demonstrate some of these dilemmas by describing my session with Kay after her racist associations and the potential struggles and opportunities that occurred between us.

GETTING “CALLED OUT”

Let us return to the moment before she connected her associations with my ethnicity. Kay was discussing being exhausted and picking fights with her husband John when he gets home and she seems to identify with John’s “dirty commute” and her associations to dirtiness, “tight and smelly” crowds, very visceral associations to “those people.” She then blurts out the connection: Indians are dirty, and that “I am Indian.” There is a painful jolt of being exposed in my brown skin—I suddenly feel exposed and attacked. The concept of interpellation can help describe a moments like this- the process by which subjectivity is “hailed into being” by another who has authority (Dimen 2011). There is a strange dissociated “me/not me” experience: it’s me she’s saying is “Indian,” but it doesn’t feel like the me I live in. The common expression for this gets it right on a visceral level: I got “called out.” An essential part of me, my ethnicity and skin color—a massive form of self-disclosure out of my control—feels exposed. What before was unreflected on and preconscious comes into sharp focus without me asking for it. The racist episode described above and the cumulative weight of my identity being a focus of negative associations and attacks contributed to the pain of this jolt into consciousness. In that moment it was difficult for me to think clearly and I felt a hot flash come over me similar to my experience with the men in the Jeep. I think this may have been why I commented on her facial expression “you made a face there.” I felt called out and self-conscious, and I perhaps I unconsciously wanted to “call her out” and reduce the level of shame and discomfort I felt. A similar process may be occurring in “call out culture”—victims of racist attacks calling out their attackers online and in the public sphere—“you people have called me out and shamed me for my ethnicity and skin

color and now I'm going to show you how it feels to be called out and shamed."

THE FACE AND WORDS DON'T MATCH

Let's continue with the clinical material.

Kay: You tell me to say whatever is on my mind, and not to censor myself, and now I'm saying this and you're going to say I'm a racist. Dammit!

Me: I can tell what you just said made you uncomfortable.

Kay: Of course it did. *She sighs, is visibly upset.* Now I'm the racist, the Trump supporting racist in your office. And I know you hate me for that. How can I say these things to you without you hating me? I can tell by the look on your face you are annoyed.

Me: You don't feel I can tolerate your feelings and thoughts about this? Like you said, this is the place to say whatever is on your mind.

So, what my face was communicating was obviously in conflict with what my words were trying to convey! bell hooks notes that people of color "quash a killing rage" as daily insults like this pile up (hooks 1995). Reflecting on this moment, what I said was based in needing to ease this painful rage that came through in my facial expression although I was not fully conscious of this at the time. This "racist moment" moved me into a concrete and dualistic state of mind that is very familiar to anyone who has been in a situation like this: "should I speak up and defend myself—my ancestors, culture, family—or let it go?" One feels trapped in either direction. If you speak up, you will be accused of blowing things out of proportion, being hypersensitive, and getting angry over something that's not a "big deal"—now it becomes "your anger problem" and the "attacker" feels victimized and assaulted by you. This often descends into blaming, guilt, and shame on both sides (Davids 2011). If you "let it go" and ease the discomfort between you

and the other you are left shameful and impotent with an uneasy sick feeling you did not stand up for the most vital aspects your existence: your family, your skin, your homeland, and culture—the sounds, tastes, and smells of what you hold most precious to you and that you feel pride in.

In a therapeutic moment the stakes can feel even higher. As Kay said, this is her space to speak the unspeakable, to put into words what in most places is forbidden and off limits. This freedom of psychic movement, to explore, to be curious, and open hearted to all aspects of who we are feels blocked in these states of mind between the therapist and patient. It felt like a kill or be killed moment for both of us, with no intersubjective or moral third holding the space for reflection or curiosity (Benjamin 2018).

RACIST OR RACIAL FANTASIES?

Several authors on this subject, notably Keval, make a distinction here between racial and racist fantasies. *Racial* fantasies, according to Keval, are fantasies that notice the ethnic characteristics of others and are motivated by a curiosity that can signal a wish to explore the self in relation to others. In my office, the transferences to my ethnicity and skin color have spanned an incredible range: I can be a dangerous terrorist, a sexless nerd, a mysterious powerful guru, or a house servant all in one day! Racial fantasies can feel more exploratory—the intersubjective space is alive and open to possibility, despite the projections and displacements in the associations (Keval 2016).

In contrast, *racist* fantasies aim to thwart and damage, closing down opportunities for intimacy. These fantasies are better described as racial enactments (Leary 2000) or “racist states of mind.” There is a wish for absolute certainty, and an atmosphere of brutality, omnipotence, arrogance, cruelty, and shallowness (Keval 2016). The primary defense here is massive projection. The therapist becomes the hook on which to hang the psychic material that the patient finds too difficult to think about—with Kay, it was Indians as dirty, smelly, and “gross.” Racist states of mind and racial enactments exist within an interpersonal relational space that feels shut down and concrete, with no sense of curiosity, playfulness, or freedom for both the therapist and the patient. The therapist struggles to resist pressures to feel either defeated or to give in to sadistic impulses

of wishing to triumph over the patient. Striving to think or understand under this kind of fire is very difficult and it seems there are counter-transference obstacles in every direction.

Returning to the clinical material, my face betrayed the violence and hurt I felt towards her, but my words were attempting to reassure her and to disown and dissociate the violence within me. The angry dissociated part of me in the moment would have said: “*You* are the dirty one! Your people and your white skin has caused so much pain, you should be the one who feels ashamed, not me!” Although I was not fully aware of it in the moment, I wanted Kay to feel like the weak, powerless, dirty nothing that both she and those men in the Jeep made me feel. Davids (2011) notes: “One is cast as a virtuous victim of racism, survivor and savior, by virtue of having experienced it one becomes the authority on racism” (pp. 48-49). This is a way of allowing the victim to have revenge, to “do” something. The atmosphere turns hostile and suspicious. He continues: “it is impossible to think and political correctness becomes the order of the day. We feel divided into friends and enemies” (Davids 2011).

Paradoxically, this only barely conscious struggle led me to become overly solicitous and welcoming of Kay’s racist thoughts in part to mollify the violence within me towards Kay and to ward off any more attacks from her. The term “psychic airbrushing” (Crastnopol 2015) and excessive niceness applies here: a way of communicating only half-truths and engaging in a cover up of denial that is “positively retouched, made to look better than normal” in effect saying “I welcome your racist thoughts! They don’t bother me.” This led to a disruption of authentic emotional communication between us for a moment. The gap widened between whom I truly am and how I want to be known. Reflecting on this moment now, it may have been more useful to encourage her to stay with her associations and our mutual discomfort, noting the truth in her noticing the emotional reality in my facial expression. Alternatively, I could have made more analyst centered responses (Steiner 1993), listening and commenting on her experience of me and my reaction to her.

ESCAPE INTO THE TRANSFERENCE?

Returning to the clinical material:

Kay: Say what's on my mind? God, how can I really? All you therapy types are liberals. And I'm the shitty racist.

Me: First it was the Indian guys on the train that were dirty, and then it seemed to be me, now you're the "shitty one?" All of this dirt and shitiness sounds like the words you've used about your father.

To provide some context here, this was not the first time Kay had associated to my "dirtiness." In past sessions, she would comment on my unfashionable clothing, my messy and dusty office.

Some background about Kay is also important: Kay described a chaotic home growing up in rural Georgia despite outward appearances of wealth and stature. Her parents both worked full time and she was raised by nannies, one of which was brown skinned whom she was very attached to at the age of 5. This nanny left suddenly at the age of 10 with no prior warning leaving Kay with no way to mourn her loss. She described her mother growing up as either absent or often in emotional distress sobbing in front of her and in constant agony over her father, who despite his financial successes had a lifelong opiate addiction and multiple affairs which culminated in him being diagnosed with HIV when Kay was in High School. In our sessions, she would often refer to him as a "gross and disgusting human being—I want nothing to do with him." Her husband John's family upbringing, with its traditional Protestant values of family, church, and nationality appealed to her greatly—it felt "pure and clean," but she often felt nostalgic mixture of longing and hatred toward the dysfunction of her old family and the South which felt familiar and more viscerally alive to her. She recently had been opening up about a closeness to her father until puberty when she began to notice him looking at her breasts in a sexual way and discovered evidence of his illicit affairs and drug abuse by going through his dresser drawers when he was away.

Clearly, there are multiple meanings here of what "dirty Indian" means to Kay. The inspiring and courageous psychoanalytic work of Dorothy Holmes (1999) and Aisha Abbasi (2004) in particular discuss the transferential and the genetic origins of racism in their clinical encounters with patients. Both discuss how racist fantasies can be defensive sadistic attempts to evade unbearable experiences of helplessness,

shame, rage, and narcissistic injury originating from early childhood experiences. (Abbasi 2004; Holmes 1999).

Much of this certainly applies to Kay's associations. Being dirty has connections to her father's dangerous sexuality and the trauma it caused her and her family. She experienced her erotic life as "dirty" because of her identification to her father and her fears about her body responding sexually, which has transference implications to my skin color. Her "clean and white" husband responding to her sexually also brought out these painful and frightening connections. There is also her attachment and sudden loss to her brown skinned nanny which evokes her fear and shame over her need to rely on others for emotional support, which she defends against by becoming demeaning and critical of people she depends on. This was the dynamic happening with her husband, which she was speaking to prior to her association of the "dirty Indians"—depending on people is "dirty." Being a "dirty Indian" also had deep meanings for her own identifications with being a "dirty foreigner" as a Southerner in a wealthy New Jersey suburb. She wanted to be "whiter" and less dirty as a form of ethnic and familial purification. Here being "white" is a cultural fantasy of total purity and privilege (Hamer 2012). She called her hometown in Georgia a "shithole" and felt the people there were "ass backwards trash." Joining her husband's "whiter and sanitized" privileged family carried the fantasy of escaping his dirtiness but carried with it a disavowal of her cultural heritage, pride, and family.

Back to the clinical material, this "selected fact" about the connection between her father and dirtiness came to me unbidden in that moment and I chose to say it. Although the comment was probably in the right ballpark, it missed the mark because it had a defensive quality to it. I think I used the comment to reflexively to move away from the pain and rage of the moment between us to something more familiar and intellectualized: the connection between the transference and her father. I could feel my anxiety lessening as I made the comment—we were in familiar psychoanalytic territory now. Staying in the painful and uncomfortable moment between us could have led me to being more open to the multiple possibilities to be curious about in her associations to "the dirty Indian."

THE ENVIOUS THERAPIST

Another reaction I had to Kay in this moment was a hateful but barely formulated envy of her white skin and the privileges it afforded her. I could feel this only in retrospect and at the time it was only sensed as an aching sense in my gut, a sick visceral “less than” feeling. The therapist’s envy towards the patient has rarely been discussed and is more prevalent than our clinical literature would suggest (Fors 2018). In this moment my feelings of her having more wealth, status, and privilege than me brought forth my own internalized racism against my brown skin and heritage, which may have also led me to defensively move away from the discomfort between us to a more intellectualized interpretation. It may have also reflected her own enviousness of how she experienced me through projective identification. Later in treatment, she was able to put into words her hatred and anger towards her compulsive need to “sanitize” herself and felt envious that I seemed to be very comfortable in my “dirty and dusty office.”

EXCLUDED FROM THE MOTHERLAND

Kay: Yeah, that’s true. He was gross. Sighs. I don’t know. I feel lost in all of this. I just wish I didn’t say any of it. *Kay becomes silent for about a minute.*

Me: That was a long pause.

Before I interrupted Kay’s silence, I felt a deep sense of exclusion in the silence between us. I was alone and cast out. My mind wandered to the Jeep rushing past my car: “Go back to your own country” he said. “Dirty Indian” flashed in my mind. So, it’s their country, not mine. They belong here. Where does that leave me? In our silence together a sense of melancholia fell over me that I needed to interrupt with words. Although America is a country I love, the only country I feel is mine, what persists is a sense of dislocation- I am almost American like Kay, but not quite. Eng and Han use the terms “mimicry” and “racial melancholia” and to describe this experience—the Asian American is a model minority mimicking the successes of white privilege without the political and cultural legitimacy of being white. A racial melancholia hangs over this partial success and partial failure, a ghost-like lingering

of being similar but never the same (Eng and Han 2019). I felt jealous of Kay's ability to be with America in a way I can never be.

Being alone and cast out has resonances with Kay's experience as well. Racism can be a defensive reaction to primitive experiences of exclusion, jealousy and shame. Keval (2016) discusses the concept of the "racist scene." He describes this as a particular strategy of revenge in a racist state of mind. The racist feels jealous of the minority's relationship to "his mother-land." It's his country, his mother. The thought of this intruder enjoying the pleasures of being with his mother-land creates unbearable hatred and jealousy; he creates a fictionalized pure and unspoiled past before the dirty immigrants ruined this blissful union between him and his pure mother. Now he is the Oedipal loser, helplessly watching his mother-land and immigrants in union with one another, stuck in the primal scene. He must reverse this humiliating loss: he will make the immigrant the excluded other. They are the "dirty outsiders" and his union with his mother-land is pure and virtuous (Keval 2016).

Although material about this from Kay came later in our work together, my feelings of exclusion in the silence with Kay and my reverie to the Jeep and the words "go back to your country" may have reflected her own experiences of exclusion and isolation with her father and his lovers. These mysterious women were "the dirty sluts" who drew her father away from her and the family. Other triadic conflicts included the birth of her younger brother when she was three, her mother's constant preoccupation with her father's infidelity, and drug use at her expense and her feeling excluded from the "in crowd" in boarding school who were interested in sexuality and drug use.

CAN PLAYFULNESS EXIST IN A MOMENT LIKE THIS?

Going back to the session:

Kay: I was just thinking about how strange this is. I feel out there, exposed. I don't know what you're going to say or how you are going to react to what I said. Are you going to fire me?

Me: You could see on my face I was a bit rattled by it, but it seems we are on this dirty New Jersey train together! Let's stay with what you're feeling and see where it goes.

Kay: So you *were* rattled! I knew it. Okay, okay, I think I get what you mean. It's just awkward as hell to do this.

I wanted to conclude by talking about a potentially difficult topic not discussed in the analytic literature—the use of playfulness clinically in racist states of mind. We are all familiar with the immense literature on the necessity and importance of playfulness and play, inside and outside psychotherapy, actually with all mammals! (Panksepp 1998). Play creates a psychic space between our inner world and external reality, taking place paradoxically neither strictly in only our imagination or reality. It allows for movement between opposites, paradoxes, and variations of meaning and truthfulness (Winnicott 1992). When you are being playful you can try on an experience or fantasy as opposed to being oppressed by it or taken over. Being subjected to a racist state of mind and also the experience of feeling you are a racist collapses this transitional space into a one into a mode of psychic equivalence—“you are what I fear.” In this mode, one either has to comply or resist (Benjamin 2018).

Returning to the clinical moment, was my comment to Kay just a defensive and masochistic way of warding off the aggression in the field between us? I think that seeing it this way would be limiting. My comment opened up a space between us to not *just* feel in the grip of our anxiety and anger. This is a difficult topic, however, because there are dangers of being too playful. Using the image of two animals playing we can make a distinction in play between “a nip” and a “bite” (Bateson 1955; Benjamin 2018). When excitement and aggression heighten, the heightened affective arousal can destabilize the paradoxical holding of something as both from the traumatic past and not the past. Power relations reveal themselves. The bite feels real, and playfulness becomes teasing or outright viciousness. But the opposite is true as well. Our fear over aggression can limit our ability to authentically engage: “we may be so fearful of biting that we can’t properly engage the other’s nip” (Benjamin 2018). In this moment between Kay and me, my comment did help us get unstuck and allowed for her to be more playful with her projections of dirtiness. We were in it together, hurt but still on the train.

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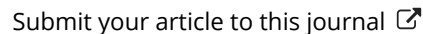
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FROM THE SUNKEN PLACE TO THE SHITTY PLACE: THE FILM *GET OUT*, PSYCHIC EMANCIPATION AND MODERN RACE RELATIONS FROM A PSYCHODYNAMIC CLINICAL PERSPECTIVE

BY DIONNE R. POWELL

Increasingly, as analysts and psychotherapists, we engage in racial encounters that challenge concepts of empathy, neutrality, and anonymity. This paper attempts to enter this dynamic space to uncover the utility of working within racial tensions for its inherent therapeutic value. Part of this challenge for the clinician, who often identifies and is identified as liberal, is to acknowledge the ubiquity of race as unconsciously structuralizing along with our defenses against this recognition. The intransigence of racism, as formed intrapsychically and discovered in our working functions as analysts and psychotherapists, when not actively challenged and reflected on will be explored. Attempts to explicate the indelible effects of race in the American clinician will be provided that

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goes beyond countertransference or enactments. Clinical examples and connections to modern cinema are utilized to provide a framework to advance our knowledge in working with racial material.

Keywords: Racial encounters, *Get Out*, racism, psychic emancipation, psychodynamic psychotherapy, African Americans, sunken place, psychic trauma.

"Say what's on my mind? God, how can I really? All you therapy types are liberals. And I'm the shitty racist." Kay, in Dhwani Shah's "Dangerous territory: Racist Moments in the Psychoanalytic Space (Shah 2020, see this issue).

This paper expands on the idea of psychic emancipation from positions of racist thought: from the clinical, as Dr. Shah's evocative work demonstrates, to the personal, and within American cinema in the 1967 film *Guess Who's Coming to Dinner* as contrasted with the 2017 film *Get Out*, as a metaphor to the place that racist thoughts, behaviors, and encounters reside in society and inherently within the treatment dyad.

In Dhwani Shah's "Dangerous territory: racist moments in the psychoanalytic space" (2020, see this issue), Shah recounts an incident where Shah, an Indian American analyst, is personally confronted by a racist insult while driving his two young children ("Go the fuck back to your country asshole!" by a White male passenger in a Jeep with MAGA stickers). This corresponds contemporaneously with his psychotherapeutic work, which includes a racial encounter with Kay: a White Southern woman adjusting to family life in the Princeton, NJ area as a work from home mother of two young children. I will return to Kay later in the paper, but for our purposes Dr. Shah's negotiation of the racist encounter both within and outside of the consulting room highlights both the challenges and the opportunities for all clinicians and not only clinicians of color. Following the racist roadside encounter Dr. Shah gives full voice to his desires to destroy in seeking revenge. While totally within Dr. Shah's mind, the need for psychic emancipation from a racist encounter is given both psychic and physical manifestations in the film *Get Out*.

In *Get Out*, an African American man apparently lost in a White upper-class suburban neighborhood is followed, knocked unconscious, and stuffed in the trunk of the White assailant's car. This opening scene portends the treachery, betrayal, and horror that the main protagonist (Chris) will endure. *Get Out*, Jordan Peele's 2017 film debut, which he wrote (Oscar best original screenplay) and directed (Oscar nomination for best picture), is the comedic horror story of Chris (Daniel Kaluuya), an African American photographer, accompanying his White girlfriend of five months, Rose (Allison Williams), for a weekend getaway, their first, to meet her parents, Missy (a psychiatrist) and Dean Armitage (a neurosurgeon). Chris nervously asks and is reassured that Rose's parents are unaware of his race and it shouldn't matter as they are quite liberal.

On the journey to the parents' estate Rose hits a deer and Chris is disturbed by its impending demise as it links to his mother's traumatic death as a child. At first, Chris reads Rose's family's overly accommodating behavior as nervous attempts to adjust to their daughter's interracial relationship, but as the weekend progresses, a series of increasingly disturbing discoveries, including the bizarre behavior of the African American staff (Georgina, the cook/Rose's grandmother and Walter, the ground keeper/Rose's grandfather), begins to unnerve him. Missy, observing Chris' smoking offers to cure his habit with hypnosis. During their late-night talk, Chris describes the traumatic circumstances of his mother's death and his guilt for not attempting to prevent it. With a swirl of her spoon in her teacup Missy tells him to "sink" and Chris drops into the "*sunken place*" a subconscious floating state, not able to access consciousness. Chris awakes the next morning with vague recollections that Rose minimizes. Chris' best friend Rod, a TSA agent in New York City, warns him throughout about trusting White people, suggesting their desires to turn Chris into a sex slave.

Later, as a garden party with the Armitages' White friends (aka the Order of the Coagula) unfolds, Chris is the center of attention with questions about his strength, sexual prowess, "photographic eye," and his golf swing. We later realize that Chris is being auctioned to the highest bidder that goes to a blind photographer who wants

“his eye.” Chris is increasingly suspicious, but oblivious to the sinister motives, until he takes a photo of a young Black man (the man who in the opening scenes was stuffed in the trunk of the car), who with the flash of the camera is momentarily snapped out of the sunken place and erupts by shouting repeatedly for Chris to “get out!” With this Chris plots his escape. Chris discovers that the Armitages’ have appropriated the bodies of African Americans and implanted the conscious brains of their White relatives and friends to seek immortality and to possess and inhabit a “superior specimen.” Chris is their latest acquisition.

The sunken place, a place of dissociation, or the “shitty place” where there is no apparent value or meaning, captures the affective resonance of racist moments for both the perpetrator and their targets. A goal of this paper is to stimulate the reader’s narratives of how race both informs and is concealed within their daily clinical practice. To contemplate our bigoted and prejudiced narratives would acknowledge being on both sides of this conundrum as racist perpetrator and victim, as patient and as therapist. Empathic understanding of race, racism, sexism, classism, homophobia, trans-phobia, Islamophobia, anti-Semitism, and privilege must start with the clinician’s internal exploration and mindfulness of blind spots, bright spots, prejudices, and biases as revealed through our clinical work (Goldberger 1993). This paper focuses on race and racism as it is both foundational and embedded in all Americans, and within our societal structures, yet minimally discussed, especially in the clinical situation. For purposes of clarity along with the recognition that racial tension remains most resistant to needed change both inside and outside of the treatment situation, my focus will center, although not exclusively, to the African in America (Alexander 2010; Anderson 2016; Powell 2012). My conclusion is that psychic emancipation within the treatment situation can only begin with the clinician’s ongoing exploration of their racist states of mind (Keval 2016) and engaging in race, racism, prejudice, and bias as revealed in our daily function as psychoanalysts and psychotherapists. Moments of racial tension are potential transformative opportunities towards psychic liberation and repair.

EXPOSING AND EXPLORING THE PROBLEM—RACISM'S EFFECTS ON MIND

Jordan Peele's *Get Out* and Dr. Shah's paper resonates with my clinical experiences as they bring to focus racial tensions within ourselves, our patients, and the larger community. Racist confrontations, both professional and personal, demonstrate the significance of recognizing the paralytic effects of constraining or silencing one's anger at a racist attack. Whether in fantasy, as Dr. Shah contemplated the reactions to the racist roadside confrontation, or in representation, as in Chris' attempts at physical and psychic emancipation, freedom for people of color can be a daily negotiation. There is a psychic racial reality that has been under recognized in our daily work as clinicians that this paper attempts to explore.

Get Out depicts the racist stranglehold perpetuated by Whites, whether covertly or overtly, towards people of color in contemporary society and their attempts towards psychic freedom. In this comedic horror story, the Black experience is not neutralized to contain and control, as in *Guess Who's Coming to Dinner*, it is appropriated for its superior attributes (physically, sexually or visually). In *Get Out*, Black bodies are neurosurgically implanted with portions of White brains. The minds of the appropriated African Americans are subconsciously suspended with rare access to the external world. *Get Out*'s intent is not an escapist bromide for society's racial ills, but serves as a fantastical illumination, a cultural vivisection, to current liberal race relations. *Get Out* chronicles the developing relationship between Chris (Daniel Kaluuya) and Rose (Allison Williams) as she takes him to meet her parents at their Northeastern estate.¹ All seems mundane until it's not. Peele's movie unmasks the façade of a conflict free zone between middle class Blacks, and White, non-Southern, coastal liberals, exposing the ongoing desire

¹ Multiple companies throughout the United States were intimately involved in the slave trade, including major insurance companies, textile mills, train lines and banks predominantly north of the Mason-Dixon Line. Thus, slavery was a major revenue source (reportedly 80% of the gross national product was linked to the forced work of enslaved people. As quoted by the *New York Times*, historians Sven Beckett and Seth Rockman: "American slavery is necessarily imprinted on the DNA of American capitalism."), privileging Whites throughout the country (Desmond 2019).

and expectation, to acquire, and possess the Black body, mind, and spirit. As metaphor, *Get Out* imaginatively captures contemporaneous issues of White privilege, Black emancipation, and the ongoing psychic vestiges of racism in our presumed color-blind society.

In Peele's film, race, White privilege (defined here as the advantages awarded to Whites based on the oppression of others, whether consciously or unconsciously derived) and racial tensions are initially subtly downplayed between the romantic couple, although with unnerving undertones. For instance, after Rose hits the deer her defiance towards the state trooper, who investigates the damaged car, emphasizes the freedom and privilege that Rose has in challenging authority and that Chris, due to his Blackness, can ill afford.² Therefore, Chris' silence is an early harbinger to deeper dissociative processes that can arise when Blacks are confronted with White authority, continuing the legacy of state sanctioned terror.

Rose is the quintessential body snatcher, convincing Chris that her liberal parents' "unawareness" that she's bringing a Black man home shouldn't be a problem.³ There are hints to what will come: the parents' overly solicitous welcoming of Chris, the father's admiration of the

² The increase of racial incidents occurring while African Americans attempt to live their daily lives have been de-constructed into memes suggesting the innumerable daily insults that jeopardizes routine life, too frequently leading to severe injury (physical and psychological) and death: driving while Black..., shopping while Black..., learning while Black..., playing in the park while Black..., and commuting while Black... to name a few. We recall Sandra Bland in 2015, anticipating working for her alma mater Prairie View University in less than 3 three weeks, being pulled over by a Texas state trooper for not signaling a lane change. Three days later Bland is discovered dead in jail from an apparent "suicide." These unprovoked incidents confirm the oft stated belief that Blacks are incapable of living in society as freely as Whites are.

³ Note the similarities and contrasts in the roles of the female protagonists, Joey Drayton (*Guess Who's Coming to Dinner*) and Rose (*Get Out*) over the course of 50 years. Both claim that there is "no problem" in bringing their Black boyfriend/fiancé home to meet their parents, although we're soon aware of the differences in intent. Joey Drayton is naively color blind and relatively ill defined compared to the three other leads (Spencer Tracey, Katherine Hepburn, and Sydney Poitier); while Rose Armitage is sharp-edged, no nonsense, totally in control, a dominant presence. After the trooper stop, when continuing the drive to her parents' estate Rose states to Chris: "(I'm) not going to let anyone fuck with my man," the aggressive possessiveness is clear. Compared to the sense of agency of the two male leads, Sydney Poitier appears more racially self-actualized than Daniel Kaluuya. This leads to the complicated question, too large for this writing, of the legacy of integration for the African American man in the late 1960's compared to the millennial African American male of the 21st century.

Olympic track star Jesse Owens who bested his own father in the 1936 Berlin Olympics, their claims to not being racists, and comments like the following to Chris by Rose's father, Dean: "my mother loved her kitchen so we kept a piece of her here," referencing Georgina the cook. These overly gratuitous statements are examples of what African American patients report hearing on a daily basis from their White liberal colleagues and friends, questioning what is real and authentic versus pacifying and racist.

When Chris is hypnotized by Rose's mother, a psychiatrist, ostensibly for smoking cessation, and led to believe that Chris' mother's death was his fault the acquisition of Chris' body and mind is nearly complete. As a benign afternoon garden party transforms into a backdrop for auctioning Chris off to the highest bidder. Chris awakens an oddly behaving shell of a Black man with a flash from his camera. Temporarily "woke" (un-sunken) this man's emotional plea for Chris to "get out" provokes Chris into action.

To "get out" speaks not only to the physical escape that Chris must make, but also to his struggle to re-capture his identity as a Black man in a White liberal world. Chris, as metaphor, is the post-racial Black man, the culmination to Barack Obama's presidency, trapped by the legacy of slavery and its' brutal aftermath, but totally unaware. However, the accumulative micro-aggressions that occur on a daily basis can rob African American's of one's song, one's cultural self, that the playwright August Wilson describes in his generationally themed plays that show the accruing potential loss of the cultural African self with modernity and increasing assimilation.⁴ Thus, Chris presents to the Armitage family in a pre-

⁴ Microaggression is a term used for brief commonly occurring verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicates hostile, derogatory, or negative prejudicial slights and insults toward any group, particularly culturally marginalized groups. Chester M. Pierce, a Professor of Education and a Psychiatrist at Harvard, coined the phrase in 1974 to describe the daily insults inflicted on African American peoples. August Wilson's (2007) ten generationally themed plays mark the decades following slavery for African American people: *Gem of the Ocean* (2003)—set in the 1900's, *Joe Turner's Come and Gone* (1984)—set in the 1910's, *Ma Rainey's Black Bottom* (1984)—set in the 1920's, *The Piano Lesson* (1990)—set in the 1930's, *Seven Guitars* (1995)—set in the 1940's, *Fences* (1987)—set in the 1950's, *Two Trains Running* (1991)—set in the 1960's, *Jitney* (1982)—set in the 1970's, *King Hedley II* (1999)—set in the 1980's, *Radio Golf* (2005)—set in the 1990's. Each play is steeped with references to music, especially the blues, as a dynamic transgenerational container and bridge from Africa to the enslaved to modern society. Wilson's psychic

conscious “sunken place,” a place of dissociated trauma and guilt from both the personal (his apparent conflicted passivity at the time of his mother’s death as a child) and the accumulative impact of racism as a Black man in a White majority society. Chris’ defensive response to these micro traumas, societal and personal, is a disavowal of its apparent impact. When we meet Chris, he is in a level of dissociation, unaware of the dangers surrounding him, existing in the illusion of a post-racial society. Only by escaping can he reclaim those aspects of self that are threatened with extinction. Chris’ ability to follow Rose to his possible demise and his inability to perceive the apparent threat, lacking healthy cultural paranoia (a non-pathological approach to living within a White racist society as a person of color), reveals the extent of the distance from his racial and cultural core self (Grier and Cobbs 1968).

Chris’ ties to his Blackness, bringing healthy cultural paranoia, is sustained by his best friend, Rod Williams (Lil Rel Howery), the TSA agent, who provides the vital connection to a safe psychic space at the deepening threat. Rod warns Chris about travelling to his White girlfriend’s parents’ home, and clearly implores Chris to not let Rose’s mother, Missy, hypnotize Chris (Rob: “some people don’t want strangers fucking with their heads!”). *Get Out* confirms longstanding fears and apprehensions within the African American community regarding mental health care; ranging from being racially misunderstood to being psychologically harmed. Therefore, Rod becomes Chris’ North Star, his Underground Railroad, and his Harriet Tubman, motivating him back to freedom.

Get Out at its core highlights the ongoing desire and dependence Whites have in owning/possessing the Black mind and body. Envy and the desire to possess run throughout the film. Peele is warning us of similar dangers and fears that our patients bring to our offices and clinics, that unrecognized can lead to compromised and unsatisfying

representation of the African in America both consoles and celebrates Blacks within their rich cultural identities. In a 2001 interview John Lahr writing for *The New Yorker* describing Wilson’s work: “. . . ‘finding a song’ is both the expression of spirit and the accomplishment of identity. Some of his characters have a song that they can’t broadcast; others have given up singing; some have been brutalized into near-muteness; and others have turned the absence of a destiny into tall talk—the rhetoric of deferred dreams.”

treatment outcomes. Research has shown that patients of color have a high dropout rate of 50% after the first visit, and my 30 years of experience is filled with narratives from people of color leaving treatments due to a lack of understanding or racist treatment by White clinicians (Sue and Sue 1999).

Volney Gay, Professor of Anthropology, Religion and Psychiatry, writes compellingly about this desire and dependence of Whites to own persons, describing how a sense of ownership was built from slavery (Gay 2016). Gay explores the history of White dependence on Black slave labor (including for their craftsmanship, knowledge of farming, etc.) while simultaneously showing the denial of stated dependence with the reversal of attribution; that it is the slave purportedly in their inferiority that is dependent on their masters. This societal projection, presumed Black inferiority and dependence on Whites, has reverberations in modern society and is the outgrowth of denial and splitting. Gay makes clear:

For example, many—if not most—cultured Christians of the prewar South could affirm both Jesus’ teaching of equality and, at the same time, defend their ownership of persons. What they affirmed on Sunday, they contradicted Monday through Saturday. They managed to live within this contradiction by splitting their minds into separate regions, and their religion and its preachers helped them maintain these splits. [2016, p. 57]

To assuage this contradiction, Whites would emphasize Blacks familial dependence on Whites as justifying continuing servitude; or as Georgina (Betty Gabriel), the maid and cook, who has part of the Armitage grandmother’s brain implanted in hers, states: “they treat us like family.” Being a part of society, while prevented from experiencing those advantages that are normative for most Whites (fair housing, quality public education, quality health care, equal justice under the law, and access to jobs based on merit) is the history of the African in America.

With the above in mind, the importance of Jeremy Armitage (Caleb Landry Jones), Rose’s brother, symbolically represents the overt hostility and envious rage beneath the liberal White façade that the Armitages seek to project. He is the violent wing, the trigger finger, of the Order of the Coagula, willing to destroy what they are attempting to inhabit and

possess. Jeremy is the psychic Mason-Dixon Line, the racialized Corpus callosum to the fantasy that the problem with racism in America is a Southern one. One of the fictions that Peele challenges is the “innocent bystander” quality of White liberals to acts of White supremacists’ violence, a form of complicity that remains muted. In this Peele is starkly emphasizing the ubiquity of racism in society, and for Blacks and other people of color not to be fooled that this is only a Trump administration or red state problem.

If racialized institutions and structures created racism, the psychological justification to White America’s continued desire to both possess Blacks and maintain them in a dependent position is attributable to centuries of identifications with Whiteness as a construct. This would include the enfolding assimilation of recent immigrants who benefit from the privilege of Whiteness while simultaneously defending themselves against claims of racism because their ancestors were not in the United States during slavery and its traumatic aftermath.

Slavery, race, and racism have made indelible marks on the American unconscious and constantly seek a narrative platform for racial hierarchy and superiority. This is no less true in the clinical psychoanalytic setting, although most often denied and minimized, regardless of the racial or cultural make up of the treatment pair. One can legitimately ask: why should race, racism, the traumatizing effects of 250 years of chattel slavery and the political and state sanctioned tyranny, murder, institutional racism, and discrimination that followed have a place in American psychoanalysis? My clinical and supervisory experiences have shown the traumatizing effects of race and racism within childhood regardless of the race of the other. Racial differences are signified in childhood, often as a traumatizing or confusing moments of development. Inevitable intergenerational racial and ethnic stereotyping occurs. Who we fear and why we fear are imprinted through our care givers, and typically not from a negative experience with the other. Or stated another way, by using Joseph Sandler’s 1962 paper, “Background of safety” as a model, our safety tone is built from what comes to us constitutionally, and how that is shaped by our environment especially our caregivers. Whites are the most homogeneous group in America in terms of not having friendships or relationships with people of color, thus the other by definition falls outside of most Whites’ sense of safety

(Chang 2018). Most people of color have more cultural and ethnic diversity and are more fluid in their mobility between racial groups. As a society we have not actively nor systematically attempted to repair this ongoing divisive societal and intra-psychic wound that corresponds with the enslavement and systematic discrimination and torture of brown and Black people. As Martin Luther King Jr., articulates in *Where Do We Go from Here: Chaos or Community?* in his chapter “Racism and White Backlash”:

It is time for all of us to tell each other the truth about who and what have brought the Negro to the condition of deprivation against which he struggles today. In human relations the truth is harder to come by, because most groups are deceived about themselves. Rationalization and the incessant search for scapegoats are the psychological cataracts that blind us to our individual and collective sins. But the day has passed for bland euphemisms. He who lives with untruth lives in *spiritual slavery*. Freedom is still the bonus we receive for knowing the truth. [1967 p. 67, italics added]

In “Thoughts for the time of war and death,” Freud explored the factors leading to the dissolution of civilizations and speaks to man’s unique development that primitive instinctual needs and pressures can co-exist with more advanced levels of thinking. Freud states:

. . . in reality, there is no such thing as “eradicating” evil. . . the deepest essence of human nature consists of instinctual impulses which are of an elementary nature, which are similar in all men and which aim in the satisfaction of certain primal needs... These primitive impulses undergo a “lengthy” process of development before they are allowed to become active in the adult. [1915, p. 281]

Therefore, humankind is dependent on the renunciation of these instinctual needs, the development of ambivalence, and the cultural environment as the components that influence these transformations or renunciations to occur. Freud continues: “So the human being is subject not only to the pressure of his immediate cultural environment, but also to the influence of the cultural history of his ancestors” (pp. 282-283). Active discrimination and enslavement within America’s recent past,

along with the inherent gratifications of possessing people, continues to be the influencing cultural benchmark of American society; as ongoing racist practices become hard baked into American minds and institutional practices.

As new citizens, immigrants in the past 100 years, especially those not of color, escaping their own traumas, are unconsciously pulled to enter the racist stew based on one's ethnicity and religion as attempts to belong, to "become" an American. That process without any opposing counter argument (i.e., the truth regarding the treatment of native people, former slaves, Latinx) promotes the adoption of racist beliefs and, more often than not, corresponding behaviors. This also requires for those who immigrate to bury or silence their own personal traumas from their home country. Thus, the un-metabolized or un-mentalized trauma of the past becomes enforced by the un-metabolized and un-mentalized trauma of present America that has occurred to its darker brethren. One quickly discovers that there is a "hierarchy of feelings" based on your closeness to Whiteness with attribution on whose truth, whose right to protest, and whose claims of injustices are most valued.

And what of our participation as psychoanalysts in maintaining racist structures that exclude the other? Our analytic understandings are formed within a racist system that privileges certain people and excludes others. We hide behind maintenance of an "analytic stance" and yet are blinded and mute to how that precludes inclusiveness and diversity. In the end our stance becomes defensive armor that is rarely challenged. Some of these notions are within my paper "Race, African Americans, and psychoanalysis: collective silence in the therapeutic situation" as it attempts to put the analyst back within the bathwater of a racist society that has impacted our therapeutic capacities, for better or worse. Struggling within that space where racism, bias, privilege, and prejudice dwells within us and between us, instead of attempting to exist beyond this milieu, brings us closer to our patients' experiences regardless of their race. This allows for possible transformation and reparative processes for both patient and analyst. . .one dyad at a time. This leads us from spiritual slavery that Dr. King refers to and towards psychological emancipation.

For analysts and psychotherapists this would require working from an anti-racist perspective with our patients, but more importantly this requires exploration of the clinicians' racist state of mind. Or as stated by Roy Schafer:

Psychoanalysts have not always been sufficiently self-conscious about the fact that they look at their material from only certain points of view and perhaps only on certain levels of abstraction: consequently, they sometimes mistakenly consider their mode of understanding to be the only possible or true psychology-and a complete one at that! [1973, p. 178]

This means going beyond an academic pursuit or curiosity about the other toward an internal working through where racism and privilege dwell in our working functions. In this Freud cautioned:

. . . we are mistaken in regarding our intelligence as an independent force and in over looking its dependence on emotional life. Our intellect. . . can function reliably only when it is removed from the influences of strong emotional impulses; otherwise it behaves merely as an instrument of the will and delivers the inference which the will requires. [1915, p. 287]

Racism and privilege in American society, in how one views the other, is the "strong emotional influence" that shapes us all and makes race and the effects of racism, prejudice and privilege unique and important whether in our personal lives or the consulting room.

And for the person of color in White spaces there is a constant negotiation between assimilation and identity. Increasingly with the Civil Rights Era, during and after the presidency of Barack Obama, and the Black Lives Matter movement, the ability to define Blackness within the culture has reduced the urge to abandon the racial self for outward acceptance within the larger society. By being unapologetically Black in every psychic space younger African Americans actively strive against those who demand allegiance to Whiteness as the sole pathway to full acceptance as citizens. The film *Get Out* allows us to viscerally experience the trauma and terror of racism when left unexamined and unchallenged.

THE CLINICAL AND THE PERSONAL: MOVING TOWARDS PSYCHIC EMANCIPATION; WORKING THROUGH WHITE LIBERAL GUILT AND PRIVILEGE

Back to Kay and Dr. Shah: Kay's work with Dr. Shah attempts to reconcile and psychically adjust her humbling and harrowing circumstances in the South (father was an abusive philanderer, squandered their finances, which contributed to his early death), with her husband's Northeastern, upper class, highly regarded Republican upbringing. Although phenomenally fitting the White liberal suburban mom and wife stereotype Kay internally feels like the other. Kay describes the tensions in her marriage that she redirects towards her husband's commute and ultimately Dr. Shah. The following is the exchange between Dr. Shah and Kay that followed Dr. Shah's racist roadside encounter described earlier:

Kay: I think we are both just exhausted. I know I pick fights with him (husband) that are unfair, we've gone over this before. He's got this long commute on that disgusting Northeast corridor line. It's gross, and he hates it. It makes all these stops and these people get on the train and crowd in making it so tight and smelly. You know, those. . . (*Kay suddenly looks visibly uncomfortable and grimaces*).

DS: You made a face there.

Kay: I don't want to say it, okay. . . How did I end up talking about this? *Those Indians*. . . I was going to say, but you're Indian! I shouldn't have said anything. Now I feel stupid. I hate this. You tell me to say whatever is on my mind, and not to censor myself, and now I'm saying this and you're going to say I'm a racist. Fuck!

DS: I can tell what you just said made you uncomfortable.

Kay: Of course it did. (*She sighs, is visibly upset*). Now I'm the racist, the Trump supporting racist in your office. And I know you hate me for that. How can I say these things to you without you hating me? I can tell by the look on your face you are annoyed.

DS: You don't feel I can tolerate your feelings and thoughts about this? Like you said, this is the place to say whatever is on your mind.

Kay: Say what's on my mind? God, how can I really? All you therapy types are liberals. And I'm the *shitty racist*.

DS: First it was the Indian guys on the train that were dirty, and then it seemed to be me, now you're the "shitty one?" All of this dirt and shitiness sounds like the words you've used about your father.

Kay: Yeah, that's true. He was gross. (*She sighs*). I don't know. I feel lost in all of this. I just wish I didn't say any of it. (*Kay becomes silent for about a minute*).

DS: That was a long pause.

Kay: I was just thinking about how strange this is. I feel out there, exposed. I don't know what you're going to say or how you are going to react to what I said. Are you going to fire me?

DS: You could see on my face I was a bit rattled by it, but it seems we are on this dirty New Jersey train together! Let's stay with what you're feeling and see where it goes.

Kay: So you were rattled! I knew it. Ok, ok, I think I get what you mean. It's just awkward as hell to do this.

Racial moments both in our routine lives and within our consulting room as illustrated by Dr. Shah capture the shock, incredulity, the short-circuiting of thought that occur at moments of projected rage and hate. ". . . *Now I'm saying this and you're going to say I'm a racist. Fuck!*" Dr. Shah's patient, Kay, states after linking Dr. Shah to the dirty Indians that accompany her husband on his daily commute to New York City. Something is internally in conflict within Kay and interpersonally disturbing between Kay and her husband. Uncomfortable to sit with, the tension builds within Kay. We discover there are earlier antecedents to Kay's discomfort. As these feelings increase they must be expelled due to the degree of internal discomfort. For me, in these moments a Kleinian framework best addresses these phenomena as the patient, in a paranoid schizoid position, has to extract the hurt and pain for the "shitty" situation she and her husband find themselves in and hurl it into the analyst to relieve her anxiety (Klein 1946, 1948). Kay is correct. We do encourage our patient's "*to say whatever is on their minds*." But when it comes to race, is this too much for us to stand? Is Kay similar to Catherine Keener as the psychiatrist

in *Get Out*: “fucking” with Dr. Shah’s mind? And with Dr. Shah’s recent personal racist encounter, where the bucolic surrounds of the Princeton area are transformed into a nightmarish dystopia similar to *Get Out*, is this his moment to seek revenge through displaced action? Does the Bionian function of thinking become derailed by racism or racist defenses that severely handicap our analytic capabilities (Bion 1959)? Is race the psychological equivalent of the border wall... a signal to retreat, disengage or deflect from the here and now (Dr. Shah and his patient) to the there and then, (Kay and her father)? Donald Moss states: “Implicit in hate speech is its claim to function as a reminder of what is already known about its target. Its working assumption is that the proper place of the targeted object has long ago been mapped out: anywhere but here. . . it aims to separate and segregate” (Moss 2019). This type of mapping the self and the other is the racist state of mind with its unconscious prejudices and bias that we are all subject to (Moss 2006). How as clinicians do we handle hate speech in our consulting rooms?

Dr. Shah picks up on the patient’s emotional discomfort, and like any analyst who is openly curious to where racist thought dwells, does what most society would tend to: ignore, minimize, attack, or retreat from the racist fire—the underbelly of American society that has been present but unarticulated from its inception—speaking to our racist minds, both present and past. Dr. Shah approaches Kay knowing that he may get burned and asks about her pause, and pained expression. Kay experiences Dr. Shah’s observation (“you made a face there”) as an attack due to her racist fantasy on the verge of conscious articulation. Dr. Shah and Kay feel the impact and sting of Kay’s words. Neutrality and anonymity evaporates as Dr. Shah’s face registers the pain. Kay later hurls another salvo of hate: “say what’s on my mind? God, how can I really? All you therapy types are liberals. And I’m the shitty racist.” There’s “shit” and dirt everywhere: the South East Asian American commuters, the analyst’s office, Dr. Shah and now Kay. These are “shitty” thoughts to have and contain, it’s an enslavement of “shit.” Dr. Shah’s question that he poses for all of us to consider is whether we can dwell, and even play in the “shit,” the racist stew that we all carry within. I would venture this is the place we want and need to be as analysts and therapists with our patients for full engagement with these ideas and

affects. This engagement is not about whether we're good or bad people; it is the universal acknowledgment that we are all byproducts of a racist system and are therefore capable of regression, envy, hate, and murderous rage. Where except within the confidential confines of a therapist's office are these feelings allowed expression and perhaps remediation?

However, the human tendency when caught in a racist moment, even as analysts or therapists, is to redirect the interpersonal for an easier target outside the room. Thus Dr. Shah coming face to face with a racist attack seeks safety from his counter-transference through displacement. In Kay's narrative the father becomes the identified subject for the therapeutic couple's psychic lynching. His "shitty" behavior destroyed Kay's family, with possible allusions to sexual involvement with the Black nanny (a familiar narrative from slavery, as the nanny has to suddenly flee from her employer, due to the lingering sexual vestiges of ownership and possession), with Kay sadistically provoking Dr. Shah to flee, as well. To act out thus reconfirming her internal "shittiness" (Shah, see this issue).

Underneath these abject attacks is the American psychic conundrum of race, class, prejudice, and childhood racial trauma (Clark 1963; Holmes 2006; Sandler 1960).

This type of racial diversion within the analytic literary body is not new, but what is recently more in our awareness is the psychic experience of the Other that is the target of the libidinal or aggressive urges, and thus allowing attempts at psychic reparation. Joan Riviere in her 1929 paper, "Womanliness as a masquerade" demonstrates in relaying the dreams and recurring fantasies of a White American southern female patient the degree of displacement, similar to Kay, of her sexualized and aggressive sadistic wishes onto the Other (Riviere 1929). In racialized displacement, it is the Negro (less than 50 years post emancipation) who is the sexual and aggressive predator, deserving of punishment (aka lynching), while the patient in fantasy remains innocent and chaste. These fantasies and displacements have too often been the perceived rationale for the assault and murder of Black and brown people, and continue to serve as sources of hate (El Paso, TX; Dayton, OH 8/3/2019).

And yet in the American experiment there continues to be a search for reparation, recognition of pain inflicted, and an acknowledgment of

guilt; recognition that our racist destructiveness also depletes the self (“spiritual slavery” that King refers to), with the knowledge that our racial self is so entwined in the other whether the Other is lower or upper case. Therefore Kay later sighs: “I don’t know. I feel lost in all of this. I just wish I didn’t say any of it.” Kay becomes silent, the uncomfortable silence of 400 years of slavery, lynching, Jim Crow, racial misattunements, being reared in a society that is structurally formed to degrade and devalue the racial other, and therefore the self.

Moss contends that the aim of hate speech “is a violation rather than communication” (2019). I would suggest it is both, meaning that in my clinical experience hate speech is associated with early experiences of introjections and identifications; what is signified within the earliest years of life and remains a vulnerable area due to its libidinal and destructive origins that are repressed to varying degrees but subject to volatile eruptions (Clark 1963). Kay communicates and involves Dr. Shah in the here and now experience of the othering that occurred in her youth rooted in loss, infidelity, disease, social class, isolation, and humiliation. Understanding and engaging in hate speech within the therapeutic setting can, I’m suggesting, lead to a multitude of therapeutic rewards including a mitigation of hate if subjected to analytic exploration in a similar manner as our treatment of the derivatives of the sexual and aggressive drives.

While we’re speaking here of racial encounters between the dyad there remains the libidinal overtones of both the fear and lure of the other. In choosing Dr. Shah as her therapist, does Kay desire a reconciliation of her own otherness, as a Southern White woman, from a lower socioeconomic class, with a complicated “dark” past that belies her current environs? Also, is part of her reconciliation through treatment her attempt to return to an authentic sensual self, with both the attraction and repulsion from the father’s gaze? This aspect of Kay may have been more sexually alluring to her husband that Kay may have attempted to sanitize and erase to embrace a “purer, cleaner. . . less shitty” form of Whiteness that may be a source of her marital conflict, as she attempts through treatment to work through this potentially inauthentic self. Her choice of Dr. Shah, a “dirty” Indian may come from Kay’s desire for internal acceptance and intrapsychic emancipation. As therapists we are

allowed entry into these multiply determined meanings if we're capable of working through our racist states of mind in the exploration.

A recent clinical example of mine illustrates this further:

"Were your ancestors slaves?" A White patient in total sincerity asked me once. Our work together had shown that these questions would reflect his internal struggles with autonomy and agency. As the barometric pressure dropped in the room, becoming "hot behind the ears," I replied: "Before answering can you say some more about why you're asking the question?"

Patient: "Because, you seem so free!"

On the surface this exchange captures the potential for psychic emancipation of the therapeutic endeavor. To free one from internal conflicts, miss-attunements in relationships, a traumatic childhood, and suspended psychic development are the goals of dynamic treatment. My patient was alluding to an ongoing psychic enslavement that may benefit from psychodynamic exploration. While these are universal themes there are particular residues for those whom historically have had a legacy of enslavement or been the beneficiaries of a racist society. In this seminal moment my patient was coveting something in me that he lacked and wanted for himself. Once fully elaborated his desire and envy of my psychic freedom was embedded in his question that if my ancestors were slaves I should feel and act from a position of enslavement. In other words, how can I possess something that he lacks? His desire to possess me in fantasy and subsequent shame with attempts to repair, evident in his slave-master masturbatory fantasies and dreams, became fully available for exploration within the dyad as the treatment deepened. The possibility that both of us could be psychically free as a therapeutic pair without depriving the other, initially a theory held only in my mind, became manifest for my patient through the work of staying within his racist, destructive mind.

