Editor's Introduction

Jay Greenberg

EDITOR'S INTRODUCTION

BY JAY GREENBERG

This issue, my last as Editor of *The Psychoanalytic Quarterly*, comes at a time when many of us are deeply unsettled not only about our world but, more locally, about the nature of what psychoanalysts do and what we will be doing in the future.

The events of 2020 have shaken us out of our complacency about much of what we thought were simple facts of life. The horrific behavior of our leaders, and its consequences, have made it impossible to continue to disavow the systemic racism that has endured and even flourished in the post-civil rights era; increasingly we must acknowledge our personal and organizational complicity. At the same time, and with more immediate consequences for our daily work, the COVID-19 pandemic has forced us to abandon – without the opportunity to plan or even to reflect – our century-old assumptions about the psychoanalytic frame and perhaps about the psychoanalytic project itself. The converging crises created a sea change, forcing us to acknowledge as we never have the ways in which privilege and self-interest, largely unattended or denied, shape the nature of everything that we do and everything about how we think about what we do.

It will be a long time before the implications, or even the meanings, of what we are living through can be understood; as psychoanalysts we are well positioned to appreciate that meanings emerge *après coup*. What we do know as this issue goes to press is that we are all acutely aware of the uncertainty of our future as a profession and as an intellectual discipline; it is an uncertainty that inevitably raises crucial but as yet unanswerable questions about the nature of our past.

Jay Greenberg is the Editor of *The Psychoanalytic Quarterly* and a Training and Supervising Analyst at the William Alanson White Institute.

I started to have thoughts about what I would like my last issue of the *Quarterly* to be more than two years ago, long before the events that have so unsettled us were even on the horizon. The planning began when I was thinking about my ten years as Editor, as I reflected on the ways in which the landscape of psychoanalysis has been changing, not only during my tenure but over the course of my career. For some years it was clear, and becoming clearer, that psychoanalysis in the early years of the 21st century – the praxis and the discourse – was the same as, and yet very different, from the psychoanalysis in which I had been trained. Both the continuity and the dissimilarity cried out loudly for exploration.

The changes I had been thinking about seemed profound, but they were far more internal to psychoanalysis than those that have been triggered by recent events. As a result of those events now, even more than is usually the case, we don't know what is going to happen next. But, as we know well from our clinical work, examining where we have been is an important step to knowing where we are and even perhaps where we are headed. So the project that I originally had in mind, while shadowed by new and certainly larger concerns, seems as important today as it did before the cataclysm that we are now living through.

I began analytic training in 1974, in a world that, even in the early days of 2020, seemed far removed from the one in which we live and work. It would take a volume (an interesting one, actually) even to scratch the surface of what has changed since then, but I will try to mention a few of the highlights.

First, consider ways in which psychoanalysis was organized both conceptually and institutionally. In North America, at least, there was such a thing as "mainstream" psychoanalysis, defined theoretically as a tradition that began with Freud and that was carried forward by the European émigrés who developed the ego psychological perspective. One could, if one wanted to, find other authors and other points of view; some analysts were drawn to Sullivan and his followers within the interpersonal tradition, some to Winnicott's writings, some to Klein and the object relations theorists, some to the newly emerging ideas of Kohut's psychology of the self. But these were at the time and for a number of years after considered "alternative"; their proponents were not invited to

participate in mainstream conferences, to publish in mainstream journals, or to have conversations with mainstream thinkers.

You will note that even as I mention ideas that were known but excluded the list includes only Anglophone theories and their proponents. A great deal of work that was destined to be influential eventually was also being done in continental Europe (Lacan comes especially to mind, but there were others) and in Latin America (the Barangers, but again there were many more). These contributions were not excluded, because the "mainstream" was not aware enough to exclude them.

Despite the exclusion and the obliviousness that characterized psychoanalysis in the time that I was trained, Edgar Levenson argued presciently (in 1972) that at any point in time different theories – however rancorous the debates among their adherents might be – are more similar than they are to theories that emerge at other historical moments. This strikes me not only as an illuminating way to think of the history of psychoanalysis but as an idea that is crucial to keep in mind if we hope to appreciate our place in a discipline that is constantly evolving.

Consider a few of the assumptions that ran through all theories in the last quarter of the 20th century:

1. The goal of treatment is to make conscious repressed mental contents, however those repressed contents are imagined within different models.
2. The analyst does this by maintaining a "neutral" attitude toward the patient's divided mind, which makes it possible for the analyst to interpret both defenses and the contents that have been banished from awareness.
3. Even analysts who embrace a model of "participant-observation" emphasize the "observer" side of things; analysts who are fully immersed in their participation squander their objectivity and therefore their usefulness.
4. The unconscious itself is defined as a repository of what has been forbidden; to the extent that broad social forces (race, gender, class, power) affect unconscious processes they are mediated by and subordinated to conflictual intrapsychic processing.

The list could, of course, go on and on.

Virtually each of these assumptions has been challenged or rejected since I began my training; my sense is that the pace of change has

accelerated dramatically in the last 15 or 20 years. As a result, our under-standing of the fundamental concept of the unconscious has changed, our treatment goals have changed, our ideas about therapeutic action have changed, our way of conceptualizing the nature of the psychoana-lytic situation has changed, our ideas about the best way for analysts to meet their patients have changed.

With all this in mind, it seems important to me to dedicate my last issue of the *Quarterly* to the ideas of analysts who have come of age pro-fessionally in a world shaped by assumptions that are very different from those that influenced my own development as an analyst. I am defining this new cohort somewhat but not entirely arbitrarily as those who have trained or who are training in the 21st century.

Accordingly, I invited six analysts, each of whom has participated in important professional conversations, to contribute papers to this issue. I decided not to prescribe a theme for the papers, hoping that leaving things open would provide a window into what the authors find interest-ing, challenging, and consequential in their thinking and in their clin-ical engagements. In addition, I invited two analysts, both important contributors to the changes that evolved during the last years of the 20th century, to write commentaries on what their younger colleagues were thinking and writing about.

It is unfortunate but true that respectful intergenerational exchanges are rare in psychoanalysis, although the need for them should be obvious. My hope is that this issue will demonstrate that such dialogue is not only necessary, but possible. Reading the eight papers leaves me feeling optimistic; there is enough difference in the ideas of the younger analysts to require discussion, and enough continuity to make those discussions promising. With any luck, this project is just a beginning.

A final word: it would be a mistake to say that these papers are "representative" of the thinking of a new generation of psychoanalysts, even of a new generation of North American psychoanalysts. For better or for worse, no contribution or collection of contributions can be con-sidered representative; the characterization itself seems to me a thing of the past. It is the product of a time when conversations were confined to isolated and insular communities so that alternative perspectives were not and could not be engaged or even acknowledged. Things are very

different today; it is a lesson that the papers in this issue, taken together, teach us. While each of them is scholarly, there is no theorist whose ideas shape more than one of the contributions.

This suggests that psychoanalytic conversations are becoming very different from those that excited previous generations of analysts, and that they may well become even more different in the future. But the central question that drives our conversations – how we can best engage the unconscious minds of our patients in ways that will help them to live more effectively – remains the same. With that in mind, we have much to look forward to.

REFERNENCES

LEVENSON, E. (1972). *The Fallacy of Understanding.* New York: Basic Books.

275 Central Park West,
Apt 1BB,
New York, New York, 10024

jaygreenberg275@aol.com

A Diagnosis for Psychoanalysis in the 21ˢᵗ Century: Freud as Medicine

Sarah Ackerman

Published online: 27 Oct 2020.

Submit your article to this journal ↗

View related articles ↗

View Crossmark data ↗

A DIAGNOSIS FOR PSYCHOANALYSIS IN THE 21ST CENTURY: FREUD AS MEDICINE

BY SARAH ACKERMAN

This paper assesses the history of psychoanalysis in the United States in order to inform a "professional memoir" of the author's experience of analytic training in the 21st Century. The mix of historical and personal landscapes supports a contention that there is something missing or lost in American psychoanalysis, that psychoanalysis has lost sight of the radical and subversive nature of unconscious processes. I argue that only by returning to a study of rigorous and comprehensive theory, seated in Freud's work, can this absence be addressed.

Keywords: Psychoanalytic training, psychoanalytic theory, Freud, the history of American psychoanalysis.

What is changing in psychoanalytic practice and training in the 21st century? Since the 1980s and '90s, many new and competing psychoanalytic models have risen to prominence, the doors of analytic institutes have been opened to non-medical clinicians, and a prevailing atmosphere of openness and acceptance of different points of view has emerged. Newer theories emphasize the feelings of the analyst as a central guide in driving analytic technique. Today's candidates lack training in the formulation of a patient's psychopathology, or of what drives analytic action. They are left to improvise based on their individual experience

or intuition of what psychoanalysis is supposed to be. Where, we might ask, does this situation leave aspiring psychoanalysts?

A major source for improvising the role of analyst, I would argue, is the analyst-in-training's experience on the couch. All analysts learn volumes about analysis through their own first-person experience of being analyzed, but this experiential aspect seems, at least in American psychoanalysis, to have upstaged a *theory* of analytic action. Beginning training as analysands promotes empathic grounding to understand the stress we are imposing on our patients in the experience of being analyzed. It opens the analyst's awareness of the existence of the unconscious in herself, allows the analyst to know more about herself, and at its best, I would argue, it aligns her own unconscious with the process of analytic thinking. Without marrying the experience of analysis with a rigorous and comprehensive *theory* of psychoanalytic practice, however, future analysts, with no clear model to guide their work, are left with a blurry felt-experience that skews the message about what psychoanalysis really is.

After all, analysis is a bit like childhood—what we remember from the experience is vague and often centers on affectively intense moments that are not necessarily where the action really was. Few analysands seem to recall pivotal interpretations from their analyses. Rather, they recall a time when the analyst told them where he was going on vacation—a moment that marked a change in their relationship or that made the patient feel close to the analyst. Looking back on analysis then reflects something quite different from the experience as it played forward in time. If what we remember and value from our own analyses are moments of affectively charged contact with our analysts—and if we lack a theoretical understanding of these memories—we may feel a pull to imitate that affective contact for our patients. Analytic candidates may be particularly susceptible to trying to create or impart these kinds of moments in the absence of a theory of analytic action. Fred Busch, in his critique of relational theory, calls this viewing "the tail of the elephant *[as]* the elephant" (2001, p. 740). While these memories may stand out as a by-product of an analysis, they are not in themselves what is truly mutative in a treatment.

The tendency to play the role of analyst without a theory of analytic action seems to be a byproduct of the erosion of theoretical thinking

among practicing psychoanalysts. A coherent, unified theory of psycho-analytic action has gone missing among the proliferation of theories of analytic action, the flattening of the hierarchies and standards surrounding analytic training, and the sometimes desperate recruitment of candidates with highly varied backgrounds, motives, and aptitudes for analytic training. Without that understanding of what constitutes analysis and what is mutative, our practice becomes more and more experiential. We feel our way into analytic practice, without the necessary scaffolding of comprehensive analytic theory.

To consider this present psychoanalytic moment, I would like to step back ninety years, to 1909, when Freud first brought "the plague" that was psychoanalysis to the United States. After all, the seventy years prior to the florescence of new theories dramatically impacted the prevailing culture of psychoanalysis in the United States. After viewing the intellectual environment of these early decades of American psychoanalysis, I will be able to illuminate aspects of the surrounding analytic training environment that I entered into in 1999, when I enrolled at PINE Psychoanalytic Center in Boston (then called the Psychoanalytic Institute of New England). Framing these trends in American psychoanalysis will inform the primary focus of this paper—a kind of "professional memoir" of my analytic training, in the spirit of Stephen Purcell (2014). My hope is that my story will shed light on a crucial missing element in American psychoanalytic culture in the 21st century—the absence of a sophisticated grounding in the radical, subversive unconscious processes that infiltrate Freud's work.

STEPPING BACK

Freud's initial experience of America's enthusiasm for his ideas was heartening to him. "My short visit to the New World encouraged my self-respect in every way. In Europe I felt as though I were despised but in America I found myself received by the foremost of men as an equal …. This was the first official recognition of our endeavors" (Freud 1925a, p. 52). After Freud's visit, psychoanalysis was instituted within the medical establishment. The New York Psychoanalytic Society was founded in 1911, and the American Psychoanalytic Association followed in Baltimore in 1914 (Hunsberger 2005). In 1917, Johns Hopkins became

the first medical school to offer courses in psychoanalysis (Hunsberger 2005). Although Freud was a proponent of the value of lay analysis (Freud 1926), America excluded all but medical doctors from practicing as psychoanalysts. This exclusiveness stirred Freud's antipathy for the U.S. In his view, "when Americans were not being naïve and prudish, they were greedy and conventional" (Gay 1988, p. 567). As Freud put it, "The resolution passed by our American colleagues against lay analysts, based as it essentially is upon practical reasons, appears to me neverthe-less to be unpractical …. It is more or less equivalent to an attempt at repression" (1926, p. 257-258).

Added to the medicalization of psychoanalysis were strict rules and requirements that coalesced around the analytic training. Training ana-lysts reported on their candidates' progress in analysis. As Shelley Orgel recalled:

> The actual influence the training analysts exerted on candidates' educational progress by directive measures in the analysis, and by detailed reports on the analysis to education and progression committees, meant that aggression toward and idealization of the powerful analyst in the transference was intensified, but also stifled in its expression and left unresolved. [1990, p. 13]

Homosexuality in this culture was conceived as a disease, in radical contrast to Freud's own views. Further, the American psychoanalytic—in spite of being populated by a brotherhood of Jews who had escaped World War II—contrived reasons for excluding vast groups of people from diverse backgrounds, so that it remained a largely white, male organization. Freud was disappointed to hear from his colleagues how American psychoanalysis was taking shape. Peter Gay quotes a letter that Ferenczi wrote to Freud: "I returned here [to America] after many years … to find the interest in psy-choanalysis much greater than in Europe, but I have also found that this interest is somewhat superficial and that the deeper side is somewhat neglected" (Gay 1988, pp. 568-569).

The major proponents of psychoanalysis in America had a particular bent to their reading of Freud. The ego, and its resistances, took center stage. This was a science in which the tri-partite model prevailed. Reductive conceptions of the id, ego, and superego were idealized. As

Bruno Bettelheim noted (1982), much of the more affective or spiritual qualities of Freud's ideas were, quite literally, lost in translation. Reading lists were restricted to a foundation of scientistic texts providing a unilateral and inflexible view of treatment. Analytic technique was reified around rigid formalities. Old saws were created, like "the analyst shouldn't say anything during the first year of analysis, in order to allow the transference to develop." While Freud practiced his principles of technique narrowly—within the analytic sessions—under ego psychology, all of the analyst's words and actions were construed as technique. Freud could offer Paul Lorenz, the "Rat Man," a meal when he came to a session famished and felt no need to mention this in his published case study (Lipton 1977). In contrast, one analyst I know reflected with regret that in his early years of practice, when a patient brought him a piece of her wedding cake, he put the cake, untouched, out on a table at her session each day to encourage her to free associate about it.

When new theories did emerge, such as Kohut's work on self-psychology, serious questions followed about where to limit the definition of psychoanalysis. Is it still analysis if what is analyzed is a patient's self-object transference, and not her Oedipal transference? If the emphasis is on pre-Oedipal dynamics, is it still analysis?

Beginning in the 1940s, Lacan (1991) was making a case against American ego psychology, arguing that the most radical and philosophical turns in Freud's ideas were being eviscerated by the reductiveness of American psychoanalysis. Many of the more polemical ideas in Freud's canon were lost, he argued, alongside the revolutionary understanding of unconscious processes. As he wrote, "Freud's thought is the most perennially open to revision. It is a mistake to reduce it to a collection of hackneyed phrases. Each of his ideas possesses a vitality of its own. That is precisely what one calls the dialectic" (p. 1). Unfortunately, Lacan remained largely unknown in American circles.

Decades later, Laplanche traced a motif that repeats throughout the history of psychoanalysis, emerging again and again even within Freud's writing. As Laplanche sees it, we are constantly drawn to stabilizing the ideas of psychoanalysis so as to disavow the intensely unsettling aspects of unconscious processes that Freud unearthed. "There is a covering-over of the unconscious and of sexuality in Freud's own oeuvre, which traces and reproduces the covering-over of the unconscious and

sexuality in the human being itself" (Laplanche 1991, p. 74). Since Freud, we have been in conflict about acknowledging "the other thing, the 'psychical other' which is the unconscious: on the one hand, Freud's sharp vision of its alien-ness and, on the other, the fragility of that vision" (Laplanche 1999, p. 64).

I see the extended early era of American psychoanalysis as a blunder that has shaped the course of its development ever since. American psychoanalysis was rigid, hierarchical, and strangely repressive. Something essential about Freud's theory was lost in its Americanized form, which seems driven to exclude the demonic elements that Laplanche highlights. This authoritarian stance—the "repression" that Freud made note of—as well as the missing ineffable element in American psychoanalysis eventually called forth new theories which proliferated in the 1970s, 1980s, and 1990s. These theories challenged the orthodoxy of American psychoanalysis. Attachment research, infant research, object relations, self-psychology, intersubjectivity, mentalization, neuropsychoanalysis—all came to the fore and were in conflict with each other. As Leo Rangell (1988) describes it:

> Kleinian analysis discards the oedipal; the interpersonal and derivative object relations schools turn away from the intrapsychic, the object replaces the drives, the self the ego, and transference supersedes and replaces reconstruction … Hermeneutics is made exclusive of mental mechanisms. Modern infant observations, the latest field to attract excited attention, is said to "utterly refute Mahler," and, also, according to some, much of Kohut, Kernberg, and Freud as well. [p. 326]

In a liberal accommodation of these conflicting theories, an atmosphere of acceptance and open-mindedness prevailed. Clinicians were encouraged to be eclectic and multi-theoretical. After decades in which ego psychology had a stranglehold on American psychoanalysis, these theories emerged in something of a coup, generating considerable confusion about what defines psychoanalysis.

It was in this moment that Sandor Abend, editor of *The Psychoanalytic Quarterly,* presciently invited a series of American analysts to reflect on the future of psychoanalysis. The late 1980s was a fertile opportunity for such reflection, as institutes of the American were now

accepting non-medical candidates and the American Psychoanalytic was under growing pressure to reduce ego psychology's centrality. Arnold Cooper (1990) observed the erosion of the analyst's role. Arnold Richards (1990) foresaw the rise of a focus on the brain and neurological mechanisms. Rangell (1988) emphasized the shift from a focus on the patient's history and the work of reconstruction to a focus on interactional elements, the primacy of here-and-now transference interpretation. Two definitions of transference were highlighted—in one, transference represents a displacement onto the analyst of the unconscious repressed past; in the other, transference comprises all of the here-and-now interactions between analyst and patient (Rangell 1988). Many noted the rise of a multi-cultural environment, in which multiple, conflicting theories were all accommodated (Orgel 1990; Rangell 1988; Richards 1990; Wallerstein and Weinshel 1989). As Robert Wallerstein and Edward Weinshel (1989) observed:

> We are all more willing today to acknowledge the diversity of theoretical perspectives within psychoanalysis—the ego psychological, object relational, Kleinian, Bionian, Lacanian, and self-psychological—as well as the different regional, cultural, language and thought conventions within which psychoanalysis is expressed. We are more willing today to see each theoretical perspective as a legitimate framework within which respected colleagues can organize the clinical encounters in their consulting rooms and interact therapeutically with their patients. [pp. 358-359]

The wish that the rise of these emerging theories would locate something that had been lost in the earlier orthodoxy was not realized. I hope to illustrate that this movement only drew analysts further from a unified theory of analytic practice, making some essential aspects of Freud's discovery even more remote.

Cooper articulated the way emerging and competing theories jeopardize the analyst's ability to occupy her role as analyst:

> The maintenance of psychoanalysis as a discipline may depend in part on the capacity to keep that professional distance that, uniquely, is essential for this form of treatment. Both analyst and patient are under pressure to abandon this stance, and as

I have elsewhere described (Cooper 1986), one of the perils of analytic practice is the gradual erosion of the capacity to maintain this listening stance without giving way to a more participant one, more gratifying to the patient, easier for many analysts. One of the sources of the strength to maintain an analytic attitude comes from the professional, scientific, and cultural endorsement and support that reward analytic behavior with social approval. As psychotherapy and psychoanalysis increasingly blur, as I believe they will, and as analysts find that their major activity is psychotherapy, as they already do, it will be even more difficult to keep the "gold" of the idea of the analytic transference-countertransference relationship intact. [1990, p. 194]

Orgel allies with Laplanche's ideas, conveying the challenges inherent in holding an analytic stance and maintaining a focus on the unconscious:

In fact, every day psychoanalysts lose and re-find in microcosm what psychoanalysis has lost and found in its tumultuous historical development from the very beginning. As analysands and later as analysts, we realize and we tend to "forget" in never-ending waves the ways in which the clash of drive and defense in us creates and influences, temporarily or enduringly, what we can know of ourselves and other people. [1990, p. 2]

These analysts capture the way in which the emergence of manifold, diverging theories impinges on the individual analyst's ability to maintain a stable analytic stance. Here I would like to enter in, to recount my own experiences of training to be an analyst in the early days of the 21st century.

ANALYTIC TRAINING IN THE 21ST CENTURY

In 1977, when I was in fifth grade, I (symptomatically) turned to the dictionary to help me discern whether I wanted to be a psychiatrist or a psychologist. I didn't like the sight of blood, so it was an easy call. When I entered Harvard College in the mid-1980s, I immediately enrolled in

psychology classes and found them disappointing. I wanted to learn about how to talk to people in a way that alleviated their suffering, and I was caught in an empirical department that valued research over clinical theory. Psychoanalytic theory had already been largely eliminated from this department, in the wake of behaviorism's ascendency. (Harvard's psychology department was the institutional home of B.F. Skinner from 1958 to 1974.) I was able to find one professor, an adjunct member of the faculty, who still taught classes like Adolescence, Midlife Development, and a graduate level class on psychoanalytic theory. Under this professor I wrote my thesis on creativity and depression in four women writers. This professor also introduced me to reading Freud. His graduate-level class asked students to dig into Freud, Sullivan, Horney, Klein, Fairbairn, Winnicott, and others. Reading psychoanalytic theory, I felt that I had found what I had been looking for in the dictionary a decade earlier—a system of understanding others without imposing solutions on them, a broader attempt to understand the nature of being human.

My clinical psychology doctoral program at Montréal's McGill University proved to be another environment that was hostile to psychoanalysis. There in 1990, however, I began a personal analysis that privately nurtured my professional dreams. My analyst seemed somewhat magical—I had never been listened to in that way, and I was constantly surprised by what he heard. When I returned to Boston for my pre-doctoral internship, I knew that I wanted to train to be a psychoanalyst, but I was bewildered and surprised by the variety of analysts I encountered. Many analysts did not fit with my experience of psychoanalysis, and I think this stemmed from the broad umbrella that had sustained American psychoanalysis at the cost of its disciplinary coherence and clinical consistency. I learned a lot about the use of countertransference in guiding interventions and little about formulation. In one setting, I had an opportunity to watch a psychoanalytic psychotherapy through a two-way mirror, and I was horrified by the clinician's manner of bringing *everything* into the here and now. Every time the patient started to talk about things going on with her friend group, or her boyfriend, and used the word "we," the clinician would derail her to ask, "Do you mean 'we,' you and me?" During these years, I fantasized about writing a paper entitled, "Enough About You. Let's Talk About the Patient!"

No doubt the explosion of new theories of psychoanalysis and models of change at the end of the last century radically altered the environment for analytic training, such that psychoanalytic training is now fundamentally different from previous generations' training. Gone are the days of circling the wagons to keep "paradigm shifts" like self-psychology out of the mix. Now the doors are wide open. All theoretical models are invited to the table, and the prevailing ethic seems to be that "there are many roads to Rome." A rare few learn to read Freud and Klein closely. Others skip the "old school" analytic theories and begin with relational, intersubjective, or Kohutian models. Recently, the American Psychoanalytic Association, worried about the graying of its membership, has taken active steps to bring non-APsaA institutes into the fold. Some now question the distinction between psychotherapy and psychoanalysis. In our eagerness to level the traditional hierarchies, a mélange of psychoanalysts and theories intensify the question of what psychoanalysis, in the 21st century, actually is.