Ms. A, another clinical example, acutely felt that I identified her with the jurors who acquitted George Zimmerman for the death of Trayvon Martin, and would therefore now terminate her treatment, articulates most clearly how race, shame, and guilt can reveal itself in the complexity of the clinical dyad (Powell 2018). Ms. A was convinced that

I would terminate her treatment, linking her to the jurors that to her mind, and possibly mine, acquitted a murderer, and that I hated her due to this identification (Irving 2014). By actively working through the transference we were able to link our enactment surrounding murderous rage, guilt and responsibility to her traumatic history of family members being both members of and resisters to the Nazi party. Thus by embracing instead of avoiding race as an important signifier we worked through her feelings of guilt and shame, hatred and aggression, staying within the here and now, especially as regards to race, Ms. A benefited from an ongoing dynamic and containing therapeutic process.

This example highlights, similar to Dr. Shah's work with Kay, that confronting racial issues is not only salient for those oppressed racial groups but can impact in subtle and overt ways the mental health of an entire "silenced" nation. This requires that the therapist explore and acknowledge their racist states of mind: areas of bias, prejudice, and privilege that impacts unconsciously what arises consciously and what is ignored when it comes to race in the therapeutic setting (Keval 2016).

Working clinically with people of color to achieve psychic liberation, or "getting out" from a psychic racial stranglehold, embodies my next clinical vignette.

Ms. C a 32 year old African American woman in twice weekly psychotherapy was raised in a solidly middle class Northeastern home, within a racially diverse town and educational system, filled with intellectual rigor and standards of decorum. In her position as an executive at an advertising firm Ms. C was known as a thoughtful contributor able to provide innovative ideas that would frequently lead to successful ad campaigns. During Ms. C's third year at the firm, her husband, a White man, found a lower level position within the same agency. Simultaneously and inexplicably the advancements that Ms. C previously anticipated and achieved, supported by consistent positive year-end reviews, became more tenuous. Ms. C worried that her co-workers and superiors, the majority of whom were White, single, and female were jealous of her marriage to a White man. Tensions arose in her marriage as her husband's career advanced while Ms. C's felt increasingly stagnant.

In sessions, Ms. C found herself unable to assert herself when others would seize on her ideas and make them their own. She began to question whether these ideas had originated from her own mind. Ms. C

spoke of rising shame, feeling undeserving of the career that she had arduously built. Areas of previous confidence quickly dissipated. Unable to speak to her husband, while before they were able to talk openly about racial matters, she felt increasingly reliant on the treatment as her only sounding board. Her worse fears were that she would be labeled “an angry Black woman” with any attempts at assertion on the job. Calls to her parents emphasized the need to not rock the boat, that she still had a job, and therefore to tow the line.

A younger less experienced White woman was promoted to the position that Ms. C had more than qualified for and aspired to. Later she described her devastation at the promotion party that everyone, including her husband who had been promoted, attended. What was most disturbing was her sense of unreality as she was expected to smile and show “gratitude” in front of her co-workers, while her husband was jovially chatting-it-up with colleagues. Ms. C felt increasingly abandoned, marginalized, and embarrassed, fearing that she would lose her mind. She had fallen into the “sunken place,” replicating the pre-auction *Get Out* garden party scene of humiliating degradation. Ms. C’s sense of her value plummeted as she increasingly felt meaningless at her firm, in her marriage, with friends, and colleagues.

This example highlights the multiple tensions that confront African Americans, especially the younger generation who became adults during the Obama presidency. Raised with an abiding faith in meritocracy, Ms. C was blindsided by the racial discrimination suddenly arising at her job. The advice from her parents confused her more as they were always proponents of speaking out against injustice. While in our work she reported how her parents were passed over by less qualified Whites in their professional lives. Despite these sacrifices Ms. C’s parents were able to reach a modicum of success that they attempted to instill in their children. Less obvious but implied was the hidden message to work twice as hard for half of what Whites will achieve with half the effort, and to remain passively satisfied with this outcome. Working through her defenses, often with verbal attacks accusing me of wanting her to betray her parents, Ms. C was beginning to recognize that her parents had promoted a type of passivity when it came to confrontations with Whites regarding her professional worth, thus sacrificing basic human and civil rights. Thus her parents’ admonition to settle for her current position

felt like a betrayal to their teachings and her upbringing. My drawing Ms. C's attention to the difference between her parents' words and their behavior, resulted in a direct verbal attack on me as she felt I was attempting to have her betray her parents, leaving her feeling more alone and abandoned. Ms. C's parents' current advice did not match the way they had raised her. These intersectional tensions of race, gender, the romantic, and the familial tore at the fabric of her perception, leaving her bereft.

DeGruy has written about the intergenerational transmission of trauma for African Americans as a direct byproduct of slavery (2005). Safety within a hostile racist environment is privileged over psychic freedom. Thus accordingly, many African Americans are reared to metaphorically stay within the racialized lines of society—sacrificing one's agency to survive. Ms. C's parents' request along with Ms. C's discomfort at expressing appropriate anger at being marginalized continued to undermine her professional success. This was intimately connected to her parents' behavioral cautiousness, including settling for a position that would not match Ms. C's inherent value to the firm. Focusing on these dynamic tensions, especially as revealed in the transference and her fear of stating her needs and qualifications that would allow for an accurate assessment for promotion, allowed Ms. C to individuate from her parents' traumatic inhibitions, and begin to take risks increasing her agency (Holmes 2006; Powell 2019). Significantly, Ms. C tentatively began to speak to her anger, previously sequestered, permitting needed expression. This anger was directly focused on Ms. C's fear and anger that my explorations of her shifting agency and confidence was as if I were a White person attempting to betray her parents' teachings:

Ms. C: Do you realize what you're suggesting I do! My parents were successful ... but they were also in a lot of pain. . . never able to achieve professionally what they had earned academically! But at least they had a job. I need to not make any waves to keep my job! It's different for us.

A: You've described yourself as someone who made waves and was rewarded for those efforts. We have seen that in our years of working together. But now you're moving away from that position, as if your recent accomplishments were not authentically achieved?

Ms. C: There's only so much available to us you know?

A: Us being Black people? (*Ms. C tearfully nods affirmatively*).

A: And I as a fellow African American should know that, right? . . . But to go along with that thinking contradicts your professional success that we have both witnessed and is a source of internal confusion in that it leads you to question your own mind.

Similar to Dr. Shah's response to the personal racist attack, or Chris' response to Rose in the film *Get Out*, the ability to be in touch with rage reduces the effects of its sequestration. Ultimately, for Ms. C, this included securing a new position at a different firm that emphasized advertizing for diverse populations, a burgeoning market.

Ms. C's relationship with her husband was another focus of treatment. She became more attuned to how her husband can occupy the work related space freely, including abruptly leaving events without "appropriate" goodbyes that felt mandatory for her. With the rise of biracial partnering across America and the "browning of America" these tensions will accelerate as increasingly Whites and Blacks come together in love relationships.⁵ Therefore the oddity of the romantic couple in *Guess Who's Coming to Dinner* to the commonplace of Rose and Chris in *Get Out* marks this change in societal norms and expectations. Nevertheless, the psychic reconciliation between the biracial couple and the larger society will by necessity of our racist past have a slower, potentially thornier rate of change and psychic repair (Tummala-Narra 2007). As Ms. C became more assertive in articulating her feelings, with decreasing fear of her anger, her husband was able to recognize his privilege and the race based assumptions he had generalized to the entire society, including towards his wife. He was able to acknowledge that the playing field was far from even, and their sexual life that had drastically declined during this period of estrangement resumed with tenderness and mutual affection.

⁵ US Census bureau statistics found that in 2010: A record 15.1% of all new marriages in the United States were between spouses of a different race or ethnicity from one another. This compares to 8.4% of all current marriages regardless of when they occurred.

It is in the area of intimate racial relations that potential conflicts and reparative steps seem at moments most elusive. Clinically, African American patients have described feeling “Rosed” by their White romantic partners: being placed in predominantly White spaces and expected to abrogate significant Black cultural identifiers. At its extreme, very light skinned African Americans have described being “mistaken” for White by their White romantic partners. In some instances, expecting a type of shared bigotry and privilege regarding racial issues that negatively portray Blacks. At other moments, as shown in *Get Out* when the police officer confronts Rose, my patients who are at the moment perceived as “White” report the leniency and camaraderie with White police officers including: shedding tears, or laughing with a group of presumed young White men with statements from the police such as “boys will be boys,” when they have clearly violated the law (speeding, possession of drugs). These are not the experiences of my more easily identifiable African American patients that raise the question how is psychic freedom attained when growing up in a racist society perceives you as a law breaking threat (Stevenson, 2014). The ability to articulate and work through these racial strangle holds within treatment towards psychic freedom becomes increasingly significant.

Particularly with my younger Black patients, there is an active engagement and embrace of their African heritage that maintains their agency as a racial and cultural self, regardless of their environment.⁶ This corresponds to an insistence that the Other, now White, meet Blacks where they are. Being Black in all spaces promotes psychic freedom and covets agency and self esteem, thus loosening the lingering effects of slavery.

As psychoanalysts, White liberal guilt and shame continues as an ongoing obstacle with our patients who are culturally and racially different. Unarticulated within this guilt is an unstated awareness of White

⁶ The notion of what is “appropriate” or allowed for African American hair has recently received attention with law suits against the use of natural hair as a means to discriminate; whether in the class room, at sporting events or with employment. Acknowledging the discriminatory intent by implying that only a Euro-centric standard is acceptable within society was recently challenged in New York City that banned discrimination based on hairstyle (“The decriminalization of Black Hair” by Ginia Bellafante, *New York Times* February 21, 2019).

privilege and the withholding of similar opportunities for people of color, along with White awareness of not approximating an ideal self when it comes to race. Or as Cushman writes:

It's not so much the behavior of their ancestors that should make Whites feel guilty today, but their own actions today—the socioeconomic conditions we allow, the overt racism we avoid facing, the corruption we do not really challenge, the covert racism (in ourselves and in others) that we do not comment on, the personal paralysis we tolerate in ourselves and in our communities. *I know most of us don't know what to do about institutional racism today, but it is that very not knowing that must be challenged, in ourselves and in our communities.* Until we break through that inaction, and live in the world in ways we approve, we will continue to feel guilty, and guilt will paralyze us and freeze us and keep us from genuinely meeting our patients of color, and all our patients. [2000, p. 616, italics added]

FINAL REMARKS

In the 1967 film *Guess Who's Coming to Dinner*, White liberal guilt emerges following Matt Drayton's (Spencer Tracey) background check of John Prentice (Sydney Poitier) and the discovery of his robust professional pedigree. Drayton's doubts and suspicions are not dampened by the facts; his racism lingers. He becomes discombobulated. Fast forward 50 years and guilt is absent, replaced by overt appropriation of the Black body in the movie *Get Out*. In this film the desire to acquire and inhabit the Black body and mind for its athletic abilities or its vision is no longer disguised. It is this level of sociopathy, the absence of guilt, shame, or empathy that makes *Get Out* a true horror story. For many African Americans and other people of color the current sociopolitical climate appears uncomfortably parallel to the themes of this film.

However, it is important to acknowledge that while *Get Out* is concurrent with the Trump presidency, to focus on race relations since his election is to undercut the preceding and ongoing deaths of Black people. Or as Kamil Oshundara, the cultural executive of Monkey Paw Productions that created *Get Out*, notes: an “inability to ignore how

integral Black death is to the foundation and lifespan of this nation as we know it..." (2019). We as clinicians and as Americans need to integrate this truth into our dynamic thinking for any attempts to repair. The knowledge that in 2012 an unarmed Black teenager (Trayvon Martin) visiting his father looking forward to the NBA all star game can be murdered, with his assailant (George Zimmerman), who had a gun, be acquitted using the defense of "standing your ground" is as probable as the opening scenes of *Get Out* when another Black man walking at night in suburbia is knocked unconscious by a White assailant and stuffed in the trunk of his car and vanishes.⁷ How can Black parents allow their sons and daughters the freedom that the rest of society takes for granted if these incidents are warped into narrative distortions that cloaks the truth. When truth is defined with such mutability a society becomes susceptible to losing its moral center as a humanitarian democratic nation. The vital question for analysts and therapists, who are sought-out to help untangle difficult questions of racism, otherness, love, betrayal, kinship, and conflict, is whether we will be tribalistic in our working function at this moment of un-enlightenment? Will disavowal of race and difference rule the day?

Reclamation of one's cultural heritage away from simplistic notions of Blackness and Whiteness are essential to reduce tribalism and embrace the rich cultural and racial heritage that has made America great and a beacon of democracy and humanity around the world. However, this would include on a societal level acknowledging our warts as well as our successes: the destruction of Native American people, internment of Japanese Americans, our racist immigration policies, Americans who carry the trauma of former colonization, slavery and its ongoing legacy, homophobia, and religious intolerance. Many of the ongoing ills of society are an outgrowth of denial of our shortcomings that perpetuate our individual psychic enslavement as we consciously and unconsciously deny these complicated truths.

The phenomenon of locating one's ancestral heritage through DNA ancestry testing has revealed the multiplicity of our genetic connections,

⁷ Although George Zimmerman identifies as Hispanic, his mixed Peruvian, African and German ancestry, raises the question of internalized self-hatred as the racial-self projected outward toward Trayvon Martin; the hated Other loathed within the self.

bringing the notion that we are the Other into sharper focus. The dynamic question is whether we, as therapists and analysts, can become curious and less defensive to our racist states of mind. Or as Monsignor Ryan (Cecil Kellaway) says to Matt Drayton (Spencer Tracy), in *Guess Who's Coming to Dinner*, when Drayton faces his own racism: "you're angry with yourself; you've been thrown off balance." Can we allow ourselves, as analysts and therapists to be thrown off balance, "dislocated" as Dr. Shah poignantly describes, by discovering our inner racist? Can we lean into the discomfort of race as experienced internally? Settling into those uncomfortable, "shitty" places as we construct meaning out of what seems meaningless? Having a sense of humor, as Monsignor Ryan demonstrates so well, eases these often-painful acknowledgments. For instance, at a moment of unabashed defensiveness I accused my analyst of "talking like a White woman," with overt claims that she couldn't ever understand me due to her Whiteness. She responded with an ounce of humor: "Well I am a White woman." I came to appreciate that my accusations in the mid phase of my analysis were easier to tolerate than to confront and work through my rage and destructiveness, and—on a deeper level—to speak of my fears and anxieties, or my dependence and need of her. These were much harder for me to acknowledge and accept, but thankfully, not too uncomfortable to prevent my analyst from leaning into to this moment, similar to Dr. Shah with Kay, and continue to pursue further. This requires cultural humility, the recognition and willingness to embrace the discomfort... the unknown... even if it removes the analyst from the idealized position that is often defensively turned to in moments of heated racial exchange (Watkins and Hook 2016). And it often requires an ability to play providing necessary psychic space to entertain these overly determined challenging moments.

Back to Monsignor Ryan, in describing his pleasure in witnessing Drayton's discomfort: "To see a broken down, phony liberal come face to face with his principles—of course I always believed that within that biting liberal façade there must be a reactionary bigot trying to get out!" Monsignor speaks to the psychic cost in defensively denying our bigotry and racism that can have disastrous consequences as reflected in our current societal abyss. However, there is a vital center that beckons for our realistic return; a desire to get out of our own racist ways.

During a period of stark racial divisiveness, the soft bigotry of liberal Whites with covert insistence that Blacks neutralize their cultural selves in order to be accepted within White liberal circles is an ongoing adaptive challenge for Whites as African Americans insist on being acknowledged fully on their own terms with their own minds (Leary 2007, 2012). Put another way from the poet and author Claudia Rankine “Blackness in the White imagination has nothing to do with Black people” (Kellaway 2015). Jordon Peele has provided us through *Get Out* a searing expose, a psychological deep dive, into the difference between the real and the imagined (LaFarge 2004).⁸ Or as stated by Albert Einstein: “No problem can be solved from the same consciousness that created it.” For Whites this consciousness requires the recognition that growing up in a racist society where institutional racism is a societal reality makes all Whites privileged and, to a lesser and greater degree, racist. The fantasy to acquire Blackness, whether obtaining someone’s eyes in *Get Out*, or putting on Black Face to be Kurtis Blow or Michael Jackson (as the recent incidents of the Virginia governor attest) does not put one within the Black experience. Unless and until Whites challenge themselves on what’s imagined, to experience a different consciousness, to be less entrenched in fantasy, less blind to their own minds, can Whites begin to engage in the real, especially in consideration of the racial other (Coates 2015; DiAngelo 2018). Jordan Peele in *Get Out* and Dr. Shah in his work with Kay deliver us collectively to this place of enlightenment.

As therapists we are charged to understand our inner racism to the same degree that we understand our sexual and aggressive impulses. Only when we’re able to take that exploration can we help our patients explore these aspects of themselves. I am actually pleased that we are developmentally at this point in our theoretical conceptualization when it comes to race, racism, and culture as it forces us to re-examine notions of aggression, hatred, and murderous projected rage. Our ability as

⁸ In highlighting LaFarge’s work I am specifically referencing the developmental signifiers from parent to child, especially White parents, that structures the racial Other with numerous negative connotations that creates a racial mindset, regardless of actual experiences with the racial Other. This primitive fantasy of the racial other, accrued over time frequently without experience, can become the default image that the imager, Whites, have toward African Americans and other people of color.

analysts and therapists to reclaim conversation, lean into uncomfortable truths, play, and dwell in the “shitty” places that we all inhabit, in order to seek psychic reconciliation and psychic emancipation from sunken unconscious non-dynamic states in the face of racial trauma can be beneficial for all our patients as our young country struggles with its past, present and future as a multi-cultured, multi-racial, and multi-determined society.

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NARCISSISM, REALISM, AND THEIR PARADOXICAL RELATION

BY CHARLES HANLY

This paper is an exploration of the way in which narcissistic fantasies contribute to the development of a capacity for reality testing by moderating anxiety aroused by development that could otherwise become traumatic. Images of the success and failure of this psychic process are to be found in Raphael's painting "The School of Athens." The facilitation of an improved capacity for realism by narcissistic fantasies is a paradoxical idea because, in and of themselves, narcissistic fantasies substitute for reality. The family romance fantasy is examined to explore whether or not the contradiction is only apparent even though the fantasy is in itself delusional. The basic purpose of the paper is to explore the contribution of narcissistic fantasies and narcissistic needs which are not themselves reality bound but which psychically facilitate the development of forms of experience and thought that are reality bound. These themes are explored in the history of ideas, in individual development, and in clinical psychoanalysis.

Keywords: Narcissism, realism, family romance, history of ideas, clinical case.

There is an unavoidable narcissistic gratification for the patient in any analysis which, somewhat like Poe's purloined letter, is hidden by its conspicuous inevitability in the sympathetic (empathic) non-judgemental

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attention of the analyst. This gratification of the longing for attention proffered by the analyst has been discussed, especially in relation to therapeutic action, the positive alliance, working alliance and therapeutic alliance (Freud 1915; Mitchell 1988; Sandler et al. 1970; Strachey 1934; Zetzel 1956). This study seeks to contribute to these studies by exploring the contribution of the narcissistic need for attention to the formation of fantasies that facilitate ego development and reality testing in culture and collective life, in individuals generally, and in neurosis. The analyst's knowledge of these developmentally useful fantasies in the life of the patient facilitates a timing of interpretations in clinical psychoanalysis that enables forces, released by the analytic relationship and interpretations, to do their therapeutic work.

The longing for attention is no small part of the older child's experience of the loss of the love of the mother caused by the birth of a sibling. The pain of the loss of attention also occurs in only children. A patient, an only child, had proudly and omnipotently revelled as a pre-schooler in her father's devoted attention. The center piece of this devotion was his gift to her of a doll's house that was the envy of her neighborhood play mates, and which had rules legislated by her including the rising and setting of the sun in her doll's house world. The father would join into her doll house play and scrupulously obey her rules. She required analysis to overcome an unresolved Oedipus complex when he suddenly became ashamed of her and critical of her because she encountered severe difficulty sharing the attention of her teacher with new "sisters" and "brothers" in kindergarten at a time when she wanted his attention to her to have become appreciative and romantic as well as submissive. Although Kohut (1977) rejected the libidinal drive factor in the causation of the Oedipus complex, he recognized and articulated the importance of the real relation of parents toward the Oedipal striving of their children in its outcome. This paper is an exploration of the contribution of narcissistic fantasies and the narcissistic need for attention, not to realism directly, which would be contradictory, but to the development and sustenance of the capacity for realism.

At first glance the contribution of narcissistic fantasies to the development of realism can easily appear to be not only paradoxical but literally a contradiction in terms. Narcissistic fantasies dominate the loss of reality in psychosis and bring about the profound inhibition of reality

testing in neurotic symptoms (Freud 1924a, 1924b, 1927b, 1940). Narcissism in the consensus of human experience summed up in dictionary definitions has always had an amply justified bad rap as “a morbid self-love or self-admiration” (*The Shorter Oxford English Dictionary* 1947). But while this accusation bears a great deal of truth, it is ironical that it is the narcissistic need for attention, interest, and love that in no small part motivates the criticism of the narcissism of others for investing in themselves the love we want from them ourselves.

SOME REFLECTIONS ON THE HISTORY OF NARCISSISM

The denigration of narcissism as the opposite of object love and the substitution of fantasy for reality is not the whole story, although, in an early paper (Hanly and Masson 1976), such was my view. The ancient Greek legend of Narcissus itself expresses this estimation of the contemporary dictionary definition. Narcissus loved his own image so much that he had no love left over with which to respond to Echo’s love for him (an early implicit evocation of the u-tube theory and the biologically sanctioned importance of reproduction).

The ancient philosopher, Aristotle, formulated a different view. Aristotle (*Metaphysics*, 12, 9) reached his idea of god by reflecting that god must be engaged in the most perfect activity. And what is the perfect activity? Aristotle thought it to be the activity of thinking which differentiates rational animals from other animals. And thinking, to be perfect, must have a perfect object about which to think. But thinking is itself the perfect object of thought. Hence, god’s “thinking is a thinking on thinking” (*Metaphysics*, 9, 30). God’s attention is wrapped up in his own perfection. Aristotle’s Unmoved Mover occupied in eternal self-contemplation is sublimely ignorant of the cosmos inhabited by mankind of which the Unmoved Mover is itself the teleological source. This idea of god involves an infinite cosmological exaltation of narcissism.

Aristotle’s idea of god can be properly classified among the abstract philosophical ideas of god repudiated by Freud (1927a) who, being an atheist, would have preferred if he had been a believer the jealous “mighty personality” (p. 32) of the biblical prophets. However, Aristotle’s idea of god enabled him to make some steps toward a greater

realism in his thinking, the psychological consequences of which were brilliantly captured by Raphael in his painting "The School of Athens." He portrays Aristotle as being calmly outwardly turned, at peace with himself and with life. In contrast he portrays an anxious, inward, conflicted Plato wracked with anxiety. What lies behind Raphael's perspective on two of the greatest ancient thinkers of our civilization?

Plato (*Republic*) remarkably anticipated psychoanalysis when he affirmed that we know that there is evil in human nature because of the prevalence of dreams of incest, patricide, matricide "any deed of blood" (9:571) and the eating of "unhallowed food" (9:571) even in those of us who appear to be "decent people" (9:572). Plato was led by this observation and the moral terror it aroused to banish the poets from his ideal republic because of the stories they tell thinking that by replacing them with military music and moral poetry the evil appetites hoping that while they could be not annihilated, they could be starved into submission. Plato's moral dread was the source of his Puritanism. Aristotle, his pupil, shared this knowledge of human instinct life but not Plato's dread of it. Aristotle (*Poetics*) valued the poets who told these stories and from among them especially "Oedipus Rex" because of its form, the truths about humanity it told and the beneficial cathartic effect of the experience its telling or theatrical enactment causes. Aristotle (*Politics*) thought that these experiences of catharsis were essential to the civility of citizens. Aristotle thought that witnessing the dramatic enactment of these deeply troublesome erotic and destructive wishes in the theatre would bring about their catharsis that would reduce their being projected, displaced or enacted.

In philosophy, Aristotle was also able to bring about a profound reform of Plato's ontology (theory of reality) and epistemology (theory of knowledge). Reality for Plato consisted of a transcendental world of Ideas or forms that are the blueprints of the nature of all things in the cosmos. This transcendental spiritual realm had no place in it for anything evil or frightening which Plato attributed to the carnal. The things of nature that imperfectly, because materially, imitate their transcendental blue prints are but appearances of them. Aristotle introduced two related fundamental revisions of Plato's vision. By relocating Plato's forms in the individuals of the varied species of nature, Aristotle affirmed that the things of nature are themselves what are real despite

being material. Because Plato (in *Phaedo*, *Meno*, *Republic*, and *Phaedrus*) had denied the knowability of the appearances, the objects of nature that imitate the forms, he was obliged to construct a mystical epistemology based on a belief in reincarnation in which human souls intellectually intuit the forms of things prior to the incarnation of birth. These pre-carnal intuitions supply the reincarnate souls with memories which are awakened by the perception of their appearances in natural things. These appearances, the furniture of nature are not for Plato intelligible in and of themselves. Having redefined reality, Aristotle was able to affirm that natural objects and processes can be known by means of our sensory experience of them. In this way, Aristotle had arrived at a fundamental premise of empiricism that nothing is in the mind that is not first in sense experience. For this achievement, historians of philosophy have justifiably identified Aristotle as the father of empiricism in philosophy and in natural science.

Finally, the narcissistic perfection of the Unmoved Mover's thought activity results in a sublime unawareness of the cosmos of which it is the teleological cause including the lives of its human occupants. In this way, Aristotle's metaphysical deity is, in effect, a "bound" god. The envious, interfering Olympian gods who visited misery on mankind as "flies to wanton boys" (Shakespeare 1606) were replaced by a monotheistic divinity engaged eternally in blissful self contemplation. Epicurus sought to achieve the same result without sacrificing the gods themselves, their sensuality, or their object love by disarming them with endless carnal as well as intellectual delight. In recent psychoanalytic theorizing, Kohut (1966) who having changed Freud's idea of primary narcissism as a first stage of the organization of libido along with object love of the breast and defined it, instead, as the essence of libido has narcissism appear in a pure form again at the end of life in cosmic narcissism to help us face the tasks of aging and dying. These ideas have in common that they seek to free humanity from the dread of divine vengeful, sadistic or punitive intervention in human affairs. Raphael's vision was that Aristotle knew this freedom from dread while Plato remained terrified of retribution for appetitive desires. Raphael's vision suggests that Aristotle's calm realism about human nature anticipated Freud's equanimity about human instinct life.

Aristotle's idea of divine perfection as the source of the cosmos—despite its sophisticated beauty and despite its being an integral part of a cosmology which validated nature ontologically and epistemologically and sought to deliver our ancient Greek ancestors from their dread of the Olympic gods—is, itself, as far as we know a magnificent fantasy. Aristotle's thought remained animistic because of his retention of a primarily teleological understanding of causality, which is fanciful and anthropomorphic, there being no factual evidence of teleological forces at work in nature (Coyne 2009). Nevertheless, we should not disregard the contribution Aristotle's idea of the divine as the Unmoved Mover made to man's search for reality. Aristotle authenticated the observation of nature in his epistemological precept that ideas owe their existence and truth to our sense experience of self, others, things, and events.

A first conclusion of this conceptual analysis of Aristotle's monotheistic "banishment" of the Olympian gods contains the basic idea I wish to explore in this paper: the contribution of narcissistic fantasies that are not themselves reality bound, but which facilitate the development of forms of experience and thought that are reality bound by binding anxiety and enabling us to see reality as it is. A second conclusion is that, while narcissism can be pathogenic, or "a morbid self-love or self-admiration," it also contributes to man's individual and collective search for reality.

The view of this paper is that narcissistic fantasies from Aristotle's metaphysical idea of god as an Unmoved Mover of the cosmos to the personal fantasies of individuals play a larger part for good and evil (e.g. Hitler's fantasy of Aryan purity or Marx's fantasy of the ideal community of humanity when the dictatorship of the proletariat replaces the dictatorship of the communist party) in our collective psychic life and in our individual psychic life than we sometimes appreciate given the yet greater importance of object love and hate. In what follows, I shall present evidence that one of the rather unexpected benefits of personal fantasies is the beneficial part they can play in containing the calamities of individual life and even in their paradoxical contribution to the development of reality testing.

THE NARCISSISM OF ATTENTION

Children long for attention from parents, as assurance of the love that nourishes and the care that protects them. This longing is motivated by the transition from the omnipotence of primary narcissism to object love—a transition that is crucial for the developing capacity for realism, but which retains some of the idealizing omnipotence of primary narcissism by projecting it into their experience of their needed parents. This projection cements the child's anaclitic attachment to whatever parents they happen to have. It also enables the child to acknowledge that it cannot yet provide for itself what it indispensably needs from its parents. This deifying projection at work in the small child's experience of its parents involves a further development and elaboration of the first beginnings of the reality principle in the differentiation between the object that satisfies and the image of the object that does not (Freud 1895) by making possible a deepening of the child's sense of its own helplessness sustained by the fantasy of ideal caring, attentive parents. The transition is necessary for the child's psychic growth, but it is neither automatic nor easy (Kaes 2008). Some of the abandoned primary narcissism is also retained in the wish to be special to the loved, because needed, mother or mother surrogate. It is the fear of the loss of this needed maternal love that gives rise to shame and the depressing feelings of being unworthy (Freud 1926), which is the first moral affect. It is an early form of narcissistic injury. The threat of the withdrawal of the mother's love is the force that imposes the mother's law and the beginnings of the morality of prohibitions and rewards (Hanly 1996). This narcissistic need for exclusive love makes older siblings ambivalent toward younger siblings.

There is an inevitable loss of specialness when a sibling rival appears or other traumatic maternal privations occur such as, for boys, the mother's preference for the father and, for girls, the father's preference for the mother. The "nursery" is in part a battleground in which the children, for a time, each compete for unique precedence and then gradually make the compromise of equal portions of shared attention while remaining aggressively on guard against breaches of its equitable distribution. Patients who have not experienced the maturational benefits of this compromise in their family life seek satisfaction of the wish to be

special elsewhere including in their transferences when in analysis. The demand for the pleasure of being special is a fertile ground for the idealization of the analyst as a new, substitute parental object who, patients hope or even expect, will gratify their wish to be preferred above all others. The analyst's empathic attention will inevitably gratify this regressive narcissistic wish and contribute to the formation of a dependent, possessive, idealizing, positive transference that initiates the first form of the working alliance. The narcissistic unconscious fantasy at work in the formation of this transference makes the analyst into a family romance mother and/or father for the patient. This narcissistic motive appears with naive clarity in the patient who believes that the analyst has no life, to speak of, beyond his relation to the patient causing him to remain in his office on week-ends waiting for the patient's return on Monday. Nevertheless, I shall argue that acceptance and respect for the patient's narcissistic libidinal needs is an important part of the analytic attitude and provides support for the analyst's interpretive work which, in the end, facilitates the reduction of narcissism in favour of object love and realism.

This narcissistic transference can bring into play the naive trust of the patient in the parental surrogate analyst. Sponsoring this narcissistic fantasy of the "ideal analyst" is a formal regression to the childhood stage in which the patient's dependency on the parents caused the patient to treat the parents as surrogate egos. The wish that this regression to idealizing childhood dependency in the transference would cure, and the fear that the analyst may be no better at making it happen than the disappointing parents, finds expression in anxieties about the analyst's silence, in fears that she/he is asleep or distracted, not really listening, not paying the attention that the patient, at this stage, believes will cure. Even without the assistance of the object love of an oedipal transference, which of us has not heard patients complain, "You give me your attention only because you are paid"? The conflicted nature of these complaints was evident in a graduate student patient, whom I analysed for a much reduced fee because of her straightened personal and familial circumstances. She complained that I paid attention to her only because of the fee and, at the same time, complacently took the reduced fee to be evidence that I preferred her to everyone else. I was not to have any needs that were not satisfied by her. When I was hospitalized by a

skiing accident, she angrily upbraided me for not letting her know at once so that she could come to my side to look after me. Although one argument of this paper is that the analyst's sensitivity to the narcissistic needs of patients is essential to the patient's ability to work through inhibitions, the failure to help the patient to mitigate this narcissistic gratification may also result in the patient's failure to develop the ego strength needed to own Oedipal and other wishes sufficiently to resolve them. Of course, there are psychoanalytically legitimate prohibitions against satisfying patient relational wants arising out of libidinal or aggressive factors in transferences to the analyst. At worst, such gratifications would be unethical folly; at best, they risk causing a stalemating dependency. But it is no less important to be aware of the gratifications we do provide e.g. being non-judgemental, not giving advice, or direction out of respect for the patient's autonomy especially when it has been transferentially surrendered by regression, saying it as it is when it is beneficial to do so and giving whole heartedly of our attention to where the patient is at no matter where that may be. The focus here is on this last factor among the satisfactions analysts provide to their patients (Hanly 1994).

OBSERVATIONS AND REFLECTIONS ON A LINE OF NARCISSISTIC DEVELOPMENT

In Freud's work (Freud 1914, 1923) there is an implicit hypothesis of a line of narcissistic development. It begins with the omnipotence of the infant who cannot yet fully differentiate object from self, proceeds to secondary narcissism when confronted with the reality of divided parental love and care, and ends with the ego ideals of the conscience of the mature psyche which includes ideals of honesty, truth, and realism and is, for the most part, grounded in "the twilight of the gods" (Hanly 1984). But there may remain the consolation of religious belief and the potential for continuing conflict between the religious beliefs and practices and the ego ideals often enough masqued by the belief that the ego ideals of honesty, truth and realism are themselves grounded in divine commandments. This is but a rough summary that illustrates the need for a more detailed history.

Two more detailed histories are to be found in Grunberger (1975, 1989) and Kohut (1966, 1977). These developmental histories are significantly different. Grunberger's line of narcissistic development follows Freud's libidinal theory and its stages of development; whereas, Kohut rejects Freud's libidinal drive theory for object relations and treats narcissism as the essence of libido. These theories are fundamentally inconsistent, although *prima facie* there is a possibility for some integration of them because Freud's (1917b) etiological theory is based on the complementarity of drive and object relations. Relevant papers are Chasseguet-Smirgel (1975, 1984), McDougall (1982), Stolorow (1975), and Stein (1979).

It is an aspect of this narcissistic line of development that is the subject of this paper. Freud's libido theory provides for an interconnection, even an integration, of narcissistic and object love and for a dynamic relation between them such that increases of one can bring about diminutions of the other. In my opinion, Freud's idea of inverse variations between narcissism and object love captures some fundamental truths. Biologically, in the beginning, the survival of the infant depends on the object love of the breast. However omnipotent infantile narcissism may be, sucking on substitutes (other than a bottle or its equivalent) even when yielding pleasure, will not sustain life even though sucking on substitutes makes an important contribution to the child's psychic well being and development because, even if, by means of only an illusory self-experience, it reduces the risk of paralyzing helplessness and protects the full throttle pursuit of nutritive pleasure—the pleasure that takes the pain away. Reciprocated object love between adults probably secures the best chance of satisfying the sexual and romantic needs of each, of dealing as well as possible with the problems of individual and social life and the preservation of the species. Freud (1914) affirms that while “A strong egoism is a protection against falling ill, but in the last resort we must be able to fall in love in order not to fall ill, and we are bound to fall ill if, in consequence of frustration, we are unable to love” (p. 85). Clinical experience teaches us that at least some patients, the strength of whose narcissism makes it difficult for them to love, experience their difficulty in reciprocating love to be a guilt provoking, frustrating liability and inhibition. This was true of the “doll house patient” alluded to above. In like vein, Freud's descriptions of inverse variations

in narcissism and object love when suffering pain, in sleep, and in hypochondria are convincing. But some of Freud's evidence also falls short.

Freud (1914) attributes to men a predisposition when falling in love to idealize their objects at the expense of their own self-esteem and to women an idealization of themselves that impoverishes their ability to love the objects who love them. However, the romantic tradition to which these idealizations belong also involved, to no small extent, the "protective imprisonment" of idealized women in child bearing and rearing and general household duties. This protective imprisonment can descend in men into violent, jealous, possessive demands for exclusive attention from the idealized object powerfully evoked in Browning's (1842) "My Last Duchess." Less violent but perhaps not less narcissistic is the wealthy, powerful male who marries a beautiful woman to demonstrate his sexual superiority to other men and to make himself the object of their envy. Hidden in idealizing object love of men for women and in women for men there can be aggression motivated as much by narcissism as by object love. And conversely, is not male self-esteem enhanced by being able to release in women gratifying genital pleasure? Is not the same true of women? When falling in love without neurosis do not women, whether physically beautiful or not, lust anaclitically after the genital pleasure men can give them no less than do men, whether handsome or homely, lust anaclitically after the genital pleasure women can give them? Adolescent girls seek to attract boys by emphasizing and showing off their hips and breasts; adolescent boys flex their muscles and show off their physical prowess to attract the admiration and gain the love of girls. Freud (1914) later corrects his dichotomy between the radical depletion of narcissism in men who fall in love with beautiful women and the intensification of the narcissistic wish to be loved without having to love in beautiful women. But when amended the gender difference argument is, at best, weak evidence for the inversion of object libido and narcissism. The argument of this paper is that while the relation between narcissism and object love may involve inversion, inversion is neither absolute nor inevitable in love relationships in which object love and narcissism can also function cooperatively in the tasks of maturation and adaptation.

As mentioned above, at birth there is quickly established a differentiation between narcissistic and object libido such that the capacity of narcissism

to invest fantasies with reality is already limited by the onset of reality testing brought about by the neonate's biologically determined experience of the difference between a quasi-hallucinatory subjective image of the breast or bottle, no matter with whatever intensity of narcissistic libido it may be invested, that does not satisfy and the real breast or bottle that satisfies (Freud 1895). Life requires that narcissism give way to the love of the object and the fear of the loss of, at first, the part-object that alone ensures survival, followed by the mother to whom it belongs and then the love of the mother who has provided it. However, the narcissistic neo-nate fantasy of the thumb breast equivalence, given that the need for reassuring comfort and pleasure is likely to render the pleasure of sucking on the breast both gloriously satisfying and insufficient because of its coming and going. The thumb/breast fantasy enables the infant to begin the work of constructing an illusory but beneficial experience of being able to reassure, comfort, and satisfy itself that can ease the anxiety of its real, helpless anaclitic dependency. The infant's exploration of its own body and its slowly emerging "world" is not altogether random. It is guided by a search for a repetition of the oral pleasure of the breast—an object (thumb, fingers, tongue, or a wrapping) on which to pleasurably suck. The image of this narcissistic auto-erotic substitute is a first pre-linguistic symbol which substitutes for the object and refers beyond itself to the real breast. It provides an alternative to the more complete pleasure of nutritive sucking and a beginning for the eventual referential use of words as substitutes for objects and feelings. This substitution is also the first psychic grounding of autonomy—of doing something for oneself of great importance to oneself by oneself—an early, perhaps first, action that is not anaclitic. It does not in reality free the infant from dependent attachment but it provides a rudimentary, not altogether illusory, experience of taking care of oneself. It is not altogether illusory because it enables the infant to better find its way through the ups and downs, fluctuations of gratification and delay, of reality bound anaclitic satisfactions. It is easy to imagine that auto-erotic sucking and the grandiose fantasies that attend it is a contributor to a baby's magisterial appearance of dominion to charmed adults. The argument of this paper is that while conflict between narcissistic and object love may occur, so may cooperation between them in which narcissism contributes to the development of reality testing. There is also evidence of this deep seated cooperation in psychic

functioning in our daily experience to be found in dreaming as residues of excitation from the exertions, pleasures, and promises of pleasures from the previous day require sleeping rest despite the unabated excitations still at work. Narcissistic libido, for the most part (anxiety dreams are exceptions) employing condensations, displacements, and symbolization and its capacity to substitute fantasy for reality generates dreams too disguised to arouse the ego into wakefulness and with enough verisimilitude to satisfy the unconscious wish while protecting the rest needed for tomorrow's reconciliation with frustrations and delays of satisfaction arising from testing and adapting to reality.

Freud's theorizing envisages, but does not sufficiently articulate, the processes of development from the omnipotence of primary narcissism that sustains a struggle for life in a state of complete infantile helplessness to the mature stoicism in the face of adult helplessness when overtaken by accident, disease, and death from which no strength we have or could acquire can protect us. When stoicism fails, the struggle for life and tolerance for pain is regressively sustained by narcissistic religious beliefs and rituals. Realism requires us to recognize that the only alternative to stoicism is recourse to narcissistic illusions in the face of the inevitable and irremediable helplessness of mortality. I propose that we should formalize and explore in more detail the functions of narcissistic fantasies, their contributions to psychic vitality and psychopathology, and the relations between narcissism and object love in psychic life they imply. This paper is an exploration in this research which concentrates on the family romance because it is a narcissistic fantasy that paradoxically contributes to psychic growth in early childhood. Consequently, this paper is also a further exploration of the paradoxical utility of narcissism in clinical psychoanalysis.

FERENCZI ON NARCISSISM

Ferenczi (1913) made an important contribution to understanding this developmental function of narcissism in his empathic description of how caring parents soften the blows of reality at birth for the new born. The fetus, possibly geared up biochemically for the event, is rewarded for its efforts by being inundated by sensory stimuli for which it is unprepared, having to breathe on its own and soon having to suffer urgent

pangs of hunger to be satisfied it knows not how or when. As Ferenczi (1913) puts it, the newborn child:

... is far from pleased by the rude disturbance of the wish-less tranquility he had enjoyed in the womb, and indeed that *he longs to regain this situation...* . [His caregivers] lay him down by the warm body of the mother, or wrap him up in soft, warm coverings, evidently so as to give him the illusion of the mother's warm protection. [pp. 220-221, italics in the original]

Ferenczi goes on to enumerate the ways in which sensitive caregivers simulate for the newborn, so far as they can, the illusion of the continuity of life in the womb. This care for the neonate sustains a narcissistic illusion that facilitates the development of the sense of reality by easing the transitions to it with measures that protect against trauma and, thus, clear the way for an improved capacity to perceive and live in reality.

Ferenczi's insight into the constructive role of narcissism in facilitating development can be extended and elaborated. The salient point is that the genetically caused transitions of the erotogenic zones from orality to genitality require the developing ego to learn how to exercise new strengths that provide for new behavioral opportunities and demands and to take satisfaction in new pleasures. Former sources of pleasure have to be largely abandoned as others take their place and, then during the Oedipal phase there are strong incestuous and aggressive wishes that have to be forgone and repressed with no assurances of revival and leaving behind guilt and uncertainty. May not fantasies be needed in order to undertake some of the demanding circumstances and tasks increasingly imposed by the reality of family life and the reality of the individual's own development? May not fantasies make a contribution to the growing formation of the child's sense of reality and to ego maturation by reducing and containing the anxiety that accompanies these important transitions by reducing anxiety to manageable proportions as innately caused developments push the child from tried and true forms of pleasure into new uncertain forms of pleasure? This developmental anxiety needs to be differentiated from other kinds of anxiety such as oral trauma or castration anxiety although the former may augment and render the latter pathological.

Accordingly, the argument of this paper is that, in psychoanalytic clinical work, it is important to be sensitive to the narcissistic needs of patients even as the work we do helps them to abandon omnipotent narcissistic fantasies that compromise their realism. We need to deploy in our analytic attitude the empathy of Ferenczi's sympathy for the neonate, an empathy that we also find in Freud's (1909a) attitude to little Hans, in his (1920) oedipal analogy and his (1920) description of his grandchild's "fort da" game. Children take their animistic beliefs seriously. These beliefs, e.g. that the sky is a crystalline dome to which a ladder might be attached so that stars could be more closely inspected or that a huge father made the world just as real fathers make houses, roads, and bridges, need not be corrected. Even more, children should not be disparaged or treated as cute with amused, condescension, or punishment for their narcissistic fantasies. They are the first exercises of speculative curiosity, observation, and thinking as the psyche develops. As such, they are taken by children with the seriousness they deserve and they merit the same from adults. Towering over children with the superiority of adult knowledge only teaches children not to communicate their thoughts just as towering over patients with our theories (Poland 2018) only incites patients to keep unsaid what most needs to be said, depriving our patients and ourselves of the potential for the healing memories and truthful words that the analytic situation can provide.

We have now reached a crucial point in the argument. It is claimed above, citing Ferenczi's sensitivity to the omnipotent narcissistic needs of neonates that it is in the best interests of the infant's gradually developing acceptance of reality to satisfy, so far as it can reasonably be done, the infant's wish to return to the effortlessly benign conditions of the womb. Ferenczi (1913) might well have but did not mention nursing on demand which lies more on the side of object love and reality testing and also protects against oral trauma. But what justification is there for extending this idea beyond the unique conditions that prevail for the neonate and the earliest stages of childhood, conditions that are not repeated again in the ordinary course of life. Let us explore further before reaching a verdict. Are there naturally occurring fantasies in the lives of children that facilitate the progress of their reality testing? Are there therapeutic situations in which the gratification of narcissistically

formed and invested unconscious fantasies can bring about a movement from narcissism to object love and from fantasy to reality?

CASE HISTORY

Mrs. A was a married, spunky, intelligent woman in her early thirties. She had been sent to me as a consequence of a serious suicide attempt. Her mother's parents were immigrants from eastern European. She had grown up in Canada and married an Anglo-Canadian as a result of which my patient's mother tongue and culture was English-Canadian. Mrs. A was childless. She had done secretarial work at the level of an executive assistant because of her language skills, efficiency, and spirited, if at times satirical and ironical, intelligence. She had an ambition, and probably the talent, to be a writer but her battered self-esteem had thwarted her attempts to explore her potential for it. She had not gone to university and had married a suitable man whom she loved but married, in part, in order to escape from life at home. Her father was a municipal civil servant, the mother a housewife. Her father had not advanced in his career and did not provide well for his family because of a failing struggle with alcoholism. She had two siblings, an older sister who was in late latency when she was born and a brother who was born when my patient was two. Mrs. A's practical good sense was evident in her choice of a husband who was unlike her father. He was not alcoholic and had been successful in establishing a prospering business. Mrs. A. had abandoned her job on account of a deepening depression over the last three years that had not been responsive to medication. As I learned early in the analysis, she had become so depressed, withdrawn, and disconnected from the world that her elementary reality testing was not functioning well enough to avoid walking into glass doors recurrently; she was afraid that she could suffer an "accidental" death by stepping into the path of a car or truck in her disengaged, haphazard state. Her capacity for ordinary self-regard was in tatters. Her self-esteem was shattered. She had sufficient funds for analysis but could not make a decision even in her fifth interview until I said to her, "You do not think that you are worth the attention you would be receiving from me, if you were to undertake the four times a week psychoanalysis I am offering you." And so we began.

Mrs. A had attempted suicide on a shockingly cold, clear November morning. She had walked the several blocks that took her to the shore of a lake counting on the freezing cold of the water to make her sleepy enough to make her dying as easeful as possible. She had waded out to her armpits when, suddenly, a neighbour's dog appeared swimming out to her, barking and playing in the water begging to have sticks thrown for him to retrieve. She had often taken him on her walks to the lake-shore and had played at throwing sticks into the lake for him to retrieve. The dog had followed her. And now the sight of him, cavorting around in the freezing water, made her turn back. As I learned later, there had been a family dog, when she was a small child, which accompanied her on solitary walks to a favorite rock on the shore of a lake near her childhood home. She would withdraw to this place to struggle, on her own, with troubling feelings, experiences, and fantasies. She had experienced her dog as giving her comfort and protection during these lonely struggles with herself and her relations with her parents and siblings. This memory, evoked by her neighbor's dog coming after her to play, even in the freezing water, seems to have given her enough hope by awakening good memories of the family dog of her childhood. She returned home and sought help. I began her analysis on the couch without a period of psychotherapy because, at the least, given the success of my interpretation during her interview, I could count on a positive, canine holding transference on which to rely in easing her suicidality. I sensed that in her choice of analysis there was a mute restorative acknowledgement by Mrs. A that she might be worth the trouble I was prepared to take with her. But the risk of a patient's suicide is not easy for an analyst to bear. She had no other source of the immediate help she needed, given her difficulties with anti-depression medication.

As the work progressed, it emerged that Mrs. A had been traumatically abused by her rather violent, hot-tempered mother and neglectful, irresponsible alcoholic father. Father appears to have been an intelligent, somewhat affectionate, but passive person even when not in an alcoholic haze. And because of his alcoholic irresponsibility, he had failed to rise above a rather low level in his employment and he had failed badly in his family responsibilities, and especially, in fathering my patient. The mother's withdrawal from her, when she was two, at the time of the birth of her brother had left her to turn to her unreliable,

often unavailable father; a father who was himself, too often in a dazed, passive pleasure state to be aware of the child's needs of him for fathering by still being "on the bottle" himself. Her sister seems to have been psychologically remote from the birth of the brother and her little sister's reaction to it, probably for deeper reasons having to do with her reaction to Mrs. A's birth which seemed to have left her with an attitude of withdrawn disdain for her bright but troubled younger sister that contributed to her distance from her, no doubt facilitated by the appearance in herself of the first indications of puberty and a powerful shift in her horizons from familial relations to prospective teenage peer attachments. For some such reasons, the sister did not appear as a significant attachment figure in Mrs. A's associations or transferences. And when she most needed a strengthened attachment to her father to help her with her ambivalent feelings for her baby brother and her powerful underlying fear of the loss of love and care of the mother, he too was neither sensitively nor affectively available to her. As a result, her attachment to the mother dominated all the more her struggle with her brother's birth.

Mrs. A's associations provided evidence for the reconstruction that she had resolved her jealous hatred of the baby brother by means of a reaction formation. She had identified herself with the disappointing mother whom she had lost to the new baby (Freud 1917a). It was probably this identification that sowed the first seed of the depression that had brought her to a suicide attempt and then to analysis, as the question of having her own baby had become active in her early thirties. As a two year old, in response to the birth of her brother, Mrs. A had formed a probably somewhat conscious fantasy of being the mother of the baby with the aim of detaching him from the mother and restoring herself with the mother as she had been before his arrival, a common enough adaptation to sibling rivalry in a two-year-old. There was also a libidinal object relational narcissistic motive to love and protect the baby in the way that she wanted to be loved and protected by the mother, who had severely disappointed her by having him, causing her to be ashamed of herself on account of the loss, as she experienced it, of her mother's love by her own frightening, to her, wish to rid herself of him.

Roughly two years later, when she was four and her brother was two, Mrs. A's ambivalent mothering of him was being aided and abetted by

his imitative idealization of her superior big sister skills making him determined to do whatever she could do. Being also a somewhat tom-boyish adventurous four-year-old, Mrs. A would crawl out of a second-floor window to gain access to the roof of a porch where she could make trial of her balancing skills by walking the ridge pole. One day her brother managed to follow her and had failed miserably in his imitation of what he saw her doing by falling off the roof dislocating his shoulder and breaking his arm. She climbed back through the window and down the stairs in response to her brother's cries to find, to her horror, that her mother had already arrived on the scene and was screaming abuse at the brother for falling from the roof while yanking him up from the ground by his broken arm and dislocated shoulder before turning on her to scream angry denunciations at her for taking him there. Mrs. A was severely traumatized by her mother's uncaring rage at her brother, still a toddler, for injuring himself and by her own failure to take care of him because of her ambivalence toward him. The underlying motive for her maternal reaction formation, the wish to restore herself as her mother's baby, was shattered by her mother's treatment of her baby brother. She was overwhelmed by the failure of her maternal identification because the mother's verbal abuse directed at her re-enforced the unavoidable truth of her destructive aggression toward him and, overwhelmed by guilt, she became fixated in the identification in an effort to undo what she had done. Currently, almost thirty years later, she cared for him and made herself available to get him out of financial and occasionally legal trouble. I thought it likely that the brother's identification with his father contributed to leading him into a life as a musician more devoted to the drug culture associated with it than to the discipline required to be a successful musician. Mrs. A told me that brother and sister agreed as adults that neither of them should ever have children. I inferred that Mrs. A's despair about being a mother, as the question acquired urgency for her in her early thirties, had its origin in these and other experiences that were also causes of her suicidal depression.

Probably naturally occurring but with a special urgency and intensity on account of these internal and external experiences, Mrs. A developed a phase appropriate family romance fantasy (Freud 1909b). No doubt the unhappy events just described and her resulting profound disappointment with and anger at her mother, and armed with her

precocious pre-schooler's command of language, she announced to her mother that she was not her mother and that she had been adopted. The mother, unable to reflect upon the child's experience or the wish that lay behind it, told her that she was either stupid or lying, and demanded that she renounce the idea because it was false. Nothing could have reinforced the child's need for the fantasy more than the mother's reaction to it. The child had remained true to her adoption fantasy. She was then taken by the mother to the family physician who had delivered her at birth. The doctor confirmed that her mother was, in fact, her mother. The child persisted in her fantasy. She was then taken to the family dentist who informed her, presumably at the prompting of the mother, that if she continued to believe that she was adopted, he would pull out all of her teeth. The patient's associations revealed nothing of the father's attitude to these sadistic proceedings but he seems not to have intervened in any way to protect his daughter from her mother's own narcissistic rage. Nor did Mrs. A. turn to her probably aloof older sister.

The child had turned to the family dog for comfort. The dog accompanied her in her withdrawal from the family when she retreated to her perch by the lake. I surmised that she experienced him as a kind of totem animal preconsciously symbolizing the missing but loving family romance parents enabling her to reject her real parents to whom she could not turn for understanding. There was no evidence of sympathetic, affectionate grandparents, neighbors or the like available to her.

There can be no question that the narcissistic fantasy of real and better parents is a denial of reality. How could such a formation contribute anything to the development of a capacity for reality testing? Does not the family romance fantasy share the same defiance of known facts as obsessional symptoms? I have to admit that, while agreeing completely with the premises of these questions, I have come to the conclusion that fantasies such as the family romance fantasy can and do contribute to the child's developing capacity for reality testing in certain important respects. First, the idealized parental figures of the family romance are constructed by the child's psyche and even though they draw on the child's experiences of and hopes for the love of the real parents, they also give expression to the child's real unsatisfied needs for good parenting expressed in the wishful idealizations of the fantasy. Second, in this

way, there is, in the processes that bring these fantasies about, a measure of autonomous invention and realism about dependency needs, the exercise of which will shortly help prepare for the idealizing identifications of the oedipal phase. (As we shall see below, the child's abandonment of the family romance fantasy was brought about by the onset of her incestuous attachment to her alcoholic father which involved not a little idealization of him by her). Third, they advance "the twilight of the gods" by displacing the earlier narcissistic idealization of the parents onto internal subjective images of different "unknown" because ideal parents (Hanly 1984). Four, accordingly, they diminish the narcissistic idealizing projection at work in the anaclitic relation to the real parents. It thereby enables the child to experience the parents more as the fallible adults they were. This diminution of idealizing projections allows for the strength and independence displayed in the child's stubborn rejection of both medical and dental authorities. In this diminution of the narcissistic idealization of the real parents there is to be found one of the origins of Mrs. A's spunky, satirical, and ironical attitude to the potential for unreliability in authority that was an attractive strength of her adulthood character. Five, therefore, these internally constructed ideal parents' function as a standard in relation to which the child is able to form more realistic impressions of her real parents. Six, the family romance fantasy is a first step toward more realistic self-knowledge by objectifying the child's unmet needs and grievances. Seven, it prepares for and contributes to a reduction of the anaclitic dependency of infancy and, in that way, it prepares the way for the precocious return to the real parents of the Oedipus complex which, in turn, extinguishes the family romance fantasy. Eight, it provides a first attempt at forming an image of hope sustaining ideals needed for beginning to be and to become oneself. The family romance is a step in the path toward ideals that will eventually, after the Oedipus complex is more or less mastered, define aspirations, moral prohibitions, and duties. It is a narcissistic fantasy whose principle merit lies in what it contributes to self-sustenance and the preparation for further development. More adequate parents than Mrs. A's might have sensed the grief, despair, and loneliness in her for their care beneath the child's defiant waking dream of parents who would love and care for her in ways that would allow the family romance fantasy to be not more than a complaint about her disappointments in

them and an early experiment in autonomy. Adequate parenting would have included respecting her narcissistic fantasy by finding ways to restore her self-esteem and bring about reconciliation with them and their inadequacies. However, by way of summary, it can be said that the narcissistic family romance fantasy makes a contribution to the development of what Freud (1921) called a differentiating grade within the ego that contributes to the further development of reality testing.

These are tender shoots, first developments of more complex capacities for reality testing the strength and generality of which should not be exaggerated. In and of itself, the family romance remains an idealising narcissistic delusion. Yet, when understood as such, it expresses a psychic truth even in the denial of the biological truth: the despairing wish in a child to have parents who love her or him better than his or her parents have been able to. It was this truth about Mrs. A's childhood that her mother denied in her assault on her daughter's false belief that she was adopted. Although one could say that the child might have found some cold comfort in the mother's violent insistence that she was hers, the mother's attitude to her did not change. Nor did the father intervene to understand or to protect her. The child was left to depend on her lonely sojourns to sit by the lake accompanied by the family dog. My interpretations had the general intent of, "You badly wanted and needed a mother who could have understood why you needed to believe that she was not your real mother," or "You had wanted your father to protect you" and the like. And although I did not explicitly announce it, I no doubt implicitly conveyed the admiration I felt for Mrs. A when as a tiny pre-school girl she defied maternal and medical authority on behalf of a needed phase appropriate fantasy. (I am reminded of Freud's (1909a) admiration of Little Hans' for his imaginative invention of the toilet under the stair game after his mother had threatened him with castration for touching it when he was not peeing.) These interpretations implicitly sought to replicate, from an adult vantage point, the attitude she projected into her experience of the dog and, thereby, animistically "found" in the family dog enabling it to magically provide for her the understanding, comfort, and encouragement she wanted and needed but did not receive from her parents. It was the memory of this narcissistic relationship to the family dog that

enabled, much later in her life, the neighbor's dog to rescue her from suicide by drowning.

The narcissism of her family romance had been traumatically attacked. Her narcissistic transformation of her experience of the family dog into a totem of the ideal parents she wanted, regressively made up for the sadistic reception of it she had received from her mother. The delusion involved was neurotic and not psychotic. She knew that the dog remained a dog even when he was the incarnation of her idealized mother who would care for her and idealized father who would protect her. Mrs. A's childhood narcissism of being loved and understood by her family dog contributed to her being able to contain the traumatic catastrophe of her family romance and to go on wishing and hoping.

An important step toward a sense of reality is the development in a child of the ability to begin to see her parents as they are beyond the idealizations demanded of them imposed by her anaclitic bondage to them. The family romance fantasy, despite being invested with the narcissistic omnipotence that gives the fantasy its fabulous and ideal character, enables the child to take a more realistic measure of her parents as they are against the better parents whose child she wishes to be. Additionally, it is a step toward an increased awareness of her needs that were going unsatisfied. Both kinds of knowledge can begin to grow sheltered from the blinding, potentially traumatic, glare of otherwise unbearable adverse reality. These narcissistic fantasies can provide a pace that is slow enough to avoid a traumatic awakening to reality by providing a psychic imaginative narcissistic equivalent of the womb-like swaddling and care of a new-born as described by Ferenczi.

The interpretation of these recovered memories and the process that led up to it seems to have persuaded Mrs. A that her analyst might find her worthwhile and that her analyst might somewhat approximate the parents she had wished for in her family romance fantasy. Her depression diminished; she began looking for work; I ceased to be concerned about her committing suicide. I accepted her narcissistic projections in the transference and the responsibility that went with it; she did not have to rely on her own narcissistic projections to make me into a witness (Poland 2000, 2018) of her childhood suffering. By accepting the inevitability and psychic legitimacy of fixated narcissistic needs that are entering into the transference and interpreting them, analysis can

diminish their pathological potential and open the way to the realistic self-worth patients need.

By taking seriously the legitimacy of narcissistic needs and interpreting them as they enter into the transference can restore a self-worth to patients that opens the way to greater realism and the risks and vulnerabilities of object love. To appreciate the developmental utility of fantasies such as the family romance is not to advocate their retention. On the contrary, it is to facilitate their dissolution within and without the transference. Thus the family romance is an example of what we are looking for: a narcissistic illusion that nevertheless advances the development of ego capacities for realism that will in due course result in its dissolution without educational or authoritarian interference and extinction before it has been able to serve its developmental usefulness. It was a principal task of the analysis to enable Mrs. A to re-experience the major fantasies of her childhood in a way that would enable her to gain from them their normal potential for maturation as they were worked through.

I shall conclude with a description and reflection on the oedipal phase of Mrs. A's analysis. She had a dream in which she was dancing with intense pleasure in an elegant sun filled room with a gracious, cultivated, older man of whom she was not afraid. She laid great stress in the telling on the absence of fear and her happiness in the dream. A cleaning woman came into the room and began vacuuming. Her pleasure increased when her dancing party obliged the intruder to leave. They continued dancing to breathtakingly beautiful music. The interpretation of her associations and transference led to two major improvements, one psychic and one somatic, in Mrs. A over the next year's work.

A crucial step in this process was Mrs. A's recall of a troubling memory associated to her thought in the manifest dream that she was not afraid of her older dancing partner. In her early teens, Mrs. A had taken a part-time after-school job which enabled her to contract for a phone of her own in her bedroom to keep in touch with her friends. One night, while she slept, her father returned with some of his drinking friends and because the family phone had been cut off for non-payment of the bills, he went up to her bedroom to use her phone to call for more drinks. Upon entering her bedroom, he stumbled in the dark and fell on her as she slept. She awoke startled and frightened, screamed at him

to leave her room and followed him crying and raging into the hall. As he approached the stair, she pushed him hard causing him to fall head-first down the stairs and then fell on him kicking him and battering his face with her fists where he lay semi-conscious on the floor. She had felt haunted by the looks of dismay on the faces of her father's drinking companions as though she was a "crazy woman." I interpreted, over several weeks as the dream and associations to it kept coming up, that she was afraid of her father for his drunkenness and angry at him for his neglect but that she was also afraid and guilty about her sexual feelings for him aroused by his falling on her as she slept. I did not want her to use the legitimate, realistic reasons she had for hating her father, which I already had come to know about, to avoid the repressed sexual feelings for him which had contributed to her fury and made her feel like a "crazy woman" in the eyes of her father's friends.

I inferred the soundness of this formulation by the concurrent intense reactions of disgust she was experiencing during this period of her analysis when she was with her father at family occasions and he happened to touch her or even if she thought that he might touch her and felt very upset at the thought of being left alone with him. As this process unfolded in the analysis, Mrs. A became aware that although she had been having regular sex with her husband since their marriage when she was twenty she had never really enjoyed sex let alone felt fulfilled by it, apart from giving her husband pleasure. She was not so much guilty as terrified of actually being a "crazy woman" who desired her socially inadequate father. She had discovered this fact about her sexual life, she said, because she had found that she was now masturbating and experiencing orgasm.

I have to admit that I was not, at once, as encouraged by this development as I should have been, despite it being obvious to me that, given the depth of her sexual inhibition, Mrs. A was justified in taking it to be an achievement. After all, although Freud in his earliest writings considered masturbation to be pathogenic, by 1912 he had clinically observed that "it represents a great advance if during treatment the patient decides to take up masturbation once more, though he may not have any intention of making a permanent stop at that infantile halting-place" (Freud 1912, p. 254). Pleasurable genital touching, precursors of masturbation, begin during the period of primary narcissism in the oral

phase as part of the infant's exploration of her/his own body and soon enough becomes a means of narcissistic self-comforting to assist with the transition from orality to anality and finally the clitoral/phallic oedipal phase when it comes into its own. Given that the clinical technique I was following caused me to favor allowing the patient time needed to take satisfaction in phase important narcissistic fantasies, of which this unconsciously guilt laden manifest dream was one, satisfactions that were denied to her during her childhood when needed phase appropriate paternal attention were predominately unavailable to her, I was concerned that the transference interpretation which I was withholding in favor of displacement interpretations might amount to a counter-transference collusion as I struggled with some anxiety about whether or not Mrs. A's current "halting-place" would end up to be an advance or a fixating retreat. Nevertheless, I had no reason to doubt that she had been able to experience orgasmic pleasure in masturbation that she had never previously experienced over many years of having intercourse with her husband. Being mindful of the trauma of her family romance fantasy, I exercised patience, accepted uncertainty, contained my fear of failure and did not press her to reveal the nature of her fantasies which I could reasonably infer from the dream anyway and restricted myself to being a silent witness, of her masturbatory pleasure. I did not want to belabour her with a transference interpretation that could embarrass her enough to diminish the trust her dream and her associations to it had placed in me.

The dream had been a narcissistic fantasy of a safe, beautiful childish incestuous love for a "father" who preferred her to her "mother," appreciated her love but did not overstep the boundary of his "paternal" professional bond. I pointed out how happy she was in the dream and interpreted how much she wanted to have had a father whose princess she could have been, preferred by her father to her dismissed, bothersome, and derogated servant mother. I did not immediately make the obvious transference interpretation. I delayed because I wanted to leave her with the dream and its manifest content out of compassion for a woman who, in the appropriate time during her childhood, had not had an understanding father with whom to work through her oedipal feelings. Also, only two years before she had been so depressed that she had made a serious attempt at suicide. The transference displacement had

enabled her to experience the tender beauty of a delusional oedipal dream gratification. I feared that a transference interpretation could be harmful if she were too soon deprived of the manifest dream experience that she had constructed to no small extent out of her analytic transference relationship with her analyst over the last two years. I assumed that in her transference she had identified me first with the dog of her childhood and with the recent rescuing dog, then with her image of the narcissistically idealized father and mother of the family romance fantasy and now with her oedipal love for her real but unheeding, inappropriate father and incestuously derogated mother. I risked disregarding the unconscious guilt of the oedipal fantasy in order to interpret to her that despite the failures and drunken provocations of her real father she had loved him and that despite her many other reasons she had for hating her mother, she also hated her because she was her rival for the love of her father. I wanted to see what Mrs. A could do with the dream given that there were no oedipal transference enactments I was able to observe (such as unconsciously contrived elevated skirts, visible cleavage, or flirtatiousness) in our sessions, although even more seductive scenarios with displaced objects including me may well have been occurring in her imagination in the privacy of her masturbation. Her willingness to associate to the dream and to speak about her sexuality struck me as indications of her ability to use the dream for working through which encouraged my reticence about the rather obvious transference interpretation. It was as though her oedipal transference fantasy accompanied by masturbation was a rather self-contained oedipal repetition. I hoped in this way to use, as it were, the voice and authority of Mrs. A's unconscious identification of me with the idealized family romance father to allow her to know the beauty and pleasurable excitement of premature genital love in narcissistic fantasies and dreams of the gratification of oedipal love hoping that the experience could enable her to forgive her father's manifest unsuitability as the object of her oedipal love and her justified fear of sadistic retaliation from her mother. I feared that she could experience early transference interpretations as a repetition of the efforts of her mother to force her to acknowledge the reality of her parentage that she could not yet accept as a pre-oedipal child, something that in turn could then have deprived me of being able to therapeutically enable her to accept the libidinal and aggressive

desires of her oedipal love and allow their further progress toward object choices that released her from the severe guilt that had inhibited her adult sexuality. I consider this delay and reticence in interpreting the transference meaning of the dream to be a clinical instance, at a later stage of development, of Ferenczi's understanding of the neonates' need for skin to skin closeness with their mothers while their swaddling simulated the safety of the womb.

Mrs. A's phase appropriate narcissistic need as I thought about it was to be given by the analyst an opportunity to use the analyst's attention to her in her oedipal transference, specifically, for her to regressively re-experience or experience for the first time the intense pleasure of the fantasy of her father's romantic preference for her by reporting masturbating on her own with acknowledgment and safety (i.e., without what she had experienced as an attempt at a sexual assault by her drunken father). As I have indicated above, my anxiety was "what if my efforts to take into account and respect my patient's narcissistic needs has the effect of leaving her stuck in a childhood auto-erotic form of sexuality sanctioned by an idealizing oedipal transference" and "given that she was working with the dream in her analysis why could she not begin to experience sexual pleasure with her husband"? She had entrusted me with the authority of family romance and oedipal transferences which gave special efficacy to my silences and interpretations. I was uncertain about the effect of my interpretive silence about her masturbation fantasies and the transference meaning of the dream, although her traumatic history to which her associations had added her telephone trauma made me not want to interfere just yet with the innocence of her manifest dream despite her guilt. I, nevertheless, accepted waiting to see what followed and contained these doubts and uncertainties.

I appreciate that my account of the father's drunken assault on Mrs. A in her early teens has the appearance of disregarding the plausible alternative understanding that it was real but, nevertheless, a screen memory for earlier experiences she had suffered. But Mrs. A's associations did not provide any specific indications of repressed memories from the oedipal period of her childhood. Part of my uncertainty about my approach to the dream arose from this source. However, my reconstruction and technique were vindicated because of what followed from

my somewhat oblique interpretation of the bright sunlight of the manifest dream. As you will see, I did not interpret her menstrual symptoms at all and found to my surprise that the interpretations I had made were being effective in bringing about a significant benefit for Mrs. A.

In due course, transference interpretations became more available in Mrs. A's associations to the magnificent sun-filled room in which she was dancing in the dream. Guilt also began to make an appearance in her associations. She was experiencing skepticism about the dream and its setting and showing signs of wanting to belittle it because, as she said, she is "dancing during the day in bright sunlight when dancing usually is at night so why was it in the daytime and why did the intensity of the pleasure seem to be bound up with the brightness of the light?" I sensed that, in this disparagement of her dream, there was evidence of a defensive identification with her punitive, prosaic mother's attitude to her family romance fantasy. Noting but leaving the condensation unspoken, I said only, "My office is often flooded with sunlight when you are here." I wanted to respect her privacy. A large window covered the entire upper part of the south-facing wall of my high rise office. She emitted a slight gasp and then a barely audible "Oh." There followed a silence that left me with the impression of having enabled her to accept that I was, along with others, the older man in her dream and that the cleaning lady with the vacuum cleaner was my wife, her transference mother. Other associations to her dream dancing partner were first her husband used to hide her Oedipal feelings behind respectability (a resistance), a respected employer, a high school teacher, her father (denied on good, real but mistaken psychological grounds), and eventually her analyst (current oedipal investment) including, as I have speculated above, also in her transference investment remnants of her family romance father.

My cautious reticence was rewarded several months later as Mrs. A continued the working through process initiated by the dream. She reported toward the end of this period that she was having orgasmic pleasure while having sexual intercourse with her husband. It would appear that the period of oedipal masturbation while fantasizing about her analyst was an integral part of working through her inhibiting oedipal guilt from her childhood and early adolescent troubled relation with her father to the blossoming, at last, of a capacity for mature sexual fulfillment with her husband. In my opinion, this sexual maturation was

the major psychic achievement of her analysis. She no longer had an unconscious motive for her oedipal transference. The symptoms of disgust and fear had gone from Mrs. A's relation to her father; she no longer feared or needed to rebel against her mother. She had a life and a mind of her own. Mrs. A's analysis began with the task of helping her resolve her suicidal depression. Although this part of her analysis is not the central theme of this paper, the associative working through of the early dyadic traumatic experiences that caused her suicidal depression (sibling rivalry and family romance) are described and analysed in some detail. And there were other beneficial changes in Mrs. A's character and in her relationships. She continued to care for her brother but now was guided by being aware of the danger to him of his being dependent on her to rescue him from his adult failures; she also became closer to her older sister and became curious about how the sister had fared in her life with their parents and with herself when she was a baby. I have emphasized the place of the patient's sexuality in this paper because it did have an important place in her analysis. However, the place of sibling rivalry, identifications, and the family romance fantasy in her ego development and work inhibitions, a better mastery of a hot tempered, impulsive aggression and her difficulty in developing and using her talents were also important aspects of her analysis.

There was also a further completely unexpected development in the functioning of Mrs. A's body which accompanied these psychic changes. Throughout her adult life, Mrs. A had suffered severely painful menstrual cramping and irregularity; she often menstruated two and, sometimes, even three times a month. She had consulted medical specialists over the years without benefit. She had blamed her difficulty in finding pleasure in sex upon this condition. I ventured no interpretations of these symptoms when she brought them up from time to time because I assumed that her menstrual difficulties were organically caused and not merely compliant in the sense of Dora's cough (Freud 1905). But now concomitant with the working through of her oedipal guilt a gradual improvement in her menstrual symptoms began to take place. The premenstrual cramping diminished and, slowly, a year after the dream, her menstrual cycle became regular for the first time in her life to the best of her memory. I had assumed, mistakenly, that unilateral organic and biochemical causes were at work that could not be modified

psychologically. It proved not to be the case. She had had no further medical consultations or treatments of any kind during her analysis. She had taken no medication including anti-depressives since she had begun treatment some three years before. No medical or any other treatment prior to her analysis had brought about any improvement. The improvement persisted and became reliable. Mrs. A's body silently took advantage of the revived narcissistic oedipal fantasies, the gratifications and hopes they secured for her as she underwent, over the relatively short period of a year, a development into the sexual womanhood of which she was inherently physically and psychologically capable. As the resolution of her Oedipus complex was unfolding in the "theatre of her mind" (McDougall 1982) causally connected beneficial changes were taking place in the "theatre of her body" (McDougall 1989). The causality was psychic and behavioral (regression to masturbatory orgasm and progression to orgiastic intercourse) leaving the impression that Mrs. A's menstrual symptoms had been predominately hysterical and possibly resulted from the trauma of the father's drunken "accidental" falling on her as she slept. They cleared up spontaneously when she no longer needed the mother's curse as retribution for her fixated oedipal wishes. We are little closer, despite advances in neurology, to understanding the mechanism of this sort of psycho-somatic process in which a maturation of libidinal functioning is associated with improvements in crucial, intimate, sexual, bodily functions. Mrs. A's transferences and associative work of remembering seems to have brought about this curative psycho-somatic concomitance. Given the absence of any organic curative factors, it is evidence of the efficacy of clinical psychoanalysis and the causal links between McDougall's "theatres" of the mind and "theatres" of the body.

I have argued that narcissistic fantasies in the course of development make a contribution to the psychic development of a crucial ego strength—the ego's capacity to test reality. Evidence of this function of narcissism is found in the history of ideas in Aristotle's advance in epistemology from Platonic transcendental idealism to an early form of empiricist realism with knowledge based on the observation of nature and in ontology from the jealous and sadistic vindictiveness of the Olympian gods to the idea of a monotheistic deity made so benign by his narcissistic completeness that he need not be

feared. Aristotle's idea of an Unmoved Mover took the dread of retributive calamity out of the experience of life and nature suffered by those who believed in the Olympian gods. In this way, Aristotle's ontological narcissistic fantasy facilitated enquiry into the natural causes of calamities by diminishing recourse to god-appeasing magic in the management of anxiety. This trend in the history of civilization toward better knowledge of reality results from the development of capacities for reality testing in individuals. They are profoundly different in many ways but they share the paradoxical role of narcissism itself in the sojourn from fantasy to reality. It is this commonality that warrants the otherwise vertiginous leap from Aristotle's epistemology and ontology to the life and neurosis of Mrs. A.

The main consideration is the clinical work achieved by Mrs. A. In the portions of the case history cited there are several crucial narcissistic idealizations: in the fantasy that she could, as a two year old, mother her baby brother was essential to her reaction formation against the aggressive wish to rid her mother of him, in the fantasy of ideal lost parents of the family romance fantasy, the Oedipal fantasy including the idealization of herself as a paternal love object, and of the father as the object of her oedipal love accompanied by a narcissistic aggressive derogation of her mother to the status of a housemaid. But the core of the argument that narcissistic formations facilitate the further development of reality testing rests on the analysis of the family romance fantasy. And it is important to add that there is also in all three fantasies a building toward greater autonomy as narcissism allows the developing child to care more for herself/himself from a beginning in which the child has to depend on parental care that simulates a fantasy of a "return to the womb" as described by Ferenczi (1913).

Narcissism is the guardian of the transitions from birth, through the childhood, adolescent and adult stages of life until death. It remains active even in dying for those who believe that death is a transition to eternal bliss rather than a final ending. It is one of the ironies of life that narcissism protects the ego from more anxiety than it can bear as it is thrust forward into uncertainties of identity, of loving and being loved, of hating and being hated, and of pleasure and pain by contriving fantasies that seem more real than reality until the ego can better tolerate and find pleasures in how things are or can be made to be. The

omnipotence of primary narcissism is preserved in making phantasies better than and more real than reality. If it is pathogenic when it becomes fixated or regressed, it is beneficially adaptive when it facilitates the developmental changes in experience and thought that subject fantasies to the reality testing that dispels them. Perhaps, its most mature form is found in the "willing suspension of disbelief" that opens us to the civilizing, beneficial catharsis of great theatre, literature, poetry, music, and dance and to psychoanalysis when these are not enough.

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INTIMACY AND AUTISM: AN APPARENT PARADOX

BY ELENA MOLINARI

The concept of intimacy includes the idea of being open to others. But autistic patients have a hard time dealing with relationships, and for a therapist to become “autistic” is therefore an emotional paradox. Intimacy is a condition that involves others and requires the ability to maintain a condition in which emotional background noise doesn’t interfere, and the body is free enough of anxiety to allow people to get onto the same wavelength. For psychoanalysts, the ambiguity of the situation lies in the fact that, as in any therapy, becoming “autistic” with autistic people means seeking empathy with the patient, but also protecting ourselves, sometimes in an unconscious way, from contact with overwhelming feelings. So, oscillating in a contiguous-autistic state of mind is both a positive and a negative therapeutic fact; on the other hand, maintaining the paradox can be a valuable tool in psychoanalytic therapy.

Keywords: Intimacy, autism, transformation, analyst’s defenses, autistic defenses.

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INTRODUCTION

Is it possible for a therapist to become “autistic” when working with an autistic person? The question is deliberately ambiguous and provocative.

The concept of emotional intimacy involves the idea of being open to others and on the same wavelength; on the other hand, patients with *Autistic Spectrum Disorders* (DSA) have a hard time dealing with relationships. For this reason, becoming “autistic” for a therapist is an emotional paradox: becoming autistic means seeking empathy with the patient, but also sometimes protecting the self, unconsciously, from contact with overwhelming feelings. Maintaining/describing the paradox can be a valuable tool in psychoanalytic therapy.

The term *Autistic Spectrum Disorders* (ASD) refers to a range of neurodevelopmental disorders that include autism itself and related conditions. Many possible etiological factors are recognized, including genetic and environmental ones, but psychogenic factors have progressively been seen as less important. Therefore psychoanalytic treatment, which puts these factors at the core of therapy, gradually lost importance, to the point that for many years psychoanalysis was viewed as a low-efficacy treatment for ASD.

Contemporarily, psychoanalysts know and share beliefs with neurological and behavioral specialists about many of the factors that contribute to ASD, but they have a certain specificity in their way of elaborating theoretical models to explore the processes involved in transforming emotions. Moreover, recently also in the scientific world, there is a new consideration that interventions should not be limited to the external modification/adjustment of maladaptive behaviors while ignoring the internal experiences: emotions, fantasies, and anxieties. Effective interventions should aim at activating, “from within,” the individual’s interactive, intersubjective, reciprocal, and emotional sharing skills.

The difficulty of these patients of perceiving time and space as normotype people do, as well as the inability to perceive the other as a whole subject, prevents most of them from using language, the main tool to fill the void in which they feel immersed (Amir 2014). This paper therefore aims to examine what it means for the analyst to become autistic in the therapeutic process, to explore, together with the patient, intimate psychic relationships and to build a possible shared sense of space and time starting from body’s perceptions.

Within the complexity of the analytical process three aspects in particular will be considered:

- a. specificity in bodily contact
- b. different ways to build meaning
- c. the possibility of interpretation through body performance

CARAVAGGIO AND HIS PAINTING *BOY BITTEN BY A LIZARD*

An aesthetic example can help to imagine different ways of processing pain, which are sometimes revealed through a form of bodily communication. In his painting *Boy Bitten by a Lizard*, Caravaggio depicts a young man whose face is deformed by pain. The effect is increased by the asymmetry of the face, and this distortion is probably due to the optic lens used by the artist as a drawing aid (Hockney 2001; Landi 2000).

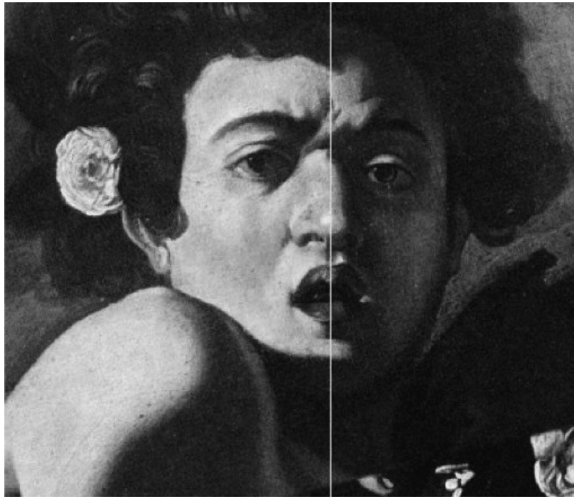


FIGURE 1. Caravaggio's *Boy Bitten by a Lizard* (1593).

The face in particular is the result of two different painting moments: one in which the boy is depicted more frontally, and a second in which he is shown more laterally. Indeed, the use of an optic lens obligated the painter to create the painting by dividing it into parts and then reassembling these.

This painting is useful in illustrating how a neurotypical and an autistic person can bodily communicate pain from two different points of view. Nonverbal communication, especially when expressed in the face, is a common way to transmit emotions; however, autistic children don't decode the emotional features of the face, relying instead on clues manifested in other parts of the body and on repetition.

Caravaggio's depiction can also be used to visualize how an analyst might try to re-create in his mind the sudden pain that can penetrate the analytic relationship, like a lizard's bite, when the child patient enters a loop of repetitive gestures. It can be hypothesized that the beginning of the loop is a painful sensation that is difficult to comprehend or to transform into emotion. So, the analyst needs to put together different ways of perceiving the situation, and then, like a painter using a lens, he can transform the different view into a mental image.

Before giving a clinical example of this type of transformation, in which the line that connects two ways of experiencing pain functions as an important locus of transformation, the following experiment will explain how this technical tool can be developed.

LEARNING TO SEE FROM ANOTHER POINT OF VIEW

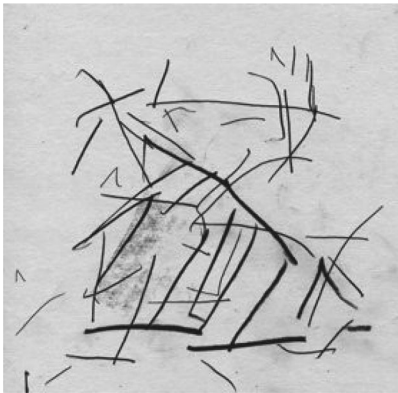
An artistic experiment, a sort of sensorial calligraphic experience similar to a Japanese one conducted by Steve Jobs, was the first step of changing the point of view of some of the relational features encountered with autistic children (Isaacson 2011).¹ In particular the tactile experience became the starting point for a new way to look at the autistic patients' productions. In this artistic encounter, each participant was blindfolded and then told to put his hand into ten different bags containing unknown materials: little round stones, pieces of moss, broken tiles, feathers, and so on. With the other hand, each had to draw, on a square piece of cardboard, the transformation of this tactile experience into a

¹ Steve Jobs related that a Japanese calligraphy course he took after leaving a more traditional university curriculum eventually became the starting point for the creation of the Smartphone's touch screen. Touchable icons provided a more intuitive and faster way of interacting with the logic and complexity of computer functioning.

graphic one. To facilitate a more accurate translation from a tactile sensation to a two-dimensional shape, the participants could choose to use either the rough or the smooth side of the cardboard, and they could also choose—without looking—either a pencil with hard or soft lead, a graphite stick, or a charcoal stick.

At the end of the experiment, after removing the blindfold, each participant could view the ten pieces of cardboard he had created, as a sort of tactile, visual, almost musical arrangement. Each piece was clearly different from the other, but also deeply linked each other by their sensorial origins.

Moreover, in each cardboard it is evident as without using sight, touching and hand movements push to return to a stage in which the imagination is not a symbolic imagination, but a sensorial one.



FIGURES 2 AND 3. Graphic Interpretations of the Tactile Experience of Broken Tiles and Moss.

Bringing this experience into the clinical office and observing, for example, the patient's repetitive gesture of touching an object or pushing a toy car back and forth, a new possibility to observe with tactile sense and not with the sight, could start.² Given that sight is closely

² All the senses, including vision, are extensions of the tactile sense; the senses are a specialization of skin tissue, and all sensory experiences are thus related to tactility. Our contact with the world takes place at the border of the self through a specialized part of our developing membrane (Pallasma 2005, pp. 10-11).

connected to both relational and symbolic development, it becomes the dominant sense early in childhood. At the same time, it can form an obstacle to change the point of view with which the experiences with autistic children is processed. The obstacle was evident also in the artistic experiment in the opportunity to confront and then to transform the difficult feeling of sight deprivation. The experiment took about an hour, and though at first curiosity and excitement for the new prevailed, as time goes on, it was not easy to accept being in the dark. The dark arouses anxiety in the same way as an autistic child forces to feel primitive type of sensation and put aside the meaning that the sight immediately suggests.

Another important feature of the experiment was the transformation of touching into a movement that can produce a sign but not a symbol. The movement of the hand in relation to cardboard squares became a way to explore them in their singularity and to discover as the objects can flow together to form a current of action.

In everyday life, hand movements and expressive facial movements process and reveal inner experience in a sub-symbolic way. These movements are crucial features in positioning oneself in relation to one's surroundings. This system is also crucial in registering frame-by-frame movements and word-by-word conversations, allowing the subject to engage and accommodate the other's presence (Bucci 1985, 1997).

The art experiment became the prototype for a similar one in the therapy room. Observing a child repeat the same gesture as though in a loop, the artistic experiment made it possible to imagine to be blinded and touch the gesture, trying to transform it into a "middle gesture" and to accept the terrifying feeling that initially arose in the field and in each of the subjects.

The expression "middle gesture" suggest the process with which the analyst try to reproduce a mixture of something of the patient's gesture with his own sensations and feelings utilizing senses other than my sight. Movement achieves something symbolic and not symbolic at the same time—something like a sign, not a word, or a drawing. At the same time, gesture isn't a simple mirror of the child's; in the analyst's mind, the movement blends sensation and an initial attempt at transformation. So, the analyst makes himself into the line extending between the patient's sensorial word and his need to transform it into a meaningful fact. Usually therapists are trying to look at repetitive actions, drawings, and movements as potentially meaningful situations; this is an

important feature in mental development but sometimes, an autistic child can feel this process too unfamiliar and respond by strengthening his defenses.

Using the tool called the “middle gesture” reduces the time before the patient emerges from repetition and pushes the autistic patient to find with the analyst a more symbolic way to communicate. Something more about the “middle gesture” can be explained by drawing from the performing arts, and in particular, by Marina Abramovic’s performances.

THE PERFORMANCE: A WAY TO INTEGRATE GESTURE AND EMOTIONS

Performance is a form of art that implies the active involvement of an audience; the relationship with audience members is not established by the object itself, but by the performing artist’s body. The performing artist does not know the outcome of the interaction, as it is open to the unpredictable contribution of the audience. In the performing arts, it is the body that conveys emotions and meanings in an unstable balance between the creative intuition at the base of the piece and the unpredictable response of the audience that makes the artwork concrete.

Performance artist therefore has a very special relationship with the audience and need to practice surrendering in the presence of the other, integrating the other into the mind and actions without being overwhelmed (Danckwardt and Wegner 2007). The performance does not aim to close the gap between artist and audience through an object loaded with meaning, but rather, it opens up the possibility of maintaining a space where the contributions of spectators create a link that extends across that space. In calling on the public to participate, the performer proposes an aesthetic experience and a transformational process. So, in a work of performance art, the distance between the actor and the people experiencing the performance is different from that in all other artistic situations; like a mother who has just given birth, the artist is not an object but a transformational process (Giannacchi et al. 2012; Simões and Passos 2018). The “aesthetic moment” of performance, as Bollas (1987) called it, can put the subject in contact with deep sensations, memory, and feeling, achieving no discourse other than presentational symbols (Langer 1953).

Performance artist Marina Abramovic, in particular, used her body to achieve different steps in the process of studying interactions between artist and audience. In the first cycle of performances, she used her body to transform the pain and vulnerability experienced in her childhood, re-creating a masochistic situation—that of trying to attract the attentive gaze she never received from her mother. During a second period, Abramovic produced performances in partnership with her boyfriend, Ulay. This time the pivotal point was to experience trust, intimacy, and commitment, along with the relationship between the bodies of the artists and the public. In a third period, Abramovic became an artist who valued the performance field as a space for transformative experiences, including experiences without movement. In her performance called “The Artist Is Present,” she remained silent and motionless for many hours a day; on the rare occasions when she met the eyes of people sitting in front of her, there were intense emotional reactions. Only by shutting and then reopening her eyes when a spectator before her was having such a reaction could she create a situation of deep intimacy.

These performances allow for links with therapeutic process of autistic children, teaching us to erase words at certain particular moments of the therapy. Tustin (1994b) suggested that, if autism is a wordless illness, it must be treated without words (p. 121); thoughts and emotions (etymologically, something that “moves outward”) come from bodily sensations, and their transformation may be better expressed through action.³ Abramovic’s performances can point us to something else that is useful in a therapeutic context. Tustin (1972) described autism as a “*sensation-dominated state in which perception is elementary, restricted, or grossly abnormal*” (p. 107, italics added); she qualified it as “*perverse core*” of self-sensuality (italics added).⁴ Tustin’s word *perverse* does not refer to sexual behaviors, of course, but rather, from a certain point of view, it captures

³ Houzel (1997) writes that when he was in supervision with Tustin, he had the impression she was “thinking with her whole body” (p. 344). After listening to what others said, she moved her hands, arms, and body before talking, as if thinking arose not from the head but in the body.

⁴ “My studies and clinical experience have led me to believe that there is a ‘perverse core’ latent within each of us that is capable of being activated under certain circumstances” (p. 29). Work with autistic children is helping us to understand more about this “aberrant core” (as I prefer to call it), which is typified by their recourse to sensation objects and sensation shapes (Tustin 1990, p. 189).

something present in the relational field when a repetitive gesture or other apparently unmeaning action pervades the relationship between the analyst and the autistic child. To trust and enter into mental intimacy with the patient, the therapist must undergo a sort of submissive process in order to see as the patient sees. In a therapeutic relationship with an autistic child, this process has the features of a “*doer and done-to*” relationship – a sadomasochistic way of being together (Benjamin 2004). Feeling trapped, as many authors have described, is a common experience for the analyst treating autistic children (Ahumada 2017; Durban 2014; Tustin 1994a). The risk of this feeling is that the analyst may attempt to protect himself by employing tough defenses that are not so different from autistic ones. Conversely, working through the feeling of being bullied and transforming it into an attitude of trusting surrender is the first step in the transformative process (Korbivcher 2005; Molinari 2014; William 1999).

In the first cycle of Abramovic’s performances, snippets of masochistic features allow for us to intuit that a particular gesture can be simultaneously a defense against pain, but also part of a transformative process. In the beginning, spectators responded to Abramovic’s masochistic passivity as a sadistic group, as in a Bionian basic assumption, but the same group was gradually able to exit this role and allow a transformation of the artist, too. In therapy, the role of suffering pain and eventually of escaping from the trap of “*doer and done-to*” rests with the analyst but, paradoxically, it becomes possible only with the participation of the patient, as in Abramovic’s performances. In some ways, the first clinical vignette I will present has things in common with this type of performance, as I will try to show.

TOUCHING AND SMELLING AS A DANGEROUS SITUATION

Charles is a child with an autistic-spectrum disorder of medium severity. He was adopted when he was three months old after having been abandoned. He started psychotherapy at age three, about one year following the first appearance of autistic symptoms. In addition to psychotherapy, he participated in a program for language development and made

regular visits to a public health center where his neuropsychiatric progress was evaluated.

Charles's mother decided to include private psychotherapy in her son's care program because she thought that his very early abandonment may have played a role in the etiology of the disease. Though this cannot be scientifically validated, she was a very sensitive mother who had experienced psychotherapy herself, and she wanted her child to have the same opportunity to encounter and explore feelings. She said: "He comes from abroad, and I want him to be able to find his country of origin hidden in his body." This very touching sentence referred not only to her child's Asian facial features, but also to his biological mother and to all that was hidden, not understood in their relationship. Probably, Charles's adoptive mother also needed help herself in coping with painful aspects of the adoption process, as well as with Charles's unexpected diagnosis.

I have been working with Charles two times a week and with his parents once a month. I will relate two vignettes that occurred when he was five years old. During a summer session, I was wearing sandals. Charles looking down at my painted toenails and, lying down on the carpet, he started to smell my feet. I was embarrassed and tried to calm myself by thinking about how animals construct odor maps to recognize certain sites, just as newborn humans do. Charles proceeded to touch my feet, wanting to pull off my sandals, and even though I tried to stop him, he put his face onto my feet, exploring them with his mouth. He looked very excited, and it was difficult for me to accept this violation of normal social rules governing body intimacy. I found myself wondering up to what point I had to allow Charles to lick my feet, to submit to something that was for me not exciting at all and in fact rather unpleasant. I was in a relationship in which I felt something was perverting my feeling, pushing me to pass from trust to defense. On the other side a part of me needed to transform this experience preserving relationship as if I had to pass, inside my mind, from Abramovic's first period performances to the second ones.

I remembered a 1977 performance by Abramovic and her boyfriend, Ulay: the couple stood naked on either side of the entrance to the Galleria d'Arte Moderna (Community Gallery of Modern Art) in Bologna, Italy. The narrowness of the space forced visitors to squeeze sideways between

them, compelled to choose between facing either the naked Ulay or the naked Abramovic. The public was confronted with the embarrassing position of visual and physical contact with the performers.

As in that performance, I had to go forward with Charles and enter into a symbolic place (the art museum), but first I had to pass between two naked bodies: my feet and the child who was smelling and licking them, together representing a very tight door (Demaria 2004). I tried to blank my mind to social embarrassment, finding intrigue in something new; my feelings were close to those of a newborn having its first sensorial impressions of the world, attracted to the brightness of light and color and smells. I thought to myself that, for Charles, initial sensorial impressions might remain exciting but nothing more, lacking the start of a transformation process in which they could become something more, contributing to maturity in sign and form with meaning and relational limits.

Continuing to think of Abramovic's performance, I was able to submit to the wonder of the other and to force myself to take off my sandals. I then used red tempera paint to make imprints of my feet on a large sheet of paper, trying to enter into a symbolic space through the intermingling of bodily contacts. Taking inspiration from me, Charles started to make imprints with his hands, and then together we made squiggles with both our feet and hands, entering in this way into our very own art exposition.

A DIFFERENT WAY TO PROCESS SPACE AND TIME

Relativity is an important theory with which to explore physical phenomena, but it is also a useful metaphor for describing the nonlinear relationship between time, motion, and space perception from a psychological point of view (Appelbaum 2012). Perception isn't an exact picture of reality; time doesn't move in one direction and, in the human mind, time is a puzzle more intricate than a Newtonian scientist might expect. Temporal perception is an important factor in human emotions and mental health; without awareness of time, it is not possible to imagine the future or to give order to the past (Bem 2011, Bem et al. 2014).

Conscious and unconscious precognition is a cognitive and affective way to prevent the mind from noticing unexpected facts. Experimental research has demonstrated that this process is important in priming reinforcement and memory, such that effects can operate backward in time (Bem 2011; Bem et al. 2014). Time and space share a great deal of geographical/biological overlap in the human brain, and experimental evidence shows that time and motion perceptions are linked, sharing common neural underpinnings (Mauk and Buonomano 2004; Saj, Fuhrman, and Vuilleumier 2014).

Psychotherapists observe spatiotemporal structure from a different point of view—as operational space-time based on neuronal, internal, and exteroceptive stimuli, but in particular on relationship and emotions. From a psychological point of view, time, and memory as characterized in clinical psychoanalytic accounts have a puzzling relationship; thus, the same memory can be referred to in a very different way at the beginning of therapy than at the end. Moreover, space and time in dreams are organized following a different schema than in conscious daytime life—or as Matte Blanco observed, they follow alternative logical hypotheses (1988). Sometimes space and time in the therapeutic setting can be used without a cognitive reference, but simply as aesthetic narrative features with which to communicate emotions (Fonseca 2006; Molinari 2016).

Even if psychotherapists are familiar with this non-cognitive way of processing space and time, it is difficult to grasp an autistic way of functioning. Yet everyone is hard pressed to find the survival advantage offered by a solid grasp of a usual way of processing facts. Nevertheless, analysts in particular are attempting to discover something more in the functioning of the autistic mind. Child analysts, especially, are trained in deep-body communication and infant observation, and they are effective in catching the nuances of emotions expressed through the body.⁵

⁵ How mentalization is linked to language, and what role this plays in autism, is currently one of the most important fields of research on autism and language. Some recent research results (Fogassi 2007; Glenberg and Gaese 2012) suggest that imitation of movement, and not only sound imitation, can play an important role in learning language. Observing the use of space-time categories within the therapeutic relationship with an autistic child can shine a ray of light on the birth of language as well.

While space is more connected to the biological experience of sight and movement, time is an abstract concept. Subjects affected by autistic-spectrum disorder have problems with memory (Rhode 2012), but this may be only the most evident consequence of a different way of perceiving facts in the time-space frame. Not always do such patients experience the passing of time because they are concentrating on space as a sequence of scenes linked not by time but by other logic (Alvarez 1999; Bick 1968; Busch de Ahumada and Ahumada 2005, 2017).

The artistic experiment, referred to earlier, gave me occasion to change my mind about the sense of time and space and to view these in an autistic way to process the experience and their role in linking different actions. The starting point for my observation was the product of the artistic experience: ten little squares marked with different signs but linked by size, type of paper, and the experience of working through. I saw them as a sequence, similar to a musical score or the frames of film that form a movie.

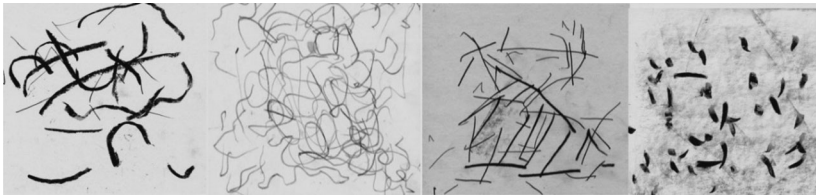


FIGURE 4. The sequence of tactile signs viewed as a musical score.

Another suggestion came from my memory of Abramovic's performance, *The Artist Is Present*. Here she remained static and silent, sitting on a chair for eight hours a day, allowing visitors to New York's Museum of Modern Art to spend a few minutes in the seat facing her. What I want to underline is a detail of this performance: Abramovic closed her eyes when a visitor got up to leave and opened them again when another person sat down in their place. This opening and closing of eyes was a symbolic movement in which Abramovic put forward the idea that looking might control spaces and other people, while simultaneously putting a limit on the artist herself and her capacity to contain her own and the other's feelings. The movement of opening and shutting the eyes decreased in some way the experience of a passing blur of unknown

faces, reducing the effect of constant visual turnover on an internal domain.

After thinking about the art experience and this performance, I was more able to see how my patients' different actions were linked by the same shape and the same process of transforming different sensations. In a therapeutic situation with an autistic child, I began to look for the type of experience that the child was exploring, seeing it as broken into different actions. At the same time, I could reproduce within myself a feeling similar to Abramovic's in *The Artist Is Present*: that is, I paused to register the different actions passing by in the therapy room, and tried to contain my own and Charles's emotions and to give meaning to the whole "performance."

CHARLES AND THE VARIABLE ACCURACY OF A SHAPE

In the following clinical vignette, I will describe how Charles communicated something of his experience by locating the same anguished feeling in different situations. Like many children with autistic-spectrum disorders, the patient uses equivalency of his body and mind, putting his internal sensations outside; equivalency replaces identifications as a primitive method of relating (Lombardi 2008; Mitrani 1998; Tustin 1987). For an autistic child, I hypothesize that sometimes many different situations can be forcefully linked to one another not by something in the relationship—the meaning, the flow of emotions—but by the fluid shape of the edge between reality and its sensorial perception (Alvarez 2010). Sometimes a global experience can fill up the whole hour, even if it is pieced together from parts in which the child uses different senses and creates different sequences of motion. Often the use of a defensive shell arises around the exploration of dangerous edges, such as continuity-discontinuity, presence-absence, or attraction-repulsion, and the child can spend the entire hour emerging from this terrifying feeling. Distinguishing when sensorially is used in a defensive way from when it represents the first attempt to communicate, or in other words, whether the patient is using a container or a proto-container, is a clinical problem that warrants further investigation.

During one session, Charles picked up a paper tube and started to make noises on it with sticks. He noticed that at the point where a tear in the tube was repaired with tape, the sound was different. He repeated this sequence many times. Then he drew a snail, and after many trials on different sheets of paper, he divided the spiral of the snail's shell into sections. He started to color his drawing, taking care not to color outside the lines. When this happened by accident, he stopped drawing and looked very distressed. He began to use his tongue to remove traces of color from his fingers, like a little cat. Then he pushed me to a place in the room where I was hidden behind a curtain, and if I attempted to come out, he would push me back again. He didn't look me in the eyes but used my body in such a way that it was clear he was not playing hide-and-seek.

When I told Charles that our time was almost up, he reacted by overturning a box of marbles. He wanted to pick up and return all the marbles to the box, sorting and aligning them and saying they were cookies. It was consequently very difficult to end the session. For the entire time, he had not reacted to my words or other types of interaction. Now he actively resisted ending the session. It gradually became evident to me that, during the session, I had tried to give meaning to different situations by capturing the emotions and using simple words to come as near as possible to describing the meaning of these different actions. I started to become able to shift from one sense to another (something like transmodal perception in a newborn), and I could see the different sequences fuse and link to each other in a way that I had not understood. I started to imagine that the link could take the shape of a global experience explored via different senses.