Clearly, there are advantages to the opening of psychoanalytic theory and the inclusiveness of analytic training. Clinicians trained in more monastic times find this open-mindedness liberating. Many classically trained analysts have pushed analytic discourse into new realms. McLaughlin (1981), Schwaber (1983), and Jacobs (1973), among others, re-defined the conceptualization of countertransference, inviting clinicians to see the inevitability of their personal role in affecting the experience patients have of them. Moreover, theories benefit from the challenges of other perspectives. A closed, hierarchical system needs to be opened to promote both the growth of the profession and the fair treatment of its members. But I would argue that the quality of diverse interdisciplinary and multi-theoretical training hasn't successfully countered the problems inherent in the earlier, unilateral model—in both cases the radical nature of unconscious processes has been overlooked. One essential question then is whether psychoanalysis is about making sense of the patient's history or simply living that history out in the here and now. As Rangell (1988) put it: "Analysts will have to decide one day whether psychoanalysis is reconstructive or interactional" (p. 319). Richards points to the erosion of theory: "Analysts increasingly no longer define their discipline as an investigatory method grounded in a general theory of how the mind works. They define it as one particular theory espoused over and against other theories" (1990, p. 350).

For the new trainee looking to learn how to work with patients, a focus that is weighted toward these interpersonal dynamics to the exclusion of the personal dynamics of the patient generates an aporia, where the candidate's ability to formulate the problem that brings her patient into treatment has gone missing.

TRAINING WITHOUT THEORY

I was pessimistic about psychoanalysis in 1999, when I finally applied for analytic training. I was looking for a training that aligned with my personal experience of analysis, and I wasn't confident that I could secure that in the prevailing analytic climate. The blurry emphasis on the relationship alongside the frenetic cycling of disparate theoretical viewpoints obstructed an understanding of patients' unconscious processes.

Finding PINE, a small institute with faculty who were very invested in writing about psychoanalysis, came as a huge relief. Freud was the starting point in most classes; a whole class was devoted to a close reading of *The Interpretation of Dreams*; and I felt we were being taught a manner of thinking *psychoanalytically*, rather than trying to cover all of the various theoretical models. I did find ways to stay true to my educational aspirations, but I worry about the recent and current generation of candidates. These aspiring analysts may not have developed a coherent theoretical model of analytic practice; they may not have been exposed to the radical and subversive nature of unconscious processes.

My experience of other institutes suggests to me that now that many theories are relevant to our training, the depth of study of any one theory has decreased. Primary texts have frequently been shelved in the interest of more current topics. The curriculum emphasizes comparative models, such that candidates learn to juxtapose contrasting ideas, without probing more deeply into the nuances of each perspective. Institutes are strangely market-driven, tailored to please the "consumer-candidate." If candidates aren't interested in learning from Freud, courses on Freud are jettisoned. Would a school of medicine, I wonder, pander to medical students were they to say they had no interest in learning anatomy? As Ellen Pinsky (2020) notes, it is a bizarre turn of events when psychoanalysis leans toward a disavowal of the relevance of psychoanalytic history. Can there be psychoanalysis without history?

Prevailing themes are centered on enactment, the effect of the person of the analyst, nonverbal communication, and the relational dynamics of both members of an analytic couple. Privileging the interpersonal to the neglect of the intrapsychic, less time is devoted to how to hear unconscious themes in the words of our patients, how to formulate the dynamics of our patients, and just how to simply conceptualize psychopathology. Some are even questioning the notion of psychopathology itself, dismissing it as a throwback to the power dynamics of "healthy" analysts treating "sick" patients.

Relational theory supports this more experiential and less theoretical form of analysis. In lieu of maintaining a focus on analyzing the patient, bringing her unconscious thoughts to her awareness, and knowing that as a result of this effort, the patient will retain a particular interpersonal experience of this process, the analyst focuses on creating this interpersonal experience. The focus is more on current exchanges in the consulting room than on the analysand's unconscious. I was able to avoid much of this confusion at PINE, but I feel that I achieved this in part by blinding myself, so that I could delve into deep questions about human consciousness. It seems to me that the most rigorous and interesting psychoanalysts who were educated in my generation followed a similar path. Many were in analysis *prior* to analytic training. Many are best described as auto-didacts.

It seems significant that three of the most influential people in my training were psychologists who had come to understand Freud outside an American psychoanalytic institute and the trappings of American ego psychology. George Goethals, my Harvard professor, was the person who introduced me to the richness and vitality of Freud's writing. My first analyst in Montréal, Ahmed Fayek, was an Egyptian-born clinical psychologist who had been a psychology professor in Egypt before coming to Canada. From him, I developed a sense for the subversiveness of psychoanalytic theory—that psychoanalysts are always in some conflict about their ability to apprehend the unconscious. As he wrote:

> Each psychoanalytic experience is very much similar to the discovery of psychoanalysis itself. If we accept that Freud's journey in psychoanalysis was a trip toward locating the human subject in the individual, and that he did it without a

map to guide him or a blueprint of what to be looking for, then the proper way to do psychoanalysis should be exactly like Freud's journey; [with] no map or blueprint in doing psychoanalysis or [reliance] on the informative aspect of the theory. [2015, p. 50]

By eschewing a map, blueprint, or a recitation of theoretical Freudian "facts," Fayek is advocating for an adherence to the principles of unconscious processes. These principles on the alien nature of unconscious processes inform the comprehensive theory toward which I reach.

The third mentor on my psychoanalytic journey was Murray Cohen, a retired professor of clinical psychology who taught one of my classes at PINE and made an offhand remark that he felt like a dinosaur, well versed in Freud but unfamiliar with the burgeoning interpersonal theories of the present day. One day, I approached this professor, who had completed analytic training in Boston through a waiver after years of personal study and teaching of Freud's works, and asked him to help me learn to think like a dinosaur. I was still hungry for a unified and coherent perspective through which to understand the overdetermined complexity of analytic engagement. We began what was to become a two-year journey in closely reading Freud, from *Studies on Hysteria* (1893) to *Analysis Terminable and Interminable* (1937). Cohen read Freud's ideas alongside a sensitive reading of Freud's personhood, using that understanding to highlight key aspects of Freud's ideas. He emphasized Freud's relentless search for correct interpretations, his habit of laying new ideas on top of old ones, trying to keep the old ones in play or in harmony with the new. He stressed Freud's integrity, his honesty, and the overdetermined nature of Freud's own ideas. From Dr. Cohen, I learned that it is an error to reduce Freud to a set of information or facts. "Psychoanalysis is a method of thinking and not a theory of thoughts" (Fayek 2015, p. 3).

As I look back, it seems important that these mentors gained their knowledge of analytic theory independently of the rigid and reductive intellectual leanings of American psychoanalysis. Each developed an appreciation of Freud without the trappings of ego psychology, which seemed to drain the vitality and polemical vigor that is nascent in Freud's ideas. Instead, each studied Freud in his capacity as a

psychologist, often in a university setting, which fostered a deeper engagement with the theory. Of course, virtually no psychology department in North America today would still welcome this kind of research, due to the turn toward empiricism, neuropsychology, and the biological basis of mental illness. Here, however, I found the depth that I believe has gone missing in American psychoanalysis—unrestricted time to be immersed in Freud's ideas and depth in the approach to understanding Freud.

Studying Freud was undoubtedly the most important aspect of my training. While I got some credit for it at PINE, it was uniquely tailored to my interests and outside of an institute. I wonder about this. Did the freedom from constraints imposed by analytic institutes allow for a richer level of study? Is deep engagement with Freud an essential element in awakening an understanding of unconscious processes? I feel lucky to have had the opportunity to study Freud in depth, because I think it taught me a way of thinking that I can bring to reading any analyst who came after.

A NEW MODEL OF ANALYTIC TRAINING

I propose that analytic training be reorganized in order to align itself better with the radical discovery of unconscious processes that is at the heart of Freud's oeuvre. Training should be dedicated to teaching Freud, coupled with a particular way of approaching Freud's writing. With a background in Freud's biography and a Freudian approach to reading Freud, there is much to be drawn out beyond the manifest content of Freud's words. I later came to see that Lacan (2006) and Laplanche (1999, 2011), among others, undertook this methodology long before I did, and it yields a fascinating Freudian perspective on Freud, in which there is more written into his words than he could personally attest to. I have come to understand the radical nature of unconscious processes, through which we are always saying more than we think we know. Lacan captures this well:

> Our abortive actions are actions which succeed, those of our words which come to grief are words which own up. These acts, these words reveal a truth from behind. Within what we

> call free associations, dream images, symptoms, a word bearing the truth is revealed. If Freud's discovery has any meaning, it is that—truth grabs error by the scruff of the neck in the mistake. [1991, p. 265]

Lacan is highlighting the polysemy of language in which the multiplicity of meanings inherent in our choice of words conveys more than we mean to say. Lacan emphasizes the pivotal role of language in psycho-analysis, where on the one hand, "Nothing takes place between them except that they talk to each other" (Freud 1926, p. 187), and yet, in so doing, multiple meanings are conveyed. Again and again, throughout Freud's oeuvre, we learn this. We also see it by looking closely at Freud's own choices of words. Lacan notes a:

> fundamental value of all of Freud's writings. Every word is worthy of being measured for its precise angle, for its accent, its specific turn, is worthy of being subjected to the most rigorous of logical analyses. It is in that way that it is distinguished from the same terms gathered together more or less hazily by the disciples, for whom the apprehension of the problems was at second-hand, if one may say it, and never in any depth, which resulted in this degradation of analytic theory to which its hesitations so constantly attest. [1991 p. 55]

The goal in reading Freud is not to accumulate a set of facts or rules, but rather to view close up the unsteady progress of Freud's develop-ment, where he lives out a pattern of centering and de-centering that is inevitable in all who come after him. As Laplanche says, "One could endlessly demonstrate how the domestication of the unconscious never ceases to operate in Freudian thought, and this with regard to each of the foremost aspects of its alien-ness" (Laplanche 1999, p. 67). Laplanche pointed out that Lacan, too, fell prey to an overly centered and stable Lacanianism over the course of time. And modern-day "Laplanchians" may also show signs of domesticating "enigmatic messages," and the like.

While it may be possible to arrive at an equally sophisticated under-standing of unconscious processes via alternate routes, Freud occupies a singular role as the original source of this understanding of the

unconscious. By witnessing the evolution and play of Freud's conclu-sions, readers are invited into the process of developing a psychoanalytic mind. Further, reading Freud this way opens readers into an appreci-ation of the intersubjective understandings that came to follow. With this approach to Freud, there is no risk of regressing to an application of a rigid, inflexible technique, because the understanding of unconscious processes drives technical choices, not rules. One need only glimpse evi-dence of Freud's "technique" during his early years, when he would step out of his consulting room to consult his wife about moments of forget-ting that he was trying to get to the bottom of (1901), or reflect upon the depth of Freud's personal attachment that H.D attests to in her memoir of her analysis (1956), to feel liberated from the unyielding "Freudianism" espoused by earlier generations of ego psychologists.

Coupled with immersion in Freud, this model of training would rely on trends in philosophy and literary criticism to inform Freud's work. After all, I feel that my own Freudian perspective is an expression, in part, of the influence of postmodernism on psychoanalysis. How ironic that Freud's ideas were an essential ingredient in the development of postmodern thinking—from Derrida to Foucault, from Ricouer to Žižek—yet, while postmodern theorists have foregrounded Freud and psychoanalysis, and professors in this area are exceptionally well-versed in Freud's canon, these trends have not been folded back into the for-mal training and practice of psychoanalysis. The sequestering of analytic institutes from academies of higher education—also a trend that I would attribute in part to the medicalization of American psychoanalysis—no doubt plays a role in this segregation. Psychoanalytic institutes will need to develop ties to studies of the humanities in university settings in order to return psychoanalytic practice to a vital and singular place among models of therapy.

For the past thirteen years, I have run an interdisciplinary faculty study group on psychoanalysis at Dartmouth College. Though we have elicited no interest from the faculty of the Psychology Department or the Psychiatry Department at the medical school, we do have a steady presence of professors of English, German, Jewish Studies, Geography, Art History, Classics, Philosophy, and Comparative Literature, plenty of whom are better-read in the psychoanalytic literature than many practic-ing psychoanalysts. Practicing analysts have a lot to learn from the

professors who use analytic theory for a very different kind of interpret-
ation. These scholars read Freud from a philosophical perspective, one
far less prone to foreclosing Freud's ideas into a concrete accumulation
of facts.

In turning to the question of how best to teach Freud to candidates,
I would recommend a progressive course on Freud, in which students
can see the evolution of his ideas, and come to understand the nuances
of Freud's way of thinking. By reading one's way through Freud's major
works, readers can see the developments and at times, fluidity, in
Freud's ideas. Readers can follow the alterations in the meaning of
repression, anxiety, the unconscious, the concept of castration.
Secondary sources like that of Fayek (2015) or Quinodoz (2004) could
help expand readers' perspectives on how Freud's ideas evolve. This
would invite readers to take a more open relationship to Freud, where
they are reading Freud as laying out a process of interpretation and not
a set of facts. After all, what is essential to a comprehensive theory is a set
of guiding principles on the radical otherness of unconscious processes.

Students should learn to read Freud *analytically,* perceiving how
Freud's unconscious participated in the development of his theory. In
reading *The Interpretation of Dreams,* for example, a reader should learn
about the book as autobiography; they should attend to each of Freud's
dreams as they occur in the text, and how these dreams "talk to" one
another (Ackerman 2019). This kind of reading is just as informative as
Freud's manifest intentions in each chapter of the book. Additionally,
there are fascinating readings that provide evidence, through Freud's
experience, of ways in which the unconscious manifests. Among these, I
would include "Screen Memories" (Freud 1899), "The Psychical
Mechanism of Forgetfulness" (Freud 1898), "A Disturbance of Memory
on the Way to the Acropolis" (Freud 1936), "The Interpretation of
Dreams" (1900), Freud's work on jokes and parapraxes (Freud 1901;
1905), "The Mystic Writing Pad" (1925b), and "The Uncanny" (1919b).
Alongside Freud's metapsychological paper on "The Unconscious"
(1915b), these readings begin to convey something of Freud's ironic
intention: the idea of a "talking cure" in which we "make the uncon-
scious conscious," even though there are no words in the unconscious.
This approach to reading frees Freud from his own effort to hammer
out a science with a bottom line. It enables us to see the deeper

meanings in Freud, in which interpretations are always a way-station on the path to new understandings that inevitably follow. With these readings in place, we can then appreciate Freud's reluctance to prescribe specific rules of technique beyond the requirement that each analyst discover the unconscious through her own analysis, and adjust her analytic procedure to best help her patients recognize their own unconscious processes. Freud's papers on technique (1911, 1912a, 1912b, 1913, 1914, 1915a), can then be plumbed for the richness and subtlety of their messages (Friedman 1991, 2008, 2019).

Note the contrast between this kind of an approach to Freud and the recommendations of Arlow and Brenner, who saw *Studies on Hysteria* and *The Interpretation of Dreams* as relics that "do not constitute texts for instruction in psychoanalysis as it is understood and practiced today" (1988, p. 7). For Arlow and Brenner:

> A dream is not simply the visually or auditorially hallucinated fulfillment of a childhood wish, whose meaning is to be revealed by undoing distortions and translating symbols. Dreams are, in fact, compromise formations like any others (Arlow and Brenner, 1964); (Brenner, 1955), (1976), compromise formations that are sometimes of very great value in analytic work and sometimes not. [1988, p. 7-8]

While I agree that dreams are analogous to daydreams, symptoms, parapraxes, and screen memories, I see *The Interpretation of Dreams* as an essential text that evinces the role of unconscious processes for the human subject. I am disheartened by how many practicing analysts today have never read Freud's *magnum opus*, which has been such a source of inspiration to me clinically and theoretically.

Intensive grounding in Freud is essential prior to moving on to discussing the two-person dynamics of analysis. It seems unimaginable to dive into psychoanalysis with the work of Ogden or Benjamin, Bion or Stern, without first understanding the conceptions from which these thinkers develop. After all, if the analyst is not listening properly to her patient, then what is the value of scrutinizing the patient's response to the analyst? With a clearer understanding of Freud's revolutionary discovery, it is easier to grasp the ways in which modern

thinkers are continuing with—or more often, diverging from—Freud's theory.

Clearly psychoanalysis is in crisis in America. Managed care and evidence-based treatment have marginalized psychoanalytic treatment. More broadly, cultural theorists have challenged the deeply ingrained status of analytic ideas like the Oedipus complex (Crews 2017). A more expansive crisis in American intellectual culture, where neoliberal ideals of evidence-bases and empirical grounding are pushing STEM fields into prominence, is draining attention to the humanities and the liberal arts. These intellectual trends are undoubtedly depleting the current esteem of psychoanalysis. However, I also believe that the theoretical hodgepodge that is contemporary psychoanalysis plays a role. I would join Lacan in urging a return to Freud, although I would add that this return needs to be a return of a return, in which Freud is read anew, with a Freudian perspective and without the trappings of ego psychology, as I have tried to describe. As mentioned above, I would propose that analytic institutes be more closely aligned with academies of higher education, where Freud and Lacan are actively at play, and a different kind of foregrounding in theory has been established. In his paper on lay analysis, Freud emphasized that the practice of psychoanalysis rests on a broad humanistic foundation, including "the history of civilization, mythology, the psychology of religion and the science of literature. Unless he is well at home in these subjects, an analyst can make nothing of a large amount of his material" (Freud 1926, p. 246). Analysts need to be versed in the philosophical, the cultural, the literary, and aesthetics in order to grasp the play of the unconscious.

This is the 21st century ideal of psychoanalytic training to which I would aspire—a training immersed in understanding the crucial philosophical aspects of psychoanalytic theory, underscoring that the practice of psychoanalysis is grounded in theory, whether the practicing analyst is aware of it or not.

REFERENCES

ACKERMAN, S. (2019). I may allow myself to do this. *J. Amer. Psychoanal. Assn.*, 67(5): 767–788.

ARLOW, J.A., & BRENNER, C. (1964). *Psychoanalytic Concepts and the Structural Theory.* New York: Int. Univ. Press.

ARLOW, J.A. BRENNER, C. (1988). The future of psychoanalysis. *Psychoanal. Q.,* 57: 1–14. doi:10.1080/21674086.1988.11927200

BETTELHEIM, B. (1982). *Freud and Man's Soul.* New York: Knopf.

BRENNER, C. (1955). *An Elementary Textbook of Psychoanalytic Practice,* 2nd Ed. New York: Int. Univ. Press.

——— (1976). *Psychoanalytic Technique and Psychic Conflict.* New York: Int. Univ. Press.

BUSCH, F. (2001). Are we losing our mind? *J. Amer. Psychoanal. Assn.,* 49(3): 739–51. doi:10.1177/00030651010490030501

COOPER, A.M. (1986). Some limitations of therapeutic effectiveness: the "burnout syndrome" in psychoanalyst. *Psychoanal. Q.,* 55: 576–598. doi:10.1080/21674086.1986.11927157

——— (1990). The future of psychoanalysis: challenges and opportunities. *Psychoanal. Q.,* 59: 177–196.

CREWS, FREDERICK. (2017). *Freud: the Making of an Illusion.* New York: Metropolitan Books.

FAYEK, A. (2015). Future Psychoanalysis: Toward a Psychology of the Human Subject. Lanham, MD: Lexington Books.

FREUD, S. (1893). Studies on Hysteria. S.E., Vol. II.

——— (1898). The Psychical Mechanism of Forgetfulness. S.E. Vol. III, pp. 287–297.

——— (1899). Screen Memories. S.E. Vol. III, pp. 299–322.

——— (1900) Interpretation of dreams. S.E. Vol. IV and V.

——— (1901) The psychopathology of everyday life. S.E. Vol. VI, pp. vii-296.

——— (1905). Chapter VI: "The Relation of Jokes to Dreams and to the Unconscious," In *Jokes and Their Relation to the Unconscious,* S.E. Vol. VIII, pp. 159–180.

——— (1911). The handling of dream-interpretation in psycho-analysis. S.E. Vol. XXII pp. 89–96.

——— (1912a). The dynamics of transference. S.E. Vol. XXI, pp. 97–108.

——— (1912b). Recommendations to physicians practicing psycho-analysis. S.E. Vol. XXII, pp. 109–120.

——— (1913). On beginning the treatment. S.E. Vol. XXII, pp. 121–144.

——— (1914). Remembering, repeating, and working-through. S.E. Vol. XXII, pp. 145–159.

——— (1915a). Observations on transference-love. S.E. Vol. XXII, pp. 157–171.

——— (1915b). The unconscious. S.E. Vol. XIV, pp. 159–204.

——— (1919). The "uncanny." S.E. Vol. XVII, pp. 217–256.

——— (1925a). An autobiographical study. S.E. Vol. XX, pp. 1–74.

——— (1925b). A note upon the 'mystic writing-pad.' S.E. Vol. XIX, pp. 225–232.

——— (1926). The question of lay analysis. S.E. Vol, XX. pp. 177–258.

——— (1936). A disturbance of memory on the Acropolis. S.E. Vol. XXII, pp. 237–48.

——— (1937). Analysis terminable and interminable. S.E. Vol. XXIII, pp. 209–254.

FRIEDMAN, L. (1991). A reading of Freud's papers on technique. *Psychoanal. Q.,* 60: 564–595. doi:10.1080/21674086.1991.11927323

——— (2008). A renaissance for Freud's papers on technique. *Psychoanal. Q.,* 77(4): 1031–1044.

——— (2019). *Freud's Papers on Technique and Contemporary Clinical Practice.* New York: Routledge.

GAY, P. (1988). *Freud: A Life for our Time.* New York: W.W. Norton. doi:10.1086/ahr/95.2.448

H.D. (1956). *Tribute to Freud.* New York: New Directions.

HUNSBERGER, R.P. (2005). *The American Reception of Sigmund Freud.* http://www.hunsberger.org/freud-america.htm#_edn1

JACOBS, T. (1973). Posture, gesture, and movement in the analyst: cues to interpretation and countertransference. *J. Amer. Psychoanal. Assn.,* 21: 77–92. doi:10.1177/000306517302100105

LACAN, J. [trans. J. Forrester] (1991). *Freud's Papers on Technique. The Seminar of Jacques Lacan, Book 1.* New York: W.W.Norton.

——— [TRANS. B. FINK] (2006). *Ecrits.* New York: W.W. Norton.

LAPLANCHE, J. (1991). Exigency and going-astray. In FLETCHER, J. AND RAY, N. (2014). *Seductions and Enigmas.* London: Lawrence & Wishart.

——— (1999). *Essays on Otherness.* New York: Routledge.

——— [TRANS. J. Fletcher, J. House, N Ray] (2011). *Freud and the Sexual.* International Psychoanalytic Books.

LIPTON, S.D. (1977). The advantages of Freud's technique as shown in his analysis of the Rat Man. Int. J. Psychoanal., 58: 255–273.

MCLAUGHLIN, J. (1981). Transference, psychic reality, and countertransference. *Psychoanal. Q.,* 50: 639–664. doi:10.1080/21674086.1981.11926976

ORGEL, S. (1990). The future of psychoanalysis. *Psychoanal. Q.,* 59: 1–20. doi:10.1080/21674086.1990.11927261

PINSKY, E. (2020). Personal Communication. February 23, 2020.

PURCELL, S.D. (2014). Becoming related: the education of a psychoanalyst. *Psychoanal. Q.,* 83(4): 783–802. doi:10.1002/j.2167-4086.2014.00120.x

QUINODOZ, J. (2004). *Reading Freud.* London: Routledge.