The first shape that I pictured in my mind to describe them was "continuity-discontinuity"—as manifested in sound (the tube), in three-dimensional space (the shell), on the skin (coloring that stuck to the fingers), and in the room (hide-and-seek). I hypothesized that at the end of the session, separation was impossible to face not because of emotional pain; rather, the disturbing mix-up of marbles and the need to reorder them stood in for the emotional experience as a concrete, confusing situation.

Charles didn't want to stop. My next patient rang the bell. I went to open the door and then returned to the therapy room. I had two options: to force the patient to leave in haste, or to invent something that

could describe the situation as it was taking shape in my mind and so to help him be ready to finish the session. In a few seconds, I realized that each sequence had been like a sensorial self-portrait that had no primary communicative intention, and that I could be in intimate communication with Charles through my body, performing the primitive meaning of continuity-discontinuity. Just as life and death are closely linked in the bodily experience of mother and child during labor and delivery, so the birth of meaning can be the same. To use my body to mirror my patient's experience, I had to essentially cancel the developing meaning and emotions inside me, instead coming into contact with much earlier, very primitive, and rather disturbing sensations. I felt that there was a tension between abandonment and control.

I set myself in motion aimed at Charles, through the objects at hand, and I made the same gestures with the tube, the pencil, my tongue, and so on, to represent mirroring. I felt desperate, as though I were buried by these objects. Then I lay down on the floor (like a baby or a dead person), took all the objects and put them on top of me, I got up and let the objects fall down in disorderly fashion. Then I said to him: *"It is the end. All are going away, but it isn't easy; it's like going down into a big confusion, just as happened with the marbles."*

Charles then said, *"Okay,"* and rather quickly accepted the ending of the session. When I was able to reflect, I thought that I had tried to communicate to Charles how I found it possible to understand the huge distance between us and between "be" and "not to be." In some way, I wanted to show Charles that I had grasped the difficulty buried beneath his various actions; the end of the session confronted him not with the psychic pain of separation, but with the interruption of his attempt to control falling down into a black hole of confusion.

CONCLUSION

Analytic proximity or intimacy with an autistic child includes the capacity to experience and give meaning to primitive states of being and emotions. Autistic children defend themselves against primitive anxieties by using mimicry, psychic equivalency, suspension, and dismantling; these defenses create not only a distance between action and

meaning, but also a collapse of the vital body-mind unit and intimate relationship with the other.

The hypothesis was that, what could be observed from a phenomenological point of view is the result of a lack of integration of different levels of functioning and in particular of the containing function. This hypothesis was the first step toward considering the symptoms as a whole and abandoning the effort to find sense in each of them. But the prevalent containment function in an autistic child isn't mental one but an auto sensuous containment. This patient used senses in a way that abolish the distance between the self and the objects, an archaic way to be in contact with the other, but only through the body. The other, when perceived as a different subject, produces fear and sometimes terror.

In the analyst, these autistic defenses produces a sense of impasse—a feeling of being kept out, but sometimes also an unconscious closeness, with the patient. In some ways, analyst and patient are both entering into the same emotional withdrawal from the relationship.

When the analyst must reach the patient at the point where he is, it is not so easy to find a way to bridge the different ways of processing the experience. Starting with the premise that the body is not simply the unthinking portion of the mind-body system, the analyst can place the body and all relevant actions along a line of fragmentation, trying to build a bridge by drawing on the bodily participation of the child and the meaningful use of her own body.

The "middle gesture," like almost an artistic performance, arises only with the participation of the patient; it creates a primitive form of bodily communication. In some way, the renunciation of words depends on trust in the communicative power of the body. Abramovic's early performances helped to understand how a gesture can be considered as the intersection of many factors; it expresses the analyst's pain at being cut off, the overcoming of this pain, and the display of these feelings through the body – a way to share with the patient the same bodily level of expression. If these factors work together, the patient may feel that she has been reached and that the gesture can be shared.

Observing this hypothesis in action, a second one has arisen: in the autistic child, different sequences of action can be linked by the effort to confront the same fearful sensation. To discover it, the analyst has to concentrate more on the shape of the actions than on a single sequence,

using a different logic that is closer to an artistic way of expressing emotion, drawing more on formal elements than on language. Using the “middle gesture,” as a performance artist does, affords the possibility of building a shape of meaning that becomes alive only with the patient’s participation.

The patient’s response is then visible in a new form of intimacy, a transitional intimacy between body and mind. Through this therapeutic method, one can summarize the complex process of working through the transformation of impasse. Thus, the autistic analyst’s withdrawal from the relationship with patient, transformed into an experience near the body and sensoriality, became not only possible but helpful.

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THE ELUSIVENESS OF “THE FEMININE” IN THE MALE ANALYST: LIVING IN YET NOT BEING OF THE BINARY

BY MICHAEL J. DIAMOND 

The author explores the feminine/masculine binary and what is meant by being “in” this binary versus “of” it. He considers Freud’s views on female “otherness” in light of today’s changing theories and practices regarding sexuality and gender. Newer ideas are seen to supplement rather than replace traditional ones; it is noted that binary dichotomies remain present in each individual’s psyche but can yield to more complex and nuanced ways of thinking about gender differences. Concepts such as primary femininity, core gender identity, binary logic, male primordial vulnerability, and gender fluidity are discussed, along with their implications for psychoanalytic thinking and practice. In particular, the male analyst’s psychic bisexuality or bigenderality – including the “feminine” interior within every male born of a woman – is examined as it relates to his clinical functioning and efficacy. Finally, a brief clinical vignette is presented to illustrate some of these points.

Keywords: Feminine, masculine, gender, sexuality, bisexuality.

PRELUDE AND PURPOSE

There’s an old joke about what might have occurred in the Garden of Eden before God created Eve out of Adam’s rib. In this less androcentric

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version, God creates Eve first and then tells her he will create a husband for her. "What's a husband?" Eve asks. God replies, "He's someone who can fight to protect you from enemies and who will hunt to help you acquire food to eat." Eve thinks that sounds pretty good, so she tells God that it's fine by her. "But," God adds, "one thing you must understand – *he's going to need to think he's first* so you will have to let him think that it is so!"

I suggest that the joke's wit connects deeply with something known more unconsciously. Consequently, I will attempt to clarify how and why such cognizance of the psyche of the "other" seems to more naturally reflect what we tend to think of as "feminine." In aiming to help male analysts more successfully bear the tensions related to *the feminine* otherness within, I will contend that the feminine contained by the male analyst's psyche stands for the recognition (and acknowledgement) of *the other within the self*. As implied in the article's title, I will argue that it is vital for analysts to understand that while we live in a sexual (and gender) binary of male/female, we are not *subjectively* positioned within it. Consequently, we remain capable of making use of "feminine" and "masculine" parts of ourselves – namely, our inherent "bigenderality" wherein gender and sex stand less conflated.

INTRODUCTION: TO BE "IN," BUT NOT "OF," THE BINARY

In thinking about the theme of the *feminine* in the male analyst, I have pondered many questions about womanhood and the way in which psychoanalytic and cultural prejudices—particularly overvalued and rigidly held psychoanalytic ideas and beliefs—limit our understanding of patients and our own ideas about gender. As a result, it is crucial to recognize the limitations of Freud's view when exploring the female's less accessible *otherness* from his perspective of masculine subjectivity—namely, the inexplicable and enigmatic, so-called "dark continent" of the feminine equated with the object of *lack* (originally of the penis). This still rather rigidly held, androcentric, phallic binary view of the subject-object, masculine-feminine dualism is well explicated in Freud's (1918) argument as the basis for the dread of women, whom he described as "mysterious, strange and therefore apparently hostile,"

which causes the male's fear "of being weakened by the woman, infected with her femininity and of then showing himself incapable" (p. 198).

In considering what I, a male analyst, might contribute on the feminine, I found myself imagining how psychoanalysis might have taken this up had Freud been born in 1956 or even 1986 (rather than 1856), and moreover, what if *the Professor* had been born a female? Imagine, too, if Freud had access to the changes and understandings of the last half century, when credence is no longer easily given to the idea of an inescapable, biological (or anatomical) "destiny." Yet despite providing neither a synthesis nor a resolution, Freud helped us see that psychosexuality rests upon unconscious fantasies, meaning, and structures for which the body is the linchpin. Today's theories and practices with regard to sexuality and gender are in widespread transition, and nuanced consideration of the concept of the *feminine* (and the *masculine*) must include biologically *sexed bodies*, *gender assignment* at birth, multiple *identifications*, *bisexual fantasies*, fields of *desire and varied object choices*, and changing *gender roles*. The complexity of venturing into this domain is compounded by the lack of common definitions as well as by frequent conflation of terms, whereas sizeable psychic tension accompanies the varied subjective ways of constructing one's sense of gender identity in the context of the masculine/feminine binary. I'll say more about this binary presently. However, much of what I have to say might be boiled down to my core hypothesis—namely that, although every female and male must live *in* this dichotomous, sexual binary that inevitably "holds a grip on our thinking" (Scarfone 2019, p. 573, in discussing the work of Francoise Héritier 2012)—no one is actually *of* the binary, in terms of the psyche and the subjective position within. Thus, to coin an aphorism, *we all live in yet are not of the binary*. Moreover, since sexed and gendered subjectivity is always organized in tension between the internal, implanted sense of gender identity and social structures (Glocer Fiorini 2017; Scarfone 2019; Schiller 2018), unconscious struggles with highly charged and inherent conflicts around gender and sexuality remain ubiquitous.

Each analyst has his or her own unique notion of gender. Furthermore, because prejudices concerning gender identity issues inevitably exist in the minds of both patient and analyst, analysts need to interrogate and better understand both our own and our patients'

conscious and unconscious gender identifications and biases, “including differing conceptions of partnering, parenting and membership in society” (Cerejido 2019, p. 4). Considerable tension remains at the heart of the attempt to grasp the nature of the feminine and Freud himself conveyed caution as well as duality in thinking about psychosexuality given the overlap but disjunction between body and mind, specifically in terms of how each individual must deal with the recognition of sexual difference. Arguably, the Freudian distinction between biology and psychology is greatest in relation to women (Birksted-Breen 1993). In referring to Freud, Birksted-Breen notes that as one tries to grasp the nature of the feminine (as well as the masculine), it fades away and creates an “out of focus” feeling (p. 4). Nonetheless, while it cannot be grasped, it must be tolerated.

Contemporary analytic thinking—inspired by the unique and vital contributions of such analysts as Leticia Glocer Fiorini (2007, 2017, 2019) and Rosemary Balsam (2001, 2018, 2019)—has brought several facets of the feminine into clearer focus. The biologically and bodily based experience of femininity is no longer situated in opposition to the constructed feminine that is more reductively theorized as based on the experience of *lack*. Moreover, within the binary dialectic wherein no final synthesis is within reach (Scarfone 2019), the masculine/feminine polarity tends to be located at the border between nature and culture.

Gender, despite being assigned at birth as a result of the sexed body and the primacy of the parenting other’s enigmatic, implanted messages (Laplanche 1976, 2007), is *always* subject to other determinants, which as I’ve noted might be elaborated in terms of the female or male body, multiple identifications, bisexual fantasies, fluid gender roles, and variations in object choice. In short, while the binary (masculine/feminine) always remains inherent in the psyche as a result of language and culture, *feminine subjectivity* inevitably surmounts this essential dualism, so that our conception of the feminine in both females and males continues to evolve. Balsam (2019) suggests this entails not only working in binary terms but incorporating the polarities into even greater complexities. In this fashion, the role and importance of *the feminine in the male psyche* and its impact on maturing masculinity have been emphasized in recent decades (Diamond 2004, 2006, 2009, 2015; Fogel 1998). That

said, the *experience* of the feminine within a female is likely to be quite different from that within a male.

Primary Femininity and the Bodily "Feminine"

A crucial shift in understanding female development and the feminine was brought about through Robert Stoller's (1976) elaboration of the concept of *primary femininity*, producing greater recognition of little girls' knowledge of their bodies. Rather than viewing the female as *lacking*, it can be argued that the "lack" was actually located more definitively in theory itself.¹

Because primary femininity rests on unconscious fantasies about interior spaces, Balsam's (2001, 2019) writings have helped move us into the domain of *post-phallogentric* imagery and the significance of the female body as well as post-binary logics, in order to free the body and its mental representations. Consequently, it is no longer so easy to locate bodily *thrusting power* as male and *receptive cavities* as female. Symbols of fierceness, aggression, and thrust can also apply to the feminine without the resort to phallic imagery and masculine principles.

By focusing on the mother-infant dyad, many authors have noted that the primary feminine identifications are somatic experiences, and that the earliest sense of the feminine may arise from the spaciousness of the insides of the mother's genitalia, along with the primitive, embodied fantasies and identifications that are generated in the mother-daughter dyad. By dint of the uniqueness of internal space in the female body, the female genitalia create occasions for unconscious invasion fantasies (Ellman 2019; Goodman 2019; see also Perelberg 2018). For many women, unconscious fantasies of invasion and unrelenting bodily pain may also be tied to what becomes part of the sense of femaleness or feminine gender identity. Though men are also

¹ This more classical, phallogentric view of feminine deficit prevailed until such ideas crossed the Atlantic and were embraced by the wider psychoanalytic community. Nonetheless, earlier European analysts, such as Jones and Klein, had already addressed the female child's knowledge of her female anatomy. Concurrently with Stoller's work, Roy Schafer (1974) published a brilliant essay delineating the flaws in Freud's theorizing of women that did injustice "to both his psychoanalytic method and his clinical findings" (p. 459). Subsequent psychoanalytic ideas about primary femininity have "vitalized both clinical treatment and psychoanalytic theory for women and men" (Goodman 2019, p. 87).

likely to suffer unconscious invasion fantasies (and wishes), females appear more likely to tie such fantasies to their bodily/somatic based gender identity. Nonetheless, through projective identification, the male analyst may be called upon to suffer—rather helplessly—the patient’s unconscious fantasies of invasion and unrelenting bodily pain (Ellman 2019).

It is particularly significant, however, that the inside of the birthing mother’s body contains another who must be attended to for her own and the other’s survival. Arguably then, this vital *other within the self*—what Kristeva (2019) calls “the self outside the self, *the outside-of-oneself in the self*” (p. 4, italics added)—has enormous collective implications for signifying the feminine, both for the female and the male.

Before developing this notion, I’d like to note that there has been a tendency to tie the rather androcentric idea of female identity to maternity itself—a tendency whereby “woman-mother-nature” is inherently equated with a view of women (and the feminine) as abiding by a primal “law of the species” in the wish to reproduce (Blanck-Cerejido 2019). For instance, in alluding to the feminine in the male analyst, a male colleague asked me if this referred to “lactating in the counter-transference.” Regardless, women and the feminine are frequently said to belong to the sensory world of instincts while remaining outside the symbolic order. Of course, the wish to be a mother is overdetermined, and the impact on the female psyche of technological changes in birthing, including assisted reproduction and surrogacy as well as infertility, requires complex understandings.²

A Contemporary Lens on Gender Difference

I believe that most of the newer ideas serve to *supplement* rather than replace traditional and still-useful concepts pertaining to sexuality, drives, compromise formations, and unconscious fantasies, all of which exist in the enigmatic realm of sexual and gender differences (during

² As Glocer Fiorini (2007, 2017) and others (e.g., Aisenstein 2015; Diamond 2017) have suggested, even the *third* needed to separate the child from the mother need not be the father or a surrogate male assuming the purported *paternal function*, since this function can clearly exist independently of the person who exercises it and can be performed by the mother herself or even by another woman as partner to the mother.

today's period of significant cultural change). Binary dichotomies are *not* eliminated—they remain in every individual psyche, embedded in language and culture—but the more reductive, classical equations insisting upon the masculine/feminine, active/passive, and penetrating/receptive polarities are yielding to contradictory and more complex ways of thinking about the feminine, particularly as considerable gender fluidity is becoming more discernible. It seems inevitable that current psychoanalytic thinking will continue to help redress the imbalance so that females (as well as males) can be situated within a more inclusive coupling that includes both *potency*, in its *penetrative* and *generative* forms (Irigaray 1993), and an *active receptivity and permeability* (Diamond 2015).

As I've noted, sexed and gendered subjectivity is *always* "constituted in tension" (Glocer Fiorini 2017, p. 169). That is, the internally experienced sensations of sex and gender often conflict with unconsciously (and consciously) carried, socially constructed gender categories that reflect a *different order*. In short, gender is always marked by "tension between the internal sense of gender identity and the social structures of gender" (Schiller 2018, p. 243). Consequently, I will offer some additional ideas that may help further the efforts of male analysts to bear the inherent tensions related to *the feminine within*, as well as to the differences between the sexes. In advancing beyond the restricting dualisms of phallic logic, my aim is that male analysts may become better able to increase their ability to listen to each patient's unique conflicts around sex and gender.

In what follows, I will clarify what I mean by *living in* the binary while *not being of* it. I will then discuss both the structural and the constructed facets of the feminine, as well as psychic bisexuality/bigenderality in the male analyst, before addressing the mutative role played by the analyst's achievement of sufficient gender fluidity. Finally, I will present a brief clinical vignette to illustrate some of these ideas.

Rethinking Gender Polarities

Balsam (2018) has markedly challenged "the underlying severe sexed-gender polarities that were accentuated in the old Freudian and early twentieth-century schemata" (p. 21), which set up either/or binary gender propositions—abstract, generalized (phantasized) masculine-feminine conflicts as implied by *feminine receptivity*, on the one hand, and

masculine, phallic omnipotence, on the other. In contrast, just as she and in an earlier era, Winnicott (1971) have proposed, I, too, observe that varied gender integrations emerge from work in the transference.

For instance, despite the prevailing conception of receptivity as a feminine property, it is obvious that men, too, need such *female receptivity*—since without this capacity to receive and take in maternal contact and nurturance (mother’s “milk”) from the penetrating breast (or bottle), the helpless male infant cannot survive. Can we not utilize the concept of receptivity itself in other than a value-laden, sexed gender image? Both male analysts (Diamond 2009, 2015; Fogel 1998) and female analysts (Balsam 2018; Kestenberg 1968; Schiller 2018) argue persuasively that there is a male interior space, an inner path to *male receptivity* that involves cavities such as the mouth, lips, anus, testicular sac, or inner-body spaces, just as *female receptivity* may involve the mouth, lips, and vagina.

The word *femininity* (Elise 1997; Kulish 2000), like *masculinity* (Moss 2012), is a socially value-laden term, which, unless used quite specifically, is “pretty much useless for modern theory building” (Balsam 2018, p. 28). Consequently, rather than adopting the traditional Freudian construction that splits masculinity and femininity into *agency*, with the associated contrast of (phallic) power to *passivity* that lacks such potency, we might think of “disillusioning femininity” to free up female generativity as “potency and power” (Schiller 2018, p. 243). Nonetheless, and despite its elusiveness, I will attempt to use the term rather specifically when considering the feminine within the male analyst.

The Inherent Tension of the Gender Binary

As I’ve noted, theorization of gender and psychosexuality is rooted in the binary of “*phallic logic* . . . of presence/absence, of zero and one” (Laplanche 2007, p. 217, italics added),³ which anthropologist-psychoanalyst Rozine Perelberg (2018) suggests is universal, since the phallus/no phallus is “an inherent characteristic of all human beings” (p. 2). From an

³ In traditional developmental psychoanalysis, the *core gender identity* of being either female or male is tied to the bedrock of anatomy and is thought to be established at birth through biology, sex assignment, and parental attitudes and behaviors. *Gender identity* itself, the felt sense of being feminine or masculine, represents an awareness of belonging to one sex and not the other (Stoller 1968).

anthropological perspective, hierarchical, binary systems are the basis for universal categorization (Héritier 2012) and this cultural (rather than biological) given produces useful albeit limiting dichotomies, including masculine/feminine, phallic/castrated, active/passive, heterosexual/homosexual, and even male/female itself. Yet, of course, there are children and adults who transgress the gender binary, and we are increasingly called upon to consider that there may be something beyond the so-called “heteronormative vision of psychic bisexuality” (Gulati and Pauley 2019, p. 109).⁴ Nonetheless, deviations from the male/female dichotomy require considerable efforts that render it difficult to “carry over to everyday parlance” (Scarfone 2019, p. 572).

Despite the bonds of gender specificity having loosened and the recognition that our genders are, in Adrienne Harris’s (2005) words, “softly assembled,” the notion of gender identity has proved to be enduring even while held more lightly. Nonetheless, living as we do *in the binary*, perhaps every human being must inevitably struggle with “the apparent binariness of sex-gender (including gender role and sexuality)” (Barratt 2019, p. 14).⁵ However, today, when theorizing in this realm of the binary, and despite the fact that the feminine has emerged out of the view of woman as *the other* (Glocer Fiorini 2007, 2017)—rather than conceived solely out of otherness—the seemingly less accessible feminine is more aptly reconsidered in terms of *diversity or difference*.

⁴ When one operates from the binary vision of only two sexes or genders, any alternative proposition tends to be regarded as a reluctance to accept finitude and relinquish omnipotence. Some analysts consider this tendency the privileging of “cisgender heteronormativity” (Gherovici 2019). In contrast, there are a few non-Western cultures in which a “third sex” outside the two genders or sexes remains part of the cultural fabric (Gulati and Pauley 2019). Increasingly, even in Westernized societies, there are many ways of constructing gender, and psychoanalysts have posited a far more complex relationship between gender, sexuality, the body, and the social than was once envisioned (Cerejido 2019).

⁵ In an effort to transcend psychoanalysis’s binary perspective on femininity, the German analyst Ilka Quindeau (2013) challenges both the *classical psychoanalytic view* of femininity as deviation from the masculine, signifying deficit and lack, and the *feminist-oriented, differentiating view* of positive femininity. Instead, she offers a third view that entails an inherent, ever-present gender conflict wherein fluidity and fixity resulting from innate, biologically essential facets that are held in tension with socially constructed ones. Somewhat along Laplanchian lines (also suggested by Dio Bleichmar 1995, Harris 2005, and Diamond 2015), gender is taken to be plural rather than binary.

The “Feminine” in the Male Analyst

The highly unique experience of one’s gender identity, in both conscious and unconscious forms, oscillates continually—and may do so even more in the male psyche, since the man’s feminine identifications are particularly conflicted (Diamond 2006, 2009, 2015). Both male and female analysts are challenged by the uniqueness of internal space in the female body that creates openings for encompassing an *otherness* within one’s self as well as unconscious invasion fantasies. Regardless, the center of the feminine is constructed by unconscious archaic fantasies *grounded in the female body* (Balsam 2019), which for the male, are reflected by his primordial vulnerability in the originary relationship to his mother’s body (Diamond 2015).

So how might we think more specifically of *the feminine* in the male analyst? I suggest that there are at least four useful tropes for imagining the feminine in both males and females. First, because *receptivity* has surpassed passivity and lack (or absence) as the major trope (Diamond 2006; Fogel 1998; Mayer 1985), the capacity for *reverie* is typically rendered as feminine or maternal (Bion 1962; Cegile 2013). Similarly, *space* has become another major trope since it is related to the sense of the female genital and is frequently contrasted with the “negative” feminine *lack* that long pervaded phallocentric thinking (Bassin 1996; Elise 1997). Third, also along female bodily lines, female psychosexual desire can be constructed within a *labial framework* wherein the double *lips* of the female mouth and genitals represent the “positive” feminine, which emerges from the very first erotic, labial strivings necessary to preserve the infant’s life (Schiller 2012; see also Freud 1912; Laplanche 1976).⁶ Finally, *power*, along with *potent generativity* or “puissance” (Irigaray 1993), has also been reconceived in its feminine countenance (contra “phallic power”), which emerges from a “matricial space” (Chetrit-Vatine 2014) that helps create familial, group, and community bonds as well as competitive struggles, while reflecting the courage to accept vulnerability, limitation, and transience (Alizade 2009).

⁶ Simone de Beauvoir (1949 captured this in the psychosexual domain), suggesting that when aroused, “while the man has a ‘hard on,’ the woman ‘gets wet’” (p. 398). It is interesting to note that such wetness for men, for instance when crying, is often regarded as shameful, perhaps another indication of a more androcentric societal attitude.

To reiterate, then, the feminine within psychoanalysis is not easily characterized and must withstand the ongoing problem of being conflated with *the* female and *the* maternal. Moreover, the very idea of the *feminine* in any male, let alone the male analyst, is fraught with difficulties, in part because its recognition requires disentangling femininity and masculinity from biological sex and easily overgeneralized notions of essentialism. Yet here I am, speculating on the topic as a white male analyst from the cisgendered, Westernized world, shaped by my own idiosyncratic psychodynamics and psychocultural environment. To say the least, we must all be cautious about implying any specific, normative metapsychological notions pertaining to gender. Such caveats notwithstanding, I think there is a useful realm for our discourse that emerges from the common stereotype that women are more *relationally* oriented, which suggests a more complex form of *interiority* signified by *inclusiveness*. Next, I shall clarify this idea.

Within our contemporary, Westernized frames of psychoanalytic thinking, *interiority* – the enigmatic, so-called *dark continent* of what remains largely unknown in the internal world – most often tends to be equated with the feminine. Moving beyond Freud's passivity, such interiority tends to be signified by a more active *receptivity* that is understood as essential for the survival of both female and male infants (Diamond 2015). Nonetheless, equation of the feminine with receptivity is somewhat problematic for both genders, and in males (and male analysts), receptivity fundamentally reinvokes the *primordial vulnerability* that is invariably accompanied by psychodynamic and sociocultural pressures to renounce such inherent receptivity and primary identifications with female caregivers. For many males, this can produce more rigid phallic defenses, misogyny, and "femiphobia," which expresses the fretful repudiation of the feminine within (Diamond 2015).

Because the mind/body is conceptualized as holding interiority, many analysts think of femininity itself as resting upon acknowledging "feelings about imaginings about *interior spaces*" (Goodman 2019, p. 89, italics added). From this perspective, procreative dreams, thoughts, and generative naming occur within feminine or female spaces.

This brings us back to the binary and whether there is a useful way to think of the feminine beyond the binary realm. I believe that there is, and that the common stereotypical idea that women are more

relationally oriented suggests a more complex form of interiority signified by the term *inclusivity*. A brief turn, then, to neuroscience findings pertaining to female/male differences—though operative within the culturally prevalent binary—appears useful.

Neuroscience and Gender

It seems that at birth, females demonstrate greater *interhemispheric connectivity* (Baron-Cohen et al. 2005), which suggests that, when compared to men, women's cerebral hemispheres "may communicate with each other to a greater degree" (Friedman and Downey 2008, p. 157). Might this have something to do with the fact that, at one day old, most infant girls prefer a live face while most boys choose a mechanical face? Similarly, might there be different ways of managing relationships such that girl children are better at "empathizing" or striving to identify and respond appropriately to an other's emotional state, while boys are better at relating by assessing the rules governing the interpersonal system or by "systematizing" (Baron-Cohen et al. 2005)?

Of course, by citing data from the realm of neuroscience, I am moving beyond the purely psychoanalytic order—yet I believe such findings are useful in discerning the role that the feminine may play within psychoanalytic space.⁷ It goes without saying that the analyst's gender is significant, and that for the male analyst, the feminine offers particular challenges pertaining to an inclusivity and interiority that can easily be foreclosed from conscious experience. Before returning to what this means for the male analyst in a clinical context, I will briefly consider the idea of *psychic bisexuality* in males.

Psychic Bisexuality and Interiorized Gender in the Male Analyst

There is no way to address the feminine in the male analyst (or in any male) without returning to Freud's sage insights about the human

⁷ Though research is in its early stages, even differences between males' and females' prenatal hormones and gender-based epigenetic responses to pre- and postnatal environments (Cortes et al. 2019), as well as our brains' sexual differentiations, have far-reaching effects on conscious and unconscious experience. These influences impact the experience of gender and sexuality that manifests in sex-linked play styles, toy preferences, fantasy life, and sex drive, as well as sexuality itself (Friedman and Downey 2008; see also Mayer 1991).

psyche's essential "bisexuality," which unfortunately (and unintentionally) conflates sex and gender. Consequently, though space constraints do not permit elaboration here, I believe it may be more accurate to term this as the human mind's *psychic bigenderality* or "bigenderism" (Blechner 2015), which can also be further distinguished from the mind's sexuality that, in extending Freud's polymorphous perversity, might more aptly be called *psychic ambisexuality*. Regardless of how certain any of us might be about being masculine or feminine, let alone about being a man or woman, it is axiomatic for psychoanalysis "that *the unconscious knows better*" (Rose 2016, p. 8, italics added).

While there have been many ways within the binary to explore the gendered facets of mental functioning, I believe that Winnicott offers an especially useful clinical route pertaining to the analyst-patient intersubjective dyad. In particular, Winnicott (1971) extended Freudian thinking on each individual's fundamental *psychic bisexuality* by considering the "unalloyed male and female elements *in the context of object-relating*" (p. 79, italics added). The pure *female element* existing in both males and females to varying degrees establishes the experience of *being*, whereas by contrast, the *male element* presupposes *separateness*. The male element *does*—from which *finding* and *using* consequently arise—while the female element simply *is* and thus becomes the basis for the sense of existing.

When representing the parental role within analytic transferences, the female element is largely operative in the *maternal mode*, while the male element tends to dominate in the *paternal mode*. Once again, it is crucial to recognize, however, that each individual carries a mixture of traits belonging to his or her own sex and to the opposite sex (Freud 1905). Moreover, given inherent psychic bisexuality (or bigenderality), mothers and females carry the paternal, and fathers and males the maternal.

So for the male analyst functioning with access to the feminine, the *maternal mode* of orienting himself toward the patient conveys a "soothing kind ... of ... joining" (McWilliams 1991, p. 525) that entails the function of taking in and holding facets of the *other inside one's self*—an extremely receptive state to unconscious communication that enables the analyst to experience nonverbal forms of communication, as well as unintegrated and disintegrated mental states (Diamond 2017). This inherent analytic disposition, which may be given a gendered

representation as a maternal womb, demands a “readiness to make oneself available to the analysand” (Scarfone 2019, p. 573). Such *feminine receptivity* is characterized by fluidity, space, containment, and being (Fogel 1998); consequently, the analyst listens in order to “hear meaning” (Parsons 2007) as it emerges from the quality of being “passible” to suffering or sensation (Scarfone 2019) as well as primarily open to the state of reverie (Bion 1962).⁸

Such maternal-like receptivity in re-creating a dyadic, more fusional, mother-infant-like alliance can enable the patient to experience unformulated, unintegrated, and even disintegrated dissociative states that allow for *being* and *becoming* (rather than knowledge and insight per se). Within this *maternal order*, the psychic functions of reception, gestation, delivery, and holding, as well as nonverbal forms of communication, are predominant (Bollas 2000).⁹

The Male Analyst’s “Femininity” in the Clinical Context

So what does all this come down to for the male analyst? To be specific in the context of object relating, the *feminine* in the male analyst basically reflects an *embrace* of the patient’s otherness in a wider swath, which goes beyond the ideas of holding and containing, and that stands for the analyst’s recognition and acknowledgment of *the other within the self*. This

⁸ *Reverie* as a more passive and receptive orientation offering the space for something to develop is understood as an expression of the mother’s love (Birksted-Breen 2016; Cegile 2013). In Bion’s (1962, 1970) infant-mother terminology, the mother/therapist metabolizes her infant/patient’s unprocessed beta elements through maternal reverie and alpha functioning, thereby providing the infant/patient with understanding and relief from unbearable anxieties.

⁹ In contrast, the *paternal orientation* tends to be viewed as encompassing the analyst’s assumption of the *third* position that separates and encourages the attitude of *curiosity* about what lies beyond and outside the secure maternal bond; thus, the analyst listens primarily to abstract meaning (Parsons 2007), as well as integrating, representing, and making meaning while tolerating uncertainty. This occurs both through the analyzing function itself and the grace-under-fire, paternal mode of containment that helps the patient increasingly bear anxieties of uncertainty without necessarily attaining relief or understanding (Bion 1962, 1970; Caper 2017). Within this paternal order, the psychic functions of penetration, insemination, guardianship, law-making, and enforcement prevail (Bollas 2000), while boundaries, definitions, differentiation, and doing constitute the main features (Fogel 1998). This more *masculine* modality helps the analyst “dismantle and investigate” (Birksted-Breen 2016, p. 30), as well as withstand the pressure to act.

emerges for the male analyst, then, as the female, the woman, the mother, the girl, and the baby within the analyst’s self as these elements are able to come alive in his work with every patient, male or female. In this respect, the *interiority of the feminine* entails a subversion of the generally accepted gender dichotomy (Quindeau 2013), and the so-called feminine or maternal generative space—the other within the self—is recognized and protected, much as the mother’s body supports and protects the fetus/baby *other inside* her (while, ideally, the once-removed father or surrogate watchfully protects the mother-baby dyad).

Chetrit-Vatine (2014) addresses the so-called feminine, maternal generative, or “matricial space” of *radical passivity* in terms of the analyst’s ethical stance. This analytic position requires not acting when receiving from within one’s own internal body, which invites the patient’s feelings and neediness, which in turn can deluge the analytic space.¹⁰ In short, and thinking within the culturally prevalent binary, the maternal/feminine order in the adult male (or female) makes him (or her) more capable of being receptive as well as invaded, listening in an emotionally cathected way, recognizing alterity both within the self and the other, and consequently both affirming and respecting the other’s limits and strengths. Such “female fecundity” requires that we allow ourselves to be touched, penetrated, seduced, engulfed, deluged, and even taken hostage by the other’s neediness, fragilities, and unrepresented or weakly represented psychic experiences (Balsam 2018).

In attempting to move somewhat outside the binary, this is typically described as *gender fluidity*, *psychic bisexuality* or *bigenderality*, the *gender tertiary* of a more universal fluidity, or even *transgenderality*.¹¹ Arguably,

¹⁰ This is closely related to Gitelson’s (1962) use of René Spitz’s (1956) concept of the *diatrophic function*, wherein the analyst’s healing intention comes alive through an affirmative (albeit regressive) countertransference emerging in the form of erupting instincts to revive and support the patient’s developmental drive.

¹¹ Freud’s (1905, 1925) changing ideas about constitutional psychic bisexuality remain germane, though limited by his view of female sexuality as characterized by lack or defect (developed on a model of male sexuality). Lacan (1966) reframed this “lack” as an inherent dimension of male and female self-representation as gendered—a “constitutive loss. . . .As psychic subjects we will never be whole” (Gulati and Pauley 2019, p. 103). Regardless, *bisexuality* remains an overly saturated, ambiguous term encompassing cross-gender identifications, roles, and object choices, though colloquially it pertains strictly to sexual object choice (Blechner 2015).

within this interior and ambiguously gendered generative space, bisexual, same-sex, and cross-sex representations all find a place—as do varied fantasies, bodily sensations, and modes of achieving pleasure and escaping pain—and all these can border one another “without rejecting the unknown or the other in the sense of a clear dichotomous gender and/or sexual identity” (Quindeau 2013, p. 233).

To the extent this is approximated in the clinical encounter, both time and space are necessary—a “reverberation time ... of digestion and transformation” (Birksted-Breen 2012, p. 833), which Fred Busch (2019) believes goes well beyond reverie and makes interpretation meaningful. Like the mother during pregnancy, and perhaps like any human in relation to the other’s alterity, *the feminine in the male analyst must carry the unformed or weakly represented until it is ready to be birthed or named*. This often entails allowing what is quite uncomfortable or unreachable to continue to exist while waiting until it is sufficiently formed and ready for delivery in an interpretive or reflective intervention. In this respect, the male analyst is called upon to withdraw from his own phallic tendencies to respond (i.e., what is oftentimes colloquially and more pejoratively referred to as “mansplaining”), and instead, to live more easily with his own bigenderality. I hope to illustrate this with a brief clinical vignette.

*A Brief Clinical Illustration*¹²

Seth, a musician in his early twenties, was riddled with somatic concerns, reliance on drugs and alcohol, anxieties pertaining to career, and relational difficulties. Though conveying phallic-like bravado as a rock guitarist, he carried deep shame in being insufficiently “masculine” and in having felt like a “sissy” since early childhood. He was troubled by his relatively small penis size and phobic about urinating in public restrooms.

The only child of divorced parents who had separated when he was four, Seth remained close to his “doting” mother, who in her misandry was highly critical of men, just as his “misogynous” father seemed to be

¹² Other details of this case were discussed elsewhere (Diamond 2004, 2006). Here I will address only selected aspects to help illustrate the significance of the male analyst’s *femininity* in terms of waiting for and recognizing *the other within one’s self*; with this patient, this analytic stance led to an important breakthrough.

toward women. Each parent appeared to jealously claim Seth for him- or herself while contemptuously berating the other parent's gender.

Seth's obsessive intellectualizing was often difficult to bear in our face-to-face, thrice weekly interaction, yet I felt something kept me from drifting too far away from him as I noticed myself experiencing him with affection while holding him in my gaze. Nonetheless, my Oedipal and pre-Oedipal-based interpretations continued to lead us nowhere (though conveying my effort to understand him), and over time, I sought to understand how I was being acted on by my patient. For example, Seth reported a dream well into our second year in which he, as a child, was very jealous of another boy's bow and arrow set. He then found me holding his "tiny penis" and felt surprisingly "comfortable." The Oedipal implications of his manifest dream were apparent in his phallic envy of the other boy's bow and arrow set and, presumably, his envy of mine. In associating to the dream, however, he was greatly surprised to find himself feeling so content in response to my holding his "tiny penis." In the uncomfortable silence after he claimed to have no associations to the dream, I reflected to myself on what his contentment might point to. Did it indicate Seth's longing for his mother to satisfy his pre-Oedipal needs, including to have his maleness embraced? Might it reveal his renunciation of his own phallic-aggressive strivings (by rendering his penis as 'tiny' in order to stave off his dangerous and powerful father/analyst rival)? Or could it relate to his more dyadic paternal needs, his homoerotic, "isogender attachment" (Blos 1985)?

Rather than offering an interpretation that might create a more distancing, intellectualized stance (for both of us), I silently waited and soon fondly recalled my own mother's soothing and playfully bathing me as a small child, washing my tiny penis while telling me a seemingly never-ending story of "little Dickie" who was learning to behave himself as a "good boy." I wondered if this memory might have some bearing on what my interpretations couldn't yet find in Seth, and eventually asked myself whether some part of Seth might have come alive in my bodily based musings. Still, by waiting rather than acting, some sort of *radical passivity* or 'female fecundity' seems to have allowed me to receive what was not yet ready to be put into associative language or representation. Neither of us spoke for ten or so minutes and I somewhat shamefully

wondered if Seth and I were both avoiding analytic work, perhaps from my own more *masculine*, phallic perspective.

However, in reflecting now in terms of psychic bigenderality, perhaps through tolerating both the shame and satisfactions of living with my own bigendered tensions, might it have become more possible for Seth to access what his shame had cordoned off? Nonetheless (and regardless of the actual mechanism), as if from nowhere, something was becoming formed: Seth recalled how “traumatized” he had been when his father first separated from the family, and again later, during puberty, when his father – out of jealousy – stopped paying for his fruitful work with Dr. B, a child psychologist to whom Seth had grown very attached. Seth was relieved and very moved when I subsequently interpreted his wish that I become his “new Dr. B,” who would remain available to recognize what he needed in order to develop. It was becoming more apparent that the dream of my holding his penis—though overdetermined, to be sure—indicated his longing for a stable, primarily preoedipal and dyadic parental, even ambigendered attachment that allowed him to simply *be*. I could then address this directly rather than focusing on the dream’s conflictual, oedipal facets (and thus to take up the penis-holding as a regressive defense).

Seth’s shame around feeling insufficiently masculine quickly became our central focus. He described his forceful *need to hide* what he called his “emotional self” in a “dark cave” lest he experience himself as “weak and feminine,” by using an exaggerated yet aloof “masculine” demeanor to repudiate his emotional self. The “cave” housing his emotions suggested the vagina’s darkness that speaks to both the depth and the terror of his early bodily identification with his mother. However, in addition to the shame-ridden danger of the sensual-erotic contact in his initial feminine/maternal identification, Seth also sought a mother who could affirm his *little-boy maleness* by holding his penis in a sensual, loving manner. And finally, partly signified by my own memory that helped me further access and tolerate any shame associated with the feminine in myself that is also necessary to affirm maleness (represented by a penis of any size), I was beginning to find in Seth something that, because of his struggles within the gender binary, resulted in uncompromising attacks on his emotional, needy, and multigendered self.

Several months later, Seth dreamt that he was playing a piano, only to become overwhelmed by sadness and to cry uncontrollably. Embarrassed, he tried to leave the room without being seen but was able neither to get up nor to stop crying. In associating, Seth remembered how, as a small child, he had loved hearing his mother play the piano. His uncontrollable crying reminded him of being overcome by feelings of loss as he recalled his maternal grandfather's death, his parents' separation, and his mother's subsequent depression. While opening himself to a long-familiar sadness and longing that he had sought to disavow, he realized that this emotional memory attached to his mother remained very much inside him and was connected to an attraction to, and a terror of, "feminine" women, as well as his "repulsion" to touching his mother. I continued to allow for time and space so that what could be found and birthed—that is, *gestated* sufficiently before being named—could come alive.

Toward the end of our work, Seth brought in a series of dreams involving urinals. In one dream, despite feeling uncomfortably exposed, he was using an unusually shaped public urinal, an expression of his long-standing desire to freely urinate in public. At an adjacent urinal, a very masculine man who had been squatting like a woman stood up aggressively and shouted, "I am a man!" Seth then assertively and freely pissed into a urinal that no longer seemed so oddly shaped. His growing comfort with his maleness, including his aggressive and loving feelings, had become clearer to him, and he wondered aloud, "What the hell is so bad about wanting to win a peeing contest, anyway!" Seth was integrating what had been split apart—in other words, the *woman inside* him could begin to coexist alongside the emerging man. Seth was increasingly able to play his mother's 'piano,' to feel his sadness, and still openly display his *piss and vinegar* (i.e., express his manliness and aggression in the world around him).

In short, to appreciate his maleness in its essential emotional and nongendered diversity—that is, his *not being of* the binary—Seth needed my analytic help in establishing an ongoing dialogue between his gendered—or, more accurately, *multigendered*, internal objects. And as I hope to have illustrated, this required my finding a way to access my own feminine or 'matricial' space through a *generative form of waiting* that may have necessitated tolerating my own shame in accessing the space within

– an embodied space that resulted in my accessing memories of being soothingly, playfully, and excitedly bathed by my mother. To be precise, what was called for was my adopting what I think of as a more fluid gender within myself in order to receive Seth's *gendered otherness* within myself in an emotionally alive way that entailed my identifying both with a small child and loving mother. Though the mutative mechanism remains complicated, I believe that the male analyst's ability to find the feminine *other within oneself*, often through countertransference memories or reveries, can help our male patients (as well as female patients, though perhaps by finding the contra gendered other within) to detoxify their own shame and thereby more easily inhabit their bigenderality.

A BRIEF CODA

I will conclude by noting that, although I treated Seth nearly twenty years ago, I had a dream last month when thinking about presenting this case. In the dream, I was scheduled to be videotaped for an interview that surprisingly was to take place in a men's public restroom. I was placed in a chair in front of the urinals. However, I was anxious to be situated at the side of a particular urinal, perhaps to appear and perform at my best. Interestingly, I awoke thinking about how much of my life as a heterosexual man has required great care in revealing—or, perhaps more accurately, in navigating or even disguising—what might *not* be so easily acceptable in the phallogentric, binary world of gendered appearances. Indeed, despite whatever gender fluidity has been attained, perhaps we are all destined to fail in our unique ways in performing gender.

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PARASITIC LANGUAGE

BY DANA AMIR

This paper presents initial thoughts about the phenomenon of parasitic language. This is a language which clings to the other's linguistic patterns and in doing so produces a double manifestation of omnipotence and impotence; a language that forges a linguistic "prosthesis," and while allowing for a false manifestation of language and thinking, constitutes thoughts as foreign objects that are mechanically and artificially "stuck" to the speaking subject. The early roots of this language, as illustrated in a detailed analytical case description, inhere in the infiltration of language by multi-generational traumatic traces. This turns language itself into a scene of simultaneous repetition of the act of salvation and the act of annihilation.

Keywords: Parasitic language, multi-generational trauma, omnipotence, perversion.

Yan, a single man in his late forties, entered analysis about three years ago suffering from a sense of deep despair. Though he is in a senior academic research position, he feels that his name is attached to achievements that

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are not really his. He has falsified and blown up items in his professional CV, he teaches subjects about which, he believes, he has no proper knowledge; he is considered a good teacher because he manages to put up a false show of intelligence and devotion, but he feels he is a complete fake. For instance, he has a number of papers that became extremely popular in his research field but are actually a patchwork of other people's ideas which he camouflaged and appropriated.

Yan is the only son of parents who were both Holocaust survivors. Yan describes his father, a simple worker, as weak and worthless, while his mother, who came from a very privileged family, is described as brilliant, well educated, and aggressive. The mother kept Yan close to her in a perversely intimate manner: on the one hand she shared with him her deepest concerns and distresses; on the other hand, she repeatedly abused him. For instance, she used to stage scenes in which she would put food on the table without providing a plate for Yan. When he would ask for his plate the mother would say: "But you have already eaten. Now it's our turn to eat, not yours. Those who are sitting here have not yet had their meal, but you have." She would leave him in tears and hungry only to give him food hours later. Scenes of this kind happened repeatedly throughout his early childhood. He cannot tell whether his mother saw them as some kind of a game, however cruel and abusive, or was rather acting on a psychotic belief that he really had had his meal, perceiving him as seeking to rob her of her own food.

Throughout his adolescence his mother spent long hours sharing her intellectual interests with him. Together they would listen to lectures, concerts, quizzes. Yan remembers the big discrepancy between these intimate hours—during which he was mainly silent, listening to her talking, putting herself into words—and moments when he actually dared asking something for himself or voicing his own ideas. These expressions evoked various types of contempt and humiliation.

Yan has never had a meaningful relationship with a woman, and he feels that he is unable to create or maintain such a relationship because he has nothing to offer. He frequents sex workers and depends on their services. The kind of sex workers whose services he uses belong to the BDSM¹ scene; they enact dominatrixes with masculine traits who

¹ This includes a variety of erotic practices that all hinge on a controlling element.

humiliate him on account of his small penis. It is only with them that he can have sexual intercourse, and here too, only when he takes a position of absolute physical inferiority and in enactments of scenes in which they forcefully demand his sexuality. These are, obviously, staged scenes in which Yan acts the weak, inferior one who must satisfy the dominatrixes who use him for this purpose. This is an artificial production of the familiar psychic scene of Yan serving the needs of the other. But something else is afoot in these scenes: since these women do these things for a living, they presumably don't have a real desire that Yan can identify and relate to. Nevertheless, he manages—at least, that's what he tells himself—to generate a true interaction: in spite of the mechanical and dissociated character of the act, he eventually attracts the women and makes them desire him. At this point he connects to their desire, as he transforms, albeit momentarily, into their sexual object (while being erased as a sexual subject in his own right).

The great distress that makes him seek psychoanalysis relates to his feeling that he has absolutely no ability to realize his creative potential. While he dreams of creating his own new "theory of the universe," he has been suffering from writer's block for close to twenty years and can only recycle already existing materials (some of them, as said, are not even his). He has a recurrent death wish that he cannot carry out for lack of courage. He spends most of his time lying in bed, asleep, or masturbating; his mind barren and empty.

Yan has a history of about eight psychotherapies, each of which was marked by transgressions of boundaries: one therapist allowed him to spend all hours of the day in the waiting room; another agreed with his request to meet in a café rather than in his office. He remembers how quickly he learned what interested or attracted his various therapists by obsessively studying their body language, facial, and linguistic expressions. He used to mechanically provide those contents, feeling loved for a moment—but then depleted, exploited, and abandoned.

Something similar is happening with his students. He has a great aptitude for pinpointing what it is they need; he satisfies those needs with pretense generosity (thus helping them to generate a successful scientific project or a new research idea), in fact binding them to himself, magically and illusively. Yet in the end he comes to feel they exploited

him. Time and again in such interactions, he is momentarily omnipotent, only to become drained into an experience of total impotence.²

One reason for turning to analysis involved a hope that the analytic setting would help him turn inward and release him, at least to an extent, from his compulsive fixation, as he describes it, on the other's desires. This, however, is exactly why he experiences analysis as a torture. Since he does not see my face, he has difficulty identifying "what I want from him," and therefore cannot figure out the crack through which he can infiltrate me. He knows no other way to be in touch: only by means of the exact identification of and catering for the other's needs. During our meetings as well as between them, he is obsessively preoccupied with me, something which I experience as troubling and persecutory.

In time, I notice syntactic structures in his speech that resemble the way I express myself. This is an elusive, subtle quality: Yan does not crudely "stick" parts of my mode of speaking onto the surface of his. Rather he quietly infiltrates the spaces of my language, adopting with sophistication, and probably unconsciously, metaphors that resonate mine, syntactic structures that are somehow reminiscent. At the beginning this gave me a vague sense of closeness. But as his analysis goes on, this resonance causes a kind of distress, maybe even claustrophobia, as though something in this language-familiarity constrains and suffocates me. There are times in which it even causes me to unconsciously react by producing language that is alien to myself (slang, for instance, or other registers that are "lower" than my usual speech), in order to make a distinction, to differentiate, to create a space in which I can move freely. When Yan senses my withdrawal, he responds with outbursts of hate. This rarely happens in the session itself. But following a session during which he felt I broke the bond of similarity between us, he will usually bring a letter which he reads aloud to me, one in which he mocks and humiliates me, slams things I have said. Such moments tell me

² In a way, when he teaches his students things he himself doesn't know—he actually "implants" — in his unconscious fantasy — false knowledge in them which turns them into frauds like him. His rage, and the sense of exploitation and abandonment that accompany each such scene, are connected with the fact that sometimes his students really do become knowledgeable or creative in spite of the false knowledge he implanted. This leaves him depleted both of true knowledge and of the ability to implant false knowledge in others and spoil them in that way.

something about the function of these parasitical zones, which prevent contact with zones marked by hatred and envy. As long as we share the same language, he feels my thoughts are also his, that we share, over and beyond a language, a common “mind” which we both sustain. As soon as I put out my separateness—and in a sense demand ownership of my language and my thoughts—I expose his dependency on me and arouse his hatred. This obviously resembles the scenes he described between him and his mother, scenes in which he finds himself humiliated and scorned each time he has the temerity to claim his separateness.

In one of the sessions, he confesses that he repeatedly listens to my lectures on the Web to “fill the void.” At the following session the following exchange takes place between us:

P: You know, on the way home I suddenly remembered these regular lunches with my mother. She would be telling me about her university studies. We’d be talking only about her, always about her, never about me. It would take hours, with her endlessly lecturing me on all sorts of things. Another boy would have escaped right from the start. Or else he would just have stopped listening to her. But to me it was interesting. On the other hand, she really couldn’t care less whether I was interested or not. She just used me as the passive audience of her never-ending performance.

A: It suddenly strikes me that when you listen again and again to my lectures on the Web, something about that takes you back to those lunch times with your mother, in the sense that they trigger a certain curiosity in you, on the one hand, but on the other, they also erase you, kind of “talking over your head,” not quite at you, about my worlds, and not yours. When you listen to them over and over again you seem to be filling up a void – but in a way what happens is that you make this void larger.

This is the double-edged sword of parasitical language: On the one hand it fills the void of the missing self with the overarching presence of the other. On the other hand it prevents, in this way, any possibility for the self to emerge.

In another session he tells me:

P: After our last meeting I went on to meet a student of mine. And sure enough, I found myself in no time exploiting your insights as a powerful tool to penetrate her. The intensity was astonishing. Like I never even processed it at all, or internalized it, as if I never even understood that what you said was meant for me. I just used it like some means of survival, in order to get through to her.

A: So you used my words to get to another woman, in fact, used my words as a kind of artificial penis in order to penetrate another woman.

P: Well, that's what I have been doing all my life, using all kinds of prosthetic organs in order to get women who wouldn't look my way otherwise. Exactly like I use other people's ideas to present myself as a promising researcher. I find a crack in the woman who's facing me and I make my way in through it, only by stolen means. That's how it always was in my therapies, too. I was not at all busy with myself or with my therapy. Instead I was into the attempt to break the therapist's code, to get into her. You know what's my biggest problem with you? I can't figure out what you need from me. I mean, I assume you need something from me, or else you wouldn't let me be here, but I don't get what it is. That's why I do creepy check-ups on you and watch you on the sly. You remember that I threatened, early on, that I could come here in the middle of the night and just sit down at the door? I didn't do it, and I don't suppose I will, but do you know what? I regret it. I would like to be the one who imposes himself on you.

A: You don't feel you can really be invited into my inner space. The only way you can is either by sneaking in stealthily, or by imposing yourself on me violently. But even when that works, it feels like a failure because in your experience it's always infiltration, not a door that has been really opened for you.

[Silence]

P: I don't really snoop on you, like sneak peek into your house, you know, but I do watch you. I go to events I know you attend, without you knowing I'm there, I read every entry on you on the internet, there's this alert that comes up each time you're mentioned. I know about your family, or at least, I think I know, I check the dedications in your books against real persons – I investigate.

[Silence]

A: You're trying to find the crack through which you can penetrate. Maybe because you don't feel entitled to be curious about me in a healthy way, curious like a child who wants to get to know the inner life of his mother, to get to know who she is, and in that way also to be allowed to know himself.

P: I never ever was that child. I was never "allowed" in. My mother either threw me out or forced her inner space on me. And I was never allowed to know anything else but her. Certainly not myself.

This is a good illustration of how Yan uses my language, sometimes like a band-aid to patch up the torn parts of his language (and his experience as a speaker), sometimes like a prosthetic body part by means of which he contrives a false sense of potency. Both his wish to penetrate the student and his wish to invade me are related to the fact that the only way of being is through an other whose desire Yan can colonize or occupy. The question that guides him is not "Who is he" (Yan himself) and not even "Who am I" (his analyst) but rather: "What do I want from him"? If only he knew what I desired from him, he could calibrate himself accordingly and exist (but also be erased) by means of this calibration. In this mechanism, I don't serve as an object Yan can use in order to know himself. On the contrary, I function as an object that presents itself as the one and only subject of all knowledge, one that prevents any other object from being knowable.

In Bion's (1959, 1962a, 1962b, 1970) terms, in a functional course of development the maternal object enables the infantile subject to know her and, by means of this knowledge, confirms the child's freedom

to be curious about himself and the world. But in the case of Yan's parasitic language, the primary object presents herself as the exclusive object of knowledge: it is only this object, and this only object, that he is allowed to know. Any other knowledge is forbidden and blocked. In such conditions, the only language that has a chance to develop is one that imitates the object's language and annihilates any kind of difference or separation. While the mother conducts herself as a parasite within the child's language, this parasitic relationship, in a circular manner, also turns the child's language into a parasitic language which only exists by colonizing the mother's language spaces. In this malignant scenario thinking transforms into a "space-occupying lesion"—rather than a vital process. In this space-occupying process a central object of thinking (the mother) develops metastases, thus creating secondary objects in her own image, imitating the natural development of language and thinking while actually blocking them.

Yan's adult relations are an agonizing repetition of this internal scene. For instance, he uses to contact well known researchers in his field, putting himself in the role of their ghost writer, bringing to bear his impressive intellect in order to help them realize their own projects without getting any credit himself. One can of course equally think of Yan himself as a kind of parasite who uses other people's ideas in order to present to the world – if not to himself – a false manifestation of thinking and language. The trait of parasitism, as said, is spiral: it produces relations in which one person entertains parasitic relations with the other, who has parasitic relations with the former in much the same way.

Piera Aulagnier (2001) wrote at length about what she called "the Psychotic Potentiality." Here the infant's primary environment of mother-infant relations produces an ambiguity in which the infant cannot know what he or she experiences. The mother's unconscious wish, in the case of psychotic potentiality, is not to give birth to a baby who is a subject in his own right, but rather to give birth to herself by means of this baby. In other words, the mother unconsciously wishes to offer her baby to her mother and thus recover the pleasure of her own birth. This wish is none other than a death wish aimed at the infant: the mother's imaginary horizon for this baby is not his future, but her own past, to which she is trying to return. Thus, the baby is born to give the mother

her childhood, not to enjoy a childhood of his own. Though this wish is occasionally conscious, it usually appears in camouflage, its concrete expressions taking the form of aggression towards the child (the dinner scene can be considered as this type of camouflaged death wish of the mother in relation to Yan).

Aulagnier puts a lot of weight on the mother's role as the "word-bearer" who gives the infant the tools for thinking and language. The mother owns words and thoughts, and since the infant's undeveloped mind is in intensive contact with hers, it becomes saturated with them. Aulagnier sees the mother's influence on the infant's psyche as "primary violence." Any interpretation of the infant's feelings exerts certain violence as it imposes the mother's power of thinking and speaking on the infants' helpless psyche. Some primary violence is normal and even necessary for building that part of the ego which constitutes meaning. But the imposition of the mother's mind on the immature mind of the "future psychotic" is exaggerated. It demands that reality will appear and be perceived strictly as she describes and perceives it. This persistent demand eventually blocks the infant's ability to give meaning of its own to any feeling or experience. Aulagnier argues that this total control the mother exercises over the child's thoughts involves a denial (initially hers, but it becomes the child's as well) of her death wish in relation to him. If he doesn't think what she forbids him to think, he will not know whatever she forbids him to know. In order to avoid the danger involved in any exposure of the unconscious desire for the death (or un-birth) of her child, the mother forbids it any contact with whatever may be associated with that desire.

Thus, the child's internal representation of the mother is one of an object who seeks to be born through him rather than to give birth to him. In Aulagnier's terms, one can think of Yan as struggling with a devouring internalized maternal object who seeks to appropriate his vital and creative powers. Rather than being a nurturing maternal object, it looks for sustenance through and at the expense of the child. Yan's later adult relations are cast in the same paradoxical mould, where his way of attaching himself to the other serves simultaneously as the one possible way of being—and as the manner in which his existence is constantly erased.

In this context, Laplanche's ideas tie in with Aulagnier's. According to Laplanche, a "fundamental anthropological situation" characterizes

the human infant who comes into the world in a state of helplessness, a state which, under normal circumstances, is adequately made up for by the mother or her equivalent. Unless the situation is catastrophic, parental “messages” relating to basic needs are easily understood and integrated by the infant. However, there is always a surplus, an excess, a “noise” in the communication stemming from the fundamental asymmetry between the two partners, which fails to be understood and integrated harmoniously. This communicational “noise” is the mystifying presence of the adult’s sexuality. This repressed sexuality is bound to contaminate the channels of communication, conveying a meaning that is enigmatic for the child as well as for the adult. This is an inevitable failure of translation which denotes a process of repression. The unconscious is made up of those inassimilable remnants, the residues of the failed translations of the other’s messages. Laplanche refers to such a process, which he calls *implantation*, as the “general seduction,” the inevitable result of the adult-infant interaction, considering the asymmetry between their respective psychic structures (Laplanche 1989; Scarfone 2013). When it comes to the pathogenic aspects of seduction, Laplanche refers to *intromission* as opposed to *implantation*: implantation is a neurotic process which allows the individual to take things up actively, at once translating and repressing. Intromission, on the other hand, is its violent variant which puts an element resistant to all metabolization into the subject’s interior (1998, p. 136). By depositing elements that are resistant to metabolization and thus fundamentally resistant to translation, intromission performs a kind of hijack, crippling the apparatus of translation itself, and generating enclaves which strain the subject’s psychic development (Scarfone 2013).

Thinking about parasitic language in Laplanche’s terms, the parasitic primary scene can be reframed as one of “intromission” (1998, p. 136), in which elements that are resistant to metabolization and thus fundamentally resistant to translation are deposited in the child’s psyche. But in Yan’s case, unlike Laplanche’s claim, the elements that are resistant to metabolization do not bear on the mother’s sexuality but relate, rather, to her death wish regarding her child, a wish Yan can neither know nor repress. These elements negate the process of translation which Laplanche considers developmentally crucial. They obstruct, in other words, Yan’s entire process of thinking and creativity as well as his

sense of selfhood. Therefore, on the one hand he becomes an excellent translator of the mother—in fact it is only her that he is allowed to translate—yet on the other hand the mother is exactly the one object he is absolutely forbidden to translate (since to fully translate her means to get access to her denied death wish toward him, a death wish that he is forbidden to know). As a result, these death messages that escape the process of translation continue to operate on Yan from within.

Yan's case involves another critical dimension when it comes to his internal representation of the mother's non-desire or death wish toward him. Since the mother—a Holocaust survivor who spent the entire war in flight from one hiding place to another, shifting from one type of camouflage to another—was a child who never had a chance to be a child, it seems that her unconscious desire was to regain her childhood through her own son: to be reborn, via Yan, as the child she herself was never allowed to be. In order to reclaim her lost childhood she, in a way, appropriated his. And so, the internalized primary scene is one in which the internalized maternal object casts terror on Yan's language and thinking, appropriating Yan's life and creative powers for her own sake.

The scene around the dinner table is a shocking example of the way Yan was forbidden to understand (in Aulagnier's terms) or to translate (in Laplanche's terms) what he experienced. On the one hand, the scene is ostensibly ruled by *deceit*, with the mother forcing a distortion of the child's reality check (arguing he has already eaten when he is actually starved). On the other hand, the scene exactly reveals the untranslatable *truth* of his mother's death wish towards him. This compound attack is an assault both on his ability to tell the difference between internal and external reality, as well as on his capacity to differentiate truth from falsehood (as the external falsehood actually sustains the inner truth: the mother's false statement that the child does not deserve a meal in fact reflects her death wish for him). In the present, this confusion between inside and outside, between truth and falsehood, is manifest in Yan's attitude towards himself: his constant sense of deceiving his students when teaching them something he doesn't know, on the one hand assigns "truthfulness" to the false knowledge he holds, while on the other hand assigns "falsehood" to the true knowledge he does own.

A CHILD BEING KILLED

Serge Leclair, in *A Child Being Killed* (1998), argues that in order to become a subject or to develop into a self, the child has to kill its parents' image of itself—the one they've had prior to its birth. In order to attain independence, one must, again and again, kill the fantasmatic image of oneself as one's parents implanted it:

Psychoanalytic practice is based upon bringing to the fore the constant work of a power of death – the death of the wonderful (or terrifying) child who, from generation to generation, bears witness to parents' dreams and desires. There can be no life without killing that strange, original image in which everyone's birth is inscribed. It is an impossible but necessary murder, for there can be no life, no life of desire and creation, if we ever stop killing off the always returning "wonderful child". [...] To give it up is to die, to no longer have a reason for living. But to pretend that we can hold on to it is to condemn ourselves not to live. There is for everyone, always, a child to kill. The loss of a representation of fullness, of motionless *jouissance* must be incessantly mourned and mourned. [1998, pp. 2-3, italics in original]

Those who don't mourn the child might remain stuck in a limbo of hopeless waiting to become that child. Yet those who convince themselves that they have "vanquished the dictator," once and for all, remove themselves from their sources of creativity. In other words, desire and creativity depend on this endless mourning for the child we might have been—the image of the child which we have to kill over and over again in order to deliver ourselves from it. Where this child dies, there the self comes into existence.

In order to create our selfhood, we must untether it from the terror of expectation exercised by those who came before us. While our parents' phantasmatic image of us is inevitable – no child comes into the world without such an anticipatory image – it equally constitutes the wall between us and ourselves, the wall we must smash in order to be ourselves.

One could say that Yan's parasitic language failed exactly at the job of killing his mother's phantasmatic image of him: the mother imagined

that Yan was herself, or the girl she should have been, and Yan, rather than killing that image in order to be born as himself—obeyed the rules this image imposed on him and went on maintaining it. Later this attitude of his to that image became generalized, and thus reflected in all his adult object relations. Therefore he transforms with utmost ease into the phantasmatic image belonging to any other with whom he comes into contact. This is his way of relating: he spots the other's image in order to become that image. In Leclaire's terms, this is a malignant, pathological mechanism of negation of subjectivity.

PERVERSE VERSUS PARASITIC LANGUAGE

I have previously proposed to refer to the language of perversion as "chameleon language" (Amir 2013), by means of which the perverse subject seeks to settle inside the other's spaces, or to appropriate the other in order to live on his or her account. The perverse subject's identification of the other's needs is not a true recognition of the other's internality. It is, rather, a pseudo-identification grounded in the perverse subject's ability to adopt the language traits of the other in such a way that the other cannot identify him or her as a stranger or feel invaded by them. The perverse subject's power inheres in his deceptively flexible use of language. Adopting the other's syntax, the perverse subject uses it to entrap that other and control his or her actions. The "infiltration" of the other in this case is accompanied by an unconscious or partly conscious intention to neutralize their defenses. The perverse subject is a child who survived thanks to his or her ability to decipher the other's mental map and to develop extremely subtle mechanisms of identification. This is a child who evolved pseudo-object relations with a blocked, inaccessible object by means of the child's ability to take on roles and change them according to what they identify as the other's need, and by means of their special gift to fill the other's inner spaces as if they were air. Perverse syntax identifies and appropriates the mental fingerprint of the favored object and thus gets a hold on his or her mind (Amir 2013).

Unlike the perverse person's chameleon language, Yan's parasitic language is not based on the perverse desire to conquer the other. While perverse language is driven by the desire to dominate the chosen other and make him or her dependent, needy, emotionally tied to the

perverse subject–parasitic language infiltrates the other’s language as a mechanical form of survival shorn of pleasure. Yan is unable to produce any desire of his own, and the only way he can experience desire is by attaching himself to the desire of the other. But in the parasitic scene this desire itself loses any instinctual quality and turns mechanical, lacking vitality and life. While in the case of perverse chameleon language the compulsive repetition is of the *scene of conquest*, in the case of parasitic language the compulsive repetition is of the *erasure of self*. Here the repetition compulsion is related to the subject’s defeat in the face of the other’s power and desire, rather than to the urge to dominate that other (as in the perverse scene).

Apropos of the subtle differences between perverse and parasitic language, the above vignette, describing how Yan uses my words in order to get through to his student, is one in which both perverse and parasitic languages come together. While starting out as a perverse conquest scene in which Yan pinpoints the student’s need, leveraging it in order to penetrate her, this ends as a parasitic scene of erasure. Since he uses the prosthetic organ of my language rather than his own natural language in order to achieve this penetration, he himself is erased as a speaking subject. This turns the apparent scene of conquest into a scene of erasure.

Another difference between parasitic and perverse language is that unlike perverse language, which pinpoints the other’s profound wishes and attaches itself to them, parasitic language nestles itself in the other’s abstract structures, adhering to the intellect, to the external surfaces of language while staying disconnected from the deep core of the other as well as that of the subject him or herself. Thus, a kind of “third floor” of abstract thinking emerges, lacking any “first floor” that allows for a living contact with domains of drive and fantasy. When the primary discourse is so entirely aimed to put a wedge between experience and thought—as Aulagnier has put it—this directs the infantile subject away from any contact with the instinctual and phantasmatic domains, both in the object and in the self.

And so, Yan’s highly evolved lofty words and abstract thinking are experienced as foreign adhesions. The core from which thought emanates and to which it returns is missing. This is a two-dimensional structure (Meltzer 1975) that borrows its three-dimensionality from the

other, by using him or her parasitically as constituting this missing dimension. This can be observed in the following vignette:

P: This week I had to attend some review meetings about scientific projects that my colleagues have submitted. Can you imagine? Me! I am the review committee?! I, who don't manage to get any kind of project off the ground, I who am a total dud compared to them. So they sent me these projects and I had to write a review, and then to meet those candidates face to face. And then this person who heads the committee says that the reports I wrote were the most brilliant, profound, sharp. What he doesn't know is that I was using somebody else's templates. There's this researcher that I admire, and I simply take a ride on what she writes. It's got nothing to do with the subject matter, there's no connection between the kind of things she writes and what I wrote in those reviews. All I did was taking the mold of her writing, using her actual sentences and inserting the stuff I wanted to say into their syntactic structures. That's the only way I could write or say anything. Now you know what a wretch I am.

A: You need the pattern of someone else's language because you don't have a language of your own, one in which you can speak.

P: That's what's so strange. It's like I have opinions of some sort, but I lack any ability to formulate them. The only way is to use her language. Only when I use her language I can think, and then put thoughts into words.

TRAUMATIC TRACES IN LANGUAGE

In relation to Holocaust survivors specifically, and survivors of collective trauma in general, Yolanda Gampel (1996, 2000) formulated the notion of radioactive identification and transference. The term describes how violent elements from external reality penetrate the psychic mechanism, while the individual is totally unable to defend him or herself against their influence. This radioactive identification involves unrepresentable

traces which make their way into the individual. As in the case of exposure to actual radioactive radiation, here, too, traces may only erupt years after the event, in victims as well as in their offspring. Gampel suggests that one manifestation of this phenomenon is the sudden appearance of cruelty, characterized by signs of dehumanization, a cruelty untypical of the subject's usual behaviors and attitudes (2000, p. 64). Since radioactive identifications emerge from the unconscious, they are not subject to recollection, but can only act and be enacted.

Radioactive identifications mean that the malignant materials operate ego syntonically rather than ego dystonically. They don't trigger a sense of inner conflict or contradiction with declared human values. They gain their destructive power from the fact that in spite of their factual recollection, whole parts of the traumatic past are either not represented, or else represented in a "blank" mechanical mode, as merely archival entries (Agamben 2002), lacking any emotional connection. In the primary scene of Yan and his mother, Yan seems to have become the recycling zone of his mother's radioactive identifications. The mother, who inflicts terror on the child's thinking – repeats in that way both the narrative of her own rescue (she survived by erasing or camouflaging her identity) and the narrative of her annihilation. This complicated quality turns this mechanism of negation into a malignant tool that acts both to execute (erasing the child as an autonomous subject) and to rescue (both the mother, who in this way regains her own childhood, and Yan himself – who in his mother's psychotic inner scene features like a fugitive whose one chance of being saved is by making himself disappear).

What we encounter here is the compulsive operation of the mother's killing-and-saving mechanism on her child's psyche who becomes both the one who is erased in order to be saved; the one whose erasure serves as a repetition of his mother's erasure; and the one whose erasure serves to restore the mother's lost childhood.

After about three years of analysis, with this direction of interpretation, Yan brings a first dream (he never remembers his dreams, and most of the time he does not dream at all). In the dream, actually a nightmare, Yan gets himself locked into a freezer and cannot get out. He feels how his words congeal on his lips, and he stops being able to articulate vowels but only consonants (in Hebrew, the word for vowel is

tnua, which also means *movement*; the word for consonant is *itsur*, literally: a *stop*). He tries to figure out a way of talking that doesn't need vowels, only to discover it's impossible. Then he wakes up.

This nightmare gets to the heart of the phenomenon of parasitic language. It is a language that does not enable psychic movement: one in which the thinking apparatus becomes a kind of freezer (which preserves the other's desire as the only object and prevents any transformation in relation to it) instead of a vital space.

In yet another nightmare Yan is trying to break through a wall, only to discover that he himself is part of that wall and thus might be destroyed with it. Over and beyond the specific contents of these emerging dreams, Yan feels he is beginning to live a psychic life for the first time. In the course of one of our meetings he says: "When I dream, there are two things: I know I'm alive, and I know I'm telling the truth."

In his paper "On Not Being Able to Dream" (Ogden 2003) Ogden quotes Bion (1962a) who claimed that the opposite of a bad dream (a nightmare) is not a good dream but an undreamable dream, a dream that cannot be digested, remembered, or forgotten, kept secret or communicated, but can only be evacuated through psychotic fragmentation or suicide. In a different but complementary context, James Grotstein (2000) divides the function of dreaming into two basic functions: "The dreamer who dreams the dream," and "the dreamer who understands the dream." Both the dreamer who dreams the dream and the dreamer who understands the dream take part in the sense of I-ness. When these two are internalized, a function develops that corresponds to the intrinsic analyst within us all. This is "the dreamer who makes the dream understandable," Joseph the dreamer, Joseph who offers necessary perspectives of truth (2001, p. 31).

The terror inflicted on Yan throughout his childhood attacked, in Grotstein's terms, not only the possibility of being "the dreamer who dreams the dream" (since Yan was only allowed to dream his mother's dreams, not his own), but also the capacity to be "the dreamer who understands the dream" (since he was prevented from a full understanding even of his mother's "dream," the one dream he was allowed to dream). As a result, no perspective of truth was available to him.

Both object relations and analytic relationship were destructively staged by Yan according to the same compulsive rules where the other's

dream turns into the sole object. The great danger, thus, was that analysis would transform into another parasitic cycle in which my analytic dream would become another terrorizing object. In order to prevent this, an analytic “antibody” had to be created that would operate against the parasitic compulsive recycling. The only way to create such an antibody was by means of interpreting the parasitic mechanism itself: Illuminating, each time from a different angle and in a different manner, Yan’s calibrating himself to my needs (or what he perceived as such) rather than to his, adopting my language structures instead of constituting his own.

This is illustrated, for example, in the following continuation of the previous vignette:

A: It’s as if there’s a kind of mother tongue missing.

P: It’s like what you described as the “function of the inner witness” in your book. That’s what I lack. I have no witnessing function. You see, I came to you because I read your chapter on the chameleon language, but it turns out that I am here because of your chapter on the inner witness.

A: Now you’re doing the same thing with my language as what you’ve been doing with the language of that researcher. You make your way into my linguistic patterns (chameleon language, inner witness) in order to be able to say something about yourself. But what happens is exactly what happened with her: the moment you adopt those linguistic structures, you as a thinker, you as a speaking subject, are lost. No matter how intensively I search for you – all I find is myself.

DISCUSSION

The real danger in the analytic work with Yan lies in the illusion that accompanies any development or vitality: given the fact that every therapist’s—and certainly every psychoanalyst’s—big dream is a dreaming patient, the emergence of Yan-the-dreamer poses the inevitable question whether this is a case of natural dreaming, or rather one in which he illusively dreams my dreams. In contrast with the

approach whereby the dream is “truth telling,” the spontaneous creation of the unconscious, in Yan’s case we must also face the possibility that his dreaming may be part of his effort to leech onto my desire and thereby to repeat the scene of the erasure of his subjectivity. This might issue into a tragic paradox in which signs of life and signs of death may be truly identical, and thus phenomena like dreaming, creative thinking and desire may simultaneously suggest the presence of opposite forces.

How do we work analytically in an environment whose most prominent feature is its illusory nature? When Yan says: “When I dream, I tell the truth” – does he? Does he actually dream? The one way we can work with and against this illusion is by interpreting it again and again. Thus, whenever Yan brings a dream, our work should not be limited to the dream content as such, and not even to Yan’s ability to dream as such, but to address the fact that the very dream may be designed as a gift to me, one by means of which he is simultaneously born and aborted. Relating to Yan’s dreaming as merely a sign of life would be like an enactment, in the analysis, of the dinner scene in which I would be starving him while telling him that he’s eating; make him believe that he’s being treated while letting him fall through the analytic cracks. On the other hand, restricting myself to seeing his dreaming only as signaling death would make a no less tragic omission by disregarding the budding dreamer who is truly making his way out through the debris.

Yan represents an extreme case of parasitic language. But this extreme case allows us to consider zones of parasitic language also within regular language, where language colonizes spaces of the other’s language and performs a kind of double act of resuscitation and annihilation. Being sensitive to these zones and the way in which they play themselves out in the analytic duet is so important exactly because of their typical deceptiveness, which almost inextricably ties together signs of life and signs of death. This entanglement can be faced only by the disentangling power of the sound box of counter-transference. I realized, for instance, that I react differently, often in clashing ways, to materials which mobilize annihilation qualities versus materials which mobilize living and life-bearing qualities. For instance, I reacted very differently to dreams I experienced as a way of clinging to what Yan

perceived as my need, then to those I felt he brought in spontaneously. This distinction cannot always be made unambiguously, but raising the question as such is critically important.

The psychoanalytic work must do the impossible here: to balance between the poles of vitality and stasis; to hold simultaneously the danger of the death trap and the recognition that someone who has died so many times and yet comes back to claim his soul must be telling something real about the unsubdued force of life he is carrying.

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Successful Treatment of Psychosis by Means of Supervised Analysis

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SUCCESSFUL TREATMENT OF PSYCHOSIS BY MEANS OF SUPERVISED ANALYSIS¹

BY RICCARDO LOMBARDI, BENEDETTO GENOVESI, AND SANDRA ISGRÒ

The authors present some aspects of their experiences in the treatment of two psychotic patients. The first case suffered from hallucinatory mystical delusions and the second from delusional hypochondria and erythrophobia. Since these cases were followed through regular supervision during their novice analysts' psychoanalytic training, the usefulness of this kind of treatment for the development of current psychoanalytic practice is emphasized.

Keywords: Body-Mind Dissociation, psychosis, psychoanalytic training, infinite feelings, holding environment.

INTRODUCTION²

In recent decades, Leo Stone's (1954) "widening scope of analytic practice" has continued its progressive extension, to the point where the province of psychoanalysis is now widely recognized as including the treatment of so-called difficult patients, even those who present a patently psychotic syndrome. In this article, the contributing authors

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¹ Translated by Karen Christenfeld.

² Riccardo Lombardi is the author of this section.

have described certain aspects of their own experience as it relates to the utility of analyzing psychotic patients at the outset of one's psychoanalytic practice. Treating these difficult cases can be a real challenge to the psychic survival of the analyst. It elicits such powerful feelings as hate, confusion, and disorientation, and often provokes discouragement and despair of a positive outcome, leading to an assortment of countertransferential situations that are quite difficult to manage. An analyst in a similar plight can find great benefit from regular contact with a more experienced consultant. The aim of this study is to describe, within the limits of a journal article, two examples of psychoanalysis of psychosis that had such supervision.

It's not unusual, even quite early in their careers, for young analysts to be faced with very difficult cases. Paradoxically, this can happen more frequently to them than to older analysts with an established network of patients, and who regularly receive cases that can be appropriately treated by classic psychoanalysis. Young analysts find themselves dealing instead with extreme cases, that can seem to be very little or not at all in keeping with the official criteria of analyzability (Limentani 1972). The field of psychosis is vast, and consequently, in addition to seriously deteriorated and untreatable cases, there are less impossible ones: young patients especially, whose first psychotic experience took place in adolescence and who are in danger of an inevitable decline towards a chronic condition if they do not receive early psychoanalytic treatment. The indiscriminate demonization of psychosis as a condition to be avoided in a psychoanalytic setting may be counterproductive, both because some such cases can respond positively to a psychoanalytic approach, and because this historic moment is characterized by a decline in requests by most traditional psychoanalytic patients who are more in touch with reality, while serious cases willing to undergo a treatment involving frequent sessions are more numerous than before.

The idea that treating psychotic patients at the beginning of one's career can be beneficial to both the patient and the analyst runs counter to the conventional wisdom that training should begin with "easier" cases, perhaps screened by senior analysts to rule out those with severe psychopathology. While this may seem in part a reasonable choice, it should be remembered that what are now considered "easier cases" often present significant amounts of lies (Bion 1970), a false Self

(Winnicott 1960), and body-mind dissociations (Lombardi 2017; Winnicott 1949a), so that their simplicity can turn out to be deceptive and, in their greater complexity, harder to analyze than more serious cases (cf. Lombardi 2019; Zerbe 2019).

The difficulty is present from the start in psychotic patients, but so is the advantage of the patient's clearly revealed profound mental disorders to be confronted. Meanwhile, the experience of working with them can also foster in young analysts a greater familiarity with the psychotic levels of their own personalities (Bion 1957), and these levels are necessary also in less serious cases, if one is to set up a truly transformative therapeutic process.

Psychotic patients are treated with medications as well, not least because it would now be illegal to make no use of such drugs with this kind of patient. The closing of Chestnut Lodge as the result of a legal battle based on the failure to prescribe psychotropic drugs for psychosis was the most dramatic evidence to this effect. Experience shows that a positive analytic development can lead to a reduction or even a total suspension of such drugs in certain cases, but it should be remembered that there are constitutional factors that can condition the need for continued use of these medicines, without its implying that this evinces resistance to or a failure of the psychoanalytic therapy. All in all, the combined use of psychoanalysis and pharmacology does not weaken the centrality of the dynamic contribution to the resolution of symptoms, the development of the personality and the integration of these patients into the context of a fairly normal life – and certainly does not diminish the specific appropriateness of psychoanalytic treatment in these cases.

In organizational terms, we conceive the psychoanalytic treatment of psychotic patients as a team effort involving at least three professional participants: the analyst, the pharmacological psychiatrist, and a consultant for the family. Although we are well aware that some highly regarded analysts have written that they prefer to have the same person in charge of analytic aspects and medication (Garfield and Steinman 2015; Robbins 1993; Steinman 2009), our own experience leads us to favor three separate professionals working together, each on his/her own specialty. This co-ordinated three-person group allows the analyst to concentrate on the actual analytic aspects of the psychoanalytic treatment (Lombardi 2003a). In the cases described here, a fourth participant—

the analyst's supervisor—has been added to the team. Anyone who has had experience with the complexity of treating such cases will not consider a four-person working group excessive, given that it functions as an actual safety net which can contain the acting out, uncontrolled explosions, and possible need for short-term hospitalization that can occur during the analysis of these patients.

In the clinical setting with serious patients, the psychoanalyst must practice a negative capability and the avoidance of memory and desire (Bion 1970), together with a flexibility to adapt him or herself to the specific communications of the analysand, so as to foster as much as possible the continuity of a verbal interchange. Only active dialogue makes it possible to overcome the moments of stasis and paralysis while promoting the analysand's mental functioning and discrimination, even in its most elementary aspects, such as perceptive activity, so as to offer opposition to the confusional pressure towards indifferentiation to be found in these analysands (Arieti 1974, Matte Blanco 1975). Taken as a whole, the analytic approach to psychosis involves substantial differences from the treatment of neurosis, a question that, for reasons of space, we can't go into here in all of its complexity, but which we can sum up by evoking Paul Federn (1952) and Frieda Fromm-Reichmann's (1960) observation that explanatory interpretations, including transference ones, increase the confusion of an ego which is already fragmented. In most cases, after the working through of the emotional and cognitive problems most particularly connected to primitive mental functioning, and characterized by "primordial consciousness" (Robbins 2011), it becomes possible to deal with the more symbolic levels, which are regarded as more classically psychoanalytic.

Since we know that the psychotic area (Bion 1957) characterizes to some extent the deep functioning of all patients, even neurotics, the acquisition of competence in the psychoanalysis of psychosis can play an important formative role in the context of the profound levels that can be found in all analysands. We will not be considering general theoretical questions here, both for reasons of lack of space and because we are convinced of the usefulness in this field of giving more attention to actual clinical experience, whatever its limitations, than to hidebound rules. So we shall now proceed to examine some aspects of two clinical cases, allowing the analyst to speak for him/herself, in order then to

comment on some particularly significant moments of the analytic process. The conditions of the setting of these treatments were in keeping with psychoanalytic practice generally, and involved three and four sessions a week respectively in the first and second cases; the use of the couch was in the nature of a suggestion, which left the patient free to work for considerable periods face to face with the analyst, in keeping with the changing needs of his/her clinical condition. In order to reduce the field of our presentation we are limiting ourselves to the first two years of high-frequency treatment, although the two patients continued their treatments for a total of four and seven years respectively. We shall be focusing on some aspects that give an idea of the modes and forms of mental functioning (Bion 1962b) and of the evolution of the analytic process, forgoing any notion of presenting a general picture of the progress of the case as a whole, especially as regards its historical and reconstructive implications. We base our comments on the notes the analyst wrote immediately after the session, so as not to interfere with the spontaneity of the analytic interaction.

ADA³

Ada is an attractive thirty-year-old woman—living with her separated mother—who was sent to an analyst by the psychiatrist who was overseeing her pharmacological treatment. A year earlier, she was involuntarily hospitalized and pharmacologically treated with massive doses of anti-psychotic medication for acute psychosis with visual and aural hallucinations of a mystical nature and a catastrophic state of paralysis: at that time she would see God and the Madonna and would speak to them, and she would hear St. Francis's voice suggesting how she should behave. One year after her hallucinatory breakdown, Ada showed more thinking capabilities and was able to connect her first experience of psychosis to a disappointment in love involving a drug addict. She fell in love with him when he clasped her hand, but then the relationship caused her dejection and despair. She was inspired to undertake analysis because of great persistent unhappiness despite her pharmacological therapy, and because she wanted to understand what had happened to

³ Benedetto Genovesi is the author of this section.

her. Despite her earlier psychotic episode, she seemed to me to be able to recognize her psychological pain and to work through it, as well as to want to be helped, so that it appeared that she could benefit from analysis. During the same initial period her mother also began psychotherapy.

Even in her first sessions, she touched on the theme that had characterized her mystic delusion with aural hallucinations in the acute phase of her psychosis:

P: "I believe that I'm specially favored by St. Francis: he knows how much I've suffered and he protects me. It's a comfort to me when I lie down in bed in my room and I can talk with him."

A: "You feel the need to talk with someone and to be protected."

P: "Yes, but I don't trust people."

A: "Could we talk about this mistrust of yours?"

P: "Oh yes, in fact it's just what I need. It's hard for me to trust anyone. But this is a welcoming place. I'm noticing right now that this room is very welcoming; the pictures and the plants are so lovely too."

Her delusional condition seemed to have regressed to its rigid religious form: the exaggerated sense of certainty conveyed by her statements seems connected to failing to work through her earlier mystical delusions. I note the haste and intensity of the transference in passing rapidly from mistrust to reliance on analysis. Moreover, the transference focuses on the room's non-human environment (Searles 1960) and not on the real person of the analyst. Counter-transferentially, I feel I must allow space for this instability, encouraged by the fact that if she perceives the analytic studio as welcoming, this augurs well for our collaboration.

Right from the start, the supervisor's input was fundamental in helping me to recognize the realistic component in my patient's delusions. Thus, being specially protected by St. Francis also revealed an emotionally positive expectation she was constructing in relation to her analyst: it was important that I not approach this expectation with transference interpretations. Instead, Ada's positive expectation was to be allowed to

grow into a more general feeling that she was in a receptive space that could diminish her internal persecutorial pressure. Discussing this with my supervisor helped me to bear the intensity and suddenness of her transference, both on the level of a humane sharing of experiences and by finding in this peculiar “intensity” a structural aspect of profound emotions, characteristic of *the mind’s infinite levels waiting to be de-infiniteized* (Matte Blanco 1975, Ogden and Lombardi 2018).⁴

An image emerges of a violent father and a mother who is not up to protecting her children, because she is in thrall to her husband. Confronted by this family violence, Ada grew used, from her earliest years, to withdrawing into herself, and taking refuge in an imaginary relationship with St. Francis, and in a world of prayer, so as not to feel all alone.

Let’s have a look at some fragments of another session.

P: “I know only that I felt very strong emotions. From the first time Orazio squeezed my hand I had sensations that were too intense, and from that time on I desired him so much; that squeezing of my hand transmitted an enormous amount of energy to me, like a shock or a sudden enchantment, as if a great door full of positive feelings had opened and I fell in love with him. He never came round and I prayed for him. But now the great door is closed because of all my suffering; I had such strong feelings that there were lots of things I couldn’t manage to understand. Orazio reminds me of my father: when I heard his voice and I held his hand I thought at once of my father, who terrifies me.”

A: “So the connection between these male figures worries you.”

P: “What I hope is to be able to have a good relationship with a man I can trust... Here I feel welcome and so I’ve decided to come. I’m mistrustful, but I need someone I can talk with.

⁴ Matte Blanco (1988) connects the philosophical and mathematical issue of the infinite to the logic of the primary process discovered by Freud (1900) and to the emotional intensity of children and psychotic patients described by Klein (1932). In the psychoanalysis of psychosis the analysts has to accept the patient’s infinite emotions, helping him to unfold them in finite forms (Lombardi 2016): in such a way the analysand can cold down his incandescent emotions and learn to think in less extreme and radical ways.

If I trust and get involved with a person, and then I'm abandoned, I suffer too much and I'm unwell. I want to have a good relationship, and I pray to the Lord for it."

The patient declares, in her dense and singular way of expressing herself, that she was overcome by "sensations that were too intense," that played havoc with her ability to reason ("a sudden enchantment"). Her falling in love is characterized by intense physical sensations, violent emotions, and a confusional connection with her father. By recounting her experience with Orazio, Ada is talking about her early transference to the analyst: recognizing her need for a relationship with the analyst immediately opens the door to the anguish of abandonment, and simultaneously to displacement onto prayer as an omnipotent refuge.

P: "I don't know what to do about the University. When I'm faced by certain situations I'd like advice, otherwise what do I have to hang on to? I'd like to hear your opinion, I'd like to know what I should do."

A: "It's as if you expected the solution to arrive from outside, instead of seeking it yourself!"

P: "If you abandon me to my own devices, I'll try to pray so I can get my ideas straight; praying is a help. When I pray, I don't feel I'm all alone."

A: "But you could face the frustration you feel when nobody gives you advice."

P: "Yes, in fact I should think about it...I dreamed that Orazio had sent me, without my knowing it, a friend of his to find out whether I wanted to be together with him again and I said no; this guy kept following me but I was able to escape. [After a moment's reflection] I was pleased that I said I didn't want to be with him and that I managed not to be intimidated."

A: "In this way you're starting to withdraw from your destructive relationships."

P: "Yes, in fact I don't want situations like that any more!"

Ada seeks in analysis something "to hang on to," and the only alternative is prayer. When she is faced by the inevitability of frustration, she realizes through her dream that, supported by analytic reverie (Bion

1962b) and by the positive impact of the analytic relationship, which involves her with a new object who is respectful of her identity, she can start to work through her separation from her old boyfriend, creating the conditions for new acquaintances and new relationships, as, in fact, after a short while, actually came to pass in a relationship with a new boyfriend, Andrea. The analytic reverie makes it possible to pass more easily from a dimension dominated by concreteness and atemporality, typical of the primitive logic of the primary process (Freud 1900), to a mental dimension in which space, time, and the tolerance of frustration make their appearance (Bion 1962b, Freud 1911), thus helping the analysand to free her/himself from restrictive and paralyzing relationships.

Supervision was crucial in helping to valorize the positive component in Ada's communications, instead of focusing on the defensive component—as it often happens in the treatment of neurotic patients—and in aiding her in the creation of a relational approach that wasn't centered on systematic transference interpretations. The latter indeed involve the risk of being perceived by the analysand on a concrete level, thus creating a dependence on the figure of the analyst, at a developmental moment when the patient still needs to find a developmental core based on her recognition of herself. In the preceding passage, for example, the dream could have been interpreted as transference resistance, as a result of which she said “no” to the analyst: an expression of her resistance to analysis. A different viewpoint, based on the patient's inner relationship with herself, can, instead, valorize her newfound ability to liberate herself from relationships involving her subjection to someone else. In this way a boost is given to an orientation based on the growth of her healthy narcissism, rather than on dependence on and transference onto the analyst.

Soon thereafter, the approach of the analytic separation imposed by summer vacation began to bring her separation anxiety to the surface.

P: “I dreamed that I was with a group of people that included my brother. We were in the mountains and there was snow. There was also my Uncle Franco, my mother's brother, a good man: he's the father I'd have liked to have. At a certain point there was a blizzard, and it formed a mountain of snow that blocked our way. I remembered that I was supposed to come here and so my brother lent me his cell phone, I called you

and I said that I couldn't come. [Then she continues] When I'm afraid that I might be hurt I prefer to keep my distance, to be detached; I have to defend myself."

The approach of the summer vacation set off an emotional deep freeze whose function was to shield her—by anesthetizing it—from any possible risk of facing her feelings of rage and paranoid anxieties. Ada kept herself at an exorbitant distance from relationships as a defense against the arrival of aggressive feelings. In her dream her Uncle Franco appears—he has the same name as St. Francis (Franco is short for Francesco), but he is an actual person. In a context that is dominated by a splitting between love (the good uncle) and hate (the blizzard), the expulsive tendencies of projective identification (Klein 1946) risk becoming an insurmountable obstacle. In the dream we see that the patient thinks she can contact her analyst from a distance, showing her reparative tendencies (Klein 1937) and creating a bridge to help work through the separation. The fact that the relationships are now real rather than imaginary ones introduces a reinforcement of her sense of reality and a diminution of the emotional pressure that left her open to the danger of infinitization⁵ (Lombardi 2016; Matte Blanco 1975).

The situation became more complex in the subsequent sessions, in which there emerged open hostility and an explicit threat to interrupt her analysis.

P: "I've decided that I don't want to come any more. Analysis doesn't do anything for me: I don't need it."

A: "You're overcome by hatred and are acting out to do away with your analysis."

P: "For the time being I think I don't want to come any more."

S: "You say you don't want to come any more, but if you were to consider all the times you've felt that analysis was helping you, you'd be better able to bear the pain that separation makes you feel."

⁵ The psychotic patient is continuously at risk of falling into a formless infinity: ways of feeling and thinking deprived by respect of boundaries and logical capacity of discrimination. We can find some examples in schizophrenic language (Robbins 2002) or in the so called "primary agonies" described by Winnicott (1974).

From this period onwards Ada continued to threaten—when not maintaining the opposite—that she would give up her analysis. This hate was a sign of her overcoming an idealization so extreme that it had previously produced her mystical delusion. At the same time the concreteness of her hate made the course of her analysis particularly complicated. As I reconsidered this material with my supervisor, my interventions showed to not succeed in taking account of the problems such patients have in consciously recognizing their hate, with the result that it expresses itself directly in acting out. In a context of this sort, if I had taken greater care to foster her awareness of her hate and of the anger she was actually experiencing, I would have helped her more with the activation of her resources of thinking. There were some critical moments that caused me great apprehension and anxiety, particularly because I took her threats quite literally and felt an unbearable sense of failure. It was crucial for me to discuss also this with my supervisor, who explained that critical moments of this sort were inevitable with serious patients, thus also reinforcing my faith in maintaining the setting, which had also come in for violent attack. And indeed, despite repeated earth-shattering declarations, Ada continued her analysis, even when her vehement expressions led one to believe that she would never be seen in my office again.

On one occasion Ada said:

P: “I didn’t want to come. Perhaps when I’m by myself I’m frightened, and my thoughts cancel themselves out, I feel I don’t have any energy and I think of giving it all up. When I’m faced with fear I can’t do anything but pray. It’s not like here, where I can express my thoughts, and there’s your voice that speaks to me and helps me to understand what I’m saying. When I’m having my analysis I feel I’m being looked after, so it’s normal that I should miss analysis when it’s not there.”

As we discuss this material in supervision, this communication revealed some progress towards more abstract functions, with her capacity to recognize dejection and powerlessness (“I’m frightened and my thoughts cancel themselves out”), together with the recognition of the suffering connected to the absence of analysis.

When she returned after the summer separation the situation seemed to have developed:

P: "I think that with Andrea I'm comfortable, I feel that it's a sentiment that's going to grow."

A: "Now you feel ready for a more mature relationship."

P: "Before, inside me, there was an inner muddle that made me see boys who made me suffer as intriguing. I think they resembled my father, although I wasn't aware of it. Now I see it and I know I have to free myself from it."

Ada is now capable of recognizing her fascination with destructiveness, which she had previously denied and projected outside herself (Rosenfeld 1965): on the contrary, the hatred she brought to analysis opened the door to direct working through of this feeling, quite unlike her former masochistic manner. Simultaneously there appears for the first time her explicit recognition of the pathological nature of her mystical delusion:

P: "Before I used to think that I had been chosen as a favorite interlocutor of St. Francis. But now I think that it was all a result of my illness. I think I used to suffer so much from loneliness, I felt the need to have someone beside me who could speak to me and protect me."

A: "So you can set these voices aside, now that you are more able to recognize and deal with your loneliness!"

P: "I've understood that these voices aren't meaningless, they're my emotions that cause me to have a thought and then I put it into words. Maybe something in my mind hasn't developed."

In the context of inability to work through the anguish connected to her parents, Ada turned to a delusion, finding in St. Francis an ideal model that stood in contrast to the paternal model, that is, she found a good father who was able to reassure and protect her, to compensate, omnipotently, for the insufficiencies of her actual father. And she added:

P: "I couldn't wait to come here, I need to speak, I feel that I need to. It's essential to recognize one's own moods and to be able to communicate them. It would be wonderful to be able to rely on one's own sensations!"

Through supervision I was able to see the beginnings of Ada's transference onto her own body (Lombardi 2017), developing parallel to her transference onto words (Green 2002): each of these transferences had the important function of organizing connections between affect and its representation, as well as strengthening the object-relationship with her analyst. After a few months, as the summer break once again approached, another critical moment appeared, with threats of interrupting her analysis:

P: "I don't need analysis any more, I don't want to come here again. I have considerable financial problems."

A: "There are also your emotional problems in dealing with separation, as we have seen on numerous occasions."

P: "Yes, I feel angry. My father made me suffer so much, he's a horrid person. He abandoned us and this fact makes me suffer."

A: "But then you re-experience this suffering in your relationship with me."

P: "It could be: distance is painful. Yes, it's true, when there's an interruption for vacation I feel hopeless."

Her rejection of analysis seems linked to intense feelings of hate and of being rejected, which lead her to want to go away: even though I then felt it could just be put down to separation anxiety, now that reaction seems instead connected to her fear of increased closeness in the analytic relationship. This contact anxiety seems connected to re-living through—in the transference—her contact with a hated paternal figure, but also with herself. My supervisor and I talked about how the presence of her anger and hatred involved, on the whole, an increase of her sense of reality in the analytic relationship: this anger, however hard it might be to contain in the countertransference (Winnicott 1949b), was to be

considered an alliance for the development of the analysis and not an enemy.

Let's see how moments of actual rejection in the transference alternate with others in which Ada manages to work through her hatred. Simultaneously with the complete disappearance of the voices, which used to reappear, there are now transitory episodes of bodily perception, like sharp puncture-like pains in her fingers and toes, and piercing sensations in her heart or sharp twinges in her ovaries.

During these phases the feedback from my supervisor was fundamental for my understanding of the developmental role of the body, in its capacity as the dispenser of emotions and thoughts (Lombardi 2017). The disappearance of hallucinatory and delusional phenomena coincided with the appearance of very concrete bodily phenomena, harbingers of emotions and thought. I began to understand that, up to then, I had felt it necessary to tolerate a long and exhausting working through, during which Ada's psychotic phenomena had created a kind of impermeable screen that prevented the normal expression of her bodily feelings (a body-mind dissociation). At this point I was able to see how the blanking out of my analysand's bodily phenomena had meant for me, during the entire course of the analysis up to then, a wordless and formless internal suffering. I had indistinctly felt I must tolerate this, although I had no conscious representative equivalent of it—as I had in some way shared in supervision—whereas I was now aware of a diminishing sense of internal oppression.

P: "If I keep things inside myself, I'm unwell, my ovaries hurt, my fingers and my toes smart. When I'm abandoned it's as if they were tearing something out of my heart."

This apparently simple declaration revealed Ada's new-found capacity to start from the body in order to understand the role of her own affects and rise to representative and self-aware thinking (Lombardi 2009). At the same time her menstrual cycle started up again after a long period of amenorrhea, so there seemed to be evidence of a new body-mind relational ability, in which her actual body was in the foreground, taking the place formerly occupied by hallucinations.

P: "I had a dream: I wanted to go to the hairdresser's and my sister told me that there was a good one quite nearby. Andrea told me that my hair was something of a mess and I had to get it in order. So I decided to go to this hairdresser's because I wanted my hair to be orderly...I've understood that problems can't just be ignored."

Taking care of her hair becomes a symbolic equivalent of the new care that the analysand can dedicate to her thoughts when she tries not to deny real problems, and the hairdresser in the dream seems to represent the analytic function (external and internal) that allows her to take care of herself. The model of containment makes another appearance in a subsequent dream:

P: "I dreamt that I was with my mother on the beach, and somewhere nearby was my father, who was looking at me in a bad way. He was ugly, he was wearing dark glasses and then he threw an iron bar at us: he only just missed hitting us with it, and then he went away. My mother looked at him with disdain and then she embraced me."

While the psychotic part of her personality (Bion 1957) is represented in the dream—her father with his black and threatening eye-glasses—at the same time the non-psychotic part is represented by the maternal function that now allows her to recognize and accept her most troubled aspects. During this phase of her third year of analysis Ada, in addition to having completely overcome her psychotic symptoms, had succeeded in re-entering the relational and social world: she was now capable of performing a job, through which she herself could pay for her sessions, and she had a good emotional relationship with her new boyfriend.

COMMENTS ON THE FIRST CASE⁶

The patient had suffered from delusional symptoms, with visual and auditory hallucinations and a mystical delusion, but one year after the acute breakdown she seems sufficiently integrated to manage to

⁶ The author of this section is Riccardo Lombardi.

maintain a normal dialogue with the analyst even in the initial phases of her analysis, and to express curiosity and a tendency towards change and growth: all elements that are encouraging in terms of the prognosis for her psychoanalysis. An element of vulnerability to psychosis emerges in the condition of infantile and adolescent withdrawal, to which the patient was driven by the fighting and the absence of emotional communication in her family (De Masi 2009).

As regards what could be observed of the modes and forms of her mental functioning (Bion 1962b; Lombardi 2003a), one is struck by the extremity of her sensibility, so that, for example, Orazio has only to take hold of her hand to activate totally engrossing emotions. The opening of the “great door” of emotions corresponds here to overwhelming loving sensations, which revealed the characteristics of infinite sets, as well as a weakness of her asymmetrical functions (Matte Blanco 1975; Lombardi 2016).⁷ The analysand appears to have a positive insight about the link between Orazio and her father, which helps to generate a working through of the confusion that made her keep repeating the failures of her relationship with her father. Regarding communication, the analyst’s active support of dialogue during sessions, in addition to restraining her tendency towards regression, also tends to underline the role of the analyst as a new object, who can contribute to a better differentiation of her present experiences from her traumatic past.