RANGELL, L. (1988). The future of psychoanalysis: the scientific crossroads. *Psychoanal. Q.,* 57: 313–340. doi:10.1080/00332828.1988.12021931

RICHARDS, A.D. (1990). The future of psychoanalysis: the past, present, and future of psychoanalytic theory. *Psychoanal. Q.,* 59: 347–369. doi:10.1080/21674086.1990.11927276

SCHWABER, E. (1983). Psychoanalytic listening and psychic reality. Int. J. Psychoanal., 10: 379–392.

WALLERSTEIN, R.S., & WEINSHEL, E.M. (1989). The future of psychoanalysis. *Psychoanal. Q.,* 58: 341–373. doi:10.1080/21674086.1989.11927243

53 South Main Street, Suite 311,
Hanover, NH 03755

ackerman@post.harvard.edu

# Living the Non-Dream: An Examination of the Links Between Dreaming, Enactment, and Transformations in hallucinosis

Rodrigo Barahona

Published online: 27 Oct 2020.

Submit your article to this journal ☑

View related articles ☑

View Crossmark data ☑

LIVING THE NON-DREAM: AN EXAMINATION OF THE LINKS BETWEEN DREAMING, ENACTMENT, AND TRANSFORMATIONS IN HALLUCINOSIS[1]

BY RODRIGO BARAHONA

Bion developed a clinical theory of therapeutic action that asks the analyst to interact with and catalyze the patient's ability to dream an emotionally real experience of himself. The intersubjective engagement that, at every moment, underpins the analytic experience generates moments of enactment that are necessary for the bringing to light and transformation of unrepresented states at the center of the patient's problems. Decades of Bionian scholarship and practice around the concept of transformation in hallucinosis, and newer work on dreaming and non-dreaming states by Cassorla, can allow us to see the connective tissue between enactment and deeper layers of the mind involved in the capacity to think, dream, and be fully human. An understanding of these connections can help the analyst re-engage with his dreaming and symbolic capacity, hampered by the enactment, and bring to focus the undreamt dream at the center of the patient's current anxiety.

"Incredible the first animal that dreamed of another animal."

Terra Nostra, Carlos Fuentes (1975)

In recent decades, attention placed on the ongoing intersubjective encounter of the analytic situation has naturally led to further and deeper study of the phenomenon of enactment. In North America, enactment initially became a focus of clinical interest and scholarship through the writings of Ted Jacobs (1983, 1986, 1991) and others through the framework of contemporary ego psychology. It was later taken up and developed as a major concept in relational psychoanalysis, most notably in the work of Bromberg (1998, 2003), Cooper (2008), and Davies (1998). In the rest of the world, however, the processes that comprise enactment have been under study for almost three quarters of a century, either implicitly through the developments in thinking about projective identification and countertransference by Kleinian and post-Kleinian analysts, or explicitly in South America with the Baranger's (2008) and others' work on the *bastión*, or bulwark, in the analytic field. Enactment, a process involving the two members of the dyad, naturally comes into focus when situating the work of psychoanalysis in a bi-personal field.

Bion's thinking, deeply rooted in psychoanalytic group work and in the Kleinian tradition, and branching widely across Europe and South America, is a natural place to set up the *clinic of enactment* (Cassorla 2018), as some contemporary analysts have done. His model of container-contained, a central component of the apparatus for thinking (Brown 2012), and whose growth is a primary aim of psychoanalysis, highlights a mutual, commensal (Bion 1962), ongoing intersubjective exchange without which thinking about enactment would be impossible. At the same time, the container/contained dynamic is also involved in the transformations that constitute two other evocative Bionian states of mind tied to enactment, those of hallucinosis and non-dreaming. Elsewhere (forthcoming), I explored transformations in hallucinosis in the context of psychoanalytic field theory, but left its connection with enactment, to which it is inevitably linked,

undeveloped. In what follows, I would like to sharpen and tighten this connection using Cassorla's work on non-dreams and my own clinical material as support.

CONTAINMENT AND PSYCHIC CHANGE

The task of the psychoanalyst can be defined as finding a way of speaking to the patient about what is happening in the room between you. Depending on one's model of mind and therapeutic action, this can take many forms. In a Bionian model, the constructs of container-contained are crucial to understanding what is happening between the patient and the analyst, as well as how to think about it with the patient. When psychical growth is taking place, there is a positive flow of exchange between container and contained, leading to greater and more complex contact with unformulated, repressed, or projected aspects of the self on the part of both participants. For Bion, this forms the basis, not only for the growth of the mind, but of therapeutic action. One aim of the analyst's interventions is to promote to the extent possible the re-acquisition of projected parts of the self (Steiner 1989). More specifically, it involves a spiral process between being-becoming unknown and projected aspects of oneself (transformations in O), knowing about these aspects (transformations in K), tolerating them and the frustrations implicit in the thinking process that brings them into awareness, and working through the related emotions without losing contact with their emotional sources (De Bianchedi 1991). Perhaps it is Bion himself who puts it best when he states that after all is said in done, the object of analysis "is to introduce the patient to the most important person he is ever likely to have dealings with, namely, himself" (Bion 1994, p. 248).

The model of container-contained can present the analyst with an ideal that in actuality owes much to his effort, skill, and experience, with the latter two of these often won from failure. In conjunction with abstaining from memory, desire, and understanding (Bion 1967 [1988]) the analyst's ability to maintain a transformative openness to the emotions in the room is often placed under considerable pressure by the patient, not to mention the circumstances of his own state of mind. On the ground in the consulting room, instances and stretches of both containment and rejection of communicative and evacuative

projective identifications between parties are ongoing and interlap, reflecting oscillations between paranoid-schizoid and depressive functioning within each mind and between the dyad (ps ↔ d). The analyst can never be fully aware of what is underpinning the present emotional interaction, especially when unconscious, bi-personal forces are colluding and leading up to states of enactment. However, if the analyst understands and anticipates that these states are inevitable and *necessary* and has a good psychoanalytic theory to help navigate his way through, the work can be steered away from unnecessarily painful disruptions, and analytically transformed into emotional understanding, carrying both the patient and the analysis forward. The key here is that the disruption is, at the same time and on another level, an effort on behalf of the two psyches in the room to dream the patient's unrepresented problem. From this perspective, enactments are to be expected more than avoided, and good analytic work relies on identifying these as moments when the patient's internal situation is being actualized in the here and now, and as such made available for live analysis.

Bion does not mention the term enactment because it was not current during his lifetime. However, he was apparently well acquainted with the phenomenon and the logic in his theory of thinking (Bion 2013[1967]) leads to a model of a mind whose growing edge is on the crux of thinking vs. expulsion, as described most succinctly in this well-known passage:

> I shall limit the term "thought" to the mating of a pre-conception with a frustration. The model I propose is that of an infant whose expectation of a breast is mated with a realization of no breast available for satisfaction. This mating is experienced as a no-breast, or "absent" breast inside. The next step depends on the infant's capacity for frustration … (if it) is sufficient the "no-breast" inside becomes a thought, and an apparatus for "thinking" it develops …. If … (it is) … inadequate, the bad internal "no-breast" that a personality capable of maturity ultimately recognizes as a thought, confronts the psyche with the need to decide between evasion of frustration and its modification … .[p. 303]

Written well after first mentioning his theory of container-contained in 1956, these words detail the interaction between the infant and his

first contacts with the environment that is his mother's body and mind, and the immediate emotional activity that ensues. An intrinsic side of this emotional activity is thinking activity, in the form of the transformation of sense impressions into thoughts, through the activation of the infant's alpha functioning by the mother's mind transmitted through her breast.[2] This intersubjective process is internalized by the infant and becomes his alpha functioning, which supports the development of a psychic process that will be necessary for intuition and thinking in the colloquial sense. These are also the first instances of transformations in the infant's mind, where sensory stimulation—from the drives that push from within the infant to help satisfy its needs and from without in the manner and form of perception (i.e., the realization of the breast)—are transformed into rudimentary structures of thought that propel the infant further and further into mental development.

From this theory of thinking, Bion develops a sophisticated theory of transformations, leading to a concept that I have found fascinating and important relative to understanding enactment. This concept, *transformations in hallucinosis*, has been linked to enactment by others, most notably Roosevelt Cassorla (2018), in his study of chronic and acute enactments in relation to dreaming and non-dreaming. Dreaming the emotional stream of the session is a reflection or by-product of transformations in O and K. Transformations in hallucinosis, however, involve a reversal of the dreaming activity that comprises thinking as described above. They can be thought of as states of non-dreaming and are fertile ground for the development of chronic and acute enactments (Cassorla 2018). When mired in hallucinosis, enactment can take an insidious form, chronic though undetected until a disruption, perhaps in the form of an acute enactment or a hallucination, takes place.

---

[2] Chris Lovett (2019) describes how Bion's container-contained relationship was not to be taken as an abstract metaphor and referred to the nipple in the mouth and the digestion of food as it passes through the alimentary canal (in Power 2020). According to Power, "when we say that the receptivity of the analyst and of the analytic process is a container/contained relationship we are always talking about bodies and a deeply, physical sensory experience rooted in the earliest but ongoing exchange between self and other as well as the ongoing development of psychological processes" (2020, p. 3).

FROM HALLUCINOSIS TO ENACTMENT, THROUGH THE INABILITY TO DREAM

In what follows, I would like to present a fragment of a case involving an enactment. I believe this example illustrates how transformations in hallucinosis and non-dreaming can function as a source for the actualization of traumatic emotions and negative objects in the transference and in the analytic field (Levine 2014). But first, a little more on enactment. Cassorla describes enactments as something that:

> occurs unconsciously, and involves both analyst and patient, who perform current situations or archaic fantasies, reflections of transferential or countertransferential fears and hopes, sometimes enacting real or fantasized traumatic situations from the past. The enactment is the consequence of the impossibility of externalizing these situations, or unconscious fantasies linked to them, through verbal symbolization. They are often thus regressive interactions, and one of their characteristics is that they involve both the analysand and the analyst. [2001, p. 1156]

We see in this definition that the process involves a failure or obstruction of the capacity to receive and interpret emotions symbolically, and that it usually involves both members of the dyad without the source of the obstruction needing to be specified. Clinically, it is of course the analyst who, as "guardian of the frame" (Bleger 1967) is tasked with the role of helping the analytic couple reflect on and process the emotions that are being avoided and expressed within and between them. Even though the buck stops with the analyst, where the remediation process starts is less clear. It may begin with either member of the dyad working through moments of enactment by recovering the capacity to dream what has not been dreamt, by finding images and words that would act as containing metaphors. This is made possible through the analyst's use of himself as a container conducive to reverie where these images, and then thoughts that will prove necessary for the working through process, to materialize in the analyst's mind in a form suitable for meaningful conveyance to the patient.

When these moments of enactment occur, they may be used by the analyst as signals that can enable him to retroactively detect situations,

often long stretches of time, where unrepresented or weakly represented states have been stimulated between him and his patient without finding their way into his reverie. These are moments where the analyst's ability for bi-ocularity (De Masi 2015), of " ... having one 'eye' on the understanding and interpretation of defensive mechanisms, while the other 'eye,' unfocused preserves a gap for something else" (Birksted-Breen 2016, p. 26), has been impaired. When not impaired, this gap may be inhabited by reverie. Otherwise, on one level, patient and analyst are working in a way that passes for productive; on another level the work is saturated with gnawing but ignorable feelings of staleness, lack of progress, fear, anxiety, dread, irritation, or indifference. The eye that would remain unfocused and, in that way, open to the emotional and visual impressions that constitute dreaming the session (Bion 1992, p. 120), remains overly focused and closed.

It was in such a state that I am now able to hypothesize my work with Ms. B was in during the weeks preceding the session I will describe. As she sat down and faced away from me, I "knew" that I was in for more of the same attacks that she had been levelling at me for going on two weeks. A highly paranoid, and frequently psychotic young woman, she had learned to rail against a dangerous world from early experiences with a father who could be an abusive husband to her psychotically depressed mother. The first two sessions of this current week had been intense, and I had spent the previous night very concerned about this patient's stability, feeling she was growing more and more paranoid. I struggled to conceptualize for myself what had been occurring between us. Though more unhinged, I knew Ms. B was clinically stable and psychiatrically savvy enough to avoid hospitalization. I also did not want to turn towards hospitalization as a way out of bearing and understanding what we were both experiencing in session. Still, in the course of the past several weeks, she had lost a significant amount of weight and was in the midst of indulging in dangerous bulimic and mildly dangerous cutting behavior that I felt she avoided addressing by relentlessly picking fights with me about a mistake I made on her monthly bill. Having entered these extremely difficult and painful spaces with her many times before, I struggled to keep a receptive and open attitude as I geared up for what I knew would be another round.

As stated, Ms. B was enraged with me because I had overcharged her by one session on her last bill. She had been bringing this up at the beginning of every session for the past two weeks, refusing to let it go, and then enraged with me at the end of each hour for letting it be the only thing we talked about. There was no doubt in her mind that, despite the fact that we had been working together four times weekly for over eight years, I was trying to cheat her, or confuse her so that she would lose her mind. There was no other explanation, especially not the one that I offered: I must have made a simple adding mistake. But even as I explained this to her, with the goal of defusing a paranoid explosion, I "knew" there was something I was not allowing myself to think. My explanation was in fact a non-dream awaiting further understanding, though I felt internal pressure for it to remain a thing-in-itself, undreamt. In return, she continued to non-dream her own explanations. For her, the mistake on the bill connected directly to the occasion, seven years back, when I accidentally forgot one of our re-scheduled appointments, and to one word out of a sentence I said to her several months earlier which she now lifted out of context as evidence that I was trying to hurt her. Very rapidly, she grew angrier and angrier, and I responded by calmly listening. But she experienced my listening as indifference, and demanded I answer her. I responded with what I thought were careful and thoughtful analyst-centered interpretations (Steiner 1994) to help her see how she was experiencing me in the hopes that this would help her feel her messages were hitting home and being understood. But the words that I used were quickly lifted out of their context to show how again I was hurting her, making me feel more and more defensive, tired, and irritated. Feeling backed into a corner, I finally said to her that I was not interested in whether or not I was hurting her, but in helping her see that she was doing something very harmful to herself and to our work. Ms. B was taken aback by what she very clearly heard as, "I don't care about you," and threatened to break off treatment. I felt an intense pang of guilt, and struggled to regain my composure, as the session came to an end. Ms. B left the office with an air of triumph, and I sank into confusion.

Thankfully, Ms. B did not break off the treatment allowing us time to work at understanding what had been transpiring. Following Brown (2018), it is "blips" like these in one's analytic stance that alerts the

analyst to unconscious countertransference reactions. Jacobs (1983) writes how when an enactment occurs, the analyst can usually detect in his countertransference a part of his self-experience that, until that moment, had been unconsciously identified with the patient's internal object. This type of countertransference response differs from Freud's original usage of the term in that it is *not* the analyst's neurotic response to the patient's transference. Rather, as Brown writes, it aligns with Bion's notion of *communicative projective identification*, where the patient projects into the analyst unformulated or unrepresented experience with the expectation that it will be turned into thinkable thought (2018, p. 545). When this process repeatedly fails, that is, when the analyst is unable to dream this communication, contact with the patient's projected internal object may pre-figure a behavioral enactment that discharges or evacuates the uncontained emotional experience (Brown 2018, p. 548). I realized afterwards that what I had wanted to say to my patient was that I understood that I was inadvertently hurting her, but that I hoped she would be able to tolerate this as a consequence of understanding something that would be to her immense benefit (that she was hurting herself). Instead, the trauma of my patient's inner world, as I will explain below, became actualized through my countertransferential identification with her negative objects. This countertransferential response, undreamt and therefore unsymbolized, evacuated emotions that could be traced back to a state of hallucinosis comprised of the unquestionable reality of a person being attacked by another.

Bion's concept of *transformation in hallucinosis* has been written extensively about in the literature to refer, broadly, to states inhabited by varying degrees of perceptual distortions, from acute, positive hallucinations of the "narrow" or "psychiatric" types (Hinz 2015), to fleeting but chronic states of gradual removal of the meaning that tethers together cognitive and emotional reality within one mind or in the shared psychological space of the analytic dyad. This retreat from emotional reality leaves behind an intact but eerily concrete reality, closely aligned with negative or invisible hallucinations (Civitarese 2015; Green 1998) whose function is to remove meaning by severing or erasing the links between elements of thought. As with transformations in general, hallucinosis and hallucinations exist in relation to each other and on a spectrum. When authors like Civitarese refer to transformations in

hallucinosis, however, they are usually referring to a psychodynamic process that is comprised of an intermixing of hallucinatory experience and clear-sighted consciousness (Hinz 2015). The person or the couple think they are thinking, but they are not. But in this way, the mind hallucinates coherence (Bergstein 2018) in order to manage the onslaught of a reality it cannot bear emotionally. Paradoxically, it is this coherence that contracts the ability to remain in contact with emotional reality, which, unable to be transformed into alpha elements that could be dreamt and thought about, remains in the concrete realm of the nondream. Alpha functioning, then, is interrupted and reversed, and emotional reality devolves back into a less formulated or represented state, similar to but not the same as the original beta elements in which it was encoded. As is the case with hallucinations, these new beta elements, which are beta elements plus a "shred of meaning" (Meltzer 1986, p. 107), are evacuated through the senses and when they are taken back in, their meaning is perceived as obvious (directly derived from the shreds) and not to be inferred or "thought" about.

In *Cogitations*, Bion distinguishes between neurotic resistance, and what he calls the psychotic destruction of the means for understanding, namely words: "the furniture of the unconscious" (1992, p. 37). In this context, Bion thinks the patient's "I do not understand" is in essence a defiant assertion of the capacity for non-dreaming (p. 37). Without the benefit of reflection, I was often left feeling astonished at how Ms. B seemed to persevere in not understanding the obvious meaning of statements that I made, leaving me to feel alone and powerless. In retrospect, this was matched by my insistence that my words only meant what I wanted them to mean—their meaning was obvious. The patient and I were both entrenched in a morally superior and hallucinatory state of certainty and defiance, of "I do not understand."

For example, in the enactment and in the sessions leading up to it, Ms. B lifts my words out of their context, and seems to use them as objects with which to harm herself. In this way, she reverses the flow of alpha functioning, de-contextualizing the words from any meaningful frame of reference. They become things-in-themselves, and words like "I am not interested in whether or not I am hurting you … " now form a fragment separated from what had been the overarching message, " … I want you to see that by fighting with me about a simple adding mistake,

you are hoping to put the focus on me and not have to think about how you are hurting yourself." They now contain their own "shred of meaning" and speak for themselves. My having used those words in my intervention without measuring the impact they might have, given what I knew about the patient's concreteness and her evacuative positioning in the session—demonstrated the reversal of alpha functioning in my mind. For me, the words I used were "just words" meant to convey a simple meaning that the patient was willfully ignoring in order to attack me and distract from her self-destructive behavior. Similarly, the billing mistake was "just an addition mistake," and in this way, became a thing in itself, or as Bion would call it, an *undigested fact* (1992, p. 63). On reflection, however, we might recognize how these mutual evacuative interactions served to actualize the patient's unconscious internal issue and create a non-dream-for-two (Cassorla 2018).

CONTAINER-CONTAINED AS THE SCAFFOLD OF DREAMING

When situations such as an acute enactment have occurred, the analyst has an opportunity, if he is able to recover his symbolic capacity, to discern whether or not it was the end result of a more silent, ongoing enactment. It is well known that Bion's theory of dreaming departed from Freud's, who saw dreams as the protector of sleep, both disguising and fulfilling unconscious wishes. In contrast, Bion (1992) came to see the dream-work as performing a digestive function that allowed the individual to suffer emotional experience, while at the same time, enriching his unconscious in a way that allowed him to imbue life with meaning. Dream-work became dream-work-α, emphasizing this metabolizing function, until finally Bion began using dreaming and alpha-function interchangeably (Abel-Hirsch 2019). In this way, dreaming becomes linked to the selection, storing, and transformation of conscious and unconscious emotional material while the individual is both awake and asleep. Dreaming operates around the clock in the same manner as breathing and digestion (Cassorla 2018). Thus, we can speak of the awake interaction between patient and analyst as dreaming or non-dreaming, depending on the symbolic capacity of the field formed by the two.

In this case, my incapacity to dream my own and Ms. B's emotions led to a hallucination of an extra session for which she was billed. States of non-dreaming like these make up the "raw material" of enactments (Cassorla 2018, p. 3), and it is often when something happens overtly, such as a frank hallucination or enactment, that one is alerted to the existence of an underlying non-dream. I consider this a hallucination in the sense that, reviewing the amount of sessions for the month, I "saw" and counted a session that in fact was not registered in my schedule. Had the billing mistake been a neurotic parapraxis, I might consider it the return of my repressed frustration for my patient and unacceptable desire to hurt her. Instead, I think it was the evacuative result of my inability to represent in my mind the anxiety-inducing over-presence of a dangerous object.

For example, in the days that followed the enactment, I took note of my sense of dread before each session, which I had been avoiding feeling. I allowed myself to reflect on a fact that I had been keeping from my mind but that now seemed in plain sight. For months, the words *Ebola virus*, pulled from the news, had often come to my mind at moments when I was conjuring up my patient's name, which had a similar ring to it. Re-connecting with these unconsciously aborted reveries, I began to dream the idea that I was feeling powerless at the hands of an extremely dangerous entity. Taking this in was enough to now soften both my anxiety and defensiveness towards Ms. B. While in the midst of her attacks, I had been unable to access dream-work-alpha functioning and intuitively grasp the communicative aspects of Ms. B's projective identifications. Had I been able to, I could have dreamt a psychoanalytic understanding of her feelings of helplessness at being controlled and assaulted by an omnipotent and triumphant malevolent object. While elements of this unformulated experience had already been included in my analyst-centered interpretations, for example, I would say to her, "I think you are worried that my mistake is just another one of my attempts at trying to make you lose your mind, instead of being here to help you," a truly containing interpretation would have come from a place where I would have felt this to be true in my own bones, so to speak—*a transformation in O.* Otherwise, the weight and timing of the interpretation was correctly sensed by my patient to come out of my need to be right and defend myself. In other words, the fact that these undreamt

interpretations were in content more or less on the mark though emotionally off, to me, demonstrates that while I knew what was going on (transformations in K), I did not know what was going on (transformations in O). I therefore remained identified with the morally superior, omnipotent object which the patient had projected, and which suited my unconscious need for certainty and power.

Bion's theory of container-contained was first mentioned in "The Development of Schizophrenic Thought" written in 1956, and then developed more fully as a concept in *Learning from Experience* written in 1962. Here, he pulls into the bi-personal field what for Melanie Klein had already been a function of projective identification, namely, the modification of the infant's emotions through their sojourn in the mother's psyche. Bion saw this situation as being *commensal*, that is, when the container-contained relationship is working smoothly, evolution and psychic growth occurs in both minds, as can be seen by the dyad's growing ability to tolerate doubt and learn from experience. For the analyst as a container, this means his growing ability to "remain integrated, yet lose rigidity" (p. 93) in a way that frees memory and desire in the service of reverie, allowing a re-construal of past experiences into new ideas. To my mind, the commensal aspect of Bion's theory of container-contained is what makes this a truly intersubjective theory, since the subject's ability to come into contact, regain, and know different parts of himself is enhanced through contact with the other's mind. This in turn leads to growth in the ability to represent new emotional realities, a stronger capacity to repress represented emotions, and with these the expansion of the conscious and unconscious areas of experience.