In the sequence where the patient recognizes that she doesn’t know what to do about the University, we note her tendency to delegate thinking to her analyst, much like her way of praying to St. Francis. She believes that prayer allows her to get her ideas straight, when instead you can get your ideas straight, more realistically, only by the use of thought. Thus the drift towards delusion and acoustic hallucinations seems the result of “misconceptions” (Money-Kyrle 1968) that are inherent in the origin and the nature of the thinking function. The analyst, not by chance, calls the analysand’s attention to frustration as a prerequisite to

⁷ When emotions are particularly strong, the mind is pushed to think in infinite terms, following the characteristic of the primary process (Freud 1900), in which the discrimination among logical classes is weak or absent (Rayner 1995). This lack of differentiation is called by Matte Blanco (1975) “symmetric thinking,” that is typical of the Unconscious (Freud 1915), while the antagonistic role of “asymmetric thinking” permits to establish the conscious differentiations of normal thought processes.

approaching an orientation towards thinking (Bion 1962b). His emphasizing frustration gives rise to her memory of a dream in which she becomes aware of her ability to say “no,” and hence to use negation as the first organizing principle (Freud 1925). In addition, the patient recognizes the risks involved in what she calls her “inner muddle” (symmetrical thinking), which led her to repeat a past marked by failure. Facing her separation anxiety unleashed hate, represented in the dream as a blizzard that creates a mountain of snow. This snow mountain seems to be the expression of an inchoate ability to de-infinite the absolute nature of the emotion of hate (Niemi and Lombardi 2008), represented as not totally engrossing, since her brother can lend her his cell phone so that she can say she will not be able to get to her session.

These repeated instances of acting out hate with threats to give up on analysis certainly try the analyst’s endurance, but they make possible a further working through towards a realistic relationship, to the point of allowing Ada to recognize the distorted nature of her aural hallucinations. And further along, Ada is able to recognize the needs connected to her own emotional states and “to be able to communicate them.” In this way she discovers the anti-psychotic function of verbal thought, “which synthesizes and articulates impressions, and is thus essential to awareness of internal and external reality” (Bion 1967, p. 60).

In the clinical evolution there then appeared a series of bodily perceptions, which indicate the overcoming of body-mind dissociation, which had accompanied her psychotic state. It was hardly a coincidence that, at this point, the patient’s amenorrhea ceased. The evolution of the body, affects and thought (Lombardi 2009) are shown in the dream about the hairdresser, in which the patient recognizes that her “hair was something of a mess” and that she “had to get it in order.” She was beginning to take care of her body no less than of her mind, assigning to her analyst (and taking on herself as well) the role of the hairdresser who puts her thoughts/hair in order.

In the last dream, the patient sees herself in a relationship of care-taking: her mother is taking care of her, but it also means that she herself is now becoming capable of taking maternal care of herself. This coincides with the newly acquired strength of the non-psychotic part of her personality, which is now differentiated from the blindly destructive psychotic part, represented by her violent father. Although the dream

contains an element of conflict in the parental couple which still awaits integration, it does articulate an important asymmetry between what is blind and destructive and what has a welcoming and protective function, namely, between what is psychotic and what is not: a primary and essential compass that allows Ada to acquire a first effective orientation towards thinking (Bion 1962b).

The containing environment of the attending team is decisive for the treatment of these patients, and this is an important element of differentiation from the psychoanalytic treatment of less severe cases. Formerly, treatment in a hospital setting took care, in part, of these needs, but not without the risk of a traumatic component, which increased the impact of isolation, and of the social shame about having psychotic episodes. Today it's not easy to find institutional structures that can offer this kind of holding environment in parallel with a psychoanalytic treatment (see Robbins 2019, p. 137).

Current out-patient psychoanalytic treatment should absolutely not neglect the group aspect of patient treatment, which requires good collaborative interactions amongst the various members of the attendant team. The team factor may even be considered more important than the actual therapeutic effectiveness of the individual analyst: if he is not appropriately valorized, there may arise a fantasy of a super-therapist, deemed necessary for approaching cases of this sort, whereas instead it is the very modesty of the analyst, together with his willingness to work together with the other team members, that acts as a driving force towards productive results. Robbins (2019) speaks of the "superstar fantasies" of analysts with psychotic patients, fostered by such figures as Fromm-Reichmann and Giovacchini, with a consequent intimidating effect on those analysts who might otherwise have approached this kind of treatment. He, on the other hand, states, most reasonably, "I do not believe it is necessary to have extraordinary abilities in order to work productively with a schizophrenic person" (2019, p. 138), emphasising the importance of establishing an optimal distance between empathy and separateness, a theoretical awareness of what is peculiar to psychotic thinking, and a willingness to continue one's self-analysis as a support as one attends the patient's evolution.

MAURO⁸

Mauro, a 25-year-old, was sent by his psychiatrist, who had diagnosed him as schizophrenic and was treating him with neuroleptics. When first observed he presented acute paranoid delusions, to the point that he was afraid he'd be murdered by the mafia. He also presented hypochondriacal delusions, erythrophobia and delusional notions that he was being spied on by those with hostile intent. He had recently completely given up his studies, refused to leave his house, and spent every day at his computer or watching television. At our first meeting he seemed a giant with a Marine-style crew cut; he looked downwards, and was suspicious and evasive, mechanically and impersonally displaying his psychiatric prescriptions, which he'd been receiving since he was 16, together with a list of his various attempts at psychotherapy, all of which concluded after a certain amount of time with a referral to another colleague. During our entire conversation he spoke without ever looking at me.

I was worried by the evident paucity of his working through and by the rigidity of his defences, and so I decided to begin treatment with two sessions a week to explore his clinical response. During our first session, Mauro confused the whistle of the brakes of a bus on the street below my office with a signal from me that he was to be quiet several times: this gave me some idea of the extent to which his persecutory anxieties had invaded his personality, to the point of making him lose his sense of reality. He felt that even lights and sounds were "against" him. His delusional conviction that he was in danger of being murdered diminished fairly soon.

At first I thought this was more the result of the medicine he was taking than of an effective psychological working through. I was then able, in supervision, to comprehend that my tendency to underestimate the role of psychoanalysis was an indirect indication of a countertransference dominated by a sense of paralysis and lack of confidence in the possibility of an evolution brought about by analytic means. Indeed, even though much time was needed before we could successfully work at the roots of the hatred that had generated his paranoia, it is also the case

⁸ Sandra Isgrò is the author of this section.

that a striking improvement of the symptoms in serious cases, when analysis has just begun, is a good indicator of the possible utility of psychoanalysis in the case at hand. One of the significant advantages supervision offered in the early phases of this analysis was avoiding the development of a collusion between the patient's sense of impotence and discouragement and my own doubts about being able to marshal and modify, by analytic means, such striking symptoms, also because they had been worsened by Mauro's earlier and unsuccessful therapeutic experiences. In addition to his didactic role, my supervisor was providing a real "holding presence" for me, reinforcing the role of analysis while it was taking place, and encouraging my burgeoning self-analysis.

For several months, after an opening question such as "May I speak?" he took over the session in an obsessive and exasperating way, talking about the length and intensity of his blushing. Emotion was felt by him to be very threatening, something he had to defend himself against. To indicate emotion he used a variation of a well-known paradoxical expression "an irresistible force against an immovable body," which gave an idea of his terror of the intensity of his emotions and, at the same time, of the rigid and "immovable" defence with which he withstood them. His rigidity led him to exclude his body, and in fact he openly asserted, "I can't trust my body." His expectation was that analysis would teach him "not to feel anything," thus allowing him to achieve total insensibility. For quite some time the entire situation gave me the disheartening sensation of finding myself in a labyrinth with no way out.

As we approached the first break for summer vacation, the patient told me about a possible surgical procedure "specifically for erythrophobics: they cut out a piece of a nerve in your face, the one that makes you blush." During a weekend in May, he went to see a neurosurgeon who explained the procedure. This desire to resolve the problem through surgery seemed seriously unrealistic, because he believed he could do away with his blushing by means of a physical amputation, without taking account of the paranoid shame that would have caused the symptom to reappear. The prospect of surgery was made even more deleterious by the fact that it supported his denial of his delusion by treating it as an organic disorder. This all conveyed a disagreeable sense of suspension together with the feeling of having been checkmated by my delusional patient. With hindsight, I think that, at the same time, it was useful for

me to experience this state of suspension, this waiting. It allowed me to become more aware of the seriousness of his mental paralysis and of his omnipotent psychotic control, and a sense of helplessness that delusional behavior can provoke in an analyst. Some exchanges with my supervisor helped me to understand that tolerating helplessness is part of the reverie function (Bion 1962b) that the analyst develops when facing a psychotic patient, who, by contrast, is driven to act compulsively precisely as an expression of his inability to tolerate emotional contact.

Before we said good-bye for the summer break, Mauro informed me that he had decided not to have the operation, and that he wished to continue his sessions with me. I thought of how that first year of psychotherapy had activated an initial psychological sensibilization in my patient, introducing a first form of tolerance of anxiety and a first timid faith in the future.

Meanwhile, I had written a summary of the beginning of my psychotherapy of Mauro in a brief essay for that year's final exam for my psychoanalytic training, and the discussion of my case with the training analysts encouraged me to carry on with the work I had undertaken and to register my supervision as an official training case. One of the first effects of this change was that, when his analysis began again in September, I convinced Mauro to increase the frequency of our sessions to four a week. This change facilitated our dialogue and reduced the number of occasions of his clamming up completely. Nevertheless, each session was still a very challenging confrontation, since the analysand's difficulty with symbolization made me feel as though I'd gone back to square one—or, more precisely, to what seemed like nothing—but was actually the primitive level on which the very first mental processes begin to function in a general context of almost total paralysis of thought.

M: "I mustn't look at that plate, it's not respectful."

A: [I felt that such statements were like an insurmountable barrier, but I also knew that, while showing my comprehension of his paralysis, I had to react by opening the way to a new and functional possibility, so I said] "You feel that looking isn't respectful: for you, your eyes cause offense and they're dangerous, whereas you could instead use them for looking and seeing."

Just like what we find in the myth of Medusa, the patient's eyes were viewed by him as charged with a destructive instinct, rather than as agents of perception (Klein 1932; Lombardi 2003b). In fact, supervising helped me to understand such primitive levels that I myself could hardly consider them of immediate relevance. Instead, they were able to stimulate the valorization of the analysand's ego functions, whereas I had expected to be interpreting repressed material and interpersonal conflicts.

The first dream appeared a few months after switching to four sessions a week. It seemed to allow him to begin to represent his conflicts and defences, albeit in a context quite without associations or spontaneous working through.

M: "I dreamed there was a large cage, within which was a cage with a lion inside it."

[After a brief pause] "How strange! A cage with another cage inside it."

A: "And what does this dream suggest to you?"

M: "What I just told you."

A: [I was struck by the connection of the dream with his state of complete paralysis and imprisonment, so I said] "Perhaps you feel doubly encaged within your fears."

I was greatly struck by this image: the two-fold cage was like a stratified system, indicating a double level of defense. The emotion of primitive hatred (the lion) was feared as something very dangerous, and so was doubly encaged. Thoughts of this kind made me feel considerable apprehension because of the intensity of the analysand's hatred and also because of the danger to which I might be exposed, in attending him as his analyst.

In a subsequent dream, Mauro recounted:

M: "I'm with my mother, I feel that my ear is dirty. First I try to clean it by myself, but I can't manage it, so I ask my mother to have a look and to clean it."

A: "You feel that analysis is helping you to listen to yourself."

The cleaning of his ear seemed to tell of a new opening of his sensory channels and of his emotional "hearing" [in Italian the verb *sentire*

means to feel as well as to hear], and, at the same time, of the intimacy of our relationship. Working in a communicational atmosphere that was so fragmented and mysterious was very frustrating, but being helped and supported by my supervisor to take stock of Mauro's development kept me going. This was true particularly when there were signs of development, as in the dream described above. In the dream there emerged his first recognition of maternal transference and of the "reverie" function (Bion 1962b) that I was providing in his analysis, even though, in what I said to the patient, I considered it more urgent to emphasize his burgeoning ability to relate to himself and to his sense organs.

These early phases made palpable the danger of an impasse, should I remain fixed on interpreting symbolic meanings, or on the more abstract levels of mental or relational functioning. Supervision helped me to remain focused on the primitive organizational level of the body-mind relationship, which means that a patient who was in the habit of "not feeling anything"—and who hence suffered from body-mind dissociation—had, first of all, to anchor his mind on the functioning of his sense organs, like using his eyes for seeing and his ears for hearing. The dream about the lion showed that this paralysis of sensory functioning might be connected to the patient's intense anxiety about his hatred, as a result of which he enclosed his body in a double cage to protect himself from his aggressiveness, at the same time paralyzing his bodily perceptive functions connected to the sense organs.

Meanwhile there began to emerge some metaphoric usage—which had been conspicuously absent up to this point—in expressions such as "I feel like a fly on a storm-tossed sea," which seemed to announce a new ability to express his terrifying feeling of helplessness when confronted by the stormy sea of his emotions.

One day Mauro spoke of the film *Fight Club* (Fincher 1999) as "a cornerstone of my life." I acted on his suggestion that I watch it, and seeing it helped me get closer to some aspects of his inner life: the protagonist of *Fight Club* lives in a delusional paranoia, converses constantly with a hallucinated version of himself and then creates a club, whose members meet at night to stage fights to the death. The film ends with the murder of the hallucinated twin, thanks to the help of a woman who will make it possible for him to reclaim his sense of reality. As I watched the film I felt consciously assailed by a raw violence, a violence that had

always been there, from the start of my relationship with the patient, but of which I became fully aware only now. I also realized that Mauro was opening, inside himself, the gates of hatred, which had formerly been imprisoned in a two-fold cage of denial. This explained the great blind emotional charge and the mysterious anxiety that I had recently sensed were increasing. In the woman in the film who helps the protagonist free himself from his hallucinations there emerged a reference to the transference, so that the analytic relationship seemed to be accompanying him towards an awareness of his hatred and a reclaiming of his relationship with reality. The practical result of this difficult phase of working through was that Mauro started going out again and seeing his friends: clear signs of the reduction of his inner paranoid pressure.

During this period his erythrophobic symptom began to change:

M: "I used to think that the blushing came first and that fear followed it. Now fear comes first, and then I blush. It's like discovering that the earth revolves around the sun!"

His comment seemed indicative of the Copernican revolution that was taking place within him, as a result of which a paranoid and concrete concept according to which blushing was treated as the paralyzing cause of his problems, was moving on to a more realistic concept that allowed Mauro to recognize that he had his own emotions and anxieties that he should be taking care of. Thus he was consolidating his development towards a mental dimension that had been altogether lacking at the outset: it was not by chance that he had been on the point of resorting to a surgical "solution" involving a bodily amputation!

His second year of four sessions a week started off as follows:

M: "Before, whenever I heard some clever remark, I blushed immediately. Now, the remark is a sound that enters through the ear and gets to the brain and then there's a pause."

A: "During the pause you're mentally at work, you're asking yourself questions, you're taking in the sound and giving it a meaning."

While previously an ironic comment about him was taken by him as an attack, Mauro is at this point introducing a pause. The discovery of a temporal margin allows him to give the "remark" some form of meaning.

This transition seemed to mark a significant loosening up. With the discovery of the pause Mauro allowed himself to make use of anxiety as a signal (Freud 1926), from which a moment of self-awareness might begin for him. This moment led to a change that allowed us to bring about some working through of his emotions: "Precisely now that I'm better, I'm worse. In the sense that earlier it was better for me when I didn't feel anything. Now I've understood that it's when I feel, that I'm actually better. But it's really hard work." An important consequence of this working through was the disappearance of his erythrophobia symptom: the analysand simply stopped complaining about blushing.

One day Mauro started out by saying:

M: "Hello! I was thinking my mind is uncluttered. It's not empty, it's been liberated!"

Mauro recognized that his mind was uncluttered without his being seized by anxiety at being empty. At this point there emerged some fragments of his past for which, up to this time, there had not been room: it made me think of the extent to which his emotional chaos had saturated every approach to thinkability, even shutting out memory.

Here is a dream from his third year of analysis that should give an idea of how he was developing:

M: "I was somewhere and I was looking at the sunset. It was stupendous. You know those marvelous colors of sunset. At a certain point there was an extremely powerful explosion in the sky: Mars had exploded. The sky went all dark and then there were all those phenomena, like earthquakes, tsunamis, the apocalypse. There was one black blot left in the sea that people were trying to breathe from. I was next to my mother and I was crying because I felt that we were going to die, and I told her that I was sorry we had to die, we human beings. It struck me because I felt how small I was compared to the universe. But then everything was normal again. But what had struck me was this feeling of being small compared to the universe."

A: "You're becoming aware of your human nature, which means you can hate, love and cry. This dream shows you how analysis has fostered your transition from being a Martian to your present state as a human being, from not feeling to feeling."

M: "I'm human. Perhaps I was better off before, in the sense that now it's more difficult. Before everything was confined to not feeling, and now I feel these gigantic things, which I have to understand, put up with, think about. It's all more difficult."

I was very much struck by the representative power of this dream, in which Mauro spoke of his new capacity for enduring the anxiety of helplessness. The way he was able to represent sunset seemed the expression of his capacity for working through temporal limits, with the attendant approach to a human dimension. The reference to Mars, the god of war, was connected to his hatred, as a key element in his mental development.

Through the facilitating role of the supervision my experience with Mauro taught me that working with psychotic analysands means, first of all, bearing the blind anguish and helplessness communicated by these patients, clearly as an expression of their anxieties and problems with thinking. This experience helped me to free myself from the fantasies of therapeutic omnipotence that characterized the earliest days of practicing my profession, and also taught me to have more faith in the contribution that the analysand brings to constructing the analytic process.

COMMENTS ON THE SECOND CASE⁹

Mauro initially presented persecutory delusions together with delusional hypochondria and agoraphobia with some autistic characteristics. His psychotic condition seemed more serious than Ada's because it had dug its roots so deeply into him that, after a series of psychotherapeutic failures, he turned to psychoanalysis almost as a last hope. His problem with thinking impaired the sense-perceptual channels that would have been an important link to reality, to the point where he distrusted his own body, the primary site where the first ego functions are articulated (Freud 1911, 1923). The patient's desire "not to feel anything" and his plan to resort to surgical amputation of a facial nerve give us an idea of the extent of the attacks on linking (Bion 1959) and of the dissociation that involves both his perception of reality and the body-mind relationship (Lombardi 2017).

⁹ Riccardo Lombardi is the author of this section.

In addition to the difficult task of enduring the unknown, the analyst is faced with the need to attend the analysis and in his activation of mental processes, which, while they are elementary, are nonetheless of great importance, before even considering the problem of working on the symbolic meaning of communications. For example, she had to help the patient to note what he saw, in circumstances in which his sense-perceptual functioning had been infiltrated by paralyzing paranoid anxieties. Her function, spurred on by constant work in supervision, created an elaborative focus on the most primitive aspects of the body-mind relationship, helping the sensory and emotional channels to work again, by means of “a cleaning” of Mauro’s “mental” ear.

The “cleaning”—noted by the patient—of his audio-visual functioning took place in parallel with what was happening within his analyst: supervision was, in fact, causing a “cleaning” of her own expectation of proceeding directly to analyze, with such patients, the unconscious fantasies connected to their anxieties and instincts and the resultant relational changes in the transference, fostering instead an attentive ear to what the patient was saying, which would lead to discovering that she had to remain very close to the concrete levels, and work first of all on the body-mind relationship so as to construct the physical roots of the patient’s mental functioning (Freud 1911; Lombardi 2017), which could then, in a second phase, function as the container in a container-contained relationship (Bion 1970), as regards instincts and anxieties. This displacement onto a more primitive and concrete level meant, paradoxically, greater difficulty—because it required additional emotional working through in supervision—than the more intellectual and symbolic levels. Mauro’s analysis was, in fact, demanding much greater sensory and physical participation than what his analyst was used to putting up with in other cases of neurosis, where the working through was focused on more abstract levels of meaning and relational dynamics.

Approaching the affects was problematic with this patient because his hatred was imprisoned in a double protective system so that the lion was in a cage inside another cage, obviously in order to protect a mental system that he feared was unprepared to receive very intense stimulations. His analyst’s own affects were, however, distinctly present in her internal experience of Mauro’s analysis, even though they could not be interpreted and returned to him in a transference interpretation. This

renunciation of the relational working through involved tolerating a sensory weight, in a physical sense: the analyst's actual transference onto her own body accompanied Mauro's transference onto his body and his own sense organs (Lombardi 2005, 2017), while waiting for him to develop more symbolization resources and a greater ability to differentiate himself from others.

His reference to *Fight Club* functions like actual manifest dream content, making it possible for the first time for his upsetting experiences of hatred to appear in the analytic relationship. At the same time the visual content of the film helped the analyst to become aware of the hatred and the delusional imprisonment the patient lived in under his autistic armor. The working through of the analytic couple led to progressive desaturation, as a consequence of which the patient was able to liberate himself from his erythrophobia and recognize that sensations and emotions come before the external manifestation of blushing, and hence he could now begin to accept his emotional "feeling": this acceptance of his emotions made him feel better, even if it inevitably involved him in the hard work of mental digestion. In this way the analysand began to exist as a real person with his own inner life, rather than as a mere façade.

In the dream of the explosion of Mars, we witness a catastrophe, that is, a catastrophic change (Bion 1988), thanks to which the patient is no longer dissociated on another planet, but can link up with his emotions and human limitations. From this earthquake that marks the end of his delusions, or rather of his regression into his unconscious, there still remained, however, a "black blot," presumably the expression of a core of depression that was still waiting to be worked through. The maternal presence and the weeping in his dream give evidence of his having got over his autistic tendencies and of a willingness to think about both the analytic relationship and depressive feelings.

PSYCHOANALYTIC EXPERTISE AND PSYCHOANALYTIC TRAINING¹⁰

A final point we should touch on briefly is the subject of the "widening scope" as regards psychoanalytic training. In the earliest years of a new

¹⁰ Riccardo Lombardi is the author of this section.

psychoanalyst's practice, we witness the extreme effort the young analysts make to treat clinical cases, and we support them with weekly supervisions, not least of all because the cases under treatment that we supervise are then the subject of their qualifying exams. In our case, both Ada and Mauro were supervised during the official training of the Società psicoanalitica italiana (Italian Psychoanalytic Society) and were approved at the qualifying exam by a commission of five training analysts.

Ever since Max Eitingon, in 1925, succeeded in establishing as an international norm the training standards of the Psychoanalytic Polyclinic of Berlin, articles and books on training have been abundant and frequently, although certainly not always, critical (cf. Cabaniss and Bosworth 2006), and re-examining all of them is not within the scope of this article. Balint (1948) was the first to question the training system, which, instead of developing "a strong critical ego, capable of bearing considerable strains, free from any unnecessary identification, and from any automatic transference or thinking patterns," leads "to a weakening of these ego functions and to the formation and strengthening of a special kind of super-ego" (p. 167). The so-called "institutional Super-Ego" involves a rigidification of mental functioning and acts as a powerful obstruction to the developmental role of psychoanalysis (Reeder 2004). This is worrying, particularly because of the components that tend to sabotage the candidates' creativity instead of fostering it (Kernberg 1996). Given the great formative impact that treating serious cases can cause, developing a specific skill in this area might be considered an important element of modernization and a contribution to the prevention of the so-called "suicide of psychoanalytic institutes" (Kernberg 2012).

The positive effects in our two cases would seem to suggest that training can encourage neophyte analysts to approach serious patients and treat them under supervision in the course of their training. All in all, one might say that clinical work with serious cases fosters modesty about the limitations of our knowledge, and curiosity about the complexity of the clinical phenomena one encounters today in our profession. Berman notes a historical coincidence between Balint's contribution about training and Winnicott's famous article on Hate in the countertransference (1947), stressing a point in common in these two very different contributions: "They both "deidealize the analyst—

deconstructing our fantasy images as selfless helper and benign dedicated educator” (Berman 2004, p. 104). From this perspective it seems possible that the experience of treating psychotic patients can have quite a beneficial effect, especially thanks to the de-idealization of the persona of the analyst, the experience of bearing up under hate in the countertransference, and the use of negative capability (Bion 1970), thus helping to forestall such unintentional results of training as rigidity and ideologization (Slavin 1992), and meanwhile increasing the analyst’s interest in clinical research and possible new horizons.

CONCLUSION¹¹

In the course of the psychoanalytic treatment of two psychotic patients our observations of the treatment verified the disappearance of the psychotic symptoms and the analysands’ notable re-inclusion in social life and work. The setting of these analyses followed the customary parameters, particularly as regards defending the continuity of the commitment to attend the sessions and analyzing the dramatic phenomena of their acting out by cancelling sessions and attacking the link; thus analysis was safeguarded as a sanctuary for confrontation and experience. The use of the couch was irregular: its use has already been forcefully called into question for more organized patients (Blakeman and Goldberger 2016), and it is certainly contra-indicated in some phases of the psychoanalytic treatment of psychosis, as is the case with some other characteristics of classic psychoanalysis such as analytic silence in the interest of fostering free association, refraining from asking specific questions, and the systematic use of transference interpretation (Jackson 2001; Lombardi 2005).

Although this is not an appropriate occasion to go into the elements of diversity in the psychoanalytic approach to psychoses, as compared to the customary treatment of more integrated patients, (for this I refer the reader to other articles and books, e.g., Lombardi 2016, 2017; Lombardi et al. 2019; Robbins 2019), in the course of this article it is possible to encounter—however unsystematically and, inevitably, not in great depth—certain characteristic aspects of the approach to psychotic patients. The aspects in question include the elaboration of a body-mind

¹¹ Riccardo Lombardi is the author of this section.

connection and the construction of a transference onto the body of both the analyst and the analysand, the shifting of attention from contents and meanings to the form of thought, the renunciation of systematic interpretation of the transference, the working through of disturbances in thinking, and an evolution from primitive forms of mental representation (primary process) towards organized and representative thinking, as well as the fundamental role played by a working team in the construction of environmental containment. These aspects should not be considered the exclusive purview of the psychoses, because a much wider selection of difficult patients can benefit from them. To this we might add—particularly when the paranoid component takes center stage—a specific emphasis on the positive aspects of the evolution taking place within the patient and, on the part of the analyst, a courageous openness to confidence as well as in the evolutionary abilities of the psychotic analysand's ego, which was formerly decidedly regressed or in a state of actual collapse. Here we should also mention—that when one is working with supervised cases, like the two discussed above—an attitude of confidence on the part of the supervisor in the activation of resources of personal and professional growth in the novice analyst.

Considered in their entirety, these two cases show us how patients with manifest psychotic symptoms gradually developed to the point of clinical recovery, thanks to psychoanalytic treatment. The activation of the patients' dream function was evidence of progress in their mental growth, as well as being of use in monitoring the evolution of the cases. In some more serious forms of psychosis the patients would probably have been much tighter-fisted with dreams and other communicable psychoanalytic elements in their first years of treatment, but the positive results of these two cases are, on the whole, encouraging. It is our hope that the interest of the members of our profession in this kind of treatment will grow over time, enhancing the clinical skills of new generations of psychoanalysts, and further serving serious patients who are in need of help.

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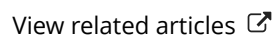
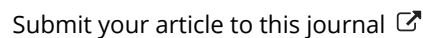
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PATHOANALYSIS OF EXISTENCE AND THE STUDY OF RELIGION – AN UNFINISHED FREUDIAN PROJECT

BY HERMAN WESTERINK

In this article, I argue that Freud's interest in extraordinary cultural phenomena such as religion and art can be understood from the idea that psychoanalysis is fundamentally a pathoanalysis of human existence. In his earlier writings on hysteria and the theory of sexuality, Freud points out that the study of the psychopathologies is the best and maybe only way to understand the psychic life of human beings and consequently of a specific group of cultural products that cannot only be explained in functional terms. It is also argued, however, that Freud never fully explored to the full potential of this pathoanalytic approach to cultural phenomena, because of the increasing domination of the Oedipus complex and a developmental perspective in his theories. In the final section of this article, the

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potential of a pathoanalysis of religion is further explored and offered as a promising field of research.

Keywords: Freud, pathoanalysis of existence, psychopathology, religion, theory of sexuality.

INTRODUCTION

What does it mean for the psychoanalytic study of cultural phenomena when we assume that Freudian psychoanalysis is fundamentally a pathoanalysis of human existence, that is to say, the study of human existence from the perspective of the psychopathologies? What are the conditions for a Freudian applied psychoanalysis? Freud himself argued in *Totem and Taboo* that hysteria is a caricature of art creations, obsessional neurosis a caricature of religion and paranoia a caricature of a philosophical system (Freud 1912-13, p. 73). We can read this statement as follows: if we can study human existence from the perspective of the psychopathologies, we can also study certain cultural products in which important aspects of human existence are expressed from the perspective of these psychopathologies. Hence, we can study art from the perspective of hysteria, religion from the perspective of obsessional neurosis, and philosophy from the perspective of paranoia. But why are art, religion, and philosophy privileged here? And what exactly do these specific cultural phenomena reveal about human psychic life? Why are these three phenomena exclusively linked to a particular psychopathology? And what are the consequences of this exclusiveness both for a Freudian understanding of religion and for Freudian theory? What problems arise? And what challenges and possibilities for further research can we detect? These questions will be explored in this article.

FROM THE *THREE ESSAYS* TO APPLIED PSYCHOANALYSIS

In their programmatic opening article of the first issue of *Imago*—the journal for applied psychoanalysis in the humanities—Otto Rank and Hans Sachs argue the following: the application of psychoanalytic theory and methods in the humanities is very promising, because its findings derived

from the analysis of the psychopathologies cannot be limited to the field of pathology alone, but also concern normal psychic life (Rank and Sachs 1912). After all, Freud's studies had surprisingly produced a full-fledged psychology when discovering that the psychic impressions and processes (repression, resistance, unconscious representations, recollections, etc.) from which mental illnesses emerge proved to be in conformity with the psychic dynamics of normal people. The hysterical conversion is for example merely a caricature of normal corporeal expressions originating from the (failure of the) repression of unpleasant representations und undesirable memories. The psychic life of the mentally ill shows in a strongly exaggerated form (*in krasser Übertreibung*) the mechanisms of all man's psychic life. Freud's remark "that we are all to some extent hysterics" is nothing but the consequence of an approach in which there is "an unbroken chain" between the neuroses and normality (Freud 1905, p. 171).

Rank and Sachs add that this discovery has led to a fundamental new perspective on the relation between pathology and normality. It is no longer possible to review pathologies in strong contrast to normality. Instead, the discovery of continuity between pathology and normality on the one hand means that pathologies can shed light on previously more hidden psychic processes. This implies on the other hand that these pathologies become more understandable and less absurd when seen as meaningful and purposeful exaggerations of normal mental processes (Freud 1905, p. 4). To substantiate this claim Rank and Sachs particularly recall Freud's findings on repression and infantile sexuality. It is especially these findings that serve as starting point for applied psychoanalysis, that is, for the study of cultural phenomena such as religion, myth, and art.

According to Rank and Sachs, these cultural phenomena can be regarded as theatre stages (compare with Freud 1905-06) or architectural structures (*Durchbruchsgelände*, Rank and Sachs 1912, p. 13) expressing those repressed drives that were apparently unusable for practical cultural life—that is, unusable for the social life aimed at maintaining the individual and the group through procreation and labor (communal life, family life). Religion, myth, and art are those peculiar cultural phenomena that are an integral part of culture—and are even held in the highest esteem—due to the very fact that here unusable drives can be ventilated through fantasy and sublimated resulting satisfaction without

degrading the cultural level.¹ These phenomena are thus “safety relief valves” of egoistic and antisocial drives that prevent from regression to actual perversions and crimes.

From a psychoanalytic point of view religion, myth, and art are thus extraordinary human creations in which the most social disturbing impulses can be expressed and drained off. And yet, they are evidently also considered normal cultural phenomena. While they have no immediate practical use, they do guarantee the stability of the culture as a whole. So, in what sense exactly are these phenomena extraordinary? Religion, myth, and art are apparently closely related to the psychoneuroses, because both in the psychoneuroses and in these specific cultural phenomena the normal repression of drives fails. Psychoneuroses result from constitutionally strong and constant sexual impulses and—as reaction formation—an excessively strong attempted repression of these impulses (which are only partly usable for practical life). This repression fails because of the high quantity and urgency of sexual energy, and hence the energy is released in the various symptom formations of the psychoneuroses. Religion, myth, and art are like symptom formations. They are domains and places (*Durchbruchstellen*) in the totality of culture where those drives can be accommodated that are unusable for practical cultural life (Rank and Sachs 1912, p. 12).

The idea that religion, myth and art are *Durchbruchstellen* within the totality of culture is interesting and significant. It seems that Rank and Sachs are here basically applying the model of hysteria on culture. Culture is a kind of “body” in which there are spots or zones (*-stellen*) where the drive energy is drained off via “somatic” (*-gebilde*) expressions. This association with hysteria is not surprising when we realize that Freud made the most important step towards defining in a completely new way the relation between pathology and normality in his first edition of *Three Essays on the Theory of Sexuality* (1905). In that text, hysteria provided the main model for a radically new conceptualization of sexuality,

¹ Freud had highlighted this character of religion in “Obsessive Actions and Religious Practices” reasoning that religion provides the opportunity to fantasize about revenge and the death of others (by transferring the act of revenge or punishment to the deity) without actually committing an antisocial act. Religious rites and representations “always reproduce something of the pleasure which they are designed to prevent” (Freud 1907, p. 125).

pathology, and normality. Rank and Sachs refer to this text as ground-breaking for applied psychoanalysis. After all, it was in *Three Essays* that Freud had first severely criticized the nineteenth-century theories of sexual psychopathology when arguing that no specific object and aim formed any part of the sexual drive, i.e. that the sexual drive initially manifests itself independent of any specific inherent object or aim (Freud 1905, pp. 147-148; Davidson 2001). Pathologies could therefore no longer be explained in terms of a defect or deterioration of the normal sexual instinct, object and aim, and could hence no longer simply be opposed to the normal sexual organization. For, if the object is not naturally internal to the drive, there is no clinical reason to assume that for example the inverted object choice is more than a variation in spectrum of options. Such choice of object does no longer coincide with a given natural (normal, healthy) or unnatural (abnormal, pathological) sexual organization (Van Haute and Westerink 2016a, 2016b).

In “My Views on the Part Played by Sexuality in the Aetiology of the Neuroses” (Freud 1906), Freud clearly states what he intended to do in his *Three Essays*. In his psychoanalytic early writings, he had severely criticized the central paradigm in the contemporary literature, namely the idea that the neuropathic disposition as decisive in the Aetiology of the neuroses. Against this paradigm Freud had brought to the fore his trauma theory: decisive in the aetiology of the neuroses are accidental (traumatic) experiences. But when he found that the frequency of these traumatic events were overestimated, and, more importantly, when finding that children were often actively involved in sexual activities, the accidental (traumatic influences receded more into the background, and the constitutional factors “gained the upper hand once more” (Freud 1906, p. 275). But now, the generally human “‘sexual constitution’ took the place of a ‘general neuropathic disposition’” (Freud 1906, p. 276). *Three Essays* was a text meant to deliver exactly such theory of a sexual constitution from which both the normal sexual development and the sexual variations and aberrations could be understood (Freud 1906, p. 277).

There are three important implications of these developments in Freud’s that culminate in *Three Essays* for psychoanalytic theory and its

possible applications in the humanities. Firstly, as Freud writes in a footnote in *Three Essays*, “the pathological approach to the study of inversion has been displaced by the anthropological” (Freud 1905, p. 139). In other words, those cases that in the contemporary paradigm were considered to be abnormal (unnatural and pathological) and were evaluated in sharp contrast to normality should actually be regarded as variations grounded in a general human sexual constitution. When psychopathologies are merely variations relative to normal psychic life, the study of such pathologies becomes a study into the psychic forces and patterns that constitute human life as such.

Secondly, the new paradigm regarding the relation between pathology and normality produces the idea of what can be called a “pathoanalysis of existence” (Van Haute 2005; Van Haute and Westerink 2016a). The anthropological approach means that human psychic life can best be studied from the perspective of the psychopathologies, i.e. from the perspective of its exaggerated and magnified variations. Human psychic life can best be studied from the perspective of these psychoneuroses, because these mental illnesses cannot be explained in terms of an organic defect or as the sole result of an accidental factor. Moreover, the psychoneuroses *par excellence* presents themselves as merely exaggerations of normal psychic life (Freud 1905, pp. 160-161), because both the psychoneuroses and so-called normal mental life are grounded in the same sexual constitution. This is one of the major reasons why Freud brings in hysteria in *Three Essays* (p. 163ff). Hysteria is a pathology quite “near” to normality and at the same time it is characterized by higher than average quantities of sexual energy, by intensified and excessive repression and by corporeal symptom formations that appear to be magnifications of normal corporeal expressions of the always more or less unstable human emotional life. The psychoneuroses are near to normality, notably because of the role of repression and resistance, and the instability or failure of these mechanisms. The differences between the various psychoneuroses are not depending on the nature of the drives, but on the psychic constellation and the scenes of expression (Van Haute and Geyskens 2013, p. 117).

Thirdly, there is the fact that pathologies can no longer be viewed as a group of disorders or diseases originating from inherited defects,

degeneration or deterioration of the brain and nerve system. Instead moreover, they appear as variations relative to normal mental life. The distinction between abnormal and normal mental life is related to biology since it is the quantity and urgency of the drive energy that is the decisive constitutional factor in the aetiology of the neuroses. Yet also this distinction should be considered relative to cultural moral conventions and the subsequent loci and severity of repression. Freud even suggests that the sexual constitution itself varies “with the different degrees of culture and education” (Freud 1906, p. 279). This obviously implies that the analysis of culture has to be included in the new anthropological approach.

Freud’s considerations on this point mainly deal with two related issues. The first issue concerns the question which drives (and to what extend) are considered to be useable and admissible in cultural life. In his 1908 essay “‘Civilized’ Sexual Morality and Modern Nervous Illness” he deals with this issue exploring three cultural stages in which the sexual drives are evaluated and organized in different ways. Freud argues here that the exclusion of a number of individuals as perverts and the creation of a number of people as neurotics depends on the societal distribution of sexual freedom and constraint. The latter group is especially important, since these individuals succeed in the repression of perverse impulses for a large part due to the pressure from the outside world (culture) but only at the cost of other symptom formations that are equally damaging to the individual and equally unusable for society. These neurotics succeed in adaptation to cultural demands but pay a high price, and because of this Freud criticizes the severe restrictions of contemporary cultural morality.

This leads to the second issue. Already in his earlier writings from the 1890s, Freud had argued that cultural morality cannot be the only source of repression, because the perversions show that when the quantity of sexual energy is large enough and when psychic reaction formations (disgust, shame, etc.) are not produced, cultural morality is easily dismissed (Westerink 2009, pp. 25-30). In his *Three Essays* he therefore formulates the impact of culture (morality, education) in terms of deepening, straightening and strengthening the “dams” and “patterns” that resulted from “organically determined” counter forces (reaction formations) spontaneously repressing feelings of unpleasure and limiting the

sexual impulses (Freud 1905, p. 34).² What was first “organically” and spontaneously repressed is only later – after socialization in culture – associated with concrete representations.³ In other words, cultural demands and constraint only have strong impact on the individual when they can relate to already formed psychic dams and patterns. We may therefore expect that cultural demands and constraints are conceptualized in such a way that they can connect with these psychic structures, and vice versa, we may expect that certain cultural phenomena on a collective level exhibit psychic patterns, structures, and mechanisms. Such relations between psychic life and cultural phenomena are the starting point for applied psychoanalysis.

FROM RELIGION AS *DURCHBRUCHSTELLE* TO “NEUROTIC RELIC”

From what we have said thus far, it becomes clear that the “anthropological” and pathoanalytic approach is intrinsically linked with a certain view of culture. Culture demands renunciation of the drives, and ideally the cultural demand of renunciation is not too severe and does not produce too much pressure on the individuals who are always already potentially in danger of becoming psychoneurotics. It is from this notion of culture that the psychoneuroses can be said to be “nearer” to normal psychic life: both in the psychoneuroses and in normal human existence we find the (failure of) repression of drives. The actual production of the psychoneuroses is largely based on the societal

² Reaction formations are psychic counter forces that are spontaneously constructed in order to repress the unpleasure that somehow results from sexual excitation. The crucial point here is that shame and disgust are seen as the “organically determined” limitation of the sexual drive without the involvement of external objects, norms and principles. In 1906 Freud writes that his views on organic sexual repression were a crucial aspect of his theory of sexuality, that is to say, a theory in which the essence of sexuality could be described in terms of pure physiological processes (Freud 1906, pp. 278-279).

³ The theory of a first organic repression and a later repression through (cultural) representations is linked to the trauma theory we find (for example) in Freud’s Dora case. The first trauma in childhood is characterized by a spontaneous reaction of disgust and a pre-representational equation of the sexual and “dirt.” In the second trauma (in puberty) the early rejection of the sexual is linked to concrete representation infused by knowledge of sexuality and reproduction, of sexual difference, and of cultural norms.

distribution of sexual freedom and constraint. The more severe the cultural demands are, the higher the number of psychoneurotic individuals (Freud 1908). This is why Freud can say that the distinction between the normal and the abnormal is first of all a matter of societal convention—the identification of the abnormal automatically produces psychoneuroses because of the cultural demand to repress the impulses engaged in the abnormal. The notion of cultural “safety relieve valves” follows from this view of culture and from the Freudian perspective of the drive as a constant pressure, and of pleasure as the release of tension. As we have seen, these valves are those cultural phenomena that are necessary to sustain culture but without being immediately practically involved in the maintenance of the life of the group or the individual.

As we have seen, Rank and Sachs list three such phenomena—religion, myth, and art. In *Totem and Taboo*, Freud will also mention three: art, religion and philosophy (Freud 1912-13, p. 73). These cultural phenomena are regarded to be creations of human psychic life, i.e. expressions of a collective of individual psyches (Rank and Sachs 1912, p. 1). As we have seen these phenomena are intrinsically linked to the psychoneuroses since both present *Durchbruchstellen* of unusable, non-functional drives. Such cultural phenomena that stage (express, canalize, redirect) repressed and unusable drives show on a collective level the basic architecture of the psychoneuroses and human psychic life: a body with symptoms, repression and release of tension, pleasure and phantasy (representations), et cetera.

One can recognize the contours of an applied psychoanalysis in which all kinds of apparent analogies between strange religious phenomena or bizarre works of art and the different psychoneuroses are explored. Yet, Freud did not further radically pursue or systematically elaborate the pathoanalytic perspective on religion and art. He did not systematically study religion (or art and philosophy) from the perspective of a *variety* of psychoneuroses as “theatrical stages” where unusable drives and psychic conflicts are “realized” (*verwirklicht*) and manifest themselves in an almost infinite range of forms and situations (Freud 1905-06). Nor did he further study extraordinary cultural phenomena in relation to the totality of culture, i.e. the relation between the “normal” culture in which the drives are made practical and those “abnormal” phenomena manifesting

unusable drives. Instead, he will for the most part follow a different line of approach that I will briefly sketch and discuss.

In *Totem and Taboo*, Freud famously stated that hysteria is a caricature of art creations, obsessional neurosis a caricature of religion, and paranoia a caricature of a philosophical system (Freud 1912-13, p. 73). This exclusive association of obsessional neurosis with religion has two major consequences. The first is that the whole study of religion becomes focussed on those characteristics of religion that can be reviewed in analogy with its "caricature," obsessional neurosis. Hence, Freud is hardly interested in for example the corporeal expressions of emotional life in religious phenomena such as demonic possession or ecstasy. Also, he seems hardly interested in the systematization and rationalization of faith and the longing for a hidden and yet transparent order in for example religious doctrines. Such emotional and cognitive aspects of religion that might be illuminated from the perspective of hysteria or paranoia are hardly explored. And even when he mentions such aspects of religious life they are sooner or later subsumed under an oedipal and developmental perspective that gains him upper hand in Freud's theory in the period he is working on *Totem and Taboo*. Apparently, for Freud there is neither an obvious reason why religion should be studied from other perspectives nor is there any reason for studying any other aspects of religion than those that can be approached from the perspective of its caricature, obsessional neurosis.

This narrowing view of religion is entangled with another major thesis. In *Totem and Taboo* Freud for the first time explicitly identifies the Oedipus complex as the nuclear complex not only of obsessional neurosis, but of *all* the psychoneuroses. As a result, obsessional neurosis becomes the *primus inter pares* among the psychoneuroses. And here we witness a second consequence of the exclusive association of religion and its caricature: religion becomes the primal subject in Freud's cultural studies and applied psychoanalysis. Religion is the cultural phenomenon *par excellence* where one can study oedipal dynamics on a cultural level—an analogy to the oedipal complex found in obsessional neurosis. After *Totem and Taboo* Freud still occasionally writes on art, but there are only relatively few and short texts in comparison with the period before. Philosophy will never be the subject of an essay or larger study. Because of the claimed centrality of oedipal structures that are

regarded to be timeless and universal the importance and impact of the fourth essay of *Totem and Taboo* for Freudian applied psychoanalysis cannot be overestimated. Religion is here solely considered from the perspective of obsessional neurosis and its nuclear oedipal complex characterized by the organization of the drives in relation to the child's first objects (parents).

Freud's initial pathoanalytic approach of religion is not only limited through the focus on the analogy between religion and obsessive neurosis, while disregarding other possible analogies. More importantly, in Freud's writings the pathoanalytic approach is undermined through the turn to a developmental perspective that increasingly will determine Freud's theories. In the first edition of *Three Essays* this developmental perspective was almost absent (Van Haute and Westerink 2016a, 2016b). Freud however progressively introduces a developmental perspective in his theory of sexuality. This has important methodological and theoretical implications. It implies a redefinition of the relation between normality and pathology. The focus is no longer on continuity between the two. What gains the upper hand is the notion of a "normal" development through various stages and phases on the one hand, and a series of inhibitions (compare with Freud 1913) that result in aberrations and distortions on the other hand. In short, the developmental perspective makes it possible to clearly distinguish normality from pathology again.

In applied psychoanalysis this means the introduction of a new analogy, namely between psychic development and cultural development. The result of this can best be witnessed in *The Future of an Illusion*. At first sight, in this text again a pathoanalytic approach comes to the fore, notably when Freud mentions the oedipal aspects of religion one can also find in obsessional neurosis, or when he draws a parallel between the religious systems of wish illusions and the "blissful hallucinatory confusion" found in amentia (Freud 1927, p. 44). However, these aspects of the text that point toward a pathoanalytic approach, are taken up in more predominant train of thought. In *The Future of an Illusion*, Freud strongly underscores cultural development analogous to individual development. From this perspective he argues that the vicissitudes of religion in the modern era should be compared to most infantile neuroses that spontaneously dissolve in the normal development toward adulthood (p. 43). From this line of reasoning Freud can now write that religion can be considered "the

universal obsessional neurosis of humanity.” Religion is an obsessional neurosis, not because of the analogies Freud had mapped in previous writings such as *Totem and Taboo*, but because both religion and obsessional neuroses can be seen as inhibitions in developments. Like neuroses can spontaneously be overcome in the course of a person’s development, religion is subjected to “the fatal inevitability of a process of growth” in culture of which the outcome is already determined. The religious teachings are as it were “neurotic relics” and “we may now argue that the time has probably come, as it does in an analytic treatment, for replacing the effects of repression by the results of the rational operation of the intellect” (p. 45). Religion inevitably becomes outdated when one adopts a scientific, realistic, and healthy attitude towards life—just like the children’s narcissistic wishes and needs are overcome in adulthood through a more realistic assessment of life and its limitations.

The outcome of these developments is that a Freudian pathoanalytic approach of religion, art, and philosophy was never fully realized and systematically applied, although the idea that normality should be studied from the perspective of pathological exaggerations was the original starting point for applied psychoanalysis in the humanities. Freud’s focus on the Oedipus complex as the nuclear complex of all the psychoneuroses and his turn to a developmental approach implied that the various psychopathologies could be seen as defects, aberrations and distortions of a normal development. As a direct consequence, the psychopathologies lose their general anthropological relevance as they now merely describe the aberrations and deviations from the normal psychic life and development.

FROM HYSTERIA TO OBSESSIONAL NEUROSIS: TOWARDS OEDIPAL HATRED

In the previous sections it was argued that the first turn to an applied psychoanalysis was based on two crucial moments. First, there is the pathoanalytic perspective Freud develops in the 1905 edition of *Three Essays* and other texts from that period. Second, there is the idea of cultural phenomena as *Durchbruchstellen* of the unusable, non-functional drives. In *Totem and Taboo* the notion of religion as theatrical stage of unusable drive impulses is still present. One only needs to think of the Eucharist as the Christian form of the exhibition of perverse cannibalistic impulses (Freud

1912-13, pp. 154-155). But, the idea of religion as theatrical stage of various partial sexual drives is eclipsed by another train of thought in which the focus is on the antisocial, destructive drives and the subsequent repressive cultural morality on the one hand, and religion as the domain in which the ambivalent and guilt-laden relation with the father is manifest and symbolically articulated. Instead of a pathoanalytic approach in which religious phenomena are studied from the perspective of the *variety* of psychopathologies, the study of religion will solely evolve around the one nuclear complex of oedipal dynamics—aggression, ambivalence, identification, the father figure, and guilt and conscience formations. It is from this development that we can begin to understand why, for example, the model of hysteria was not applied in the analysis of religion. First, in his major studies on hysteria, Freud does not describe hysteria in oedipal terms, i.e. the theory of hysteria in for example the Dora case is a non-oedipal theory. Second, the central “complex” of hysteria concerns the problem of sexuality and its repression (through disgust), not the problem of aggression.

In his studies of obsessional neurosis from the period between *Three Essays* and *Totem and Taboo* we can witness what, far from self-evident, theoretical choices Freud made and how gradually the theory of the Oedipus complex (or more precise, the father complex) took shape and would be introduced in *Totem and Taboo* as the nuclear complex of all the psychoneuroses.⁴ His early intuitions on the relation between obsessional neurosis and religion are still very close to his early drive theory from 1905. In his short article “Obsessive Actions and Religious Practices” (Freud 1907), Freud points out that religion is not so much concerned with the repression and cultivation of the obsessive neurotics’ sexual impulses, but with anti-social, destructive drives. As the nature of

⁴ Although it has often been argued in secondary literature that Freud “discovered” the Oedipus complex in the period of his self-analysis preceding the publication of *The Interpretation of Dreams* (1900), it is more correct to say that first articulated the emblematic quality of the Oedipus myth, but in fact introduced the Oedipus complex much later. After all, the first text in which the Oedipus complex is mentioned as such is a short text from 1910 (“Five Lectures on Psycho-Analysis”). A full description and articulation of the Oedipus complex can only be found in writings from the 1920s. It is therefore appropriate to speak of a gradual “oedipalization” of Freudian theory and thought. This implies that there is a “non-oedipal” Freudian theory. On this issue see Van Haute and Geyskens (2012) and Van Haute and Westerink (2016a, 2016b).

aggression, Freud seems primarily to have anger and rage in mind, since he refers to the displacement (*Verschiebung*) as typical mechanism in anger and rage that plays a central role in obsessional neurosis. Also, one can detect the reasoning on reaction formations from 1905; there is a powerful aggressive impulse on the one hand, and a powerful reaction formation against the rage and anger in the form of anxiety and conscientiousness on the other hand. This anxiety will in fact serve as a defence mechanism against an always-anticipated outburst of anger. What characterizes obsessional neurosis is the anxious anticipation of and protection against the ill which is expected" (Freud 1905, p. 124; Westerink 2016), i.e. of an aggressive drive in search of a theatrical stage.⁵ In this context religion offers something like a "safety relief valve." Freud highlights the religious representations of revenge and religion's role in redirecting and satisfying aggressive impulses in and through phantasy ("Vengeance is mine, saith the Lord") (Freud 1907, p. 127). This is still very much in line with what Rank and Sachs called *Durchbruchstellen* od unusable drives, and the idea that extraordinary cultural phenomena such as religion could be approached from the perspective of the various psychoneuroses.

The case of the Rat Man is of crucial importance for the further developments of Freudian theory on aggression and the role of the father figure. When reading the case history – the first part of the text – one cannot but notice that the Rat Man is suffering from outbursts of anger and his anxious reactions against and anticipations of these outbursts. At crucial moments in the case history we learn about the Rat Man's anger occasionally bursting out when someone obstructs his intentions. Freud claims that the Rat Man's successive outbursts of rage—against an old professor that occupies a room next to a nurse that he fancies, against his fiancée who stays with her grandmother instead of visiting him, against the cousin (Dick) of a woman he admires, et cetera—are nothing but replays of an infantile scene of "a terrible rage" that was triggered when his father had forbidden him to do "something naughty." This sudden outburst of anger made a "permanent impression" on the Rat Man, not so much because of the father's reaction (he stopped beating the little boy and said: "This child will either be a great man or a criminal!"), but because the Rat Man developed "a fear of the

⁵ In this context the role of the father is highlighted, and the Oedipus complex is not even mentioned.

violence of his own rage” (Freud 1909, pp. 205-206). This fear was not the direct result of the frustrating intervention of the father, but a spontaneous reaction formation of anxiety. So far, the case history is in line with Freud’s ideas from 1907.

Given this central issue of rage/anger and anxiety, one might expect Freud to expand on these dynamics between drive and reaction formation in the theoretical part of the text. And yet, in this part of the text Freud does not even mention anger or rage. In the theoretical discussion of the case history Freud instead focusses on the problem of the sadistic component of the sexual drive and the complex way in which this component contributes to the hatred of objects, notably the father figure who is always already and evidently present as an important authority figure in the life of a child (Van Haute and Westerink 2020). In other words, Freud does not so much focus on the primal scene as an outburst of anger and the subsequent reaction formation, but on the scene as the moment where the sadistic component of the libido connects with the naturally present father figure thus infusing hatred of the father. The scene marks the moment the relation with the father becomes “sexualized,” that is, infused with sadistic impulses. In other words, the scene marks the moment when the strong ambivalence of love and hate as grounded in the sadistic component of the libido (Van Haute and Westerink 2020, p. 240) is “bound together” with the choice of one’s love object and the depreciation of other objects (p. 238). The terrible rage in the primal scene is thus interpreted in terms of hatred of a specific object (Van Haute and Geyskens 2013; Westerink 2016). The fit of rage is seen as a manifestation of an already latent hatred of the father. The father complex is subsequently put to the fore as the nuclear complex of the obsessional neurosis: “We may regard the repression of the infantile hatred of his father as the event which brought his whole subsequent career under the dominion of the neurosis” (Freud 1909, p. 238).⁶

⁶ We should notice that Freud only first explicitly associates obsessional neurosis with the father complex in the case of the Rat Man (Freud 1909). In much earlier texts such as Manuscript K from 1896 Freud defines obsessional neurosis without any reference to the father figure. In that text he argues that a primal pleasurable sexual experience spontaneously produces a self-reproach which is then repressed not because of any new inside or outside interventions, but because the reproach produces and unpleasure. According to Freud, this first self-reproach or sense of guilt is without any content. It is strictly defined in terms of a reaction to the experience, and it will only later – in or after puberty – connect with a content (Freud 1892-97).

In the Rat Man case we can thus witness how Freud shifts attention from anger/rage and anxiety, via the notion of the sadistic component of the sexual drive, towards the hatred of interfering and depreciated objects. Parallel to this there is the shift from reaction formations as the inner limitations of the drives towards (the societal need of) prohibiting interventions of the father (and moral authorities) frustrating and obstructing the realization of aggressive impulses.

The turn to the role of the father in the case of the Rat Man (and in other texts from that period) is confirmed and further advanced in *Totem and Taboo*. As regards the nuclear complex in this text, the significance of a paradoxical and often unnoticed presumption in this text should not be overlooked. Already before culture originates there is a cultural formation (family life – primal father, mothers, sons) which Freud introduces as man's natural state in which the drives have objects (mother, father) and aims (reproduction, power/status). This is an important presupposition that reflects a major change in his thought, at least in comparison to the 1905 edition of *Three Essays*. As we have seen, he had reasoned there that the sexual drive finding satisfaction in random objects and aims runs counter to its own limitations in the form of reaction formations. In *Totem and Taboo* the drama of the origin of culture—morality, religion, social organizations—unfolds as based upon naturally given (pre-cultural) objects and aims. Freud in effect argues that this primal hatred of the father, like other aspects of the Oedipus complex (love, guilt), is inherent to the human psychic life, i.e. it is an inborn human tendency (Blass 2006; Westerink 2009). It is for this reason that he does not describe this natural state, the primal events and its consequences in terms of drives and reaction formations, but in terms of the ambivalent feelings of love and hate, identification and mourning—these are central concepts in Freud's later work that always already include the primacy of certain object relations. From earlier writings (including the first part of the Rat Man case) we could imagine another train of thought in *Totem and Taboo* running from (centuries of) brutal acts of cannibalism and sexual violence via reactions of disgust, shame, anxiety and compassion as the drive's inner limitations towards the first collective taboos deepening and strengthening these “patterns.” But Freud takes a different path connecting again with the psychiatric literature that he distanced himself from in the 1905 *Three Essays*. The drive is again seen as intrinsically linked to specific objects and aims.

We don't need to explore this issue in further detail in order to recognize that the implications of this train of thought for the psychoanalytic interpretation of cultural phenomena such as religion is far-reaching. Apparently, all forms of aggression as expressed in for example rituals or as articulated in religious teachings (such as anger, wrath, hostility, destruction, punishment, judgment, et cetera) can now be reduced to hate of an object. Also, the hate towards any object can always be traced back to hate of the father (of which every object is a substitute object). And hence, when applied to religion this means that every religious phenomenon, any case material or particular history in which aggressive impulses play a role can be linked to the father complex. In short, underneath the *variety* of relational issues articulated or expressed in religion Freud will now always be able to detect the *same* nuclear complex. But in doing so, he is eventually only able to describe a specific form of religion, namely the one in which obsessional thought and behavior originating from an unconscious oedipal complex (ambivalence, sense of guilt) is at the heart of a religion characterized by strict ritualistic behavior, moral-religious habits, and obedience to authorities and teachings. Religion is that part of culture in which the sense of guilt and the father complex are cultivated as the strongest possible motives for the repression of aggressive impulses and for the enforcement of proper relations between human beings. It is intrinsically linked to cultural morality and social organizations that demand the renunciation of anti-social drive impulses. What is more and more lost from sight are those aspects of religion that present themselves as theatrical stages of powerful passions and phantasies.

A pathoanalytic approach of religion in fact runs counter this form of reductionism since its premise consists of the idea that the various pathologies are magnifications of certain psychic, forces, patterns and constellations that inform us about *different* aspects of general human psychic life and *different* aspects of highly complex cultural phenomena such as religion.

THE PATHOANALYTIC APPROACH AND THE PROBLEM OF UNIVERSALITY AND REDUCTIONISM

From the previous we can begin to understand why Freud's pathoanalytic approach of cultural phenomena was never fully developed and

explored. The introduction of the Oedipus complex and the turn towards a developmental perspective prevented Freud from a systematic pathoanalysis of religion, art, and philosophy. Having said this, I could raise the question as to what the potential of such a pathoanalytic approach would be, and what the conditions of such pathoanalysis of cultural phenomena would have to be. One of the main problems in an answer to these questions concerns the status of the psychopathologies. For Freud hysteria, obsessional neurosis and paranoia—and later also melancholia—were the preferred psychopathologies. But can it be maintained that these psychoneuroses can still serve as point of reference in a contemporary applied psychoanalysis? Does not the history of psychiatry and psychoanalysis show us that nosological categories come and go, or describe different clinical phenomena in different era, and can thus hardly function as stable references?

In what follows I will show that at first sight Freud's views on the psychoneuroses as pathological constellations that are supposed to remain "essentially" unchanged and can be identified everywhere and throughout all times,⁷ constitutes a problem for the pathoanalysis of human existence and of cultural phenomena. I will, however, also argue that Freud's own characterizations of the various psychoneuroses produce some insights that point towards a model that helps us to overcome some of the major problems in a Freudian pathoanalysis of existence.

In order to understand the main problems involved in the project of a pathoanalysis of existence in the field of applied psychoanalysis, it is important to see that Freud and scholars such as Rank and Sachs argue that even though the psychoneuroses are produced in culture, their psychic constellations and scenes are always and everywhere the same, independent of any specific cultural context. There is historical development of religions (from totemism to advanced monotheistic religions), there is development in philosophy (from animistic philosophies of life to Schelling's philosophy of nature [Freud 1912-13, p. 76]), and there is development in art (from

⁷ This is notably confirmed in *Totem and Taboo* in the idea of the universality of the Oedipus complex as the nuclear complex of all the psychoneuroses and as the nuclear complex of all cultures, religions, morality and social organizations.

Oedipus Rex to *Hamlet*⁸). But though psychopathologies are produced in culture, Freud and his early followers do not see them as historical constructs. The dynamics and components, i.e. the central “complexes” of the various psychoneuroses are not considered to be produced and embedded in a specific cultural-historic context. Despite the fact that he considers the distinction between normal and abnormal a matter of social convention, and despite the fact that he recognizes cultural developments and formations, he never questions the status of the psychopathologies as such. In fact, Freud’s claim in *Totem and Taboo* that the Oedipus complex is the nuclear complex of the psychoneuroses, of all human psychic life and of culture, religion, morality, and social organizations, gives impetus to the idea that the psychoneuroses also are universal psychopathologies.

For Freud it seems to be fundamental that the psychopathologies are no historical constructs bound to a specific cultural context. After having dismissed the predominant neurological approaches of his time, he puts to the fore the significance of the sexual constitution of man (polymorphous-perverse nature of drives; drive components). The psychopathologies are now first of all defined in terms of quantity and intensity of the drives. They are thus no longer defined as organic defects contrasting a normal physical constitution, but as intensification of general human psychic forces. The psychopathologies are constitutionally based exaggerations of the forces and mechanisms that define human nature. Because of this relation to the nature of the drives Freud basically considers the psychopathologies as non-arbitrary categories or types organized by laws of nature (for example Fechner’s equilibrium principle) and causal explanations (for example the relation between drive energy and drive release). Individual lives throughout the ages and various collective cultural formations seem to be merely appearances of *the same* underlying constitutional mechanisms we find in human nature (compare to Hacking 2007; Koslicki 2008).

Do the psychoneuroses describe the hidden reality under a variety of cultural manifestations? Let me explore this by means of an example:

⁸ In *The Interpretation of Dreams* Freud argues that both Sophocles’ *Oedipus Rex* and Shakespeare’s *Hamlet* stage the neurotic conflict between drive and morality, but also differ according to the cultural context in which these plays were created: in *Oedipus Rex* man’s desires are directly acted out whereas *Hamlet* continuously represses the desire to kill his father (Freud 1900, pp. 241-276).

Freud's occasional remarks on demonic possession (see also, Westerink 2014). In a letter to Wilhelm Fliess on January 17th, 1897 Freud writes that he is surprised to find that the old theory of demonic possession is "identical" (*identisch*) with key aspects of the theory of hysteria. This notably concerns the fact that one finds a split consciousness in hysteria, i.e. the presence of an internal strange object that seems detached from other mental representations and that behaves like an infiltrate resisting approach (Freud 1892-97, p. 242). More than 25 years later he repeats this basic intuition when he writes: "We should not be surprised to find that, whereas the neuroses of our unpsychological modern days take on a hypochondriacal aspect and appears disguised as organic illnesses, the neuroses of those earlier times emerge in demonological trappings." And he adds: "The states of possession correspond (*entsprechen*) to our neuroses, for the explanation of which we once more have recourse to psychical powers" (Freud 1923, p. 72).

The question is how to interpret the words "identical" (*identisch*) and "correspond" (*entsprechen*). The most obvious way to answer this question would be to say that Freud uses the word "identical" in a way one could describe as a Charcotian style of reasoning⁹ that appears to be predominant also in Freud's writings. In this view the demonic possession in early modern times is actually nothing but hysteria unrecognized. Because of lack of scientific knowledge, language, and practices, the corporeal and psychic manifestations visible in the phenomenon were interpreted in the religious worldviews and language available and could therefore not be identified as what the phenomenon in reality actually was. In this view "identical" indicates that the phenomenon formerly called demonic possession was actually and really hysteria. It is only because in our time and age we have a better, scientific understanding of the natural world and hence also of human nature that we know what demonic possession in reality was: hysteria.

The problem with this view and attitude becomes apparent in issues partly already mentioned before. First, there is the problem of reductionism as an aspect of the identification of something *different* in terms

⁹ Jean-Martin Charcot and his colleague D.M. Bourneville at the Paris Salpêtrière founded the *Bibliothèque diabolique* (1882-1902), a series of reprints of classic texts in which accounts of possession, mystic ecstasy and witchcraft were reinterpreted and explained in terms of hysteria (Westerink 2014).

of the *same* while excluding all other aspects from consideration. Different historical phenomena can then be identified as and reduced to one and the same neurotic complex. This reductionism we find in (Charcot and) Freud is part of a positivist scientific style of reasoning typical of the late nineteenth century natural sciences—the context in which Freud was educated and trained. Also, this approach to demonic possession reflects a radical but also problematic enlightened attitude towards religion, i.e. the view that religion is a composition of outdated knowledge and practices no longer of use in a scientific era. This train of thought is confirmed in *The Future of an Illusion*—a text in which Freud set to scientifically “explain” religious faith.

Another problem concerns the definitions and stability of psychiatric taxa. Freud is aware of this problem when he writes that whereas Charcot “identified the manifestations of hysteria in the portrayals of possession and ecstasy” it would in fact “not have been difficult to retrace in them the subject-matter of a neurosis” if more attention had been paid to the individual case histories (Freud 1923, p. 72). Freud is indeed forced to this new evaluation of possession not only because of the gradual disappearance of hysteria from psychiatric literature (Micale 1993), but notably also because the Charcotian type of hysteria and the depiction of its characteristics was not identical with the hysteria Freud studied and analysed.

Yet another problem concerns the historical relation between demonic possession in early modernity and hysteria or melancholy, but one of a different kind then suggested by Freud. The emergence of modern conceptualizations of mental illnesses such as melancholy and hysteria is deeply rooted in modern religious movements and confessions, the controversies and rivalries between them, the turn to subject as the locus of faith, and the new models and possibilities of religious subjectivity developed in the early modern age (Westerink 2019). In the context of intensified religiosity and increased pastoral interference in religious lives different forms of demonic possession emerge that, because of their excessiveness and uncontrollability, are soon associated with mental illnesses. This development cannot simply be translated in terms of better scientific knowledge or attempts to “recapture the disease from the realms of religion and magic” (Micale 1995, p. 21). New spiritual and medical perspectives on possession first appear strictly within a religious context and the mutual (religious and secular) effort

to interpret and understand the various “sicknesses of the soul” produced in that age of intensification of religious life and the in-depth Christianization of all the domains of everyday life through pastoral discourse and spiritual direction (Foucault 2003, p. 177).

It is against the background of religious discourses and practices organizing new modes of religious subjectivity that we can understand both the appearance of specific forms of intense religious experiences and manifestations, and the emergence of a new medical literature interested in the psychic aspects of reconceptualized mental illnesses. Paradigmatic are the association of corporeal demonic possession with hysteria from the early sixteenth century onwards¹⁰ and of spiritual demonic possession (spiritual struggles, spiritual abandonment) with melancholy.¹¹ Freud does/could not recognize the fact that the conceptualizations of the various psychoneuroses are deeply rooted in early modern religious contexts and are thus historical constructs, as far as their psychological content and contours are concerned (hence, as far as they are not caused by organic defects). Instead he seems to hold on to the idea that “our neuroses” are scientifically established facts. They can therefore help to explain different phenomena that may be seen as shapes and disguises of the same neurotic complexes can explain different phenomena that all prove to be

¹⁰ The first to interpret the symptoms of demonic possession as hysterical is an English physician named Edward Jorden, in *A Briefe Discourse of a Disease Called the Suffocation of the Mother* from 1603. The decorum of this text is the on-going religious controversies in his time, notably between puritans who successfully practiced exorcism and Anglican clergy opposing these practices. It is telling that Jorden wrote his treatise after being commissioned by the Anglican bishop of London (Bonzol 2009; MacDonald 1991; Rousseau 1993; Su 2004)

¹¹ It was Luther who made a distinction between demonic possession of the body and of the soul. The latter form – which one might call the “Faustian” type of possession – was particularly highlighted as the type that merely describes the sinner’s radical estrangement from God. The devil is here always the opponent who tries to incite man’s godless natural sinful and evil propensities and separates man from God. These spiritual attacks and this awareness of sinfulness take the form of despair, anxiety and sadness that necessarily precede faith. Luther’s concept of spiritual attacks and its constitutive function in faith plays a central role in sixteenth century Lutheran comfort literature in which the medical, moral and spiritual aspects and treatment of melancholy are described. In this literature we find a growing interest in forms of sadness, despair and anxiety that are not caused by some physical process, but that are solely related to unbelief and the lack of experience of God’s presence (Gowland 2006; Midelfort 1999).

different shapes and disguises of the same complex found in all human beings. According to Freud, the early modern “demonological trappings” can thus be identified as “our neuroses.”

TOWARDS A PATHOANALYTIC APPROACH OF RELIGION?

Can the problem of reductionism in Freudian thought be overcome? Can we advance a pathoanalysis of human existence and of religion in a way that accounts for the historicity of nosological categories? In order to answer this question, we might again look want to look at the characteristics of the psychoneuroses and of the pathoanalytic approach. With regards to this approach, we should first highlight that at the heart of a Freudian pathoanalysis of cultural phenomena we find the notion of “analogy.” The idea that obsessional neurosis can be seen as a caricature of religion, does not express that religion is “nothing but” or “identical with” obsessional neurosis. In the strictly sense, it means that one can draw analogies between the central “complex” one finds in obsessional neurosis and some aspects of religion. We have already seen that notably in his later writings Freud undermines this principle. We have seen this happening in *The Future of an Illusion*, where Freud through the application of a developmental perspective writes that religion can be considered to be “nothing but” the universal obsessional neurosis of humanity. However, this undermining of the pathoanalytic approach by Freud himself does not mean that this approach cannot be further developed. For such project it is vital to interpret notions of “identical” (*identisch*) and “corresponding” (*entsprechen*) in terms of “analogies.” Freud’s 1907 article “Obsessive Actions and Religious Practices” provides an—and likely the best—example of this approach.

When we turn our attention to the various psychoneuroses and their various complexes, we should note that, according to Freud, the psychoneuroses have two important traits in common. First, they are caricatures of normal, more or less stable psychic constellations, always produced in a certain cultural context in which there is a certain consensus on normality (and abnormality) and in which there is pressure on the individual to live and behave accordingly. Second, the psychoneuroses can be defined in terms of inner conflict, and they can be distinguished from

one another by means of the different loci and mechanisms involved in the conflict. In hysteria the conflict concerns intensified (bi-)sexual needs and the repression of these needs through disgust, located in an organic disposition full of energetic tension (erogenous zones, internal excitation). In obsessional neurosis the conflict is between the sadistic component of the sexual drive and the repressive cultural morality represented by the active prohibiting father. This results a sense of guilt which should be distinguished from the self-reproaches that characterize melancholy, since the latter is about a narcissistic problematic concerning narcissistic object choices, disappointment, and the inner dynamics between oneself (conscience) and oneself (ego). In paranoia the scene of the inner conflict concerning homosexual impulses is the relation with reality. What we thus find in the various psychoneuroses is a *variety* of psychic conflicts and scenes. The psychoneuroses do not point at one nuclear complex beneath a variety of appearances but can actually better be understood as *different* constellations in which an inner conflict is staged.

Also, the idea that the psychoneuroses can be seen as culturally and historically determined constructs needs to be taken seriously. The psychoneuroses Freud is studying and describing are what Ian Hacking has called “possibilities for personhood” bound to a historical context in which the psychoneuroses appear as category and in which a body of knowledge and practices is developed classifying and constituting a group of subjects as psychoneurotics (Hacking 2002, p. 107)—just like in early modernity the main types of demonic possession appear on the scene as possibilities for personhood in the context of the intensified Christianization of all domains of life.

Having said this, one can provide a basic outline of the conditions for and characteristics of a pathoanalysis of cultural phenomena such as religion. Both corporeal demonic possession and hysteria show how the presence of and conflict with an internal strange object that seems detached from other mental representations finds its expression in corporeal manifestations such as convulsions. In both cases the sexualized excitable body is the scene of conflict between affect-laden representations. Both in spiritual demonic possession and in melancholy we find sadness and despair in relation to loss of love (that is, loss of being loved by an object) and a deep concern about and dramatic preoccupation

with one's own life (and death) in face of this loss, a preoccupation with oneself as the scene of conflict between inner powers that determine the self-image (conscience and ego). In these two examples, there appears to be an analogy between different phenomena—the different scenes of inner conflicts, and various successive disguises that can be traced through history... they reveal corresponding complexes, i.e., relations (associations) between psychic representations and affects (compare De Certeau 1988, 294-295). These varieties of shapes and disguises thus all inform us about (aspects of) human psychic life as such.

For the pathoanalysis of existence this is important, because we can proceed from this arguing that aspects of normal psychic life—normal defined in terms of conventions—in a specific cultural context can be studied from the perspective of the “caricatures,” the exaggerated variations, produced in that same context. Such exaggerated forms inform us about (the genealogy of) subjectivity in a specific context, but also provide insight in more general human psychic forces, patterns, and constellations. From this perspective, corporeal demonic possession can be seen as an abnormal religious phenomenon emerging as an after-effect of early modern in-depth Christianization and pastoral investment in the examination of the sinful movements of the body. It can inform us about the body as the “theatrical stage” of the conflict between concupiscence (sexual pleasures and desires) given weight in post-Tridentine conceptualizations of sin and practices of penance on the one hand, and the outside powers that want to organize and control these pleasures and desires of the flesh. In this way it informs us about the excitable body as the scene of conflict of sexual pleasures, repression and the failure of repression. Thus, it informs us about what it is to be a human being in that particular context, but also provides insight in the more general interaction between sexual impulses, psychic conflict, and the body.

In a similar way spiritual demonic possession, spiritual struggles and spiritual abandonment present the exaggerated forms of an intensified religious life marked by the more pessimistic Protestant anthropologies in which the experiences and feelings of loss (of love of God and of self-love), sadness, anxiety and despair are seen as constitutive for a religious faith preoccupied with the question of personal salvation and election. Here also, these religious issues inform us on more general

characteristics of subjectivity in early modernity. But these phenomena also provide insight in a more general human problematic, namely the relation between self-love, loss and death (Westerink 2019).

CLOSING REMARKS

In order to overcome the main problem in the pathoanalysis of existence in general and that of religion in particular it is important to carefully study the relation between pathology and normality from a cultural historical perspective. For, a pathoanalysis of existence is only conceivable when (a certain group of) pathologies can be identified as the caricatures of normal subjectivity and cultural phenomena (as products of individual and collective psychic processes) in the specific context in which these pathologies appear as possibilities of personhood. It is fair to say that these possibilities only emerged in modernity, hence, in the era in which the general intensification of individual religious life enforced by detailed theological knowledge and pastoral techniques and practices not only organized individual and collective psychic life and behavior but also produced the exaggerated forms and manifestations that soon became the objects of an emerging modern medical science that now also included psychological descriptions and explanations when classifying mental illnesses.

In modernity the various Christian confessions created their own caricatures, which they partly found to be beyond control and were eager to hand over to the physician's care, but which were often also given special spiritual status as paradigms of faith and revelation (Foucault 2003). The intensified attention and care for man's interior emotional life as the locus of faith, unbelief, and health, generated a whole literature concerned with the question of the relation and subtle distinctions between faith, unbelief, and health. At stake were certain forms of extraordinary and excessive mental states that might be illustrative for the depth and severity of general concerns and experiences in the religious life of every believer. In this way the various confessions managed to maintain a podium for the experiences and expressions that were elsewhere suspect or impossible, but that also provided these confessions with the opportunity to define their specific identity. Christian confessions thus played a crucial role in establishing what

Freud in fact rediscovered: the continuity between normality and pathology.

For a further theoretical development of the pathoanalysis of religious phenomena this entanglement between the early modern Christianization and the emergence of a new scientific inquiry in the mental illnesses could serve as a starting point. For, it is exactly from this point that we can see how specific religious formations interact with specific pathologies. From this perspective I have argued above that the various conceptualizations of pathologies not only provide knowledge of specific modes of religious life highlighted in a particular cultural context but also refer to more general human psychic forces, patterns and constellations beyond these contexts. This implies a careful analysis of such interactions and transformations in order to grasp the insights that the pathoanalytical perspective can generate. Clearly, this is a more moderate and slightly different approach than the ambitious project of an applied psychoanalysis Freud and his early students had in mind. Instead of explaining certain extraordinary cultural phenomena in terms of the universal nuclear complex of all the psychoneuroses, I would propose to focus on the interaction between pathology and religion from a cultural historical perspective in order to determine in what sense exactly certain psychopathologies become and are the caricatures of normal psychic life in a specific cultural field.

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DREAMING AND EXPERIENCING IN THE POTENTIAL SPACE

BY PAOLO FABOZZI

The author presents some clinical sequences from two sessions in order to illustrate his thoughts about dreaming, about experiencing in analysis, and about the clinical realization of the potential space. When the dreamer's conscious and unconscious relationship with her own dream turns the latter into a living psychic object, the experience that the dreamer can have of the dream occupies an intermediate area, placing itself between the internal world and external reality. When the dreamer lets the dream-experience affect the experience of external reality, a further transformation can take place in the analysis, since this intermediate intrapsychic area can become a transitional area between the patient and the analyst. The analyst and the patient were able to create a potential space in which, in addition to the transference repetition of cumulatively traumatic situations, an experience was generated that gave rise to embryonic processes of integration between dissociated aspects of the patient.

Keywords: Dreaming, potential space, experiencing in analysis.

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PROLOGUE

P.: I dreamed that my husband was coming here, because you wanted to see him, you wanted to talk to him. He was annoyed, and as we were downstairs at the gate he was speaking in a loud voice and I was worried that you might hear him, so I told him to keep his voice down. Then he came here, and you told him that he had to be more welcoming with me and that he had to cuddle me more.

Stones. Inanimate objects. Images that cannot come to life, devoid of movement and breath. The dreams that our patients—at least some patients—tell us in the first years of analysis often remain devoid of any psychic quality. Absent from the communications they make during the session, or hidden, like refugees secretly crossing the patient's head (or belly, when the dream is merely caused by poor digestion). Thanks to the analytic work, the patient will eventually be able to see his dreams as something endowed with psychic value. Indeed, it is often necessary to activate, construct, and reactivate the psychic functions that enable the patients to perceive the images recorded during sleep as being the product of their own psyche—that is, to perceive dreams as something belonging to them. The dream, instead, is frequently treated as a solid object to drop on the floor, on the desk, on the couch. Deposited, delegated, de-legitimized, detached from oneself. This is why a gradual work of “approaching” the dream will be necessary in order to integrate it into the psychic tissue.

Had it merely been related as above, that dream would have been an inert body. The patient might have been quiet, or might have talked about what she was planning to do next, or even made associations; regardless, that dream could have been fated to remain a foreign object embedded in the psychic tissue. In this respect, the criterion that actually matters is not the presence or absence of associations with the dream, but rather *the quality of the conscious and unconscious relationship that dreamers establish with their own dream*. A quality that depends on, and obviously reflects, his psychic functioning.

I imagined a reader gifted with the patience to make a spiral-like journey: that is, someone who would lend me his willingness to face curves, hairpin bends, and even enforced stopovers, that could give the

unpleasant impression of not really moving that far from the starting point. Hairpin bends, like those we try to decipher in an engraving by Escher, something that could allow this hypothetical reader to have a look “from above,” while simultaneously keeping his feet firmly rooted “below,” in the shareable clinical experience.

CLINICAL PLOTS

[Monday’s session]

P.: I dreamed that my husband was coming here, because you wanted to see him, you wanted to talk to him. He was annoyed, and as we were downstairs at the gate he was speaking in a loud voice and I was worried that you might hear him, so I told him to keep his voice down. Then he came here, and you told him that he had to be more welcoming with me and that he had to cuddle me more. And in the dream I was happy, because I felt that you were on my side - I felt protected by you. And this feeling of protection lasted throughout the weekend. I feel like I’ve been with you all these days. The studio was like the inside of a house, and there was a spiral staircase. You were dressed in white, or maybe beige. My father had a suit like that. [Short pause] This morning, during my postural exercise session, I was making these gentle movements, and I really felt like I was a baby. I felt that a mother and a father were watching over me. Then I realized that you are like a mother and a father to me, but it’s hard for me to tell you this. Those movements also evoked something sexual, and I think that you’re also a man to me. This was a discovery to me.

[A few minutes of silence]

A.: I was thinking that it would be difficult for me to say something without ruining that feeling, so prevalent in the dream and in your life in these days. The feeling that I’m protecting you. But then you said it was a discovery. I think that in the dream, and in your experience at the gym this morning, you might have discovered something about yourself.

The “discovery” the patient consciously refers to relates to an experience in the morning, before the session, while exercising at the gym.

However, I am witnessing (and taking part in) something wider, a process that was activated on Thursday night and that continues during this Monday session. A process of discovery, as I said to the patient, but also of “creation” (even though in the session I chose not to use this term). The weekend dream “sediments” in the form of the gym experience.

What kind of relationship did the patient establish with her dream? First of all, it seems to me that some kind of “faith” in the existence of the psychic (and the unconscious) is evident. Was that faith enough to start a *dream-process* as she woke up? A process that, starting from the dream, played a role in the first place in turning it into *dreaming*?¹ Can we hypothesize that it was this dreaming that made possible the discovery she made during the gym experience, and made possible the feeling connected to that experience and the thoughts born of it?

The gym experience, born from the body, in the presence of another person (the instructor), found a place of representation and an object of thought in the body. Both a primary dimension and a more adult (or apparently so) dimension derived from that. It is as if the dream had contributed to create a safe environment and offered it to the patient. An environment in which to record and define the possibility of beginning to feel one’s primary needs, and to meet them, at first, in the relationship with a transference object in daily reality (the gym instructor), and later within the relationship with the analyst.

P.: What I felt this morning was very powerful. These days I’ve been looking for A. [her 3-year-old daughter] a lot, I thought that she is going to grow up and then she won’t be such a little child anymore. And then I said to my husband - in a quiet way though, without attacking him - that I’m tired of being forced to be like a mother to him, and that sometimes he ought to be a mother and a father to me. [Silence] I tried to understand my dream, will you help me understand it? I believe that in my dream my husband was a part of me, but which one?

A.: Someone inside you who gets annoyed and hurt when somehow you let yourself feel a need or move. Perhaps now

¹ A creation whose basis consists of about three years of analysis at 4 sessions per week.

you feel that you can start trying to establish a link, a communication between these two aspects of yourself.

My idea that, in this moment in the analysis, the experience of dreaming was the pre-eminent aspect of the session and prevailed over the interpretation of the dream, over its potential effect within a narrative. Perhaps that is why I proposed an interpretation of the dream that was partial and stereotyped, probably dictated by the need to keep the dialogue alive and ongoing (nevertheless, as we shall see in a short while, the patient will make good use of that interpretation). Different elements could have pointed at different ways forward: the patient's invitation to work on phallic identifications (the annoyed husband); a few aggressive pushes towards me; the overlapping between me, the father, and the husband; the desire and the risk of making herself heard and of hurting the analyst; the confusion between a cuddling parent and a husband with whom to have a more mature relationship.

Within a few short minutes, two different and antithetical regressive movements appeared in what was perhaps a transitional place in this session. The first movement is the one in which the patient felt that her body "housed" the body of a baby. It represents an evolutionary regression because, while her ability to observe herself remained lively, it offered her the possibility to track down the presence of primary needs that she could and should take care of, and let her think about that. In the second movement, supported by the identification with her young daughter, the patient gave voice to the fantasy in which her husband could/should be her mother. The images and feelings that she reported in the session had the effect of creating a major shift in the analytic dialogue. One of the main themes, the patient's sexual fantasies about me, so far had obscured and kept in the background, with regard to her conscious words, a dimension of fragility and of suffering related to the events of her primary development. Through these images and feelings the patient now introduces into the analytic scene—certainly not for the first time, but in a more "heartfelt" and direct way—the possibility of thinking about what has not taken place and must be build.

P.: "Ok, how can I do that though? [...] We saw a great movie with the kids, *Guess Who's Coming to Dinner*. There's a scene with the Golden Gate bridge in San Francisco, and I

read it as a symbol, because Spencer Tracy, despite being a progressive man, reacts poorly when his daughter's black boyfriend arrives. But then he manages to cross that bridge and accept that man. I thought you are like Spencer Tracy, a father. But why do I need that?

A.: Perhaps it's connected with your need to feel protected.

The patient, I mentioned above, managed to make good use of my previous interpretation because, by "leaning" on my presentation of a linking function, she is able to recover a memory of the movie, of the bridge, of the idea of Spencer Tracy as an analyst-father. The image of the bridge, which the patient, while watching the movie, "reads" as a symbol, becomes in the session an image acting as a "junction" and as a symbol, in the sense of re-joining two split parts. This image, itself the fruit of condensation just like a dream element and also somehow involved in a dream dimension, acts as a connection between several levels. It is a sort of declaration of being open to disavowed parts; it foreshadows the possibility of accepting dissociated parts of oneself and of acting as a liaison; it contributes to the creation of a new experience by "preparing" the next association.

P.: I remember when I saw that movie in my father's lap, a porn movie. How is that even possible? Perhaps he had fallen asleep, it was 3 PM on a local TV channel. Maybe I can't remember right and it didn't really happen.

A.: Perhaps you are telling me how difficult it was for you to deal with your father's body and physical contact between you and him.

P.: Yes, definitely.

In the dream I act as a "bridge" between the patient and her husband. The movie acts as a "bridge" between the dream and the re-narration of the movie seen in her father's arms. The "bridge" acts as a hinge between several elements: between subject and object; between internal reality and external reality; between what happens outside the transference and what takes place within the transference; between past, present and future. What the patient is trying to do here is to start integrating

and transforming what she experienced and what she was forced to dissociate (at least partly) from herself. A “bridge” is thus created between what did not happen and what the patient needs to happen: having a parent-analyst willing to accept in his mind something unbearable and unacceptable, and willing to think-feel something that in the past could not find any space in the mind of the other, something that was not thought-felt for her. What in the mind of the patient constitutes a condensed psychic element—in some respects taking part in a dream dimension—acquires a different function in the analytic relationship: the patient and I are using it to support the creation and realization of a potential space.

A mere few minutes before the end of the session, the image of the sleeping father reminds me of the final part of the previous week’s last session. Perhaps because of a long pause or a terse interpretation, the patient had noticed that I was tired. At that point we circled around her fantasy that I could fall asleep. The patient began to wonder and asked me: “What would happen if you fell asleep? What would I do?” “You could wake me up?” “Maybe I would leave without waking you.” “Maybe you might be afraid of getting mad at me.” “I would think it was my fault you fell asleep.” “Well, it wouldn’t be easy for you to come back here on Monday.” “Maybe I would wake you up” This kind of exchange went on for a few minutes, and on this note we parted ways for the weekend.

The patient had already told me about the episode of the movie seen in her father’s arms before. Most likely, she is returning to the uncanny experience of that (fantasized) porn movie on her father’s lap because she came close to experiencing with me the risk of the analyst falling asleep and leaving her alone. Not merely the separation of every weekend or longer break in the analysis, but the risk that I could leave her alone while she was in my presence. She came dangerously close to the risk of actually touching her own irrelevance, because we are irrelevant and disappear into thin air if we are with someone who is important to us but we are unable to keep them interested in us. This is especially true if one’s psyche has been occupied by the fantasy of having to keep one’s own parents, in various ways, awake. To make them living. To keep them alive.

In the last minutes of Monday's session, several factors allowed her to return to the disturbing experience with her father in the wake of her need to "transform" it and to experience the presence of—and the relationship with—an object that can be felt, experienced and used in a different way compared to the past: what she has shared with me so far in analysis; the (possibly unorthodox, certainly unusual for me) way in which we treated her fantasy that I could fall asleep; the experience of the dream, that let her feel somehow protected by me, even in my absence. And, above all, the way we circled, implicitly on Thursday and then explicitly on Monday, around the question of feeling protected and finding oneself exposed to a lack of protection that, in the life of the patient, had become pathogenic because it involved being exposed to the effect of un-worked through intergenerational trauma.

The dream permeated the patient's experience with herself throughout the weekend and created an emotional atmosphere lasting several days. This experience can be common to many people, even outside the analytic situation: the affective atmosphere that characterizes a dream can last even beyond the possibility of understanding its meaning. It was, however, as if this affective dimension—that imbued the weekend and the entire session on Monday—*supported the patient in her movements of discovery and creation*, of integrating different times, of developing connections between parts and objects until then unconnected.

Perhaps the patient used this affective dimension to provide herself, in my absence, with a safe environment. On Monday morning at the gym this let her feel something that in the previous months had been the object of my interpretations, but that now the patient was able to discover on her own, by assembling different bodily sensations, both in an infantile and in a quasi-adult direction, with a *thinking* that comes from a bodily *feeling*. Indeed, perhaps it is more appropriate to say that she had to implement a "self-coercion" via the dream and then by sustaining the feeling of the dream, in order to give herself a sense of protection. This is not, in itself, an evolutionary process, since it implies having to give oneself something that one does not yet possess within oneself; however, it becomes potentially evolutionary when she brings it into analysis: by sharing it with me, the patient opens up to the experience of her need

to feel protected, supported, and contained by me.² The dream follows up on the last part of Thursday's session, as it raises the issue of protection and of the disappearance of a figure responsible for her protection.

While the patient considers my words about the contact with her father's body, the memory of the last minutes of Thursday's session and of her anxiety about my leaving her unprotected come back to me, and I say: "Maybe you are wondering how I can protect you from your sexual fantasies about me, that on the one hand give you a feeling of excitement, vitality and control, but on the other hand make you suffer."

It is the type of conscious and unconscious relationship that the dreamer is able to establish with her own dream that turns it into a living psychic object. A meaningful object, not just in the sense of being endowed with meaning or being able to become the object of investigation and analysis. Meaningful in the sense that it can start embryonic processes of transformation of the dreamer's psyche, thus letting her access a functioning that affects her experience during the waking state.

When the dreamer's relationship with her own dream turns the latter into a living psychic object, *the experience that the dreamer can have of the dream* begins to occupy an intermediate area, placing itself between the internal world and external reality. The dream, coming from the dreamer's inner world, "enters into a relationship" with the external world when the dreamer lets this dream-experience affect the experience of external reality. It is at this stage that a further transformation can take place in the analysis, since this intermediate intrapsychic area can become a transitional area between the patient and the analyst, as it happens when a child is able to play with his own analyst.

I am not entirely persuaded that playing is therapeutic "per se," as Winnicott wrote (1968). It is true that it is a natural phenomenon, but not for our patients. Indeed, it is a function that they can only achieve gradually. Can we say something like that about the dream? Certainly it

² In analysis, quite often—even in the case of this patient—we encounter a kind of *self-holding* (Winnicott 1971), that is, operations that on the one hand are essential to psychic survival, used outside and inside the analytic situation, but on the other hand are lethal for the psyche's development. Operations that are necessary in front of a severely lacking, unpredictable and traumatic primary environment. In this case, the experience of this dream lies halfway between a situation in which a rigidly defensive *self-holding* organization comes into play and a situation in which the individual entrusts herself on the analyst and lets herself experience what she needs.

is a natural phenomenon, yet the capacity for “dream-thinking” is neither natural nor universal: on the contrary, it is a somewhat sophisticated capacity that, if and when it is acquired, can deploy transformative and creative functions.

Should we hypothesize—by broadening the meaning of the term “dream”—that between Thursday and Monday various dream movements took place in the patient, inside and outside a state of sleep, inside and outside the time of the session, populated to different degrees by transference dynamics, enabled by the “support” of the analytic work? Different dream-movements, each marked by a different unconscious intensity?

On Thursday, the patient felt that I was tired. Her “if you fell asleep...” turned that feeling into something that is hard to define: something more than the mere formulation of an abstract hypothesis, not just an imagination, not daydreaming and not a dream (strictly speaking). And yet, the way the patient and I treated that feeling and that idea, made that thought be part of each of these different dimensions. It is appropriate to say that we played with that feeling, and it is necessary to add that we both somehow knew that this was a precarious situation, prone to risks and dangers; a situation that we could not face light-heartedly, because both that feeling and what was born of it had their roots in one of the patient’s nightmares, perhaps one of her “experiences”—that is to say, dealing with and having to feed on psychically inert, devitalized objects.

We found an unusual way of dealing with them, a way which transformed a thought born of a feeling into a sort of dream-experience: we were not dreaming, yet we were both “immersed” in the situation imagined by the patient. This was unexpected, both for her and for me. Nothing that was predictable, let alone programmable. It is this imagined, shared experience—assuming we can think that a single experience in a single moment can give origin to a psychic process—that contributes to give rise to the process described above. And it is thanks to this imagined and shared experience that the patient was able to explore “in-vivo” the risk of being exposed, in a moment of dependence and need, to the disappearance of the functions of psychic protection (that is, of holding and containment) that a parent must guarantee to a child in a state of helplessness.

The way we treated that feeling and the thought that ensued from it, made that kind of imagination become an experience in which I had “actually” fallen asleep in the presence of the patient, and at the same time a dream in which the patient “dreamed” that I had fallen asleep in the session. It was neither a real experience nor a dream, yet it belonged to both dimensions. It is as if the patient found herself “dreaming”—and reliving—a situation that exposed her to a danger (already experienced with both parents) and that at the same time allowed her to explore it within the safe environment of the analytic situation.

That was the first dream moment in the sequence I described. And it is the way the patient and I, together, transformed that kind of imagination in a sort of dream-experience, which initiated and supported the following dream moments: the dream, the gym experience, the image of the bridge in the movie, the re-telling of the experience in her father’s arms. The patient preserved and used the images of the dream, and let herself be “imbued” with its emotional state. And she allowed that dream to imbue her life throughout the weekend, after the experience of the last minutes of Thursday’s session probably permeated and activated potentially oneiric unconscious states (Winnicott 1968).

EPILOGUE

Winnicott writes:

From the beginning, the baby has maximally intense experiences *in the potential space between the subjective object and the object objectively perceived*, between me-extensions and the not-me: this potential space is at the interplay between there being nothing but me and there being objects and phenomena outside omnipotent control Every baby has his or her own favourable or unfavourable experience here. Dependence is maximal. The potential space happens only *in relation to a feeling of confidence* related to the dependability of the mother-figure or environmental elements, confidence being the evidence of dependability that is becoming introjected. [1967, p. 100, italics in the original]

Winnicott underlined the paradox of separation and union, that is, the impossibility of a separation between human beings, even though

they are separate. He formulated the paradox of the existence of a space of separation which, under conditions of health and trust, "can become an infinite area of separation" (p. 108), but, since it is simultaneously a space that can be filled by creative playing, it does not exist as a space of separation, but of union. The question I would like to ask is whether creative playing, that is, playing without intentionality, taking place in a state of relaxation, and without leading to an erotic excitement, has the only effect of establishing a union within a separateness, "at the place where it can be said that continuity is giving place to contiguity" (p. 101), or whether we can hypothesize that it adds progressively more, i.e., that it is a factor of growth and transformative thrust.

It is a mistake to claim that analysis is a potential space tout court, and it is a mistake to claim that the analyst is a transitional object tout court. What is conceivable in the healthy child is more difficult to find in our clinical experience, despite the fact that the concept of potential space arose mainly from Winnicott's analytical experience with his patients. Sometimes, in a way that cannot be planned, the conditions can arise for something that can be assimilated or likened to an experience in the potential space: something that separates and unites at the same time (Winnicott 1971a).

Although the patient's ego integration processes are still in an embryonic state, and the self-boundary consolidation processes have just begun; although the process of working through transgenerational traumas and early impingements is just beginning, and therefore it has not yet been possible for the patient to internalize a dimension of trust in the analyst; all of this notwithstanding, I believe it is possible to hypothesize that, in this particular analytical sequence, something similar to an experience in potential space has happened. In Masud Khan's (1976) terms, a realization of the self. The exchange between the patient and me on Thursday can be attributed to this type of experience. And, as a potential factor of growth, it set in motion a series of intrapsychic and interpsychic experiences and processes.

Our playing with the thought of me falling asleep did not merely act as a day's residue. It probably activated unconscious dissociated mental states that began to be representable through the dream. The dream, in turn, interacted with elements of external reality and, thanks to the "support" of the patient, went on to imbue the experiences she had

during the weekend, and gave rise to regressive and progressive oscillations. Oscillations looking for a meaning? Did the experiences with her husband, with her daughter, in the presence of her instructor, and with herself, need to be dreamed? They were subjected to “rumination” by the patient. However, she felt the need to share them with me in order to access what she could not experience on her own, or what she was forced to experience (for example, in the conflicts with her husband) without being able to transform it.

During the Thursday session, the analyst and the patient found a mode of communication halfway between the playful and the dream-like. After that, it is as if the patient had managed, between Thursday and Monday, to “keep alive” the communication about her natural need to be protected and the absence of a protective function. She succeeded through the dream and then through the experiences made over the weekend. Her dream kept the communication alive first and foremost between the patient and herself, and then in the Monday session between the patient and me. It kept the communication alive between Thursday’s playful experience and the retelling of the story of porn movie. If there had been no dream, we probably would have been unable to share that memory within the transference (in a radically different way from the first instance of that story). Alongside the function of protecting sleep by showing a desire as if it had been fulfilled, and the function of generating meaning, in this specific clinical sequence the dream played above all a role of integration between different mental states, as well as between the shared playful experience and the story of the porn movie.

It is as if, through the dream, part of her psyche took on the task of supporting a possible push towards the transformation of a mental state marked by her being unprotected and, therefore, potentially and perpetually exposed to trauma. The patient allied herself with the transformative push of the dream, keeping it alive throughout the days in which we did not see each other. While telling it in the session, she worked through it (a sort of tertiary working-through?), meaning that, in communicating it to me in that form, the dream began to generate an experience between the patient and the analyst.

What emerges and what can be evidenced in this clinical sequence?

- a) Even if the patient, when he dreams, is alone with himself (and with his own inner world), we take the liberty of thinking that his dream is a communication, that is, we attribute to the dream the “intention” to communicate. Firstly, we can consider the Thursday night dream *as a way to put different parts of the patient’s self in communication between themselves*. Secondly, the dream was an attempt at keeping the communication with the analyst alive, i.e. to establish a communicative process between a part of the patient and the analyst.
- b) The Thursday dream “collected” the playing from the last part of the session, and set in motion *a push towards transformation*. In carrying out this function, the dream condenses within itself the figures of the explorer and the Sherpa porter: that is, of the spokesperson for the desire to explore something unknown and of the person who, in the most arduous expeditions, has the role of bringing the tools essential for survival.
- c) The dream fulfilled a function of *potential integration* of different mental states, until then had been kept dissociated.
- d) The *relationship* that the patient established with the dream, and the use that she made of it, helped to ensure that the dream also acted as a preferred gateway of *access to a dreamlike atmosphere and experience* during the Monday session.
- e) A shared playing, a dream, a dream-experience. A *creative device* took shape. The whole sequence reveals interactions, connections and above all a mutual permeability between different levels and different psychic functionings. Imaginative fantasy became a shared playing; in a certain sense this “activated” a dream; in turn this produced a feeling of protection (throughout the weekend), a dream-experience of the body and on the body, and then a dream-thinking in the session. Finally, the patient “let” a narrative arise that took place *simultaneously* in the past (the episode with the father), in the present (in the transference), and in the future (since it gave us the opportunity to lay the foundations for a transformation). A subversion of the linear progression of time, replaced by the overlapping of different times that is typical of dreams (Freud 1899). Constant movements took place between the patient and herself, between the patient and me, and then again between the patient and herself. A back-and-forth between unity and separateness, between the intrapsychic and the interpsychic. Oscillations that fostered the onset of transformations in the patient and in me.

We can imagine the challenges and anxieties of a parent struggling to raise a newborn first and a child a few years later. We can also imagine how an analyst might fantasize around a patient without feeling anxiety and without dissociating. And we recognize the need to identify in the

patient deeply different, developmentally distant states, functionings, and coexisting levels, as well as the need to integrate them into our mind. If anything was effective, transformative, or therapeutic in this sequence, what was it? Could the last interpretation about how I can protect her from her sexual fantasies towards me have acted as a therapeutic factor? In itself, that is, if considered in isolation, probably not. Perhaps this is true of all interpretations, but this one in particular was (also) the result of the joint dream-experiences of the patient and the analyst, that is, the result of progressive modifications performed, during the clinical exchange, on the analyst by the patient, and vice versa, during a specific psychic functioning. On the other hand, the experiences that I have described, grouped together within the creative device that was activated, are not inherently therapeutic. That interpretation collected, filtered and transformed the elements that came to life in the sequence we discussed: the progressive convergence between the patient's communications and the analyst's listening, the oscillations, the shifts in the story, the images.

What we experienced the last Thursday, that is our playing with the thought of me falling asleep, made previously unexplored grounds open to exploration, landed on wounds that needed healing, highlighted what should have been in the patient's prehistory and could not be structured. In what sense did that experience meet a dream-potential? Probably, a need to continue the exploration of that ground was activated, thus generating something that did not exist until that moment. Between Thursday and Monday, the patient's self gathered the elements of her life and preserved them, until it was able to communicate them to me, in order to relive them in my presence. In order to dream them with me? In order to transform partially voiceless experiences into potentially evolutionary experiences?