"When disjoined or denuded of emotion" says Bion of the container-contained, "they diminish in vitality, that is, approximate to inanimate objects" (1962, p. 90). Here we have the inanimate pseudo-emotional state of hallucinosis, one of -K. In the *Ebola virus* example, I had gotten so used to pushing that *wild thought* (Bion 1997) away as unacceptable, that I had not allowed it into a container where it would have developed emotionally and informed my experience. The only feeling was dread, which as Bion writes, is terrifying because the failure of dream-work renders it nameless (Bion 1992, p. 45). After the enactment, the words came together with the dread to form a selected fact, allowing me to experience a range of ideas connected to them as a dream coming

together in my mind to represent the patient's experience as well as my own. Coming to this as-yet rudimentary, though painful understand-ing—an essential part of containment—I was able to tell Ms. B during our next appointment that I understood that I was hurting her and mak-ing her feel controlled in my attempts to get her to see my point of view. I added that she probably felt unsafe with me, as I had become someone dangerous to her sense of reality when I couldn't understand what she was feeling. In this way, I tried to capture for her the experience of being dominated and attacked by a deadly and omnipotent object that was happening even in my previous acts of interpreting. I explained that this was not my intention, but I could see it was happening. I suggested that if she hung in there (tolerated doubt) we might find a way through these feelings as we often did before. Ms. B was suspicious, but less combative, and receptive to what she could experience as my giving up my need to defend myself and more capable of opening up to her experiences. In the weeks that followed, she observed how she felt that her feelings of persecution and depression were coming from inside of her, because she could notice feeling them at work and with her close friends, often when it seemed nothing warranted them. I understood this as a sign that she was now better able to take back into her self-experience those parts of our mutual creation that she had been projecting into me, and as a consequence gaining further contact with emotional reality, becoming more fully herself. This moment was no break-through, certainly no turning point in a very difficult analysis. But it helped re-align the patient and I in the continuous process—nearly derailed—of containing and dreaming the dangerous internal object now more fully in view.

ASSOCIATIONS AS EVACUATIONS IN HALLUCINOSIS, ENACTMENT AND NON-DREAMS

As can be seen in the above description, the states of mind susceptible to hallucinosis, enactments, and non-dreaming are those where the con-tainer-contained processes that underpin learning from experience become bogged down as a result of intolerable emotion. Anxiety, and the avoidance of painful emotion, triggers a reversal of alpha-function-ing and the analytic field becomes saturated with beta elements. On one

level, there may be a semblance of more or less productive work being accomplished, but on another, there is the feeling of stagnation, repetition, staleness, and not infrequently, hypochondriacal pain, and chronic stress. This underlying state of hallucinosis may often be signaled by the patient's or analyst's acting out, acute enactments or hallucinations, which attempt to evacuate the unbearable elements. Again, the distinctions between types of countertransference is important here, so that the subjective states I am describing are assumed to be the result of the analyst's difficulty in dreaming the patient's intrusive emotional projectiles, and not neurotic counter-reactions to the patient's transference.

Transformations in hallucinosis may also be signaled by a patient's complaints that for some time now, he has known what the analyst means though he doesn't know what to do with it, the "yes, I know" Bion lamented in *Wild Thoughts* (1997, p. 32) that mirrors the "I do not understand" previously mentioned. He might want to be told how to make the associated feelings stop. The analyst, possibly bothered by this type of complaint, might plow through it, relegating to the back of his mind what he considers a resistance that will sooner or later be resolved, and doubles-down in an effort to better reach the patient. Thus, he succeeds in expanding in himself and in the field a state of hallucinosis where the participant's words are returned as beta elements that they do not know what to do with. The stage is set for some form of an enactment. However, the analyst is at times able to detect such moments and reinsert himself in the process of dreaming the patient's and his own undreamt dreams, avoiding the destructive consequences of a necessary and potentially transformative encounter with the patient's projected objects.

This was the case in my work with Mr. R, who was half-way through the first year of a short, but intense two year, four-time-a week analysis. A deeply schizoid man, Mr. R often filled his hours endlessly narrating scenes from H.P. Lovecraft stories in a slow, but persistent tempo, drained of emotion, and as flat as the ice-cold and airless environs he described. Always, there was an unspeakable horror that awaited, but always, the emotions in the narration were neutralized by his dry, and ironic, cynical delivery. Of course, they all died. Doesn't everyone? One day he will die, maybe today. In the end, his body wouldn't even disintegrate in the coffin, and he would not be re-incarnated. He would just lie

there forever, much as he was now on the couch. I often felt surprised with myself for feeling entertained by what could feel like Mr. R's histrionics, knowing unthinkingly that something ominous and deathly was resisting to take shape in my mind. I was able, from time to time, to step back and look at these communications as signs of his declining abilities to find form and depth to what felt to be the immutable and unending nature of his pain.

The flatness of Mr. R's locution was not always enough to destroy my ability to dream through his emotions. His imagery ran the gamut from vague to crisp and impactful. Similarly, his emotions could be at times dulling, deadening, and piercing. He was a young man, in his early twenties, and home-schooled for most of his childhood. His sexual history was comprised of two short and frustrating encounters, and he often wondered if he was gay, trans, or "just an asexual blob." He came to see me after quitting undergraduate studies in theater in a suicidal despair due to intense feelings of aloneness and shame. He was badgered by an unrelenting sense of badness, which he blamed for his failure in making and sustaining friendships or sexual relationships. He had no friends other than people he connected with on-line that lived across the country or on different continents, and he rarely left his apartment except to attend sessions or classes. Indeed, at school he suffered the worst of humiliations from fellow male actors who showed him up in virility, and beautiful young waifs who rejected his "pathetic" advances. Being a Shakespeare enthusiast was of no help, as he was perpetually cast as Polonius, stabbed to death through the arras before ever emerging as anything resembling a man. I immediately felt the urge to parent him but kept alert to this tendency in the back of my mind as I reacted to his material. I thought of my urge as in part a countertransferential response to Mr. R's need of me to help his emotions emerge from behind the arras in the form of something human. However, I registered the possibility that my readiness to be his parent might also be defending against more dangerous, hostile feelings, kept at bay by my assuming the superior father position.

Mr. R often began sessions by producing associations to my coffee cup, coffee being something he had to give up because of his anxiety. Usually, these associations followed a negative arc, starting with *coffee* and ending with *coffin*. As I will explain further below, over time I began

to regard these associations, which gradually felt less and less "free" as transformations resulting from a *reversal of alpha-function* rather than true associations. But initially, they sparked interesting ideas and liveliness to our otherwise lethargic exchanges. For example, in some sessions, when it seemed we were functioning well together, he would be able to tell me that he felt that I drank coffee because I was "a real man," as opposed to him, who was just a pathetic excuse for a little boy. At these moments, we would enter into material that felt oedipal—his feelings of competitiveness with me and his fear that I would beat him down in revenge if he got too excited. These insights and others came rapidly, and the patient seemed ready to engage at this level. Characters from his past and current life emerged to dramatize triangular configurations from which he was either thrown out or retreated in fear. A tall man that left my office before his session became his rival; the wife and children he imagined for me were infinitely better equipped than he to give me enjoyment.

During the first six months of analysis, Mr. R and I grew to know a lot, and his insight into his inner world seemed heartfelt and important. He felt that he was in the right place, and with an analyst that fully understood him and was a lifeline. Yet life continued to feel miserable for him. The painfully deep and hollow feelings persisted, and he often asked me directly how to make them stop. Gradually, the oedipal themes began to feel frail and two-dimensional, repetitive and stereotyped, and subjective feelings of being like a pre-packaged analyst emerged in me. I started to suspect that the patient and I were dreaming what Cassorla (2018) calls a "non-dream-for-two." Put another way, a *transformation in hallucinosis of a father and son analyzing an Oedipus complex together*, that included "associations" of "coffee" (potency), "caffeine" (excitement), "anxiety" (threat), "coffin" (castration), and the stories that emerged when we thought about them, were silencing a non-dream that had yet to find emotional realization.

My patient's coffee associations more or less preserved their shape but began now to trickle as if from a dry river. In hindsight, the fact that the associations usually followed the same arc should have alerted me to their evacuative as opposed to associative nature, but such is perceptual life in the non-dream. With a *change of vertex* (Bion 1994), I could see that at another level, we were witnessing the devolution of my patient's

emotional reality into beta fragments, so that "coffee" would be hardened into "caffeine," which would be further hardened into "coffin"—and that would be the end of that. Eventually, no matter how much the patient and I "trot(ted) out the good old Oedipus complex" (Bion in Aguayo and Malin 2013, p. 14) there was nothing more that could be said. His coffee/coffin associations now frequently led to despair, with the patient reporting feeling more and more dead inside. Since Mr. R's "associations" were in fact evacuations, they could not be linked to an emotional chain where they might extend to his broader experiences to stimulate more thought, as would be the case with associations consisting of links between alpha elements. Instead, the evacuations led to greater feelings of emptiness and pain, so that all he could do in some sessions was moan the words "the suffering, the suffering" while lying motionless, claiming to have no more feelings, and leaving me with the sense that all there was to do was to administer last rites. Gradually, his enthusiasm for our worked waned, and a frozen, though thinly hostile state of indifference began to set in.

To reiterate, it was attention to the evacuative function of Mr. R's associations that cued me in to the non-dream suppressed by the transformation in hallucinosis of an Oedipal analysis between father and son. I began to notice that I had not been attentive to the violence of some of his imagery in a way that could have led me to formulate something to him about his violent attacks on linking, where his creative and enlivening capacity to dream was being mangled by something more powerful. Allowing the patient's H.P. Lovecraft stories to sink in, as opposed to merely feeling entertained and excited by them (in other words, suppressing memory and desire), I found myself becoming aware of images from recurring nightmares that I myself had had as a child, of runways and airplanes being demolished by gigantic monsters as I helplessly looked on from inside the terminal, and other such unspeakable childhood anxieties of ocean creatures and extraterrestrials. In fact, I had remembered these dreams at different moments throughout Mr. R's analysis, but always tuned them out in order to tune back into my patient. Unbidden, these memories were returning, "remembering me" to paraphrase Grotstein (2007, p. 83) instead of the other way around. I now began to think of Mr. R's hostile indifference as a transformation of

his rage which in turn transformed his feelings of dependency and help-lessness into something less so.

I found an opportunity for pointing out the fact of his violent psy-chic reality, when I now heard some of his frequent off-hand comments as hallucinations signaling the building up of pressure from the stagnat-ing container of the analysis.[3] At the end of one session, he casually mentioned feeling dizzy and seeing "white" as he got up to leave. During another session, he found himself counting the dots on the ceiling tiles directly on top of him, and thought he saw one of them move. Both of these instances came into sharp focus in another session as I heard him say, off-handedly, that he thought the red Turkish carpet hanging on the wall next to him moved. Even though it might have, as it often does with the light breeze that can sometimes be felt in my office, this state-ment came together with the other two instances as a selected fact that re-organized my perception. I said to the patient that perhaps it was something else that had moved, something "red" inside of him.

Mr. R responded somewhat blankly, though immediately under-standing what I meant, and then asked me what he was angry about. I did not want to offer him my ideas about his feelings of dependency and helplessness, because at this point, they would be received as menu cards in a time of famine, as in Freud's (1910) famous metaphor. But it seemed to me the "movement" in the carpet was something real, that he might be able to touch inside of himself, and could be given the name of something red, or rage. I said that we might want to find out more about this, and that even though he had told me about his hopelessness and powerlessness, I had never really heard him tell me that anything made him angry. He took this in as we ended for the day.

In between this session and the next, I became increasingly worried about the patient's ability to remain in touch with his anger, and holding in mind his passive, though significant suicide attempt prior to entering analysis, I worried about the patient's reclined position and the lack of perceptual holding that this could at times induce, and decided to ask him to sit up going forward. Subsequently, I thought of this as also my

---

[3] In other words, they were discharges/evacuations emanating from an underlying state of transformations in hallucinosis.

effort at re-fortifying a container that I was worried was under too much pressure. Mr. R, in any case, was indifferent and accepted.

I think this decision was crucial for helping my patient and I stay in contact with his considerable rage. Face-to-face, Mr. R began picking things out in my appearance or in my office to ridicule or to use as evidence of my trying to prove my superiority and to destroy him. The effort to dismantle and destroy me and our work was now something that we could both touch and remained that way until the patient finished his analysis a year and a half later. (Mr. R ended our work when he moved out of state to re-start college with a major more suited to his abilities). But in the remaining time, my attention with Mr. R was continuously fixed on the moment to moment interactions between us. This was not because I kept it there, but because the hallucinated analytic dyad formed of pleasing/pleased son and father, and later stunned priest and agonizing man, had been transformed into one of two scared, wild animals, one of whom had somehow evolved the ability to dream the other one.

One of the things Bion (1992) meant when he wrote about the patient's psychotic destruction of the means of understanding was the way (the psychotic part of) a patient may destroy language, through attacks on linking, in order to manage the intolerable contact with emotional reality. As a function of the superior assertion of the capacity for non-dreaming, the patient sabotages his own ability to produce connections with the common (social) code of meaning. The function of words and speech is no longer of communicating but of performing an action—the dismantling of meaning and the tools for generating it. This is as true in the explicitly aggressive forms it might take in a session as it is in the analyst's mind when his psychoanalytic theories become an obstacle, through the infusion of memory and desire, to detecting through experience the unconscious dream unfolding between the analyst and the patient. The emotional link established through language is replaced by a hallucinated link of K, which is really -K. Bion writes, we are familiar with:

> … the situation in which we have patients who cannot see the words for the alphabet, who cannot see the sentences for the words, and who certainly cannot see the spirit of man lurking, somewhere behind the plentiful crop of jargon or verbal weeds that proliferate at an extraordinary pace, and in some climates

flourish in such a way that it is difficult to believe there is any meaning in psychoanalysis whatsoever. [1992, p. 34]

Mr. R's analysis moved from an eerily pleasant and compliant initial stage, to a now very tense, painful, but productive part of the treatment where he was talking from and getting to know an incredibly violent and rage-full part of himself. Fantasies of raping women, who he viewed as depriving, all-powerful, and all-enjoying, and of violently torturing and murdering himself for being a privileged white male, and in this way born with the original sin of having doomed society and the future, became held in consciousness. As his analyst, I was seen at times as White and privileged and equally despicable, ready to psychologically sodomize him at any moment. At other times, I was a Hispanic "person of color" who he viewed as equally deprived and victimized. Still at other moments, I was an all-enjoying immigrant who greedily consumed all of the privileges denied to him or a swindler, a genius, a useless voice-piece for the oppressive ideology of psychoanalysis and capitalism. It was clear to me, on one level, that these attacks were forms of externalizing his unwanted, shameful, and still formless parts of himself into me, and, as I often interpreted, ways of devaluing what felt too painful to depend on. However, the openly mocking or backhandedly passive delivery of his comments made them difficult to stomach. The tone, the syntax, the physical mobilization of his delivery all took part in the attacks on linking processes necessary for both of our dream-work-alpha.

This is a sample of the kind of interaction that during this period of our work was quite common:

Mr. R: Why don't you just tell me it's all my fault, and that I'm miserable because I'm projecting all of my misery into the world and that's it, everything is really rosy except I refuse to see it that way? Why don't you tell me it's all my fault?

I: I wonder why you need us to "find fault?" I don't think it's that simple-we need to try and understand some more what is going on.

Mr. R: So, *is* it my fault or is it *not* my fault?

I: I wonder if we can think why you need to find fault … blame?

Mr. R: Do you want to play word games? Its *either* my fault or it's *not* my fault. It either *is* or it *isn't*. Its *fault* or its *minus-fault*.

I: I don't see it that way … can we try and understand what is going on right now?

Mr. R: (Forcefully) *What* is the understanding?

I: Can we try and take a step back and see if we can understand what is happening now?

Mr. R: (more forcefully) What is *understanding*?

In hindsight, and now outside of the emotional field in which we were immersed, I can see that I was not hearing Mr. R's complaint that it was I, not he, who got to decide who was to blame. It was as if he really was Polonius, who for all of eternity had no choice of ever emerging fully human from behind the arras. But understanding is considerably impaired in the moment when the evacuative function of the patient's verbalizations overwhelms the communicative function. Instead, a negative spiral-process is reinforced by the analyst's misunderstanding. As an example, during this interaction, forceful and loud on his behalf, every time I heard Mr. R's emphasis move from one word to another, I had a new and different misunderstanding of what he was asking than in the previous moment. With my thinking process drawn to the changing word emphasis, and to the volume of his growing anger, I had no capacity to stay in contact with my ability to form thoughts and find words, indeed, to dream. A non-dream was materializing between my patient and I of one person being savagely dehumanized by another.

After seeking consultation, I decided to focus on what Mr. R was doing to me in the sessions, taking more seriously, rather than brushing off, his attacks. I began to imagine them as beta elements I was forced to consume and become like: ill-equipped for digestion, worthy only of expulsion. More often than not, in place of the container-contained relationship, there was what Bion (1962, p. 97) referred to as "an alimentary canal without a body," the beta element becoming an internal object without an exterior. In being able to dream this object, and the corresponding feelings of inadequacy and shame, I slowly understood myself as being dismantled and dispossessed of anything that made me a unique human being, worthy of the most basic forms of distinction or respect, and entirely useless. I think in this way I began to imagine an exterior to this undigested internal object that resided inside my patient.

Gradually, I was able to explain to Mr. R that in his attacks on me, he was making his existence more and more solitary and empty, as he was turning the one person in the world who he felt ever listened to him into a useless or dangerous nobody. Likewise, the people around him and the places and activities available to him suffered dismantling and denigration, usually after he expressed how deprived he felt of human touch. This line of interpretation allowed me to find opportunities to repeatedly formulate for Mr. R that when he turned me and the world around him into cut-outs he could attack, he hoped to feel that he no longer needed anyone, and that disappointments would remain in the past, frozen in time, never to be felt again. In doing this, he hoped to feel less deprived of the human experiences he was missing. Inadvertedly, however, he was increasing his aloneness and anxiety. This frightened Mr. R, and he began to allow the knowledge of what he was doing sink in.

It was closer to the end of Mr. R's time in Boston when he started taking the chance to dream. From behind the arras, a person a little more fully formed, no longer an actor, began to emerge.

Mr. R: I don't know if I have anything for you today. I'm sure that means something. I feel removed from the world. Relationships are what I talk about in here. But I don't have anything to say about it today. Nothing comes to my mind.

I: Relationships with others and with yourself. Today you feel you can't relate to your feelings or to with me.

Mr. R: I feel lost, removed. Not even anything to worry about.

I: Removed from your anxiety?

Mr. R: Without it, there is nothing there. I don't know where to look, no people, sterile, don't know what I think because there is no relation to anyone. Images.

I: Images?

Mr. R: Half formed, black, in my mind, gray … the brain? Gray matter, dots. Dots on a shirt, or a geometric plain, or a prism. I don't know. It doesn't seem like it wants to form. I've been having dreams. Something like theater. It keeps coming back

to my head. (He describes the dream which has the outlines of a scene in first grade when his female teacher humiliated him in front of the class, which felt like an affront to his masculinity). That summer before I came to see you, I drank so much that I almost died in my sleep. I was hosting a party, kept hearing their voices in my head, criticizing, judging, all that anger. I hated them so much that by the end of the summer I was hoping Fascism would win. I remember I felt sick. I hosted the party in mid-July. Eight drinks, 3 quarts, a 5$^{\text{th}}$ of liquor, out of control, vomited.

Half-formed, black, spots forming geometric patterns, filling in sterile spaces left behind by his anxiety. *Not having anything* now meaning *something*. A chronic enactment of torture, humiliation and denigration now a theater performance in his dream. Instead of being sick and vomiting-out his mind, Mr. R remembered being sick and vomiting.

CONCLUSION

Within the rich legacy Bion left behind to psychoanalysis, we find a clinical theory of therapeutic action that asks of the analyst to pick up where the patient's capacity to dream an emotionally real experience of himself leaves off. Patients do not usually formulate their problems in this way, however, and neither did many analysts until decades of Bionian scholarship and practice allowed clinicians to see old, familiar difficulties in new, analytically enlivening ways. Enactment has been one such important concept, ubiquitous in the experience of psychoanalysts across the theoretical spectrum. When viewed through a Bionian vertex, however, we can appreciate the connective tissue between enactment and deeper layers of the mind involved in the capacity to think, dream, and be fully human.

As a concept that is immediately clinically useful, transformations in hallucinosis builds on Bion's comprehensive theory of thinking—a theory that factors in dreaming and non-dreaming as functions of the mind in its capacity to transform or evade sensorial reality. In this paper, I hoped to illuminate the intimate connection between these processes, and to illustrate how analyst and patient, on the road to or in the midst of enactment, may re-engage their symbolic capacity in order to dream their way through.

REFERENCES

ABEL-HIRSCH, N. (2019). *Bion: 365 Quotes.* London & New York: Routledge.

AGUAYO, J., MALIN, B. (2013). *Wilfred Bion: Los Angeles Seminars and Supervision.* London: Karnac.

BARANGER, M. BARANGER, W. (2008). The analytic situation as a dynamic field. *Int. J. Psychoanal.*, 89(4):795–826. doi:10.1111/j.1745-8315.2008.00074.x

BERGSTEIN, A. (2018). The psychotic part of the personality: Bion's expeditions into unmapped mental life. *J. Amer. Psychoanal. Assn.*, 66: 193–220.

BIRKSTED-BREEN, D. (2016). Bi-ocularity, the functioning mind of the psychoanalyst. *Int. J. Psychoanal.*, 97:1, 25–40, doi:10.1111/1745-8315.12435

BION, W.R. (1956 [1967]). Development of schizophrenic thought. In *Second Thoughts* (pp. 36–42). London: Heinemann.

——— (1962). *Learning from Experience.* London: Tavistock.

——— (1967 [1988]). Notes on memory and desire. In E. BOTT SPILLIUS (Ed.) *Melanie Klein Today: Developments in Theory and Practice, Vol. II: Mainly Practice.* London: Routledge.

——— (1992). *Cogitations.* London: Karnac Books.

——— (1994). *Clinical Seminars and Other Works.* London: Karnac Books.

——— (1997). *Taming Wild Thoughts.* London: Karnac Books.

——— (2013 [1967]). The psycho-analytic study of thinking. *Psychoanal. Q.*, 82(2):301–310.

BLEGER, J. (1967). Psychoanalysis of the psychoanalytic frame. *Int. J. Psychoanal.* 48:511–19.

BROMBERG, P.M. (1998). Staying the same while changing: reflections on clinical judgment. *Psychoanal. Dial.*, 8(2):225–236. doi:10.1080/10481889809539244

——— (2003). Something wicked this way comes: trauma, dissociation, and conflict: the space where psychoanalysis, cognitive science, and neuroscience overlap. *Psychoanal.Psychol.*, 20(3):558–574.

BROWN, L. J. (2012). Bion's discovery of Alpha Function: thinking under fire on the battlefield and in the consulting room. *Int. J. Psychoanal.*, 93(5): 1191–1214. doi:10.1111/j.1745-8315.2012.00644.x

——— (2018). Deconstructing countertransference. *Psychoanal. Q.*, 87 (3): 533–555.

CASSORLA, R.M. (2001). Acute enactment as a 'resource' in disclosing a collusion between the analytical dyad. *Int. J. Psychoanal.*, 82(6):1155–1170.

——— (2018). *The Psychoanalyst, the Theater of Dreams and the Clinic of Enactment.* New York & London: Routledge.

CIVITARESE, G. (2015). Transformations in hallucinosis and the receptivity of the analyst. *Int. J. Psychoanal.*, 96:1091–1116. doi:10.1111/1745-8315.12242

COOPER, S.H. (2008). Privacy, reverie, and the analyst's ethical imagination. *Psychoanal Q.*, 77(4):1045–1073. doi:10.1002/j.2167-4086.2008.tb00375.x

DAVIES, J.M. (1998). Between the disclosure and foreclosure of erotic transference-countertransference: can psychoanalysis find a place for adult sexuality? *Psychoanal. Dial.*, 8(6):747–766. doi:10.1080/10481889809539292

DE BIANCHEDI, E.T. (1991). Psychic change: the 'becoming' of an inquiry. *Int. J. Psychoanal.,* 72:6–15.

DE MASI, F. (2015). Delusion and bi-ocular vision. *Int. J. Psychoanal.*, 96: 1189–211. doi:10.1111/1745-8315.12317

FREUD, S. (1910). 'Wild' Psycho-Analysis. *S.E.* Vol. XI, pp. 219–228.

FUENTES, C. (1975) Terra Nostram Mexico: Editorial Joaquín Mortíz.

GREEN, A. (1998). The primordial mind and the work of the negative. *Int. J. Psychoanal.,* 79: 649–665.

GROTSTEIN, J. (2007). *A Beam of Intense Darkness. Wilfred Bion's Legacy to Psychoanalysis.,* London: Karnac.

HINZ, H. (2015). Commentary on "Transformations in hallucinosis and the receptivity of the analyst" by Civitarese. *Int. J. Psychoanal.,* 96:1125–1138.

JACOBS, T. J. (1983). The analyst and the patient's object world: notes on an aspect of countertransference. *J. Am. Psychoanal. Assn.*, 31: 619–642. doi: 10.1177/000306518303100303

——— (1986). On countertransference enactments. *J. Amer. Psychoanal. Assn.*, 34: 289–307.

——— (1991). *The Use of the Self: Countertransference and Communication in the Analytic Situation.* Madison, CT: Int. Univ. Press.

LEVINE, H.B. (2014). Psychoanalysis and trauma. *Psychoanal. Inq.*, 34(3): 214–224. doi:10.1080/07351690.2014.889475

LOVETT, C.G. (2019). *The erotics of the the container.* Paper given at the IPA Congress London, England, July 25, 2019.

MELTZER, D. (1986 [2009]) *Studies in Extended Metapsychology: Clinical Applications of Bion's Ideas.* London: Karnac.

POWER, D. (2020). Somatic receptivity in the analyst. Paper given at the Boston Psychoanalytic Society and Institute. Boston, Massachusetts, January 16, 2020.

STEINER, J. (1989). The aim of psychoanalysis. *Psychoanal. Psychother.*, 4(2): 109–120. doi:10.1080/02668738900700111

——— (1994). Patient-centered and analyst-centered interpretations: some implications of containment and countertransference. *Psychoanal. Inq.,* 14(3):406–422.

1685 Beacon St., Suite 3
Brookline, MA 02445

rodbarahona@gmail.com

Racism in the Countertransference

Mead Goedert

RACISM IN THE COUNTERTRANSFERENCE

BY MEAD GOEDERT

This paper examines racialized countertransferences and how these countertransferences impact treatment dyads. I explicate the ways in which clinicians may unconsciously avoid racialized dynamics within themselves and within treatments. Case examples are used to portray how race manifests within countertransference and how we might understand these types of countertransference reactions. Finally, I encourage further reflectiveness and openness related to race within ourselves and within our treatments.

Keywords: Racism, countertransference, Black, White, race.

INTRODUCTION

I had considerable anxieties about the fee when I first started my practice. I couldn't imagine there was anyone who could afford $85 a session, which was the most I could bear to charge at the time. For the first few months, when a prospective patient called me, I told them my fee and almost immediately said something like, "but if that's not affordable, I work on a sliding scale." Inevitably, many of my first patients ended up paying me $50 a session, the lowest amount I was willing to accept.

Knowing this was problematic, I set out to work on this issue. I started stating my fee on the phone and then anxiously pausing to see if

---

Mead Goedert is an advanced candidate at the Michigan Psychoanalytic Institute and has a private practice in West Bloomfield, MI. He is also a faculty member at The Institute for Clinical Social Work in Chicago, IL. Based on his dissertation research, he published, *The African American Urban Male's Journey to Success: Psychoanalytic Perspectives on Race, Gender and Social Class* (Lexington Books 2016), where he utilizes psychoanalytic theory to explore the subjective experiences of upwardly mobile African American men.

the patient raised any concerns with it. I still had a long way to go, but I had at least gotten myself to wait for any objections, rather than raising them myself. This became my standard practice for a number of months.

However, one day, a patient named Sharon called me and I found myself reverting to my previous way of handling the fee. Based on her voice, I assumed she was Black, and I immediately felt eager to work with her. I had felt conflicted about going from agency work to private practice because I anticipated my caseload would not be as racially or economically diverse. I was all too ready to use Sharon as a token in my practice, although this was not fully conscious to me at the time. A little into our conversation, I stated that my fee was $85 and, without pause, asked her if that was affordable. She said she would make it work and we set our first appointment.

Our phone conversation was less than five minutes long, so I did not process much of what had transpired until after the conversation. First, I realized I had reverted back to asking immediately if the fee was affordable. I deduced that this was based on a fantasy that, as a Black woman, there was no way she was well-off financially or resourceful enough to afford my fee, but instead needed me to help her. I was also objectifying her based on her assumed race, using her as a way to assuage my guilt about having a mostly White practice. During the call, I was most conscious of just wanting to help, but it did not take long to realize the infantilizing hostility in my fantasies and deeds.

I wish I could say this was the last time I noticed racism in my countertransference. I also wish I could say that I think I am an exception and that most analysts probably don't have these sorts of fantasies or difficulties around race. Sadly, neither of these wishes are likely true. Consequently, there are a great number of complexities and complications that arise related to race in our clinical work, including within our countertransferences.

Before examining these issues, I'd like to give some brief background to situate myself within this topic. I am a White man whose primary relationships are almost exclusively with African American men and women. It is common for me to be the only White person at any gathering I attend. With this background, I always felt that the racism was outside of myself. It existed in the other White people who didn't

care about equality or social justice. With this ignorant position, I kept my own racialized fantasies safely disavowed. I thought racism was predominant, but it was more comfortable for me to ally against racism that confront it within myself.

My early career was also working in mostly African American settings. I worked in child welfare and in juvenile justice in a majority Black city. After feeling exhausted and frustrated by managed care mandates and endless paperwork, I eventually transitioned into private practice in the suburbs. My caseload almost immediately switched from nearly all impoverished urban minorities to nearly all middle-class White patients. Ironically, it was in this new context I became more familiar with my racialized tendencies. Interacting with Black and other minority patients became the exception rather than the rule. And it was in this context that I began to notice slight, yet meaningful variations in how I was connecting with patients based on racial differences. My phone call with Sharon was an early example of this.

Additionally, I was also learning about how difficult it was for me to interact with the racialized aspects of many of my White patients. I would want to pounce on any racist attitude I heard and had difficulty maintaining an analytic curiosity toward these patients' fantasies and beliefs. I share all this in part to say that this is a deeply personal journey and yet one that I believe all clinicians can relate to, if they are willing to delve into this aspect of themselves.

Before continuing, I would like to make another note on my use of certain terms. First, I will be borrowing from Heimann (1950) in using her broad definition of countertransference as, "all the feelings which the analyst experiences towards his patient" (p. 81). As she explains, there are many nuanced ways to consider countertransferences, but for the purposes of this paper, I will consider countertransference in the most general sense. Further, I will use terms like *racism, racialization*, and *racialized countertransference* somewhat interchangeably, although an argument could be made to create distinctions. For example, one could also argue that to call any countertransference racialized is redundant as there is never countertransference that is not racialized (Altman 2019).

Race is essentially embedded in any human interaction, both at conscious and unconscious levels. In this paper, I try to highlight explicit instances where race took more of a center stage in my clinical work, but

this is with the understanding that any given moment of clinical work could be considered to have important racial components. Essentially, I use racism, racialization, and racialized countertransference to indicate conscious and unconscious fantasies or believes that more explicitly highlight a racial bias. Now that I've provided a condensed personal backdrop and summary of my use of terms in this paper, I will expand on the concepts of race and countertransference before offering more clinical examples.

RACE AND COUNTERTRANSFERENCE

Our minds generate variations of self and other in countless ways. These distinctions are often associated with social groupings such as race, gender, social class, and religion. With that being said, the dynamics in this paper could relate to any number of unconscious biases we hold regarding categories of difference. I have selected race, particularly Black and White race relations, for the purposes of this paper.

Now to extrapolate, race is a man-made construct without biological basis (Dalal 2002; Moodley and Palmer 2006). Yet, despite being a social constructed category, race is an ever-present facet of the human psyche and of subjective experience. We racialize our self and others, often along the binary of Black and White. Especially in the United States, the actual spectrum of pigmentation that exists gets simplified into Blackness and Whiteness. These categories then become holding containers for notions about the self and other. As an oversimplification, White people are typically attributed with positive, benevolent qualities, while Black people are attributed with more negative aspects of experience.

These oversimplifications break down at a closer look, as one might expect. Notions of Blackness and Whiteness are full of complex idealizations, devaluations, discrepancies, and contradictions. Further, race and the individual are continually co-constructed. Fantasies and beliefs related to race cannot be analyzed without considering the nuanced individual. And yet, the individual cannot be understood without considering the context of race within his or her life.

Race and racism are issues everywhere and within everyone; our psychoanalytic institutes, theories, and practices are no exception. In fact,

I would argue that psychoanalysis lags behind many social sciences in issues surrounding diversity and racial inclusion, in both our membership and in our theories and practices. To illustrate, in my early education as a social worker, I can hardly remember a class where race was not discussed at least as part of the topic at hand. Once I niched into psychoanalytic education, I can hardly remember a class where race was mentioned at all.

In a field dedicated to introspection, it is remarkable how little we talk about race. Leary (2000) refers to this silence as our most common racial enactment. I will share a brief story that supports Leary's claim. Some years ago, I attended a discussion group on race in a large, crowded room at the annual meetings of the American Psychoanalytic Association. One analyst asked for a raise of hands, "How many of you analyzed your own racism in your personal analysis?" Not one hand was raised. Even though racial issues are increasingly acknowledged as a problematic in our field, there seems to be denial and avoidance when it comes to examining our racialized selves and how these selves operate within our work.

Although there is a long way to go, psychoanalysis is making strides as it relates to race. The field of psychoanalysis is developing a growing recognition that the psyche is made up of sociopolitical elements of experience. This development comes after a long history of limiting the psyche to intrapsychic drives, conflicts, and object relational patterns that did not account for one's sociocultural background. Ourselves and our theories are inherently racialized, classed, gendered, and heteronormalized in what Layton (2002) calls the normative unconscious. This expanded version of unconscious processes allows us to consider how ways of being are promoted and deterred based on one's social position. Further, we unconsciously ascribe certain fantasies to ourselves and others based on racialized groupings and then act accordingly. It follows then that race is inextricably a part of transference/countertransference constellations.

Despite race being a part of every treatment relationship, clinicians are often not conscious of their own racism or biases. However, Altman (2000) warns that we should not mistake conscious goodwill for a nonracist attitude. Powell (2018) further urges clinicians to expand their awareness of their own prejudices and racial blind spots in order to

open up the therapeutic process. We all contain unconscious notions about the self and other that are racially informed. And this, of course, shapes our work. In this vein, it becomes disconcerting, yet progressive, to make what is unconscious, conscious.

In his germinal paper, "Hate in the counter-transference," Winnicott writes, "However much he loves his patients he cannot avoid hating them, and fearing them, and the better he knows this the less will hate and fear be the motive determining what he does to his patients" (1949, p. 69). I think this timeless advice also applies to our racism within the treatment situation. It can be unsettling for analysts, who likely consider themselves to be self-aware and socially progressive, to become conscious of racialized countertransferences. However, walling off these uncomfortable aspects of our psyches leads to increased pressures to act out racialized fantasies, as my opening clinical example demonstrates.

Rather than something to avoid, countertransference responses are an undeniable facet of our work. Countertransference has transformed from something to get past to something to consider to be clinically valuable. Analysts increasingly acknowledge their roles as subjects within treatment relationships. This should also include becoming aware and making use of one's racialized countertransferences. Monitoring our racialization can help prevent us from acting out countertransference pressures and it can also give us information about patients' lived experiences, just as with other forms of countertransference. However, many resistances arise when it comes to considering race with our patients and within our countertransferences.

RACIALIZED RESISTANCES

As I have previously stated, race is an inevitable aspect of any transference/countertransference constellation, yet it is often unacknowledged among analysts and patients. I believe this is due to incredible anxieties that arise when we become more conscious of the ways in which we racialize and with the ways race operates within our lives. We are, in fact, much more comfortable with acknowledging a wish to kill our fathers and sleep with our mothers than we are with the idea that we could have racial prejudices. It has been argued that money is the last taboo in

psychoanalysis (Berger and Newman 2012), but it seems that race arouses even greater discomfort. As with any form of psychic discomfort, we create unconscious resistances and defenses to keep us unaware of uncomfortable racial dynamics. These resistances can prevent us from analyzing race in the consulting room.

For the reasons just mentioned, race is frequently unanalyzed as an aspect of the psyche, even within analysts. This is especially true for White psychoanalysts, who have been able to "not see" something that does not confront them in marginalizing ways. In fact, denying racialized experiences serves to maintain power structures that benefit many analysts. In addition to power, there are also motivations to avoid feelings of guilt and shame related to one's own racialized countertransferences. These sorts of unpleasant affective experiences create different sorts of resistances to acknowledging and analyzing racial dynamics within the treatment situation.

One major resistance is the idea that race does not come up during sessions. This is true in some regards. I have never had a patient come into my consulting room saying, "I need help with the way that I racialize my experiences to the detriment of myself and others." It is also relatively rare that patients have made explicitly racist remarks during treatment with me. However, I cannot think of any patient who has not made some mention of racialization. It comes up when people discuss current events, interactions at the grocery store, or in referencing neighborhoods that are on the "other side of the tracks." Our field does not focus only on the manifest content. We listen for derivatives and metaphors. If we allow ourselves to listen for racialized dynamics, we will hear it in the material and be able to speak to it with our patients. We should strive to help patients and ourselves become more familiar with racialization, as we would with any other psychic phenomena.

Another resistance is the notion that race is not important to take up in one's analysis because it is a surface level issue that will inevitably get addressed by analyzing "deeper" parts of the psyche. I think this argument rests on a false idea that race can somehow be untangled from deeper unconscious phenomena. Race is part of the psyche and is always intertwined with conflicts at the deepest of levels (Dalal 2002). As an example, inhibitions may, on one hand, relate to not wanting to outdo one's father, but they also can relate to not wanting to step outside of

one's socially constructed position in the world (Goedert 2016). Focusing only on Oedipal conflicts related to inhibition can ignore unconscious allegiances to certain ways of being based on one's social position (Holmes 2006). If we see race as distinct from these sorts of clinical issues, we are not analyzing the full picture. Instead, analysts must take into account traditional intrapsychic dynamics alongside racial dynamics as they present in the clinical situation.

An additional resistance is not wanting to impose one's political ideologies into the treatment. Many clinicians argue that they do not want to use their clinical work as platforms to push their own political agendas. There are two main issues with this resistance. First, we are always pushing some agenda, whether we are conscious of it or not. Our theories and techniques are full of certain assumptions and leanings, even given our best efforts to be neutral. We take up certain things in sessions and dismiss others. Taking up racialized comments or derivatives within a treatment is no different. We can explicitly analyze this material or not take it up, but either way, we are conveying something about what we deem important (Hoffman 1996; Renik 1995).

Secondly, our efforts should not be geared toward conveying political beliefs, but rather toward analyzing the patient's beliefs. In exploring racialized material, our primary goal is not to dissuade patients from having a certain racialized fantasy or bias, but instead to help them understand their fantasies and biases. How did they come to understand people of color as being this one way? How did they come to understand White people as another way? Do they have different ideas about racialized groups if they live in urban neighborhoods versus suburbs? How did they come up with these ideas? How do these dynamics inform their sense of self and other?

It is true that we might hope that patients expand political ideologies and beliefs in ways that are more compassionate and complex. Patients can get in touch with their complicated inner lives and develop more sophisticated understandings of the way they view themselves and the social world around them. For example, analysis can lead to an increased capacity to understand the ways patients split off and project uncomfortable aspects of themselves onto others. While all this is not done in the name of politics, we are all political and social beings and

analysis can deepen patients' senses of themselves as agents and contributors to the political and social dimensions.

It is also important to note that racialized resistances are also present in our patients. Although this paper primarily focuses on the therapist's countertransferences, racializing takes place within relationships. Patients become entrenched in unconscious racialized ways of seeing themselves and others, and they bring these dynamics into the treatment situation. Being aware of our countertransferences is essential, yet we should not forget to pay attention to the nuanced ways patient experience race and make use of race. Patients may insist that race is irrelevant to them or to the treatment relationship and, therefore, minimize its presence within the treatment dyad. Here it is important for us to follow associations and listen for meaning related to race and find ways to bring this to our patients' attention. I think this is true regardless of the racial makeup of the therapeutic dyad.

Patients may also insist that racial and cultural dynamics are so predominant that there is no space to consider nuanced and individual meanings and uses of race. As an example, patients may feel that we don't or can't understand something due to racial differences. I would insist that we take this statement seriously and consider what is getting in our way of understanding. However, I would also consider this in the context of the relationship and wonder, simultaneously, what is making it difficult for the patient to either feel understood or to make themselves understandable. This should not be used as a way to minimize patients' very real complaints about being misunderstood, but more as a way of generating understanding in the context of a multi-determined and co-constructed relationship. Conversely, with same-race therapeutic pairs, patients may assume we "get" something because of a shared race. This is equally important to analyze and understand. Now, at this point, I will bring in two clinical examples to illustrate the topic of this paper further.

CASE ONE: MEGAN

Megan is a White woman in her mid-twenties who I saw in twice-weekly psychotherapy for about nine months. As background, she suffered a traumatic history as the victim of a number of sexual abuses throughout

childhood and into her young adulthood. She struggled to take care of herself as an adult. She battled addictions, had inconsistent relationships with her parents, and switched from one unstable relationship to another. It came as no surprise that she stopped attending treatment without any notice or follow up. Although this shortened treatment may not detail the complexity and thoroughness of an analysis, I believe it still can provide valuable insight into how racial dynamics play out in treatment. Megan was perhaps exceptionally provocative in her explicit hate towards others. However, I believe all patients will present material related to racial biases for us to point out and explore with them. This process will activate our own countertransference responses and as you will see, my countertransference to Megan made it difficult to sit with the racialized material in the room.

I had been working with Megan for only a short while when she asked me if I was Jewish. I told her I was not and wondered with her about her question. She told me that she knew from an Internet search that I practiced psychoanalytically, which she knew originated from Freud and, therefore, wondered if I, too, might be Jewish. She said she was relieved to find out that I was not and that she was not sure she would work with a Jewish man.

I was taken aback, but I was able to inquire about her feelings about Jewish people. She disclosed prejudices against Jews and revealed that she had been getting acquainted with a neo-Nazi group and was interested in joining. She explained that not only did she not like Jewish people, but she did not like Black people or even women. The more I learned about her hate of various groups, that harder it became to contain my countertransference feelings. I felt offended and angry that she would hold such explicit hate toward marginalized groups. I could feel my face getting red with anger as she continued describing the negative characteristics of minority groups and women, including lack of intelligence, criminality, and laziness.

I tried to explore her hatred toward the other, yet I kept finding myself wanting to argue, in concrete terms, how nonsensical her White supremacy was. There were times I was not able to resist these arguments. For example, during one session she was going on about how much she did not like affirmative action and proclaimed that the hardest person to be in America this day and age is a White male. She insisted

that Black people and women have it easy because of affirmative action, while White men, like her boyfriend, are left with no opportunities. Here, had I been able to sit with the racism in the room, I may have explored with her what this meant to her. What did it mean to her that someone wouldn't get fair opportunities while other people had it easy? Instead, I couldn't tolerate the uncomfortable feelings that her sentiments aroused in me.

Unable to resist, I reminded her that she found me on an online database that shows various therapists' pictures and profiles. I asked her, if I had the exact same qualifications and profile, yet my picture was of a Black man, would she have called me for an initial consultation? She admitted that she would not have. I pointed out that her contacting me was therefore embedded in my White male identity. I told her that I was sure many people, although maybe not explicitly acknowledging it, chose to contact me from my profile based on my White maleness. I offered to her that this operated as a hidden form of affirmative action, where I was getting a leg up on minority therapists, who were just as qualified as I was. These sorts of interactions of uncontained countertransference continued throughout treatment.

Megan continued to express her hate of minorities and women during sessions and I often tried to tie her hate into aspects of her trauma. For example, she insisted on an egregious statistic of how many Black men rape White women. All of her sexual assaults were perpetrated by White men and women. I suggested to her that perhaps it was more comfortable to feel hate toward the Black male rapist fantasy than grappling with her complicated feelings toward the perpetrators of her own sexual traumas. Additionally, she was in a relationship with a much older man who was the sole financial provider in their relationship. When she would rant about how Black people are all on welfare because they do not want to work, I wondered with her if perhaps her own shame toward not being able to take care of herself financially was being expressed in her disgust toward the stereotypic "welfare queen."

My efforts at trying to help Megan see the symbolism in her hate toward the other seemed to spark some interest. However, I wondered if I was enacting my countertransference by being too insistent or hasty in making her see the flaws in her racist beliefs. I took an explicit opposing stance in the treatment, instead of helping her gradually come to these

sorts of realizations on her own, something she may have been able to do only after feeling deeply understood. It seems it could have been more helpful to have Megan expand on her racist fantasies and thus get in touch with deeper affective themes. Through this, she may have been able to eventually see how these themes related to her personally. However, I could not tolerate listening to her racist distortions and felt an immediate need to dispel them.

I have wondered why it was so difficult for me to sit with Megan's racism. Patients share distorted views all the time that we sit with for some time before confronting or interpreting what we think they are about. I have thought that perhaps there was something intolerable related to my own unconscious racism that was getting activated and I desperately had to get rid of it in Megan. It seems that certainly her racism and other forms of hateful othering needed to be taken up in the treatment. However, my intense response of rage and intolerance, and my subsequent need to confront her hate made me consider this a countertransference enactment.

I have encountered this experience with other White patients, but usually to a much lesser degree. When patients say they would never go to a certain neighborhood or don't like certain music that seems to represent Black people, I find myself getting annoyed and angry. With these less explicit forms of racialization, I can tolerate exploring their feelings and fantasies more often. I still feel a countertransference reaction, but I am better able to contain my reactions and I can more appropriately time my interventions. Even still, this demonstrates the necessity to be aware of our racialized countertransferences even within White treatment dyads. Race is certainly still in the room and needs to be explored. I will now transition to my work with an African American man where different variations of racialized countertransferences emerged.

CASE TWO: JAMES

James is a middle-aged African American man whom I saw in three-times weekly psychotherapy for about a year and a half. Our work ended prematurely due to financial issues caused by James' divorce. Although I offered to continue to work with James at a lower fee, he could not tolerate the shame of being a "welfare case." As much as I tried to help James

with his dependency needs, he felt much more comfortable being self-reliant and we ultimately had to end the treatment.

In the year and a half of our work together, there were many dynamics surrounding race that came up. In fact, he is another case, as like Sharon, where I noticed racialized countertransference from the first phone call. From the sound of his message on my voicemail I assumed he was a Black man. I was also struck by the abruptness of his message. He simply left his name and phone number on my voicemail, without any greeting or explanation for his call. We exchanged voicemails a few times and often days would go by before he would return my messages.

His voice messages indicated little attempt to engage with me and his responses were often days later. I developed a racialized and classed fantasy of a disorganized, working class shift worker who was incredibly ambivalent about treatment. I imagined he would not follow up to attend an initial consultation, let alone engage in any meaningful, long-term treatment. His way of initially engaging via voicemails did not meet my racist, fantasied middle-to-upper class White ideal of punctuality, compliance, and reliability.

After a few weeks of phone tag, we finally connected and set our first appointment. As I greeted him in my waiting room, I observed a much older and more disheveled man than I had imagined. He hobbled into the consulting room, letting out a mild groan as he sat down. I later discovered this was due to intense pain stemming from a persistent medical condition. My immediate racialized countertransference included feelings of pity and fantasies of destitution. My fantasies generated explanations of poverty and circumstantial misfortune to explain James' initial presentation, without even considering the likelihood that he was suffering from a deep depression. The reactions I am describing took place within moments of meeting James, before we even started talking. To highlight a point, these are the sorts of fleeting racialized countertransference fantasies that can be missed if we don't pay attention or if we avoid them because it evokes internal discomfort.