The dream gave rise to experiences: the analyst and the patient were able to create a potential space in which, in addition to the transference repetition, an experience was generated that gave rise to embryonic processes of integration between dissociated aspects of the patient (infantile/adult, helplessness/erotization, idealization/devaluation). In this process, experiences that had been cumulatively traumatic were able to "re-occur" in the life of the patient, looking for a possible transformation and integration. Thinking again about both the beginning

and the end of the sequence, perhaps the patient's unthinkable thought was: "Can you dream, while you are awake, my fantasizing, without being frightened or excited by it, so that I can begin to have experiences in my external reality and dream-reality, as well as in the space in which playing lets me live creatively?"

I have selected some moments from two sessions in order to clarify and illustrate my thoughts about dreaming, about experiencing in analysis, about the clinical realization of the potential space. What we should never forget, at any rate, is that in analysis we occupy and hold an ongoing process. The day after the session in which she told me her dream, the patient begins by saying: "Last night I dreamed that I was looking for you on the telephone ..."³

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³ Several authors contributed to my thinking on this clinical experience: Winnicott (1971b), Lewin (1946), Khan (1962, 1972, 1976), Pontalis (1974, 1977), Bollas (1987).

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Relational Horizons: Mediterranean Voices Bring Passion and Reason to Relational Psychoanalysis

Edited by Alejandro Avila, New York: International Psychoanalytic Books, 2018. 221 pp.

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BOOK REVIEWS

RELATIONAL HORIZONS: MEDITERRANEAN VOICES BRING PASSION AND REASON TO RELATIONAL PSYCHOANALYSIS.

Edited by Alejandro Avila, New York: International Psychoanalytic
Books, 2018. 221 pp.

Alejandro Ávila Espada has brought together a rich and curious mix of essays from a group of writers on the forefront of relational psychoanalysis in Spain. This volume aims to articulate how the perspective of Mediterranean Spanish authors in particular has advanced and developed relational theory over the past two decades. The chapters showcase the questions, clinical and theoretical, that have been of central concern to these Spanish relational analysts and reveal how this perspective draws on a variety of sources that extend beyond the Iberian Peninsula.

Each chapter sets out to deepen a particular theme, though I found that the authors' reach tended to be perhaps too extensive and at times overly inclusive of related topics. For this reason, I will report on what I felt was the gist of each chapter and will unfortunately have to leave out many of the directions, tangents, and doors left open for further consideration.

Ávila Espada contributes the first chapter, where he examines "roots, concepts, trends, and challenges" (p. 7) in relational analysis. Bringing together different strands of thought, he writes that relational thinking has been developed by analysts who have a "genuine interest in their patients' needs" (p. 10) as opposed to subordinating them to the interest of research or inflexible theories or orthodoxies. These analysts understand co-creation to be a fundamental characteristic of the analytic interaction, with asymmetry appearing only in the ethical responsibility of the analyst. Relational analysts, he writes, give recognition to the fact that both participants are defined by the cultural, social, and ideological

context in which they are immersed, which in turn influences the analyst's interventions, thus serving a function for these same contexts. Relational psychoanalysis breaks with the Cartesian tradition that trapped psychoanalysis, through its subsequent emphasis on the intrapsychic, into the idea of an "isolated mind" (p. 12). Alternately, relational thinking recognizes that subjectivity is a result of "a relational mix or weave of bonds" (p. 12). It follows from this that intersubjectivity is the main focus of clinical work, which he defines in the distinctly Hegelian form (he does not mention Hegel) in which we have come to know it in the work of such authors as Jessica Benjamin, but which is not shared by all intersubjectively minded psychoanalysts: "when at least two subjectivities establish the same field with the intention of mutual recognition and where all subjectivity is known through the recognition of the other" (p. 13).

The unconscious, for Ávila Espada, is reformulated thus: 1. a pre-reflective unconscious, synonymous with what Lyons-Ruth refers to as the implicit-procedural level, 2. the dynamic unconscious, more or less the Freudian unconscious of drives, but also containing emotional "states" that are hidden from the potential re-traumatization that could be caused by contextual, empathic invalidation, and the 3. invalidated unconscious, containing experiences that cannot be articulated because they were never given response or validation by the context in which they were generated. Ávila Espada places Bollas' unthought known in this last level of the unconscious, but does not clarify, leaving this reader unclear as to the distinction between the invalidated "states" of the dynamic unconscious and the invalidated "experiences" of the invalidated unconscious. This lack of clarity, I think, is due to the schematic nature of this and other chapters in the book, where intriguing and controversial ideas are brought up but left in need of further development.

Ávila Espada writes that the relational analyst is apprehensive about terminological distinctions of psychopathology, and understands that a person cannot be reduced to a cluster of mental symptoms. He tells us that people express themselves, and their experiences acquire meaning, in ways that escape detection in such a symptom-focused, reductionist approach. Relational analysis is a "human and social science" (p. 15) of subjective experience, that sees others as unique individuals as opposed

to reifying others through diagnostic labels such as hysteria and borderline personality disorder. In place of a more standardized technique, writes Ávila Espada, relational psychoanalysis offers a particular paradigm for reflecting and experiencing, characterized by 1. the focus on the relationship between the patient and therapist, 2. an understanding that all experiences within this relationship are bi-personal in origin, 3. an eschewing of unconscious fantasy in favor of “real events,” 4. a therapeutic endeavor towards mentalization, 5. a *complex systems* as opposed to *linear* approach to clinical observation, 6. an understanding of anxiety that extends to pathological accommodation and growth-related anxiety, and 7. an understanding that human behavior is directed by a “drive for survival” (pp. 19-20).

Ávila Espada ends by describing the role of research in clinical work, but already the main thrust of his first chapter raises the kinds questions that will echo in different forms throughout the rest of the book. How does a “drive for survival” fit in with a relational theory that has as a basic premise, according to Mitchell, the complete and utter rejection of the drives? By claiming for relational psychoanalysts the qualities of being non-reductionist and focused on the uniqueness of each individual, with a genuine interest in their patient’s needs as opposed to sacrificing them to rigid theories, and so on, he suggests these qualities are distinct to relational approaches, implying that non-relational analysts are otherwise. Why and how do these qualities define a particular way of working relative to other schools? Is there a contradiction, a tension, between focusing on the uniqueness of each individual, while at the same time conceiving of them as socially, ideologically, and emotionally defined by a shared context? And, where does the emphasis on real events as opposed to unconscious fantasy leave the unconscious?

Daurella’s chapter is an interesting summary of Ferenczi’s and Balint’s major contributions to psychoanalysis, under the premise that these two analysts were pioneers of a school of thought that could be said to exist since the early days of our profession. For the author, Ferenczi’s main contribution lay in his revision of psychoanalytic technique to avoid re-traumatizing patients. This is stated without irony, and in her re-telling of the Ferenczian adventure in psychoanalysis, there is no mention of the transgressions that constituted the inner workings of his experimentation with the setting and frame. Daurella writes that for

Ferenczi, it was just this traditional setting and frame that was traumatizing, because patients, out of identification with the aggressor, fell into extreme submission. This was a result of their fear of the analyst, who is “a subtle aggressor” (p. 62). The idea of the traditional analytic situation as essentially traumatic is central in this book. As the custodian of Ferenczi’s legacy, Balint displayed early relationist tendencies when he prized unobtrusiveness in the analyst and an aversion to being noticed by the patient. The analyst must “avoid behaving like an independent object with well-defined contours and must be willing to act as one of the primary substances, to be there like earth or water, indestructible, and ready to be used” (p. 70). Daurella does not repudiate regression as a pathway towards health, as do other authors in this volume, most notably Coderch de Sans and Codosero Medrano. Instead, she finds usefulness in Balint’s distinctions between malignant regression aimed at gratification of regressive needs, and benign regression aimed at recognition. Her description of how Balint imagined the use of himself as a transference object for the patient indeed attests to how relational sensitivity has been a part of the early history of psychoanalysis and influenced, directly or indirectly, later theorizing on the technical applications of countertransference that is part of today’s mainstream object-relational thinking.

Frances Sáinz Bermejo’s chapter aims to highlight the contributions of Winnicott to Spanish relational thinking. He implies that Winnicott shares with relationists the personal characteristics of “independence based on freedom of thought” (p. 77). Shared also is a critique of the Freudian drive, which Winnicott saw as dependent on the object’s response in determining its destiny. In his view, the role of the good-enough object in the transition from a non-integrated to an integrated self, comprises the essence of the relationist basic assumption that “we are all relational beings” (p. 80). To this reader, Sáinz Bermejo uses Winnicott too broadly, so that basically the majority of his major contributions—most of which are commonplace within many contemporary psychoanalytic models, such as the transitional object, good-enough mothering, the false/true self, fear of breakdown—serve as precursors specifically for relational theory. How they help distinguish relational theory from other traditions is hard to sort out, and I couldn’t help being reminded of Mill’s critique that relational theory at times “states

the obvious.”¹ For Sáinz Bermejo, Winnicott also shares with relationists the belief that therapeutic action lies in providing a corrective emotional experience, a term that can be applied to any number of achievements with the patient, ranging from assisting them in developing the capacity to mentalize, to the provision of new relational experiences to substitute for the old, deficient ones: “Legitimizing and validating the patient’s feelings is more important than discovering hidden material and revealing the unconscious. The second may be possible, but the former must happen first” (p. 84).

Ariel Lieberman Isod’s approach is to focus on the question of the *drive* in Mitchell’s work. He very interestingly dips into the debate between the latter and Jay Greenberg. In short, Greenberg contested Mitchell’s attempt to create a drive-free psychoanalysis, and saw the concept of drive as necessary for understanding what the subject searches for in the other. Lieberman Isod explains that for Mitchell, following Fairbairn, the notion of a pre-existent, pre-experiential drive that pushes the subject to interact assumes that the individual *qua* individual is the most appropriate unit of study. Touching briefly on (and abandoning) attempts by analysts such as Laplanche and Kernberg—he unfortunately leaves out Green on the subject-object paradigm—(2005) to wrestle with the problematic drive concept, Lieberman Isod links Mitchell’s thinking to the ideas of José Bleger and Willy Baranger in South America. The latter two decried Freud’s drive theory as corrupted by mechanistic physics and evolutionism, a “hybrid or mixed discourse of meaning and force created for the development of psychoanalysis” (p. 110). But it was Mitchell *the person* that mostly won over Lieberman Isod, who experienced a form of psychoanalytic conversion from his previous influences from Lacan through Laplanche, to the “charming” mind of an analyst who took pleasure in thinking and in the history of ideas. “There is a cadence in his texts,” writes Lieberman Isod, “an appeal to the reader, an inexplicable embrace, and this was the fertile ground for our encounter” (p. 106). This chapter was an informative love-letter of a sorts, and a pleasure to read.

¹ Mills, J. (2012). *Conundrums: A Critique of Contemporary Psychoanalysis*. New York, London: Routledge, p. 6.

Juan José Martínez Ibáñez's writes, because we are in the 21st century, as analysts we must take into account all of the latest research that is being done in different fields of knowledge related to human beings, and that our psychoanalytic theories must incorporate these. He prizes conceptions of the mind from everywhere in the realm of human science: neuroscience tells us about how the mind generates memory and perception; developmental psychology tells us about the growth of the mind of children within a family; anthropology tells us how relational experiences and communication within different cultures develops the mind; sociology tells us how emotions have evolved throughout human social evolution; relational psychoanalysis tells us how individuals suffer "the emotional disturbances that, in a profound way, alter the course of their lives" (p. 128). That classical psychoanalysis also theorizes many of these situations is not considered. To Martínez Ibáñez, therapeutic action from his relational model resides in the intersubjective processes generated through mentalization and reflexive dialogue. Early, defective models of attachment are replaced with authentic new beginnings.

Manuel Aburto Baselga is heavily critical of Freud, portrayed as out of his depth and blinded by theory when trying to understand trauma. Abraham is also taken to task for his sexual interpretations of post-traumatic symptoms. The small section on Freud's theorizing of trauma is very weak, and misleading, and the reader is better directed to Brown's summary at the beginning of his 2005 paper, "The cognitive effects of trauma: reversal of alpha function and the formation of a beta screen." The rest of the chapter, however, is a thought provoking discussion of some of the history of work with traumatized soldiers (notably absent is Bion, who is an important part of this history) including W.H. River's work, and connections with contemporary research on trauma, such as that of Bessel van der Kolk. Aburto Baselga also mentions research on the holocaust and a poignant anecdote relating to the Spanish Civil War. His writing extends to childhood, including developmental and attachment trauma, and is sensitive and thought provoking. Trauma is a relational event *par excellence*, the wound being "of human origin, directly or indirectly inflicted upon another" (p. 167). He writes that when children cannot count on protective relational representations that validate the desire to exchange affection "without exploitation," "the reen-counter with oneself must take place in a relational home, with someone

who is able to hear all the voices that have shaped the disintegrated experiences both in the patient and in him or herself" (p. 167).

Joan Coderch de Sans and Ángel Codosero Medrano's chapter, "Between passion and reason: reflections on the spirit of the setting in relational psychoanalysis," asks how the analyst's stance activates the facilitative functions of the setting. The latter must accommodate a patient's multiple selves, the existence of which is an "indisputable assertion within the relational paradigm" (p.176). The traditional setting, according to these authors, unwittingly transmits to the internal sphere its rigidity and impersonal nature, so that sooner or later, the patient becomes imprisoned. What is essential from a relational point of view are *moments of meeting*, a concept developed by The Boston Change Process Study Group, where the setting is flexible enough for analyst and patient to come out of their countertransference and transference roles and meet at a personal level (p. 177).

Having read several years ago Joan Coderch's de Sans (2001) bracing treatise on relational psychoanalysis, *La relación paciente-terapeuta: El campo del psicoanálisis y la psicoterapia psicoanalítica* (The patient-therapist relationship: the field of psychoanalysis and psychoanalytic psychotherapy), I had high hopes for this chapter. However, I found the writing and theory-making here to be less disciplined and studied than in his previous work. Impassioned to say the least, the light he and Codosero Medrano cast on opposing perspectives is not only critical but obscuring. They never engage with the ideas, mostly technical, that they define themselves against, preferring instead to caricature and dismiss. They state that traditional restraint with regards to neutrality is a futile attempt to obscure and conceal the analyst's personality. Similarly, the traditional setting is meant to "promote confusion with early objects," whatever therapeutic benefits purported to derive from that already "refuted by clinical practice and modern-day science" (p. 178). The traditional setting encourages compliance in the patient, with the iatrogenic effect that *who he is* in the analysis is an *artefact*, ensuring that the analyst in these cases "does not get to find out what patients are really like in their everyday lives" (p. 179).

In this view, the invitation to free associate is viewed as an imposition that destroys the possibility of a human dialogue. It is not only the patient who is a prisoner of the traditional setting, it is also the analyst

who follows these norms “in reverential fear of infringing norms and overstepping the limits of something that is sacrosanct” (p. 179). Coderch de Sans and Codosero Medrano have valid points to make. Certainly the analytic situation is a deeply personal, humane, and intimate encounter. Only in such an encounter can a person feel free to reveal themselves, in important ways, to themselves and to their analyst, who is a real, live person, who in turn has an impact on the patient. They rightly assert that it is through recognizing themselves in the other that patients can come more fully into themselves. But they mischaracterize other metapsychological models, and they certainly don’t conceal their resentment:

Ultimately, we see that even the most classical analysts, true to their technique, at the outset of a treatment tell their patients to express themselves freely, to verbalize whatever thoughts and fantasies come to mind, to break barriers of social conventions and prejudices. We believe that this is a true, lasting memory of the origins of psychoanalysis, shyly hiding behind technique. Such a pity, then, that betraying what they have just said, they try to domesticate this expressiveness with their theory-based interpretations. [p. 194]

Statements like these, scattered throughout, make clear that the authors are writing for adherents, who would identify with these sentiments and not feel alienated or misunderstood—rather than engaging with a wide range of readers. Counter-arguments are easily stirred in the reader and not anticipated and engaged with by the authors, who declare their beliefs as self-evident and universal among democratically-minded analysts. The ideological bent of the psychoanalytic work is also explicit, and it is hard not to wonder how the authors do not question the authoritarianism and control at work in their own perspective, albeit the silent one of ideology, when they write that “... the prevailing atmosphere in the relations between patient and analyst is not authoritarianism, nor imposition, but democratic and respectful of ideas, needs, and suggestions—both the patient’s as well as the analyst’s” (p. 181).

In their view, free thinking and thoughtful analysts will certainly not be found in traditional psychoanalytic institutions, where frightened and obedient candidates are unconsciously indoctrinated to analyze and

create frightened and obedient patients. What is not taken into consideration is an institution where candidates are taught to be thoughtful about the traditional frame and its reasons—who do not stick rigidly and religiously out of anxiety to ceremony, but understand how the use of the couch, the exploration of questions, the observance of neutrality and abstinence, can—with exceptions—quite often lead to a feeling of safety and boundaries that allows the patient to feel more able to express the deepest and more painful aspects of their experiences. The possibility that an analyst who is open to re-structuring the frame in negotiation with the patient's desires, and is willing to come out of his transference role and be more "himself," could actually be frightening for the patient is not considered. When Coderch de Sans and Codosero Medrano remark that in the traditional setting, the analyst is deprived of the possibility of seeing how the patient is like "in their everyday lives" (p. 179), they do not consider the possibility that many people are not really themselves in their everyday lives, and it is not until they have the quiet, boundaried, regulated space that the traditional setting aspires to that they are able to be in touch with those repudiated or unformulated parts. Isn't the experience of being carefully listened to, and of listening to oneself carefully, not literally but associatively, quietly, with limited interruption, deeply intimate and human? How often is a person able to have a dialogue with these unknown, unvalidated, disavowed parts of themselves when they are out there in everyday life, let alone with someone who is not all too eager to share with them their own subjectivity?

Less divisive is Luis Raimundo Guerra Cid's chapter on addiction in love and relationships. Here he uses non-linear dynamics systems theory to unpack the dynamics of human relationships, and more particularly what he breaks down into specific relational *affectopathologies*: sadomasochistic relational, narcissistic "anti-love" relational, rivalry relational, compulsive relational, abandonic (sic), relational, and compulsive-abandonic relational. What keep these systems in place are a combination of attractors and maintainers. Attractors are such things as our innate tendency to "anchor ourselves" to others, expectations and attributions we make of the other, idealization, the need for affiliation, validation, and mirroring, implicit relational knowing, and imprinting. Maintainers are the need for narcissistic compensation, the tendency to remember unfinished tasks more than finished ones (known as the Zeigarnick

Effect), and the fear of solitude and abandonment. Since the sadomasochistic affectopathology seems to be the paradigmatic form from which the others are derived (at least it appears this way in how they are presented in the book), and considering how all of the affectopathologies seem to be problematic ones, the total absence of the word *pain* is noteworthy, though unsurprising in a general framework that eschews drives.

From a relational perspective, according to Rosario Castaña Catalá, sexuality includes infantile sexuality, something that is shared with classical theory. What is not shared is exactly what this means, for where the Freudian *trieb* underlying infantile sexuality was basically a psychic driving force rooted in biologically somatic processes,² the sexuality described by Castaña Catalá and ascribed to relationists is at base “physiology and temperament” (p. 231), albeit enmeshed in intricate, emotional and relational patterns. She describes the intricacies of the sexual relationship writ large, including the role of envy, intimacy, security, curiosity, moral satisfaction, exploration, power, possession, and the need to feel possessed, among others. My understanding is that what from a Freudian standpoint might be seen as derivatives of underlying sexual drives, from the relationist point of view presented here are primary emotional experiences with an Other that in and of themselves provide the impetus for sexual activity.

Sandra Toribio Caballero describes her relational work with children and adolescents. She explains how when asked what it means to be a relational therapist, she responds by contrasting it to what it is not: “I am not a psychotherapist with a clear and ready-made set of guidelines telling me which stance to take up with regard to the person who comes to treatment, and when I work with children and adolescents, even less so” (p. 256). The therapist who works from her perspective positions herself from the outset with the view that people are primarily social and that human satisfactions are attainable only within social interactions.

In a rare moment for this book, the particulars of what this author considers are common characteristics among members of the Mediterranean Culture (which in this book refers to the *Spanish* Mediterranean), are spelled out. The author explicitly states that she

² Mills, J. (2012). *Conundrums: A Critique of Contemporary Psychoanalysis*. New York, London: Routledge, pp. 76-77.

takes these into account when understanding her patients, and this book, after all, aims to showcase how the perspective of *Mediterranean* Spanish authors has contributed to relational psychoanalysis. However, this section made me wince a little, as it did not avoid the pitfalls of blending informative cultural generalizations with stereotypes, and might have been conceived of with more precision and sophistication. It also felt thin in terms of providing more than anecdotal value, or of saying anything specific to the Mediterranean culture itself. For example, she writes that in the Spanish Mediterranean, relationships with family and friends are central, and affection is expressed very easily and obviously, owing in part to the fact that, according to her, Mediterranean people tend to be very loud. She backs up her assertion of an essentially Mediterranean affability by claiming that Rorschach tests have proven that “Texture (T) responses are on average higher in Mediterranean cultures than in Anglo-Saxon cultures” (p. 270). Of consideration is also the weather, which is ideal for Mediterranean children and adolescents to play outdoors, which facilitates social games. Additionally, the figure of the psychologist or therapist has become more and more a natural fixture of the Mediterranean environment, which is helpful, states Toribio Caballero. She lists the downsides to the Mediterranean spirit: sexism, helicopter parenting, schools with schedules and requirements that place high demands on students, and the long days of working parents. Mediterranean people like to congregate when they drink, which normalizes alcoholism, she writes (pp. 270-271).

Not having lived in the Mediterranean, but having moved around a lot on the American continent, I can safely say that every cultural context I have experienced first-hand or through people that I am close to, checks most of these boxes, with the exception of what pertains to the weather in Boston. This made it difficult to distinguish what was particularly Mediterranean about doing relational work with the children and adolescents of these areas. My sense is that the author is trying to convey that she takes environmental influences very seriously as causes and motivators for the patient’s personality strengths and ailments. An understanding of these becomes an integral part in helping curb or divert their negative impact. She writes, citing Coderch de Sans (2016), “every psychic pathology is relational pathology, and will inevitably be linked to the cultural contexts in which the person has lived...”

(p. 270). The clearest illustration of this is her assertion, not uncommon in many circles including some mainstream psychoanalysts, that ADHD is more a statement of the impact of a pathological educational system than on problems inherent to the child (p. 268). The two cases she presents, angry and anxious 15-year-old Clara, and 9-year-old Samuel who had difficulty processing thoughts and emotions, did not seem to factor in these cultural considerations, but did seem to emphasize a relational stance that values openness, closeness, emotional availability, mutuality, spontaneity, improvisation, creativity, and mentalization (p. 280).

In summary, this book has its challenges. A key one is the authors' lack of engagement with contrary points of view. The tenets they discuss are presented as indisputable, and engagement with substantial divergent points of view with which to meaningfully debate and deepen their understandings, are for the most part absent. Coderch and Medrano even state that they imagine the reader is thinking they are "arguing with straw men" (p. 181), but immediately sweep that aside. The chapter that is the exception and that most succeeds in a serious scholarly dive and exploration of Relational theory is Carlos Rodríguez Sutil's, *Relational Psychoanalysis: A New Psychoanalytic Epistemology*. Here Rodríguez Sutil at least mentions Jon Mill's critique,³ and takes up his counterarguments about the isolated mind fallacy in classical psychoanalysis. However, he promptly side-steps Mills, and continues down his own lines of explanations.

Additionally, the cores of many of these authors' theories feel diluted by overreliance on disparate extra-analytic and pseudo-analytic discourses to bolster their arguments. While repeatedly driving home the relational ethos of the human, personal, spontaneous, and authentic, their propositions feel at times denaturalized, sanitized, inhuman, and technical, as in the language of the procedural unconscious, maintainers, lineal and dynamic systems, and Zeigarnick Effects. It is a benefit of Rodríguez Sutil's chapter that he is aware of critiques along these lines, and tries to address them in his way. So, to the critique that relational psychoanalysis is more of a psychology than it is a psychoanalysis,

³ Mills, J. (2012). *Conundrums: A Critique of Contemporary Psychoanalysis*. New York, London: Routledge.

he says he embraces this, just as he embraces an opening of psychoanalysis to the systemic model, neuroscience, cognitivism, and developmental psychology. Every one of the chapters included here does, and as a result, I found the reading was in turns breathtaking and dizzying, informative, but lacking a center.

Unfortunately, there are also very serious editing problems. Grammatical errors, some likely due to translation gaffes, make large sections of this book almost illegible without considerable effort, coming very close to foreclosing a studious and confident reading.

Lastly, the title of this book, reflecting its aim, is puzzling. The reader will not come away with a feel for what is particularly Mediterranean about the relational thinking described here. Despite Sáinz Bermejo's musing on songs by Joan Manuel Serrat, a well-known Catalan troubadour, and Toribio Caballero's listing of what she considers essential Mediterranean traits, the authors do not flesh out any distinctly Mediterranean currents in their psychoanalytic relational thinking. As a digest of how Spanish relational analysts have been deeply influenced by the work of their colleagues from northern and central Europe, the United Kingdom, the United States, and South America, however, this book is successful. In their hands, these Spanish analysts present a testimony to their personal abilities to communicate deeply held and passionate ideas about the roots of their much-loved tradition and profession.

RODRIGO BARAHONA (BOSTON, MA)

THE PSYCHOANALYTIC EAR AND THE SOCIOLOGICAL EYE:
TOWARD AN AMERICAN INDEPENDENT TRADITION. By
Nancy J. Chodorow. New York: Routledge, 2020. 290 pp.

Nancy Chodorow is perhaps best known for her book entitled *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender* (1978) in which she explores the impact on boys and girls and later on men and women of the fact that women are primarily responsible for the care of children. Since the appearance of that first book, she has continued

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to write about issues pertaining to gender and psychoanalysis in such works as *Feminism and Psychoanalytic Theory* (1991), *Femininities, Masculinities, and Sexualities: Freud and Beyond* (1994), and *Individualizing Gender and Sexuality: Theory and Practice* (2012). In *The Power of Feelings* (1999), her interests expanded to the variety of psychoanalytic perspectives and the reciprocal impact of psyche and society.¹

In her most recent book, *The Psychoanalytic Ear and the Sociological Eye*, she provides a unique synthesis of contemporary psychoanalytic developments and explores the emergence of an American independent tradition and its theoretical framework, intersubjective ego psychology, which she argues have had a significant impact on contemporary psychoanalysis in the United States and which she finds the most coherent combination of sociological and psychoanalytic ideas.

In this essay, I intend to examine the nature of her larger vision as she considers how the individual psyche reciprocally interacts with the social world. Chodorow draws from her knowledge of sociology and psychoanalysis, the foundations of her professional training, as well as from works in the humanities. Her own biography is linked with her training as she describes the major impact of her personal life on the development of her interests and ideas.

Chodorow was born in 1944 to a Jewish family in New York. Her father moved between New York and California because of his work as a physicist involved in the war effort. Her birth during war, her experiences of this time, her own family's fracturing with her father's frequent travel made the experience of "loss, separation, and being left" (p. 79) central to her inner experience. Her mother, left without her husband for long periods of time, relied on the help of friends and family members. Chodorow describes herself as quite immersed in the events of this period, which motivated and shaped her lifelong interest in psychological, social, and historical issues.

¹ See Chodorow, N. J. (1978). *The Reproductive of Mothering: Psychoanalysis and the Sociology of Gender*. Berkeley: Univ. of California Press; (1989). *Feminism and Psychoanalytic Theory*. New Haven: Yale Univ. Press; (1994). *Femininities, Masculinities, and Sexualities: Freud and Beyond*. Lexington: Univ. of Kentucky Press; (1999). *The Power of Feelings: Personal Meaning in Psychoanalysis, Gender, and Culture*. New Haven: Yale Univ. Press; (2012). *Individualizing Gender and Sexuality: Theory and Practice*. New York: Routledge; (2020). *The Psychoanalytic Ear and the Sociological Eye: Toward an American Independent Tradition*. New York: Routledge.

Chodorow's involvement in psychoanalysis began with her exposure to the work of ego psychology and Erikson, and her early professional training in psychoanalysis was ego psychological in emphasis. She was also exposed to the Kleinian tradition which she embraced for a period of time until she found it too "single-minded" and "narrow" so that she "swung back to ego psychology" through her interest in the work of Hans Loewald and as well as the British independent tradition (p. 171n). The development of other psychoanalytic perspectives including object relations theory, relational models, self-psychology, and intersubjective perspectives shifted her orientation, but her work in recent years has centered on her belief that there has been a loss of sufficient emphasis on the unique life of each individual, which she identifies as Freud's principal focus in his early years as a psychoanalyst. Chodorow identifies in the shift to a "two-person" model a potential loss of emphasis on the complexity of individual inner experience.

She is concerned that many analysts have embraced a relational model in which transference and countertransference have become elevated to a position of such importance that other important dimensions of the psychoanalytic process have been neglected. The significance of both past events and daily occurrences may be relatively neglected in favor of a focus on what is occurring in the session between the analyst and the patient as the principle vehicle for exploring the nature of unconscious experience. Chodorow believes that the current interest in the relationship between analyst and patient is important, but she notes the potential loss of other factors when this issue becomes the primary one, something she has noticed in recent analytic discussions and case presentations.

Her book, in part, is an effort to address this shift by describing the development in the United States of an American independent tradition because she believes it provides better balance since it includes a more adequate exploration of individual inner experience. She notes a significant number of analysts whose roots may be in ego psychology and in a "one-person" model of treatment yet nevertheless share beliefs that are open to revision and do not rely on one theoretical model in their work and can integrate recent developments in relational models with ego psychological ideas.

American independents challenge the common practice in contemporary psychoanalysis of making the relationship between the analyst and the patient the focus of the analytic process. Instead, while “two-person” models are employed, an analysis consists of “an intersubjective experience of two individuals who attend especially to one” (p. 203). In this context, what is privileged is that which the patient describes about her own experience, especially the personal meaning that is derived from it. The American independents often draw upon the work of Erikson and focus on the formation of personal identity as a central concern of the analyst who takes into account such issues as gender and race, as well as “other psycho-social forms of identity and living in a sociocultural world” (p. 205). Finally, these analysts are inclined to help the patient “to understand herself as an individual, to mitigate destructive patterns, and to expand upon her range of experiencing” (pp. 205-206).

The American independent tradition according to Chodorow “incorporated and synthesized elements from the two dominant and antagonistic schools—Hartmann’s ego psychology and Sullivan’s interpersonal psychoanalysis—that constituted classical American psychoanalysis” (p. 5). Hartmann’s work reflects, in part, the Freudian framework of the importance of the ego and the drives, an emphasis on conflict as well as compromise formation, and the need to work clinically from the surface to the depth in order to provide the patient with interpretations in an atmosphere of analytic neutrality. Chodorow is concerned that Hartmann’s ideas are too often quickly dismissed today by many analysts, who believe that he embraced the idea of adaptation with regard to how people should respond to the environment. Instead, Chodorow valorizes Hartmann’s belief, which he shares with many “one-person” theorists, that “we create our psyches from within” rather than primarily through our relations with others, all of which is a reflection of “American individualism” (p. 8).

Sullivan’s view in contrast is rooted in a “two-person” model of psychological functioning. For Sullivan, one’s relationships with others constitute the foundation of human development and the wider social surround, including social, cultural, historical and political reality, which are given more importance in shaping the patient’s inner experience than in the Hartmannian perspective. Chodorow observes that some of

Sullivan's ideas, particularly the concept of participant-observation, are at times linked to the work of anthropologists like Ruth Benedict, Margaret Mead, Edward Sapir, "and many others" (p. 2).

The traditions established by Hartmann and Sullivan, which were once considered to be in opposition to each other, have been synthesized by a significant number of theorists, so that today we have what Chodorow believes is a more robust American psychoanalysis than in the past when theoretical pluralism was shunned. Chodorow indicates quite strongly her preference for the current emphasis upon openness and diversity of perspectives which often privileges uncertainty and doubt with regard to the validity of any single psychoanalytic framework. This is reflected in the willingness of many psychoanalysts to forego the idea that the analyst is in possession of the truth of the patient's inner experience. In its place, we have the idea that analyst and patient investigate the latter's inner experience together and emphasize her individuality over any grand theory which seeks to explain the totality of the patient's inner life.

It is the idea of individuality that Chodorow stresses as she explores American independent psychoanalysis. The American Independents may selectively embrace multiple psychoanalytic models which originated in a number of different countries. For example, some often draw upon the work done in Great Britain by Klein, Winnicott, and Bion and also may refer to the ideas of Italian analysts like Ferro and Civitarese, the contributions of the French such as Lacan, as well as Argentinian analysts like the Barangers. But what is even more important is that the American independents embrace the idea that what happens in the session in all of its specificity is given special attention. She makes the issue of specificity even more important by stating that "it must be the case that different theories and different approaches are right for different patients, or for the same patient during different hours and at different points in the treatment" (p. 160).

Chodorow distinguishes "listening to" from "listening for" (p. 156). When the analyst "listens to," she is immersed in what the patient is saying and tries to prevent her theoretical perspective from interfering with what she is hearing in the consulting room. In contrast, "listening for" involves allowing the analyst's theoretical orientation to filter much of what the patient says in order to try to develop an interpretation.

According to Chodorow, analysts often do this in order to reduce the anxiety of not knowing with much clarity what is happening during the session. She clearly aligns herself with those analysts who primarily “listen to” their patients. Yet she is aware that no analysis can be conducted without the use of both forms of listening. As she puts it, the critical issue “is the extent to which theory is to be regarded as a scaffolding or a final structure—the extent to which analysis uncovers something the analyst expects to be there, something there already but not predictable, or something emerging simultaneously with its being discovered” (p. 159). She acknowledges that in all likelihood “all these alternatives are true,” but she is emphatic about her belief in the necessity for the analyst to “listen to her patients’ claims about themselves” (p. 160). For Chodorow, without this stance, the analyst “cannot know what particular theory will be apt or what kinds of interpretive or noninterpretive actions will be helpful” (p. 160). In the end, the analyst must have “in mind and not in mind at the same time, both the general theoretical principles that all analysts hold and the specific and detailed theories about the psyche and technique that are subjects of contestation and debate” (p. 160).

Chodorow is very concerned with the rigidity with which analysts may hew to their theories. Freud offered universal principles about human nature and human development but was aware of the dangers of theory.² Chodorow points out that Freud suggests in “The Question of a *Weltanschauung*” that it was a mistake to fit clinical data into a seamless totality, because he was aware of the problems attending to the creation of a rigid scheme that could easily omit important clinical findings. Chodorow echoes this perspective when she states, for example, that many “Kleinian analysts expect to find splitting, projective identification, envy, manic defenses, fantasies of omnipotence, and layerings of paranoid-schizoid and depressive position functioning. Self-psychologists notice and expect to find mirroring and idealizing transferences; relational analysts, ruptures, repairs, and co-constructions between analyst and patient” (p. 154).

² Freud, S. (1933 [1932]). New introductory lectures on psychoanalysis. *S.E.*, 22:3-182.

Chodorow argues that an analyst is best served by cultivating a sense of doubt and uncertainty about absolute validity when considering most theoretical issues in order to remain open to the uniqueness of each patient whose individuality must be respected. She is excited about the increasing interest in theoretical pluralism, particularly by American independents who “have come to regard analytic theories as, taken together, a tool kit rather than as constituting, each independently, a self-sufficient set of claims” (p. 155). This is “a practical way of reconciling a one-person subjectivism with a two-person intersubjectivism and of reconciling our premise of individuality with our (inevitably) universalizing theories” (p. 155).

Chodorow then, embraces an American independents tradition as a “a cultural ego psychology” that attends to “the ways that culture and social practice interact with individual experience of psyche and identity” (p. 193). Since she also embraces “a hybrid psychoanalytic identity” (p. 201), she describes an intersubjective ego psychology which she characterizes as a “synthesizing and clinical epistemology” and therefore emphasizes “the complexity and clinical centrality of individual subjectivity (p. 191). At the same time, she is committed to an intersubjective perspective in its emphasis on the “pervasive impact of the object-relational, developmental, transference and counter-transference fields” (p. 191). As the theoretical foundation utilized by American independents, according to Chodorow, intersubjective ego psychology is intent on preserving the individuality of the both the analyst and the patient in the course of the analytic process. It also explores both the manner in which analyst and patient relate to one another intersubjectively, a process that requires “attention to the full subjectivity of the other and the self: gender, racial-ethnicity, culture, place in the family and history” (p. 193).

Chodorow distinguishes her idea of intersubjectivity as “*two individual subjectivities* that relate one to the other” from the one that she believes has taken hold in the contemporary psychoanalytic world in the United States: namely, the perspective that intersubjectivity is “interchangeable with co-creation and the idea that minds are always part of” “a relational field” (p. 194). For Chodorow, the analyst is to be viewed as “a separate subject with his or her own unique internal past or present” (p. 198). Therefore, for her and the American independents, countertransference “is not constituted primarily as a projective

identification of a patient's, a co-creation, a bulwark, or by what the analyst observes about his own mind" (p. 198). Rather, it is a phenomenon that is described as the "analysts' reactions, thoughts, feelings and evoked memories" which are "central to their capacity to understand and reach the patient" (p. 198).

In her discussion of intersubjective ego psychology, then, Chodorow utilizes the "ego psychological language of interpretation, individuality, autonomy, insight, analytic neutrality, and other similar concepts, and also the language of enactment, transference-countertransference, the contribution of the analyst's mind, and subjectivity and other similar concepts that arose initially from interpersonal psychoanalysis" (p. 3). In addition, she states that she sees "intersubjective ego psychology as a sort of middle terrain between classical structural and contemporary ego psychology on the one hand and classical interpersonal psychoanalysis and contemporary relational psychoanalysis on the other" (p. 3). According to Chodorow, the "origins" (p. 1) of intersubjective ego psychology can be located in the work of Erik Erikson and Hans Loewald. Their work has been supplemented by the thinking of such analysts as James McLaughlin and Warren Poland to whom she devotes two separate chapters as she identifies in their work ideas which are relevant to her interest in intersubjective ego psychology and the American independent tradition. She also cites the work of Judith Chused, Theodore Jacobs, as well as Dale Boesky and suggests that there are many others in the United States who have embraced this perspective.

But it is the work of Erikson and Loewald that she speaks about most fully in relation to the emergence of intersubjective ego psychology. She devotes three chapters on analysis of the manner in which Loewald can be viewed in the context of this perspective. In contrast, her consideration of the work of Erikson, more than that of Loewald's, depends on a broader discussion of the former's analysis of social theory in the context of her discussion of intersubjective ego psychology.

Chodorow is particularly influenced not only in this chapter but also in other parts of her book with the manner in which Erikson supplements a psychosexual model of development with a psychosocial one. In the process of doing this, she underscores Erikson's description of the life cycle as, in part, the transformation of intrapsychic experience as it is tied to the individual's "particular way of being with the other, and of

the other, whether internal or external, being with the self" (p. ix). In addition, according to Chodorow, he is fully committed to the idea of "one-person individuation in the trajectory of (his) developmental theory" of stages of the life cycle that includes "ego integrity" which consists, in part, "in the absolute responsibility for and recognition of the lone self" (p. 9). Although he retains a belief in the importance of drive theory, his work also reflects a "two-person" perspective since it tends to be more concerned with the impact of social and cultural forces on individual development. This places him very much in the orbit of the interpersonal-cultural school of Sullivan, Thompson, Horney, and Fromm. Nevertheless, he refers to himself as an ego psychologist with a primary interest in "identity, especially with the particulars of racial-ethnic-cultural identities, spoiled and outcast identities, as identity fragments that must, somehow, be cemented into a psychologically working whole" (p. 13). More specifically, he is interested in the complex identities of such figures as Luther and Gandhi, who began as marginal figures only to end up in extraordinarily important leadership roles as part of major historical processes.

With Loewald, she does not speak as much of his interest in larger social forces. Rather, she is more intent on showing how he portrays psychoanalysis as "the science of individual subjectivity, and its epistemology, as well as its method of investigation of this subjectivity," which "is *intersubjective*—based on the relations between two individual subjects" (p. 133). In this context, she states that he also holds to "a radically individualist view" because of his belief in the idea that "reality exists only as it is created by the ego" (p. 8). Although Chodorow believes that Loewald embraces a one-person model that centers upon the ego, she also argues that he embraces a two-person perspective which is evident in the fact that that he draws upon the work of object relations theorists like Winnicott in his emphasis upon the relationship between the mother and the child which is so central to development.

Yet Loewald distinguishes himself from those among the two-person theorists who do not privilege the role of the analyst for he thinks that under the best circumstances the analyst has achieved a more developed sense of her own separateness. This could allow the analyst, in general, to have a greater degree of insight than the patient in the course of the analytic process. Moreover, Loewald argues that the analyst can be a new

object for the patient. The analyst can act as a catalyst for the patient's growth in the future if the past loses at least some of its power with regard to the hold it can have over the patient's life.

Furthermore, Chodorow is drawn to Loewald whose work can be distinguished from that of classical ego psychologists, some of whom, she believes, view "transference as a resistance, and the ego as a site of increasing self-observation and correction," all of which "seemed to over-rationalize the powers of unconscious meanings and psychic life" (p. 5). She echoes Loewald who speaks extensively of the idea of the therapeutic usefulness of the intensity of feeling that can be generated in the transference and the countertransference. In contrast to those ego psychologists who view transference as simply an intrusion of the past into the present which results in simply distortion, Loewald sees it as a source of vitality that gives life to present experience. In the case of countertransference, which many ego psychologists, especially in the past, were inclined to view primarily as an indication that the analyst must engage in further analysis in order to become a more objective observer of inner experience, Loewald recognizes its possible usefulness in understanding what was happening internally for the patient. Nevertheless, Loewald believed that the analyst and patient must be viewed as totally separate people, even if at times they may be partially merged psychologically.

Finally, according to Chodorow, even though he did not possess the same level of interest as Erikson in the powerful role of larger social and political forces in shaping inner experience, Loewald did acknowledge the psychological role of religion in the lives of some individuals. In addition, because of the early influence upon him of Martin Heidegger from whom he ultimately withdrew because of the latter's involvement with Nazi Germany, he brings to his psychoanalytic vision an interest in philosophy; and, through his reading of some of the work of Talcott Parsons, he became interested in sociology. All this is reflected in Loewald's belief in the reciprocal relationship between inner life and the external world.

This relationship is central to Chodorow's belief that beyond both analyst and patient, there is a complex social environment that is rarely explored in depth today in terms of its impact on the inner experience of both patient and analyst. She states that when Freud describes the

lives of his patients, he often utilizes his knowledge of politics, economics, and culture in order to better understand their inner lives.

Chodorow speaks of the need for analysts today to consider more fully the larger social, economic, political and cultural forces that may impact the analysand. For example, such matters as race, class, and gender are rarely addressed sufficiently in their discussion of both subjectivity and intersubjectivity. She laments that the case studies presented by contemporary analysts are almost exclusively focused on the self and/or relationships with others. In this context, she is also concerned about the fact that in case studies little attention is given to the analyst's place in the larger social world, particularly the nature of "her training, her professional identity, her taken-for granted assumptions and reflexive location as analyst, and by her conscious and preconscious ideas of what being an analyst is" (p. 222).

According to Chodorow, what is just as problematic is that there has developed recently too great an emphasis on the inner life of the analyst to the point that the "analyst's mind and activity, as well as the analyst's role in the patient's mind" (p. 213) have become a major focus of the analysis. The choice to work in this way as an analyst, like most everything that occurs in an analysis, is in part "a psychoanalytically inflected instantiation of particular social, class, and political assumptions that vary and have varied cross-culturally and historically" (p. 238). These assumptions too often remain unquestioned by many analysts. In trying to understand this issue, Chodorow is especially sensitive to how both analyst and patient are inclined to cultivate a sense of the "specialness" of their relationship and "to defend against seeing (themselves) as part of a larger (social) unit" (p. 218).

Chodorow is so emphatic about the importance of the idea of individuality that she argues for the creation in colleges and universities of an Individuology Department which is the subject of the last chapter of her book. She argues that "the humanities are directed toward the study of texts, creative works, theory, and ideas, rather than the study of people" (p. 254); while in the social sciences "personhood" is viewed "as coming from without, from culture, society, politics, the economy" (p. 253). It is important to remember that Chodorow speaks of the way her own work was critiqued by sociologists because of her interest in psychoanalysis and her emphasis on individuality. According to her, for

most sociologists, larger social categories are the primary means by which people are to be understood. In this context, social structures are viewed as the major determinants of behavior and inner experience. Individuals, then, are perceived too much in terms of categories like race, gender, and class rather than in terms of their more unique characteristics. In contrast, Chodorow makes it clear that the impact of social forces is mediated by the way that people create personal meaning in their own unique ways that inevitably involve unconscious as well as conscious forces.

Given the difficulties that she has encountered in presenting her ideas, especially to social scientists, it is surprising that she does not speak at greater length about the problems that she might likely encounter if she became involved in the creation of an Individuology Department. For the focus of such a program would be "the individual and the complexity of the individual" (p. 246). She believes that psychoanalysis is the field that currently explores this issue in the most extensive manner. But she also suggests that other fields have their own procedures for engaging in such an investigation. This would necessarily be an interdisciplinary program to address "theories, methodologies, and epistemologies for studying how each person constructs and experiences herself and to give substance to assumptions we make about individuals and individuality throughout the humanities and the social sciences" (p. 240). She is equally clear that in embarking upon such an endeavor all of those people who are representing different disciplines must remain aware of the importance of exploring the relationship between the researcher and the subject that is being studied. Of particular importance is that when "subjects study subjects" "intersubjectivity enters in" (p. 256). Just as in psychoanalysis, all those who study the nature of emotions "must be continuously mindful of their own personhood and impact and remember that the quality of interaction helps determine what is found" (p. 256).

In describing such a program, she also suggests that the concept of individuality should be placed in a historical context. Yet, she does not examine in adequate detail the work of those who believe that "selfhood and identity are fictions or constructions from without, that they emerge from the enactment of cultural discourses, that destabilized, fragmented, multiply shifting split psyches without a center are not only our

inevitable lot but perhaps even desirable" (p. 254). She herself appears to embrace certain aspects of this perspective when she speaks of such issues as strain, stress, and trauma in her discussion of the lives of a specific cohort of people who were part of "the Harvard-Radcliffe class of '65," (p. 76), of which she was a member, who were born in the United States in 1943 or 1944 during World War II, which is another subject of one of her chapters.

Chodorow covers a lot of ground, and at times does not develop her ideas fully enough. This is most obvious in her failure to situate in a manner commensurate with her stated methodological approach, which emphasizes the need for extensive historical contextualization, her discussion of both the American independent tradition and intersubjective ego psychology. This becomes a problematic feature in her analysis of the work of Hartmann, Sullivan, Erikson, and Loewald which contains minimal reference to important political, economic, social, and cultural events that helped to shape the thinking of these theorists. For example, there is virtually no reference to the Great Depression of the 1930s, the political, cultural and social turbulence of the 1960s, and the conservative backlash that has occurred from approximately 1970 to the present. Only the impact of World War II is given some attention, but even here she barely explores its impact upon psychoanalytic theory and practice.

Though she does acknowledge her tendency to generalize, this problem arises too often in her book since periodically she does not substantiate sufficiently her observations. In this context, I would refer to her statement that it might be possible "to claim that most of Anglo-American psychoanalysis could be generated from different parts of" (p. 95) Loewald's work. But here she does not provide much detail with regard to his influence. With regard to the quality of his thinking, she does not corroborate through extensive analysis her contention that "all of" the "tensions" in his work are turned "into a single complex and multifaceted vision" (p. 95).

Her failure to substantiate sufficiently her ideas also occurs when Chodorow does not explore in adequate detail the nature of the ego with regard to its ability to exercise rational control over both internal and external forces with which it must contend. She speaks repeatedly of Erikson's concept of "ego integrity" which points to the experience of

“sameness and oneness in one’s own and the other’s view” (p. 74). Yet, even while acknowledging the importance of Erikson’s concept of “identity diffusion,” Chodorow’s discussion is overshadowed by her interest in “ego synthesis, an objective quality of consolidating selfhood” which is linked to being “confirmed and recognized by others as a particular individual in a particular universe” (p. 75). Nor does she address fully enough the critique offered by, for example, Lacan and others of the ease with which what is experienced as wholeness and integration may mask states of discontinuity that give rise to forms of misrecognition. For example, this may be the case in the course of everyday communication between people where the issue of mutual recognition, which is so central to intersubjectivity, is of great importance. In this context, I believe that it is always necessary to acknowledge that when one receives recognition (of most any kind) from another person it may be based primarily on the perception and emotional needs of the person providing it, and one can never be certain of how it is received by the other.

Therefore, I would argue that Chodorow does not examine fully enough what she describes as a common criticism of American psychoanalysis because of its “optimism,” “pragmatism,” and “curative goals” as well as a willingness to abandon “the unconscious” (p. 15). Freud himself remarked on these possibilities and was concerned that his concept of the unconscious would be diluted in the United States so that its destructive and rapacious features would ultimately recede into the background, if not be ignored. Chodorow is very much aware of the pervasiveness of aggression in personal and public life, but she does not explore adequately its possible innate features. Rather, like many contemporary analysts, she states that “it emerges from a variety of situated psychodynamics” and “defends against an endangered self, whether the sense of danger is physiological, a fantasized or perceived threat of physical or emotional attack, punitive guilt, shame and humiliation, or fragmentation” (p. 24). Her view is less pessimistic than the one Freud presents at the end of *Civilization and its Discontents*, when he wonders whether humanity will succumb to the power of the death instinct in the form of aggression or survive through the power of Eros.³

³ Freud, S. (1930). *Civilization and its discontents*. *S.E.*, 21:57-146.

In her discussion of Loewald, she also emphasizes less his analysis of the disintegrative aspects of experience than his discussion of the progressive features of development. She does embrace his concept of the "oscillation of levels of ego and reality" through a process of increasing differentiation as well as the existence of a "psychotic core' of fusion and symbiosis" (p. 16). Nevertheless, with regard to this dimension of Loewald's work, Chodorow appears to be less interested in experiences of problematic, if not destructive, merger than in experiences of separateness and the importance of individuation.

Despite what I see as these problems, I believe that this is a very valuable and interesting book. Chodorow is quite thorough in her presentation of certain features of contemporary American psychoanalysis and provides a critique of theory and technique which deserves serious consideration. More specifically, given the absence of a sufficient interest in the larger environment by many analysts today, her book is very important because of her emphasis upon the impact of larger historical, social, cultural, political, and economic forces on inner experience and how they are perceived and responded to by people in their own unique ways. Finally, given the current emphasis on theories which reflect what she (pp. xiii, xiv) cites in reference to a lecture given by Warren Poland in 1998 as a "two-person unified" perspective in contrast to a "two-person separate" model, Chodorow's focus on the individual psyche of the patient, which can get lost at times in any psychoanalysis, should be fully considered in the context of her analysis of the American independent tradition and intersubjective ego psychology.

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