Moving into the initial session, I was gathering an understanding of James' background and presenting problem. During this part of the session, he explained that he worked long hours at a hospital. This reality disproved my racist and classist fantasy of him as a factory line worker. However, even this intellectualized understanding did not prevent a

further racialized countertransference. In what I believe to be a reaction formation response, I asked if he was a physician. It seems to me that I was defending against my creating him into a lower-class person by way of assigning him the highest rank at the hospital. Had I not needed to defend against my own racism, I could have simply asked what he did at the hospital.

My racializing continued, as after James responded that he was a nurse anesthetist and that he was formerly a professor at a well-known medical school, I found myself responding in my head, "Good for you." Again, taken aback by this internal comment, I reflected on my patronizing stance toward this patient. I had enough presence of mind to not actually make this comment, but I still made note of this countertransference response and began to wonder why I was having these sorts of responses to this patient.

My initial countertransference reactions hinted at a number of racialized fantasies. From the beginning, I did not take James as a serious or promising patient. I assumed he wasn't invested in treatment before even meeting him. I also experienced inner surprise by his high-ranking profession, as if being African American and being successful were contradictory. I then felt complimentary of his professional success, as if I was hierarchically above him and he needed to receive my patronizing pat on the head. I believe these reactions were all steeped in my own racism. At the same time, they also related to particular aspects of James' psychological makeup.

In addition to my racist fantasies of him, James' presentation provoked these sorts of reactions. At an initial snapshot, James presented as truly pitiful. He was going through a painful divorce, was living in squalor due to a separation arrangement he made with his wife and was noticeably emotionally and physically defeated by his current circumstances. He also positioned himself as being submissive to others, as I would learn more about throughout treatment. So, I experienced racialized countertransferences that contained elements of my own racism but also contained unconscious idiosyncratic aspects of James' internal world.

It is also important to point out how my mind initially organized James' suffering and experiences as being due to external circumstances. I did not initially consider depression as a potential justification for

James' initial presentation, although he demonstrated considerable signs that he was severely depressed. I organized his suffering in externalizing ways related to social factors, instead of also considering the complexities of his intrapsychic life. Overall, my early racialized countertransferences infantilized James through undermining his agency and status and disregarding his interior life. Had I not been aware of this early on in the treatment, I would have continued to be misattuned and potentially sabotaged the treatment.

I would like to also portray some other dynamics throughout treatment that I think help elucidate countertransference difficulties surrounding race. One striking feature of James was his excessive compliance and masochism. It was almost unreal the amount of suffering and misfortune he would sign himself up for in order to please the other. As I mentioned, he was living in a rundown motel and driving a car that barely worked so his wife could have the nicer place and the newer car. He would also drain his bank accounts to support her, even as they were going through their divorce. These dynamics were hard to watch as I became fond of James and I had to bear witness to him neglecting himself.

I found it even more challenging to hear of James being excessively compliant and submissive in relation to White people, including me. It felt as if he was unquestioning in his lessening of himself in order to be deferent to the other. He did not seem to feel bothered by this hierarchical arrangement he often found himself in with White people. And yet, I also felt a certain hesitance to be too challenging toward this dynamic because it felt like I would just become another White person telling him how to act. I felt countertransferences of outrage on his behalf and toward him for not standing up for himself. I simultaneously felt a need to guard against the racialized template of me, as the White man, thinking I knew how James should act in these situations. To illustrate more, I'd like to now go into some more clinical material from our work together.

One piece of James' history that relates to his compliance around race is from James' early years as a martial arts prodigy. When James was a young adolescent, a martial arts instructor took an interest in him. This instructor was well-known in the martial arts world and offered to mentor James. According to James, the dynamic of instructor and

student was fixed and systematic. The mentorship included James spend-
ing much of his time at his instructor's home. James reported that he
would often spend more time at the instructor's home than at his own
home. As part of James' tutelage, James would do excessive amounts of
household chores for the instructor. The instructor was a White man
and also had a family with kids around James' age. James was doing
chores as the other kids played or did homework. James insisted that
this was how mentor/mentee relationships worked in this part of the
martial arts world. This arrangement went on for years.

I couldn't help but react to this White family having a Black kid
practically living with them, doing all of their household chores. It felt
similar to slavery and yet no part of James seemed disturbed by this
arrangement. Again, as I mentioned earlier, I felt somewhat trapped in
that I did not feel like it was my place to tell James was being treated in
racist ways. It felt condescending for me to tell James how he should be
reacting related to racial treatment. At the same time, to not speak up
about this felt like I would be colluding with this overly submissive and
masochistic part of James and colluding with what felt like a racist
arrangement in James' past.

Even as I write this, I'm noticing the use of the phrase "my place." I
think this highlights the racial tightrope that we walk as we try to "stay in
our place." This sort of constricted position can jam up therapists from
being able to confront and interpret difficulties their patients present. It
can be so easy and tempting to fall into a doer and done to relationship
dynamic and not make room for complexity and ambivalence
(Benjamin 2004). This is where ideally the analyst and patient can dis-
rupt these rigid templates and find new ways of being with each other. I
will try to illustrate this now through discussing another part of our treat-
ment together.

I recall a session when James reported an occurrence with a White
police officer the night before our session. James shared that he was
pulling out of a parking lot at night onto a main road and he inadvert-
ently forgot to turn his lights on. Within seconds of pulling out, a patrol
unit flashed its lights to pull James over. As this was happening, James
realized his lights were off, so he turned them on. Regardless, the police
officer approached James' car with his gun drawn. The officer was rude
and interrogative to James. A very mild mannered and soft-spoken guy,

James was compliant with the officer by answering all his questions and not arguing. James tried to explain that it was an honest mistake and there was no foul play involved however, he was issued a ticket by the officer who spared any friendliness or leniency.

I tried to explore James' feelings related to this incident and he seemed to only be able to offer a shrug and muttered something like, "those are the rules." This was also during a time when there were a number of nationally televised cases of unarmed Black men being killed by White police officers. I wondered where James' sense of terror and outrage were. In fact, I felt them on his behalf. I tried to be curious with James about how he could encounter a situation like this and not feel much about it, despite what had gone on historically and what was currently going on as it relates to White police officers and Black men. James did not see the racial dimension as particularly important. He was given a ticket for breaking the law. And, in actuality, James was compliant and submissive to just about anyone, regardless of race. However, it seemed like a piece was missing to not address that there was complex interplay related to race and aspects of James inner world that related to submissiveness. After some exploration of what happened with the police officer, I tried to link these dynamics to our relationship.

As I reflected on James' unquestioning compliance in this situation, I considered how this dynamic played out with our fee arrangement. My policy was that I charged for any missed session unless I had a week's notice, regardless of the reason for missing the session. This policy was complicated by the fact that I accepted James' insurance. He paid a $20 copay for sessions however, if he missed, I charged $120, which was the amount I would receive for the session from his insurance and his copay. This way I wouldn't lose out on income if he had to miss, but it also created an additional financial strain for James when he missed a session. For many patients, this policy only affects them a handful of times per year however, given James' medical condition, he often was hospitalized with no notice for several days at a time. This meant James could rack up a bill of several hundred dollars in any given month, if he had health issues.

We had talked about this issue when it first occurred within treatment. I knew he was under considerable financial strain with his divorce proceedings and I was concerned his medical issues would make

treatment unaffordable if he was paying for the full cost of several missed sessions. He insisted that he saw this as a matter-of-fact issue and that he would pay according to my policy. He pointed out that I had been up front from the beginning about my policy and that "those were the rules." He did not expect any special treatment.

I decided to bring up the parallel I saw with his recent incident with the police office and with our dynamic with the fee policy. I told him I thought he was using "rules" as a way to avoid strong feelings and conflict within relationships. I didn't think I had an answer to how he should have acted with the police officer, but I was struck at his absence of any feelings about this incident. Surely, he could have ultimately accepted the ticket and still had feelings about an officer pulling a gun on him and ticketing him for such a minor slip. However, his feelings seemed to get glossed over by an overly compliant acceptance.

I linked this to his reaction to being charged for several missed sessions due to medical issues. Yes, it was my policy to charge for missed sessions, but given the increasing unaffordability of this arrangement, one might expect James to raise some concerns with the policy. He acknowledged that paying for several missed sessions in any given month was not sustainable, yet he wanted to respect my policy and my right to be paid. I wondered with him if there was a way we could relate to one another outside of this authority figure and subordinate paradigm. Was there a way we could both consider each other's needs in a way that felt balanced and fair? James, of course, struggled with this notion, but ultimately we agreed on meeting in the middle. When he had to be out for medical issues, he would pay half of the fee. It would be more than he normally paid for his copay and I would earn less than I normally would for an attended session that I submit to insurance. We each agreed that we could tolerate our respective sacrifices, and this made our arrangement much more sustainable and mutually considerate. The main point is not the end arrangement, but more so the way we were able to come up with it. James was used to deferring to the other and not being in touch with his own anger at being mistreated nor with his own dependency needs. Collaborating on a new, more realistic fee arrangement was a new relational experience for James.

I think working through this dynamic in the manner that we did was helpful to James as it did offer a new experience. At the same time, I'm

aware of countertransference enactments involved within this clinical moment. My mind was linking myself to the White police officer and I could not tolerate that. I, in a sense, made up for the police officer by introducing a situation where James would be treated better by a White authority figure. In other words, James didn't share an association related to our fee arrangement after he described this incident with the police officer. It was me who had this association. Again, I think this enactment was ultimately productive, but it highlights how intolerable it can be to align oneself with a racist aspect of the transference. Here I felt I was aligned by this White police officer and, in Megan's case, I would have felt aligned with her White supremacy, had I not done something to get shoo away these racialized transference/countertransference dynamics as they explicitly came up.

Conversely, at other times, I found it more important to confront James' use of race. For example, as I previously mentioned, James was neglecting himself throughout the divorce proceeding while he obliged his wife's demands of large sums of money to support her lavish lifestyle. When I explored why he was living in decrepit conditions while he financed her life of luxury, he said that he could not have her living in the inner city. When I pursued this further, he explained that I wouldn't understand, implying that based on my Whiteness I was disconnected from the plights of the inner city.

I actually had lived in the neighborhoods he was referring to for many years. However, arguing with him about this would demonstrate an intolerance of him casting me as an unknowing White person. It would also collude with the notion that his lopsided arrangements with his wife were based solely on social realities. Here, instead of taking up race explicitly, as I may have in other circumstances, I decided to point how his long history of denying himself for the other, including during his childhood and within our treatment, and he was once again making these arrangements with his wife. He was making a particular use of racial and socioeconomic conditions to not examine his need to turn himself into a sacrificial lamb. If I had been swayed by feelings of guilt related to my Whiteness, I may have been all too eager to take his racialized and classed reasoning at face value, instead of analyzing his masochistic tendencies.

DISCUSSION

The clinical experiences with Sharon, Megan, and James all show the presence of racialized countertransferences. Assuming one can agree that these sorts of countertransferences exist in all of us, we must then dedicate efforts toward how to best work with our own prejudices within the treatment dyad. It seems to me that the first, fundamental step is allowing for a reflectiveness around one's racialized fantasies. This involves working through resistances to knowing uncomfortable things about ourselves as it pertains to our unconscious biases.

Reflecting on racialized countertransferences is uncomfortable, yet essential. It includes being able to tolerate our unpleasant racialized thoughts and fantasies that we may intellectually and even passionately disagree with. We have to allow ourselves to look at unconscious places within ourselves that we would likely prefer to keep hidden from view. For example, with Sharon, my initial, conscious reaction was that I wanted to be helpful and accessible to all people in my practice. I did not consciously think to myself, "Black women must all be poor and helpless and need me to rescue them." It was only after reflecting on my interaction with her that I could see the hostility and infantilizing associated with my reaction to offer a reduced fee based on her perceived race. That is, contained within my desire for inclusiveness were other more patronizing fantasies that I needed to be aware of within my countertransference.

As we create adequate psychic space to allow for this reflection, we have to also consider how to best make use of this countertransference. Here, we can turn to the spectrum of countertransference reactions ranging for those heavily weighted by the analyst's contribution to those seemingly more related to the patient's contribution (Gabbard 1995). We might consider those more related to the analyst as having a greater potential to impede the treatment, whereas those countertransferences related more to the patient can contain useful information about the patient.

I believe with racist countertransference feelings we fall primarily into the first category. That is, our racist fantasies create impediments to understanding our patients. I think this often manifests as denial of racial dynamics. This includes minimizing the oppressive experiences

patients face and interpreting them as fantasies, without acknowledging them as painful aspects of lived reality. Patients' lived experiences must be acknowledged and understood before we try to interpret the nuances of their inner world and how they psychically managed their experiences. We cannot understand experiences surrounding race if we are quick to discount them as being fantastical or embellished.

Another predominant area of denial is surrounding Whiteness. I think many White people, including clinicians, do not allow themselves to see and recognize the impact of Whiteness, particularly the impact of White privilege. Whiteness is like the wind at your back. It makes things easier, but you don't always notice it. This denial of the meanings of Whiteness happens in our consulting rooms as well. With White treatment dyads, we have to acknowledge that racial dynamics are present within the relationship and find ways to explore them, as we would with any other psychic material. Megan may have been somewhat extreme in how explicitly she hated minorities, yet all of our patients holds unconscious fantasies and prejudices related to race that we can help them become more aware of.

I believe helping a patient become more aware of their racialized fantasies is an important dimension to any analysis. If a patient is in treatment and does explore sexual or aggressive fantasies, or fantasies related to gender, I would wonder why that component isn't being actively discussed. I would try to bring this to the patient's attention. I feel the same way about race. Again, I don't mean lecturing patients on race, like I nearly did with Megan. But rather helping patients talk about themselves and others as racialized beings. This allows for a fuller self-exploration and analysis than if this important dimension ignored. It is then crucial to be open enough to explore the meanings of race with our patients. To do this, we have to be aware of how our countertransferences may deter us from analyzing race within the room. This includes confronting our own denial and also being able to tolerate feelings of guilt that often come up related to race.

In all three cases I struggled with countertransferential guilt reactions. I felt guilty about excluding minorities and lower socioeconomic groups from my practice, so I had to wrap Sharon into my rescue fantasies. I felt guilty that if I were to standby and listen to Megan spew vicious rhetoric about minorities. I had to make her stop. I felt guilty about

playing the role of a dominating White person telling James how he should act so I could barely bring myself to confront his clearly self-destructive and overly submissive behavior. I think these types of countertransferential reactions can be worked through if we take them seriously enough to take them up in our own analyses and self-analyses.

I believe the majority of analysts have not analyzed themselves as racial subjects. Therefore, this is likely a blind spot for many of us. Due to our own personal analyses, we often feel rest assured, and perhaps erroneously so, that dynamics between us and patients are more thoroughly understood by us than by our patients. We've had the opportunity to analyze much about ourselves to the point where we have an added familiarity with our internal worlds that many patients have not yet developed. So, when a countertransference response occurs, it is often tempting to frame it as a patient's issue that we are accessing through our countertransference. However, when we notice our racialized countertransference, there is a greater likelihood that we are encountering something about ourselves that has not been fully analyzed. And thus, there may be a strong propensity to act out the countertransference or make it more about the patient than about our own unresolved racialized biases.

As an example, with Sharon, I came to understand offering a reduced fee as an infantilizing act of hostility, indicating a fantasy that I, as a White man, would need to offer extra assistance to this poor, helpless Black woman. As I got to know Sharon, she did not demonstrate feelings of helplessness or provoke other people to take care of her. It felt clear that my early enactment was prompted by my own racialized fantasy of her and that I needed to think more about this in my own analysis and self-analysis. Had this rescue fantasy persisted throughout treatment, I would have considered other implications related to Sharon. However, given the immediacy and short-lived nature of this countertransference, I felt it most appropriate to address it as an unresolved racialized issue of my own.

Ideally, as we develop an awareness and tolerance of our own racism, we can become more reflective and less action prone within our work. We can also challenge the ways we are positioning ourselves in relation to our patients. For example, with both Sharon and James, after I realized I was treating them in infantilizing ways due to my own racialized

countertransference, I was able to more closely monitor this throughout the treatment. I questioned my interventions internally, scanning for indicators that I was somehow considering them as "less than." I believe this was essential in allowing myself to see them as competent agents and ultimately not getting in their way toward further growth. With Megan, I tried to be reflective and through this I became less argumentative toward her racist and sexist beliefs. Yet, despite my efforts, I still found ways to try to rid her of these beliefs through my interpretations. I tried to actively stand up for minorities and women she was disparaging and in doing so did not leave room for the analysis of her powerful fantasies. I matched her hostility and aggression with a semi-diluted form of my own hate and aggression by making pointed interpretations about how illogical her prejudices were. Had I been able to tolerate her hate, and my own hate, I would have ideally allowed more space for us to wonder about and hopefully transform these aspects of herself.

There are also many ways we can make use of even racialized countertransferences. If we have reflected and analyzed our racialized reactions, we can then consider how these feelings might also relate to our patients. For example, our racialized countertransferences can help us get in touch with the experiences of our patients in society at large. For example, countertransferences can highlight how patients encounter the other in the social world. With Sharon and James, I likely experienced feelings toward them that they have experienced from others throughout their lives. This gives insight into the types of dismissive, demeaning stances they likely encounter in the world and can lead to deeper levels of empathy and understanding within the treatment situation. Just as we might experience a patient in the way their parents did, we also may experience patients in the way the larger society does.

We can also consider our countertransferences as meaningful aspects of the patient's subjective experience as we work towards the other side of the countertransference continuum I mentioned earlier. For example, with Megan, the hate and intolerance I felt toward her was likely a projective identification related to the hate and intolerance she feels toward others. Instead of helping her metabolize her hate, I retorted with my own irritation and frustration toward her hatefulness. I believe much of what I pointed out to her about her hate was formulaically sound, yet misattuned. Had I keyed into my countertransference as

a way of understanding the overwhelming aggression she feels toward others in response to her trauma, I could have helped her learn to tolerate these feelings and gradually make sense of them. Submerging myself in the countertransference feelings instead of warding them off could have garnered better results as Megan would have felt understood rather than condemned. And hopefully, with time, she could examine and challenge her ways of othering.

There are also times when it is important to not let racialized countertransferences get in one's way of confronting and analyzing other aspects of the patient. Racial dynamics so easily lend themselves to a doer and done to dynamic that we must find ways to work beyond this way of relating. If we look at the case of James, there were many times where I felt locked in a position of feeling either dominating or silenced. I felt like I would be telling him how he should experience and react to race as a Black man if I challenged his submissiveness. If I didn't confront his submissiveness, I felt like I would be a guilty bystander watching him be hurt while I did nothing. It was as if I would be the brutalizing White police officer telling him to submit to my wishes, or I would be the White citizen with his head in the clouds claiming to not notice the injustices happening all around me. This was important countertransference data to help me understand James. In working through our transference-countertransference entanglements, we had most success in our relationship when we were able to pause together and wonder what was happening in our relationship, and ask ourselves if there were other ways we could exist with one another, as we did regarding the cancellation policy. In a sense, as clinicians we must play out being old racial objects while creating ways of being new racial objects.

These dynamics highlight the complexities of racialized countertransferences. On the one hand, it is essential to be aware of racialized biases and guard against unconsciously enacting these racialized countertransferences with patients. For example, my infantilizing Sharon and James and my inability to tolerate Megan's hate demonstrate an inability to contain intense racialized pressures. On the other hand, if we act too cautiously due to racialized countertransferences we might overlook other aspects of a patient's intrapsychic and interpersonal conflicts. There may be underlying dynamics, such as James' masochism, that go unchallenged and unexplored. Therefore, we must attend to

impediments to the treatment relationship caused by our own racism and, at the same time, look for particular ways in which patients experience and make use of racialized dynamics within their individual psyches.

CONLCUSION

The intellectual and explicit denouncement of racism should not be taken as evidence that any of us are free from unconscious racial biases. Attempting to be only benevolent and well-intentioned does not go deep enough, as it does not analyze the aspects of ourselves that seek to other in racialized ways. Knowing more about our ways of racializing will ultimately be more helpful than trying to ward off notions of ourselves as being racist. Psychoanalysis continues to make ground in addressing and exploring racial dynamics in the midst of major issues related to diversity. Institutional transformation is essential, but ultimately transformation needs to also reverberate at the level of the individual and the treatment dyad.

Becoming aware of the racism within our countertransferences offers much promise. It can help minimize hostilities perpetuated by the clinician. We may be less inclined to misunderstand patients' experiences of being othered in the social surround. We can redirect our interventions, after noticing our racialized and misplaced views of our patients. We can tolerate discomforts associated with our biases to not get swayed by them and deviate from other conflicts within patients. Our institutions, training, personal analyses, or our treatments dyads should work to analyze conscious and unconscious racism. These efforts will ideally promote further grow in ourselves, our patients, and our communities.

REFERENCES

ALTMAN, N. (2000). Black and White thinking: A psychoanalyst reconsiders race. *Psychoanal. Dial., 10,* 589–605.
BENJAMIN, J. (2004). Doer and done to: an intersubjective view of thirdness. *Psychoanal. Q., 73*(1), 5–46.

BERGER, B. & NEWMAN, S. (2012). Preface: money talks. In B. BERGER & S. NEWMAN (Eds.), *Money Talks: In Therapy, Society, and Life*, pp. xv–xviii. New York: Routledge.

DALAL, F. (2002). *Race, Colour and the Process of Racialization: New Perspectives from Group Analysis, Psychoanalysis and Sociology*. New York: Routledge.

GABBARD, G. (1995). Countertransference: the emerging common ground. *Int. J. Psychoanal.*, *75*, 475–485.

GOEDERT, M. (2016). *The African American Urban Male's Journey to Success: Psychoanalytic Perspectives on Race, Gender, and Social Class*. Lanham, MD: Lexington Books.

HEIMANN, P. (1950). On counter-transference. *Int. J. Psychoanal.*, *31*, 81–84.

HOFFMAN, I.Z. (1996). The intimate and ironic authority of the psychoanalyst's presence. *Psychoanal. Q.*, *65*, 102–136. doi:10.1080/21674086.1996.11927485

HOLMES, D.E. (2006). The wrecking effects of race and social class on self and success. *Psychoanal. Q.*, *75*, 215–235. doi:10.1002/j.2167-4086.2006.tb00038.x

LAYTON, L. (2002). Cultural hierarchies, splitting, and the heterosexist unconscious. In S. FAIRFIELD, L. LAYTON, & C. STACK (Eds.), *Bringing on the Plague: Toward a Postmodern Psychoanalysis* (pp. 195–223). New York: Other Press.

LEARY, K. (2000). Racial enactments in dynamic treatment. *Psychoanal. Dial.*, *10*, 639–653. doi:10.1080/10481881009348573

MOODLEY, R. & PALMER, S. (2006). Race, culture and other multiple constructions: an absent presence in psychotherapy. In R. MOODLEY & PALMER (Eds.), *Race, Culture and Psychotherapy*, pp. 11–26. New York: Routledge.

POWELL, D. (2018). Race, African Americans, and psychoanalysis: collective silence in the therapeutic conversation. *J. Amer. Psychoanal. Assn.*, *66*, 1021–1049.

RENIK, O. (1995). The ideal of the anonymous analyst and the problem of self-disclosure. *Psychoanal. Q.*, *64*, 466–495. doi:10.1080/21674086.1995.11927461

WINNICOTT, D.W. (1949). Hate in the counter-transference. *Int. J. Psychoanal.*, *30*, 69–74.

5735 Swan Lake Drive
West Bloomfield, MI 48322

meadgoedert@gmail.com
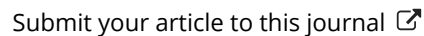
First World Problems and Gated Communities of the Mind: An Ethics of Place in Psychoanalysis

Francisco J. González

FIRST WORLD PROBLEMS AND GATED COMMUNITIES OF THE MIND: AN ETHICS OF PLACE IN PSYCHOANALYSIS

BY FRANCISCO J. GONZÁLEZ

Using the social meme of "first world problems" as an opening, this paper articulates a continuous field of psychoanalysis which extends from the individual to the social, and is demarcated by an ethics of place. Psychoanalytic processes are seen as taking place in a number of possible material settings, delimited by structures of framing which necessarily must exclude significant elements in order to make process accessible for work. This view is dependent on understanding that the unconscious operates within the heterologous and distinct registers of the collective as well as of the individual. Clinical examples help illustrate these ideas.

Keywords: Community psychoanalysis, place, demarcation, framing, ethics.

Respirator masks are once again commonplace. Most of us already have one. Two years in a row, the fires raged. For a time, the San Francisco

Francisco J. González, MD, is Personal and Supervising Analyst, Community Psychoanalysis Supervising Analyst, and Faculty at the Psychoanalytic Institute of Northern California, where he is Co-Director of the Community Psychoanalysis Track, and has worked in community mental health at Instituto Familiar de la Raza in San Francisco since 1997. He serves on the editorial boards of *Psychoanalytic Dialogues* and *Studies in Gender and Sexuality*. His writing, which focuses on the articulation of psychic life at the intersection of the individual and the collective — including the domains of gender, sexuality, racialized difference, immigration, film, and groups — has received the Symonds Prize, the Ralph Roughton Award, and was a co-recipient of the JAPA Best Paper Award for 2019.

Bay Area claimed the unhappy distinction of having the worst air quality in the world. If in the first year stores quickly sold out of the coveted N95 government-approved masks, by the second year people had learned to stockpile them. By the time the virus hit, it was the medical providers who couldn't find them. San Francisco was a ghost town, streets deserted, a scene from a cheap zombie movie. A few people milled about wearing flimsy surgical masks or scarves, anything that might prevent the transpiration of harmful particles, or maybe simply as a guard against a greater onslaught: the loss of hope against the infiltration of despair about the end of the world.

When I started writing this, news of recent fires — the Kincade, the Tick, the Getty — were stirring the kinds of symptoms that could only be called post-traumatic, an ironic word now, as if the trauma were already behind us. The beginnings of a sickening new routine in the Bay Area — anticipating the fire season, fearing the winds, anxiously watching the smoke roll in as we pulled out the masks — now seem almost quaint in the face of the new global assault. The frequency and magnitude of the fires were frightening, but at least we had a living memory — collectively, if not always individually — that even fires could be survived.

Now it's different. As of this writing, confirmed cases of Covid-19 caused by the novel coronavirus have passed 10 million worldwide, the United States claiming about a fourth of worldwide deaths; and the numbers keep rising.[1] For now, the San Francisco Bay Area is still relatively sheltered, not yet assailed by the dreadful surge that nearly inundated metropolitan New York, where the really harrowing stories were coming from. Still, to the scenes of horror the fires seared into us — pictures of burned-out car husks, dazed animals wandering in smoky fields, the faces of stunned residents, tear-streaked and dirty, watching their lives burn to ash — we are now forced to add other agonies we had yet to imagine: refrigerator cars for corpses, people dying isolated from those who love them, exhausted health care workers in space suits, some collapsed.

Pandemic literally means *all people*, and the consulting room, of course, could not be immune. The afflictions of shared social trauma

[1] It is a marker of the speed of the pandemic: in the first iteration of this paper the worldwide caseload was approaching 1 million.

touch not just every*one* but the dense network of connections that connect those everyones: acquaintances and fellow strangers as well as intimates, the invisible reticulation of interdependencies. It is as if the very matrix of our in-between is sullied, the psychic air contaminated and dangerous, the collective environmental mother herself terribly stricken.

If last year the buildings outside my window in downtown San Francisco were barely visible, shrouded in the dull brown smog of the fires, the sun an eerie orange disk filtered through the haze, this year the eerie scene couldn't be more different: the sun blazing in the clearest sky, the streets utterly deserted, everything in sharp relief. Last year, the smoke itself was a literal residue, no abstract symbol, but real lives turned to cinder, aerosolized trauma. This year, what we breathe into our lungs is imperceptible, undetectable: not the residue of an external conflagration that has already happened, but the indifferent harbinger of dreadful potential, of a life-threatening internal conflagration to come. The invisible monster — a hundredth of the diameter of a human hair — the SARS-CoV-2 virus, like others in its class, exists in a nether world between life form and inert chemical matter, a true species of the undead of horror films, utilizing human bodies as the matrix of their mindless replication.

But like with the smoke from the fires, we are once again plunged into a fog of blurred edges, where the line between internal and external becomes ominously indistinct and surfaces shimmer with hallucinatory danger. Like with the fires, those of us with the means to do so take refuge, "sheltering in place" in roomy houses, retreating to second homes away from the fray. But the enclaves of home and consulting room offer no ultimate security; neither fire nor virus ultimately acknowledge the distinctions of class and privilege. I recall one patient during the fires who felt irritated, the butt of a cruel joke: *we didn't move here to have air quality that is worse than Mumbai or Shanghai … .* For months, Wuhan remained a place firmly elsewhere. But the soap-bubble fantasy then burst: whether smog or sickness, privilege could no longer protect *us* here from the miasmas that daily beset *them* there.

What would seem to be so completely unrelated to the conduct of psychoanalysis in a private practice office in 21st-century California — Mumbai and the Cold War language of political economy — finds its

way, through association and displacement, into the discourse of my patients with some regularity. It's not at all uncommon that a patient, after a long complaint about loneliness or the pains of relationship brushes it all away by sighing: *oh well, first world problems . . .* .

A common ironic meme meant to dismiss the trivial irritations of life in the rich capitalist West (like the heartbreak of an espresso drink made with the wrong milk product), the phrase is psychic sleight of hand, cloaking concern in the guise of (false) humility. At the most obvious level, it seeks to foreclose. The patient fails to elaborate the loneliness, refuses association, doesn't speak the transferential accusation of a lack of receptivity in the analyst, say. We are familiar with these kinds of defensive dismissals.

But a meme — like a gene — is a mode of transmission, of replication and dissemination, but with a grounding in the *social* unconscious of *collectivities*. And so this "first world" meme invokes problems in the collective sphere which are increasingly becoming a focus of attention for psychoanalytic practice. And in this guise, the evocation of "first world problems" has surfaced in a denser, more poignant way in my practice as of late than as the defensive minimization of personal emotional experience. A first world problem implicates other worlds and their problems, performing a dismissal at a collective level too. At its core the phrase houses, then, a double disavowal: let's not think about *me* (and, implicitly, the collectives to which I belong) by not thinking about *them* (the collectives I explicitly disavow).

Uncannily, the term can be traced to an article published in 1979 by Geoffrey Payne, a housing and urban development consultant, entitled "Housing: Third World Solutions to First World Problems." Addressing a frustration any even upper-middle-class home buyer in the metropolitan Bay Area would instantly recognize today ("the bottom rung of the housing ladder moving upwards consistently faster than income levels," [p. 100]), Payne suggests anarchic innovations from the third world: perhaps unauthorized building and squatting could ease the housing strain. The irony couldn't be more complete: a line from an article seeking solutions *from* the third world to a very real problem of housing inequity *in* the first world, flips into an erasure of problems by the disavowal of inequities.

But psychoanalysis teaches us something about the processes of disavowal: namely, the biting return of reality. And if San Francisco will not go to Mumbai or Wuhan, then Mumbai or Wuhan will come to San Francisco. The smoke of climate change is hard to keep out, and the changing climate is far more penetrating than only atmospheric, as catastrophic as that promises to be. Late last year, the crowds rioting in Santiago, Chile echoed the crowds rioting in Beirut and Hong Kong and Paris as country after country struggled with growing inequity; early this year, the abandoned plazas of St. Peter's mirror the vacancy of Time Square, empty avenues near the Eiffel Tower, the desolation of common streets the world over, as country after country locked down against the horrifying pandemic. In a shrinking world that gets ever faster and more "liquid" (Bauman 2000), groups with radical differences are thrown ever more tightly against each other. There can be no denying now that Hubei is intimately conjoined to Seattle, Milan, Teheran, Sao Paolo. The air quality in Mumbai cannot be dissociated from that of the Bay Area. If the UN Refugee Agency estimates that almost 71 million people were forcibly displaced worldwide by the end of 2018, then some of them, no doubt, live close by. In short, the teeming cities and comfortable suburbs of first world America can no longer be seen as impermeable to the crises shaking the other worlds co-inhabiting the planet. And with the closing of the gap — with this intimate global touch — the fear of infestation, of a threatening contamination by the other, often becomes the impetus for a pressing imperative of safety: close the door, round the wagons, please just keep all of it — and all of them — out.

Focusing on a throw-away phrase from the hipster lexicon against the dark background of great fires and a historic pandemic rings of bathos. But by doing so, I hope to highlight concepts and modes of working that give shape and coherence to emergent trends in psychoanalysis today, a psychoanalysis that progressively recognizes it can ill afford to be a gated community, even in the name of protecting internal reality from the taint of the social. My goal is to work in part through illustration and clinical vignette, and in part conceptually, interweaving psychoanalytic and critical theory, to figure a horizon of thought that is increasingly being developed clinically and theoretically, but cries out for more development. It is, in fact, the horizon of a response to a cry in the world, which psychoanalysis — as an art of listening to what remains

shrouded but insistent — cannot help but hear. And as it is at the heart of our ethic that true listening is mutative, psychoanalysis cannot help but be changing. This change has broadly to do with the recognition that the social field is an essential constituent of psychoanalysis, both within its unfolding as clinical praxis, and as a foundational element of its theoretical evolution. More specifically, and critically, work in a social field concerns *positioning* — what I might call an ethics of *place* — for patients and ourselves as practitioners, but also for the collective we are as a discipline. As the importance of positioning is crucial to my project, I will continue, then, by attempting to locate *myself* psychosocially, through a psychoanalytic story.

FAT CATS AND INVISIBLE PEOPLE

David is a well-off businessman, almost 70, whom I have been seeing for just over a decade in weekly psychotherapy. An immigrant from Latin America, he pronounces his name in English rather than the Spanish (*Davíd*), which is just one way he signals ambivalence about his pre-immigrant past. He grew up in a lower middle-class household and came to the United States as a young adult, when he struggled economically before slowly working his way up to his now highly successful position. He himself was homeless for a time and depended on the kindness of friends to get by, for which he is deeply grateful. In the series of sessions I have in mind from a few years ago, he is very concerned about being overweight. He is clear that he knows how to lose weight and has in fact done so before but cannot seem to find the motivation to embark on this project now, as much as he feels the pressure to do so for his health and comfort. He is associating to this problem. Even as I too have the words in mind, he says with a chuckle that he is thinking of himself as a *fat cat*, which opens a dialogue on his economic position. A session or two later he enters the consulting room quite animated; there was much in the news about the Occupy movement at the time and the slogan "We are the 99%." He had just read an article on current wealth statistics. *It turns out I am in the 1%!!* — he says, apparently dumbfounded. I myself am taken aback with disbelief that he could have thought anything otherwise, and tell him so, he is an educated and well-travelled man, it seems curious to me that this would not have occurred to him before.

He has a quick response: *I don't really look down, I look up. Believe it or not, in my circles there are many people who have a lot more money than I do. I am really towards the bottom of the pack. In the parking garage, my Mercedes is the least expensive car.* The parking garage is in a high-end hotel not far from my office in downtown San Francisco. On the way into my office, I have seen people with needles in their arm, shooting up; I routinely hear what I presume to be a psychotic homeless person, shouting incoherently for an hour at a time just under my window. *Didn't you walk here from the garage?* — I ask — *did you happen to see the people on the street?* He had not, he says, seeming a bit confused. During the conversation, I search for and decisively dismiss any possible feelings of envy I might harbor concerning his wealth, while vaguely settling into a warm and pillowy moral superiority. The following session, he picks up without missing a beat. On leaving my office the previous session, he had conducted a little test as he walked back to his car. With each person he passed on the street, he asked himself, *do I think this person has more money than I do?* And with each one, the answer was the same: *no, definitely not.* It had suddenly become possible to see invisible people.

Tellingly, it is only now, through the writing of this paper which placed me in dialogue with colleagues and an imagined readership, that is in dialogue with a collective social object, that — for the first time, astoundingly to me — I turn to see the door within myself that I have shut on my patient, Davíd.

The first time I returned to Cuba — the country my parents and I left when I was a small child — I invited the extended family in Santiago to eat at a *paladar. Paladares* were the in-home restaurants newly sanctioned by Castro as he struggled to improve the disastrous economy of the so-called *período especial,* the "special period" following the collapse of the Soviet Union. Of the 15 of us present, only I ordered the local lobster, everyone else thrilled to taste chicken again, which they hadn't seen in years. I don't remember what the bill came to, it might have been $50 — little for me, but about one-and-a-half months of my cousin's salary, a doctor with a decade of experience. When I went to pay, the waitress told me it was taken care of, apparently by my uncle — aging, unemployed, and the patriarch of the family. I became irritated with him — I had been planning this dinner from the beginning of the trip, this was to be my treat, a gift. As we walked home, one of the

frequent power outages now suddenly hit, and in the hot darkness that accompanied us as we picked our way among the potholes in the empty streets, my anger melted into shame. I realized how cheated I felt, how fiercely I had wanted to be the benevolent one. And now, rather than luxuriating in the anticipated generosity of my first world largesse, I was left with the humiliating emptiness of narcissism laid bare, knowing the next morning I would board a plane and fly back to my comfortable life, leaving this third world of my family behind. Davíd was clearly not the only one with first world problems.

SOCIAL NAUSEA

I use this clinical story to highlight an intricate transference/counter-transference mesh involving class, ethnicity, political upheaval, immigration, bi-culturality, and language. It is a story that could be read in conventional individualist terms, along the lines of Oedipal dynamics, envy, and survivor guilt, for example, but such readings would ignore important structural elements, an erasure that would constitute a kind of violence.

For now, let me look in a different direction and say that the true recognition of privilege, and the acknowledgement of the social inequities that undergird it, almost inevitably leads to disruption (Swartz 2019). For psychoanalysis as a discipline, this disruption is often confined to the psychic; we recognize it in the oft-conceded charge against our discipline of its elitism, of its white fragility, and guilt. But increasingly the disruption is structural, as we question what constitutes the canon of psychoanalytic literature and grapple with changes to the teaching curriculum, as we reconsider the session frequency that defines an acceptable training case, and as we struggle with painful issues of diversification in our institutes. Our journals and conferences are crowded with the complexity of these issues. But precisely because a true encounter with otherness is disquieting and disruptive, the conservative forces of psychic equilibrium will seek to restore homeostasis, reinstalling old paradigms, to quell the disruption and prevent change. We know this from our clinical practice, but it no less true for the institutional resistances within the discipline of psychoanalysis than it is for the resistances of the individual analysand.

In Jenny Erpenbeck's (2017) acclaimed novel *Go, Went, Gone*, a retired philology professor from former East Germany finds his life deeply subverted when an initial curiosity about a group of African asylum seekers becomes deep engagement. In a review of that novel, literary critic James Wood (2017), gets to the troubling heart of our resistance to change when he reflects on his disturbing experience of reading it, and his retreat from this disturbance. Wood writes:

> I am like some "flat" character in a comic novel, who sits every night at the dinner table and repetitively, despicably, intones, without issue or effect, "This is the central moral question of our time." And, of course, such cleansing self-reproach is merely part of liberalism's dance of survival. It's not just that we are morally impotent; the continuation of our comfortable lives rests on the continuation—on the success—of that impotence. We see suffering only intermittently, and our days make safe spaces for these interruptions.

It is precisely the safety of these spaces which is the matter at hand; for this safety can be the way that these interruptions are domesticated, minimized, and brushed aside. Through the influence of philosophically-inflected cultural criticism, a growing body of analytic literature has begun to take up this problematic, and indeed some quarters of institutional psychoanalysis have been adept at naming the social disturbances that daily besiege us, but we too often settle back, re-inscribing the old paradigm: individualistic and introspective, wary of the structural changes that deeper social engagement compels. It took nearly 100 years of theorizing for the Establishment (the term here is Bion's) to begin to problematize the workings of power as a properly psychoanalytic category, and this mostly through the lens of feminism and gender; we have much further to go in unpacking the operations of racism, economic disparities, migration, climate change, political upheaval, globalization, technological acceleration, and a host of other forces, which might rightly be called shared social traumas. These domains have typically been relegated as *external* to psychoanalysis proper, but this sense of propriety is itself already shot through with the workings of the unconscious, an unconscious which operates at a different level than that of the individual, namely, the social unconscious. These new changes in

psychoanalysis are due, in no small measure, to the recovery and accen-
tuation of a lineage of thinking that has always been with us but has
often been relegated to the margins.[2]

As an example, I will focus now on some ideas from the work of
Janine Puget, the Argentinian analyst who has long been writing on the
necessity of psychoanalytic work in the domain of the social. Puget
(1982, 1988, 1991, 1992) has insisted that there are two distinct psycho-
analytic domains with heterologous logics: the domain of the personal,
Oedipal, conventional psychoanalytic project and the domain of exter-
nal reality, uncertainty, and groups, of the social psychoanalytic project.
As part of this work, Puget (2018a) has written on those who are made
invisible — specifically, the homeless, the unemployed, and the
"desaparecidos" of the Argentinian dirty wars. We could easily add
Judith Butler's (2004) register of precarious life, those who pass
unmourned because considered socially unmournable; or the status of
non-being relegated to black subjects, in the line of Frantz Fanon
(1987[1952]), Saidya Hartman (1997), and Achille Mbembe (2017).
Puget (2018a) places such subjects under the rubric of disposability,
operating in a state she calls a naturalized "dis-existence." Cloaked in
invisibility, they become recognizable only when they amass into a
group, in a moment of protest, like the refugees in Erpenbeck's novel.
More often than not, we relegate them to a third world or pass them in
the street as ghostly entities, if not quite seen, yet still with the power
to haunt.

For if there are holes in the social fabric through which people
effectively disappear, they do not exactly vanish without a trace. These
"invisibles" trouble my consulting room with great regularity, as we saw
in the example of Davíd. In one now seemingly distant week, when

---

[2] A description of this lineage is well beyond the scope of this paper, but a quick
sketch of it might include not only the late works of Freud on culture and the group,
but such figures as Burrow, Ferenczi, Reich, Horney, Sullivan, Pichon-Revière and South
American psychoanalysis more widely, along with post-Lacanian thinking on the social,
and the American Relational School. An indispensable part of theorizing the social link
in psychoanalysis is the rich tradition of group analysis on the social (Bion, Dalal
[1998], Foulkes, Hopper [2003], Kaës [2007], Tubert-Oklander [2014], among others).
For introductions to this social lineage see for example Aron and Starr (2013), Danto
(2005), Herzog (2017), Jacoby (1983), Salberg and Grand (2017), and
Zeretsky (2015).

people still left their houses and all talk did not involve references to the coronavirus, several patients from tony parts of the city told a similar story: leaving home in the morning, they step over the sleeping body of a homeless person at their door step, and are left with a kind of social nausea, trailing malaise, awkwardness, guilt, fear, disgust. *I don't want to bring up my child in these conditions* — says a single mother. *I want to help but I don't want to enable them* — says a venture capitalist. And the common refrain: *they should do something*. Often, the greater the frustrated disgust of the patient in question, the more precarious the economic position the patient occupies. Despite our attempts to insulate ourselves, to edit the scenario out of the psychic picture, an encounter with these "invisibles" leaves a mark, an affective vestige. The homeless person does more than confront us with someone who can, all too often, be reduced to a depository for projected abjections which return to threaten us from the realm of the uncanny. The homeless subject also challenges us with the radical and disquieting alterity of a form of human living which seems alien, confronting us with the stranger within. Such an encounter puts us face to face with the precarity we all inhabit — though unquestionably in radically unequal ways — within the incomprehensible complexity of the social order. Few of us working in the urban centers of this privatized first world do not feel it: I need to command the fee that pays the mortgage, and the nameless person sleeping on the stoop can obviously not pay that fee.

One patient, a successful artist from a war-torn country, works a reception job, barely eking it out — despite critical acclaim. At the community clinic where I work, asylum holders and seekers live in shared rooms and SROs, where tensions run high and an argument can end in eviction, and thus the streets. But such precariousness does not affect only my poorer patients. A South American immigrant from a well-off family, Ivy League schooled, came to the land of start-up opportunities, but can't quite get it to gel, and everything threatens to unravel: house, family, marriage. An American-born woman, Ivy League schooled, is holding on with a tech job consultancy, but looks into immigrating to Mexico, where she knows from past experience she can afford Montessori schools, health care, and a nanny. More than one patient cannot stop working, despite significant wealth: one literally works himself ill, overwrought but unable to slow down, he develops strange

somatic disturbances despite extensive negative medical workups; another, mortgage-free and many millions in the bank, frets he does not yet have enough money.

Each of these patients comes porting the complicated childhoods that conventional psychoanalysis is well-equipped to address: psychic intrusions large and small, insufficient holding, inadequate containment. But it is difficult to sit for a day of analytic sessions and not hear the relentless press of a world gone mad, the steady shrill pitch of unreconcilable political discord, the nauseous unease of a collective holding environment turned toxic, the fear of contagion, illness, and death. The accelerated speed of social and technological change, globalized political ferment, the bombardment of information, of misinformation, of case numbers, the constant pinging of the next message, the next tweet — a relentless and exhaustive uncertainty that goes well beyond the nameless dread and existential uncertainty of one's own individual death or even the death of those one loves, to something more diffuse, more all-encompassing, like the collapse of whole systems of material sustenance, the death of an intelligible social order, the annihilation of the planet.

Our ability to create livable forms and adequate structures of containment are overwhelmed by what analyst Rachael Peltz (2005) calls our "manic society" and sociologist Zygmunt Bauman (2000) calls "liquid modernity." We are born into a social order we did not create, but to which we are inextricably bound, stepping over its bodies. Overwhelmed by its complexity, we remain relatively powerless to change it, even as organized collectives, much less as individuals. The anxieties exposed here concern our unstable belonging. And the interruptions of daily comfort opened this deluge of anxieties can only create "subliminal ailments and defensive formations" ["malestares subliminales y formaciones defensivas"] (Puget 2018a, p. 27)[3] as we attempt to ward off the chaos.

THE EXCESS OF THE SOCIAL

Social subjectivity, in Puget's terms, regards that arena of living in which a social reality that exceeds us, one that is well beyond our control,

---

[3] Translations from Puget's Spanish are my own.

produces its effects on the mind and on relationships, producing "new marks for which we have no previous inscription" ["nuevas marcas para las cuales no tenemos inscripción previa"]. I quote from her paper ""Coartada social" ["Social alibi"]:

> These marks are incorporated as intrusive, representing the alienness of the world as much as the alterity of others, and making a place for them produces a kind of displacement from known positions. It breaks with inherited models and forces a difficult coexistence between what is known and what is alien/ foreign. A typical defense [against this difficult coexistence] attempts to articulate the present and the past as if they corresponded to similar logics when they tend to be heterogeneous logics.
>
> …
>
> It also includes the necessity of processing belonging to a world in which events take place that populate the life of the subject, without depending on his having generated them. It includes the culture to which he belongs, which must needs clash with his inherited culture.
>
> Estas marcas se incorporan como intrusas, representan tanto lo ajeno del mundo como la alteridad de los otros, y hacerles un lugar produce una suerte de descoloque de posiciones certeras. Rompe con modelos heredados y obliga a una difícil convivencia entro lo conocido y lo que es ajeno. Una defensa habitual lleva a intentar articular el presente y el pasado como si correspondieran a lógicas similares cuando suelen ser lógicas heterólogas.
>
> …
>
> Incluye también la necesidad de procesar el pertenecer a un mundo en el que suceden eventos que pueblan la vida de un sujeto, sin que dependa de él haberlos generado. Incluye la cultural a la cual pertenece, que habrá de chocar con la cultura heredada. [2008, p. 324]

The brave new world in which we live cannot be domesticated through the logic of yesterday. That is, current social events and traumas (the California fires, the churning political turmoil, the symptoms of white supremacy, the coronavirus pandemic), cannot be simplistically reduced to intra-psychic (or even inter-subjective) terms using the psychoanalytic logics and hermeneutics of the previous century. But neither can the disjunct in our theorizing be reduced to a lag resulting from the acceleration and liquidity of contemporary life. The shrinking and quickening of globalization generates heat and energy, to be sure; but what this compression more clearly reveals are the fissures that were always there in our thinking. In truth, psychoanalysis has always struggled with the brave newness of the world, and from the beginning. The psychoanalysis of the individual was always in an unstable tension with the heterogenous logic of the group and the social (Kaës 1995[1993]).

Like Lynne Layton's (2006) critique of conventional psychoanalysis for its attacks on the social link, Puget (2008), reading Steiner's famous 1985 paper against the grain, asserts that it is we who have "turned a blind eye" on the social realities of our time. As in the Oedipal myth, such repudiation comes at a great cost. It is not an exaggeration to say that the vibrancy and relevance of psychoanalysis as a useful discipline for the next century hangs in the balance. We have undoubtedly come some way since Winnicott famously noticed that bombs were dropping outside, during the controversial discussions, only to have Klein chide him for forgetting that psychoanalysis concerns itself with the internal world. Most contemporary analysts at least acknowledge the daily bombardments of 21st century living. Nor is it to say that narratives concerning social events might not fruitfully be reinterpreted as characters to "dream the session" of the patient's intra-psychic world as one might do following post-Bionian field theory. It is more to assert that, following Freud on the function of dreaming, strictly hewing to the oneiric function could also serve as a kind of wish fulfillment to help keep patient and analyst asleep to a social reality which threatens the psychic stability, creativity, and vibrancy of both parties and their web of relations, and that this "external" force has as much impact on the psyche and requires as much metabolization as do the forces of an endogenous drive. And if, rather than dream-making, a useable accommodation to reality is to be our guide for healthy psychic functioning, there are urgent matters

before us, literally matters of life and death, to which as individuals and collectives we continually turn a blind eye. The contemporary catch phrase used to signify new-found understanding of the pervasiveness and reach of structural racism — being "woke" — has been an easy target for the caricature of politically correct culture, but it is hardly a metaphor easily dismissed. No one (on either political left or right) is likely to deny the anger, divisiveness, dismay, and anxiety — indeed, the jarring rudeness — of waking from the fantasied promises of the mid-twentieth-century American dream, the apogee of institutional psychoanalysis.[4]

What, then, is an analyst to do?

Puget (2008) recounts a clinical vignette that opens a door. A patient recounts his disdain at seeing homeless people gathering up trash and cardboard for money: it's a shame, he says, they should get a job. Puget finds herself uncomfortable, her ethical stance at odds with her patient. In another case a patient recounts smuggling something across the border, gloating about getting away with it. Puget is initially silent while feeling complicit with a socially accepted culture of corruption. Recurrence to interpretations about childhood seems an easy way out, but this feels disingenuous. In both these instances, Puget recognizes that the patient's positions, derive from a political and ideological stance, as do her own; in both cases she opts for speaking out, in effect disclosing something of her own ethical position. The patient becomes angry, but a rich analytic process ensues. In a similar vein Eyal Rozmarin (2009) has written about countering a fellow Israeli patient's insistence on serving in the army, with his own ideologically dissimilar position, again with complications for the analytic process. Rather than interpretation, what is sometimes needed is *opinion*, Puget (2008) says, since this demonstrates the alterity of two subjects.

Now, bringing opinion to the toolbox of technique (and suggesting that it is on par with interpretation), implies a rather different relationship of the analyst to what psychoanalysis is about and how it works. This difference, however, should not be constituted or understood as a call for politics in analysis. Considered psychoanalytically, opinion as technique is neither an act of political suasion nor bullying, but a form of intervention whose goal is making apparent ideological differences

---

[4] This was written before the uprisings sparked by the murder of George Floyd. It is even less deniable now.

undergirding the analytic encounter. Opinion emanates from social positioning; it begins to make visible facets of the larger structure in which the two subjects are embedded. That is, it touches on the kind of technique that will become more necessary as we develop tools for making the *social* unconscious more conscious.

An opinion, as opposed to other more conventional forms of intervention (interpretation, elaboration, etc), reveals the positioning of the analyst, the analyst's ideological investments. Not only the alterity of the other, but how that alterity is located in a socio-political field. Analytic use can be made of this if it helps to illuminate the psychic reality of the social unconscious, which exists in a plane well beyond individuals. There are, of course, limits to how much alterity any given analytic dyad can bear and still remain clinically useful to the patient, a matter which implicates our thinking on the social. Franz Fanon famously worked with both resistance fighters and their torturers at the Blida hospital in Algeria (Macey 2012), and to do so, did not reveal his political affiliations. An interesting thought experiment[5] is to consider not only whether one could work as an analyst with someone of wildly divergent political views (a progressive analyst with a Trump supporter patient, say), but whether one can imagine being the analysand of an analyst holding such views (the Trump supporter now as the analyst). It is not uncommon that a queer person wants a queer analyst or a person of color, an analyst of color. These preferences cannot be reduced to matters of individual subjectivity or something like "ego fragility"; they reflect an intuition by the patient about the social dimensions of the unconscious, and its impact on the formation of the analyst. A gay patient with a kind, understanding analyst who is also hell-bent on dissolving the "pathology" of homosexuality — certainly not an uncommon scene even 50 years ago — represents an annihilating alterity for the patient.

DOORS, MEMBRANES, WALLS, THRESHOLD, SKIN

Classically considered, the frame is an essential mechanism which turns attention toward the so-called "inner" world, and in Jose Bleger's (1967) terms constitutes the "non-process" of the analytic setting. For Marion

---

[5] I thank Jay Greenberg for this.

Milner (1987), who is credited with the introduction of the psychoanalytic concept, frames simply and profoundly "show that what is inside has to be perceived, interpreted in a different way from what is outside" (p. 81). Institutionalization has tended to reify the term, prosaically reducing it to such things as the length of the session and the fee. But recent interest has turned not only to the quality of attention in the analyst's mind that makes the frame portable, but more trenchantly to how the conventional frame comes packing a great deal that is socially unconscious (Tylim and Harris 2018). Indeed, in the face of the social — especially at the level of social trauma, but not only at this level — the question of framing becomes particularly complex, as both members of the analytic pair are *embedded* in complex realities beyond their making or control (Boulanger 2013; Puget 1982). This can appear to overwhelm or explode the frame, though more accurately what it does is decenter it, revealing its latent history and ideological underpinning (see especially Hartman, Gampel, and Puget — all in Tylim and Harris 2018).

This de-centering allows us to consider the frame less statically: less a noun and more a gerund, as *framing*. Framing still offers the non-process elements or ground *against which* something can be analyzed, but considers this frame contingently, itself necessarily constructed, historically and institutionally bound, and so subject to the social unconscious. In this sense it is a less of a door, and more like a construction manual for doorways — a threshold phenomena, like a border or skin.

Indeed, borders have always been an extremely generative site of development for psychoanalysis. Psychoanalysis is about coming and going: the patient transits through the world and returns, transits through the session and leaves. This weaving in and out makes psychoanalysis permeable. The cell wall, the skin, the doorway — all are sites of enormous activity. Interaction and exchange with the world is a necessary condition of vitality; metabolism, like breathing, requires transport across these thresholds. Too porous, and liquid processes leak out diminishing the organism; not permeable enough, and the organism suffocates.

Wisława Szymborska (2000), in her poem *Psalm*, marvels at "the leaky boundaries of man-made states," those frontier borders crisscrossed "with impunity" by insects, birds, and clouds, despite the vigilance of the border patrol. She concludes that "Only what is human can truly be foreign." Psychoanalysis has always been deeply engaged with

this foreignness and the border crossings that constitute it. Indeed, else-where (González 2016) I have argued that immigration is one of our dis-cipline's animating tropes: from Freud's erogenous zones, through the great psychoanalytic diaspora following World War II, to contemporary theory, psychoanalysis is a study of boundaries, errancy, and otherness.

It is precisely against this fluidity that the frame is compelled. Both egos and groups establish and maintain — and at times police — a boundary demarcating inside from out. Psychoanalytic orthodoxy has tended to frame the social out of the purview of strict clinical work, but a psychoanalysis that attends more carefully to questions of social subject-ivity — to the problems of collectivity, the effects of social reality, and the violence and strangeness of the world in which we must live — can-not be a psychoanalysis of closed doors.

DELIMITATION OF THE SOCIAL UNCONSCIOUS: DEMARCATION AND PLACE

So, the psychoanalytic encounter with the world and its social order, a matrix of unfathomable complexity, is an encounter with alterity, with the otherness of the other and the otherness this opens within ourselves. Think of the encounter with homelessness already mentioned, of the refugee crisis in Europe, red and blue political divisions in this country, the coronavirus pandemic, and racialized difference anywhere. These encounters with otherness force us to a border, the frontier between a domain of familiarity and putative sovereignty and a foreign territory whose workings are beyond our ken or control.

I want to move our thinking now towards a *topological* consideration of this border. What do I mean by this? Topology derives from *topos* (Greek for a *site* or *place*, akin to the Latin, *locus*). We are familiar with it in the rhetorical notion of a *topic*, a place where an argument or theme is developed, or in the idea of the *topography* of natural borders — a river or mountain range, say — that provides geographic distinction between countries. Consider then the *topology* of the border, as a place or site of the construction of borders in multiple registers of existence: whether as a topic in theoretical discourse or a patient's speech; the border of repression or dissociation, fencing off the internal otherness of our own unconscious; the construction of the me/not-me distinction; the sense

of belonging to or exclusion from groups constituted through identity markers such as gender or race; or the geopolitical and discursive frontiers of nation-states. This is the *topos* of the border, in multiple registers. Thinking *topologically* about borders is a way of considering the continuities and transformations of these interrelated but different locations: the way that shutting the office door is like crossing the border into a land of dreams — or like entrapment in a reeducation camp.

Like any psychoanalytic work, work in and with the social requires some sort of delimitation of a vastly complex field. To distinguish this delimitation from the framing of conventional analysis and its work on the personal, I will use different terms. This is an artificial convention and used here only for heuristic purposes. Space constraints prevent me from an extensive elaboration, but I do not mean to say that the question of the social concerns psychoanalysis only in certain unusual or traumatic circumstances, though these make a great deal visible that otherwise goes unnoticed. I argue instead that subjectivity itself only arises at the intersections of the two domains of *personal* and *social* unconscious, each with their respective psychoanalytic logics.[6]

Rather than "frame" or "framing," then, I will use the term *demarcation*, by which I mean the temporary or contingent location of a portion of the social field, with all that corresponds to it unconsciously. Closing a door (real or metaphoric) creates a domain, it demarcates a terrain or territory. Framing — as we conventionally understand it — happens in a demarcated place. Demarcation of a social territory, field, or zone allows analytic work on social subjectivity to take place, a term I distinguish from the more typical emphasis on psychoanalytic space (González 2016, 2018, 2019). A correlate of this thinking stresses that psychoanalytic processes — those relations that are open to analytic transformation, interpretation, interference, interruption, punctuation, elaboration, and so forth — are always materially anchored, an anchorage that itself is an important site of analytic interrogation.

I emphasize that demarcation is material, and in more than one way. Conventionally this material demarcation defines the place of the

---

[6] See González, F. J. (in press), for a more detailed elaboration of the idea of subjectivity at the intersection of these two domains (personal and social) of the unconscious. For a grounding introduction to the domain of the social unconscious, see Hopper (2003), who is often credited with coining the term.

office, with its closed door, armchairs and couch, and two bodies. The realm of potential *space*, of dreaming, of free association that leads to an elaboration of the unconscious in the personal psyche is not possible without this material demarcation of *place*. Place is the sub-floor of framing. While we have extensive allusions to it, we have yet to sufficiently elaborate how consequential the material dimension of our work is: the location of the office (neighborhood, building), the arrangement of waiting rooms and modes of crossing of the threshold to the consulting room, its furnishings as "thinking surface" (Leavitt 2013), the lying down or sitting up, the movements of analyst and patient. The ritualization of the psychoanalytic encounter, to the point of cliché, has rendered this materialization relatively invisible; it has made it seem as if the psychoanalytic encounter did not take place in the physical world. As with so many aspects of conventional psychoanalysis, the material sub-flooring of framing is made more consciously visible by the encounter with a specifically social psychoanalysis. Consider the contingency of my office being located in downtown San Francisco, for example, where there are many homeless people, as part of materiality that generated the fat cat sequence. Such material contingencies are part of the heterologous logic of the social register of the unconscious and should not simply by collapsed to psychic determinism and its representations.

The current Covid-19 crisis underscores the significance of materiality to psychoanalysis. In the nearly universal move to so-called "remote" therapies via phone and video platforms, analysts the world over have been forced to alter their relationship to the material setting. It is not that analysis at a distance is de-materialized or lacks a frame or setting (tele-communications do not, of course, make us all suddenly spirit). Instead, these platforms reconfigure the relation of bodies to each other, the points of contact in voice and sight, the loss of a place *shared*. We are familiar enough with the profound psychic effects of a simple material repositioning, namely from chair to couch: we know that reorienting the relation of the perceptual apparatus of analyst and patient to one another can become a portal to the workings of psyche. Freud theorized about the effects of this (not the least of which was the safeguard it afforded of his own social privacy). Psychoanalysis might thus be seen as a discipline that investigates the relation of psyche to materiality: not just between mind and body, but in the living linkages between bodies

and the variabilities of place, architectures of all sorts, the population of diverse topologies.[7]

There are, of course, many other material configurations where analytic process can and does take place. The most familiar of these are the same kind of office, now inhabited by three bodies, in the form of a couple and an analyst. Or, perhaps in a larger room now with more chairs and an assembly of bodies, whether a multigenerational family or a group of relative strangers, as family or group analysis. And this can be extended further, to large groups or to organizations and institutions, such as in organizational consulting or in community psychoanalysis. With the Mexican individual and group analyst Juan Tubert-Oklander (2014), I suggest there is a continuity from individual to group to social analysis, and further, that these modalities are in fact interdependent and co-constituent. Once we recognize other material platforms for fostering analytic process (from couples' therapies to community psychoanalysis), it becomes clear that framing is a contingent, artificial, and temporary demarcation of the social field which establishes useable terrain where psychoanalytic process can *take place.*

What demarcation does is isolate a field and its players, and in addition to the analysis that it enables within its walls, it also allows the appearance of what Daniel Butler (2019) has called the "phantomatic aspects of the setting." Butler's work is specific to black subjectivity, but it is, I think, applicable in a wider way. He extends the work of Bleger, bringing theorists of blackness (such as Fanon and Marriott) to bear on Bleger's more individualist theorizing. As we have seen, Bleger speaks of the setting as the "non-process": this is the dimension, Bleger (2012 [1967]) says, which sediments the "phantom world" of the patient, that is the psychotic part of the personality, that "most primitive and undifferentiated organization" (p. 230 — as quoted in Butler). Like a number of other contemporary analytic writers (Bass 2018; Gampel 2018; Hartman 2018; Puget 2018b), Butler challenges the view that the frame is able to insulate the clinical pair from history and its structural racism. It is the

___

[7] Analysis at a distance should make visible to us the virtuality underlying all analytic encounters. Well beyond the scope of this paper, Deleuze's (1991) concept of virtuality is linked to the emergent, to what can "become." Events are pregnant with possibility. Rather than the common expression, "it is what it is," psychoanalysis is predicated on the premise that "it is more than it seems to be."

very supposition that the clinic can be a pristine space isolated from ideology that in fact enacts the recapitulation of structural inequity, for the institution of the clinical frame itself is also historically placed and must needs carry its own "primitive and undifferentiated" world, which as Brickman (2003) so clearly shows specifically for psychoanalytic theory, is here a historically racist one. What kind of setting is created by a psychoanalysis haunted by this invisible whiteness? Only one that inadvertently annihilates the fullness of black subjectivity. What then can be done to help to put things "in their proper place"? (Fanon 1987[1952]; González 2019).

What the psychoanalytic clinic can do — and here I am thinking again of its multiple manifestations, not only as a dyadic enterprise but in other more expansive configurations — is to be a place where this veiled history can come into apparent view, and become amenable to imaginative transformations in those who are subject to it. As such it acts as a topological site, where transferences and traces from the domains of both the social and the personal unconscious iterate.

Let me share a brief vignette about this kind of work, from outside of the dyadic setting.

For about 6 years, I have been part of a group of community mental health practitioners, activists, and psychoanalysts called Reflective Spaces Material Places. The group meets about five times a year. The open meetings — typically a mix of 25-40 regulars and newcomers — are organized by a core group which meets regularly. The past two years have been strongly inflected by racialized dynamics, with an explicit focus on the workings of whiteness, racism, and colonialism. While this is not psychoanalysis in a conventional mode, I identify and am interpellated as an analyst in and by this group, among other identities and positions I hold. To some extent, then, and along with others, I represent psychoanalysis in this group. Loosely speaking, I work analytically in the group, and the group in turn is working analytically upon me. I do not mean by this a formal position as the "group analyst," but rather a vertex of listening beyond the apparent, a consideration of the operations of history (part of the social unconscious) and how they become enacted in the group, and a collective attempt to work through that historical repetition to new kinds of relationships in the group. Doing so requires occupying a very different position than the one I occupy in the

conventional psychoanalytic setup. To the extent that I help contribute to a containing function in the group, it is not by operating in the typical way that I do in the consulting room. Without doubt, enormous transferential forces from a variety of domains map onto the field demarcated by this group and its setting, including its material home in an established and strongly culturally-identified Latino mental health organization. A great deal of work along the lines of metabolization, containment, structuring, and to some extent interpretation happens within and through the organizing group which facilitates the meetings, more than through any one individual. We have experienced serious ruptures as well as important gains in this process.

I will mention one particular experience here. During a series of heated discussions in which a number of people of color were speaking more forcefully and directly than they had in the past, challenging a current of hegemonic whiteness in the organization, I found myself in the hotseat. I believe I represented a number of vertices for the group: as a founding leader, as a white man, and as an established psychoanalyst. Other aspects of my identity — as an immigrant, bicultural/ bilingual Latino, and vocal queer man — were less prominent in this sequence. At one point, I made comments about *feeling afraid for the sustainability of the group given the intensity of affects and suggested that what we were doing might be precisely what real change actually looks like, but that I thought this kind of change takes a good deal of time.* These comments were met with anger by some people of color who I believe saw me as using my position of privilege to place my fears above others, of being condescending in lecturing patience from a position of relative comfort and power, and of generally trying to shut down dissent. I was quite rattled by the experience; it took me several days after the event to finally settle down. Initially I felt quite misunderstood and hurt regarding marginal aspects of my identity I wished to have recognized and held in solidarity (especially my ethnic provenance and status as immigrant). I felt like an object of transference and wanted to justify a psychoanalytic move on my part, centered on an interpretation of "their" projection with a concomitant reaffirmation of my goodness. It took a little longer to get to the self-analysis: I was tremendously displaced from my typically more sheltered position behind the couch; this sense of exposure felt humiliating and made it difficult to hear the truth in what was being said to me. I came to realize that I

was, in fact, relatively unconscious about the position I was occupying in this social field. This was not an intellectual insight (I could have easily described this positioning before), but a lived experience of "seeing" for the first time the freedom I had to speak in a certain way granted by virtue of the place from which I was speaking. The visceral emotional shake-up I experienced was public and painful; it implicated deeply held unconscious identifications with privileged groups. I do not believe I took a masochistic position of self-denigration nor was I wracked with a paralyzing white guilt, rather I feel I learned something about the unconscious way I inhabited my social position, a position that became more completely visible to me precisely because I was shaken out of it. Being de-centered from whiteness and from cherished identifications provoked the anxious malaise that arises from troubling the supposed sovereignty of the ego at its foundational joint with the collective matrix that grounds it. It meant a reconfiguration of my relation to myself and to others that was disturbing, growth-promoting, and impactful, allowing me to work and respond in the group in new ways. It was an encounter with the social unconscious, which would not have been possible without the demarcation of the social field the group made useable for me.

As with dyadic analysis, transferences and enactments from the register of the social unconscious — that is, historical transmission of inequities, un-avowed group pacts, ideologically freighted categories of thought (Brickman 2003, unpacks "primitivity," for example) — will inevitably take place. And as with dyadic analysis, these will have to be acknowledged, suffered, mourned, worked through, though now both at the level of the group as well as the individual.

ETHICAL ITERATIONS

Demarcation, then, is the kind of framing that looks toward the social unconscious, one that seeks to explore the effects of social reality, to catalyze the appearance of the phantomatic setting, and to analyze the hidden ideologies in which we are embedded. It does not dispense with the work we have conventionally been trained to do regarding the personal unconscious and its manifestations in intersubjective life. Rather, it seeks to expand the possibilities for rich engagement in and with a troubled and troubling world. It has become, in my estimation, a

necessary part of contemporary analytic practice, which for me includes many non-dyadic forms of being an analyst.

I am fond of a metaphor regarding knowledge, which I believe I read once in Jorge Luis Borges: as the sphere of knowledge grows, so too does its contact with the unknown, only now exponentially. We might extend this to say that as the group under analytic consideration grows (from dyad to community), so too does its contact with the social, which must include its supra-human complexity, its vast realms of unpredictable and unstable possibility. Such contact not only subjects the individual egos in the field to significant centrifugal forces, but exposes them to the enormous violence, pain, and suffering of the social sphere. To be fully open to the world would mean to be unbearably open to its suffering, a suffering we are only rarely able to usefully manage.

Fundamentally, this is an ethical question, one of our relation to the suffering of both individual and collective others.

Levinas (1969[1961], 1998[1974]) has appeared a great deal in psychoanalytic writing lately. Levinasian ethics puts a transcendent primacy on the other, obliging us to a radical responsibility for this other, thus inaugurating critical inquiry into ourselves. The serious engagement with questions of the social, of collective aspects of individual subjectivity, of the group cannot but open a vein of critical self-inquiry for the discipline. Is this not one of the roots of the discontents our discipline currently faces? To investigate what it means for practice when we attempt to be open to collectives not usually served by psychoanalysis? To question the institutionalization of a frame that can shut the door on particular groups of people, while making invisible that very closure? The infamous elitism of psychoanalysis is not a demographic chance happening: it is predicated on this unconscious and structural closing off, which has become reified in the normative clinical practice that defines what psychoanalysis is supposed to be. This results in a widely accepted view that psychoanalysis is a privatized, office-based, closed-door encounter between two people. This material sub-flooring of conventional clinical practice naturalizes the idea of keeping the social "without" in order to make room for the personal psyche "within," as if the social were extraneous to psyche.

Complicating Levinasian ethics for psychoanalysis, Rozmarin (2007) claims we cannot be fully for the other in psychoanalysis: our hearing of

the other is not simply a transcendent exercise. As he writes, the essence of psychoanalytic ethics is to hear the other "in his materiality and presence in this world" (p. 359) — that is, in his particularity. To be open to the social and its deleterious effects — what Fanon (1987[1952]) called sociogeny — is truly to court the "plague" (as Freud, on his journey to the United States, famously characterized psychoanalysis, a phrase which now, in the shadow of the coronavirus, takes on, *nachträglich*, an eerie resignification). For there is no easy way out of the ethical problem which reiterates in every material field: in demarcating a portion of the field by closing doors, we shut out important elements of fruitful possibility, and often violently; but also necessarily, for such closures are constitutive, making available to analysis and possible understanding the very processes we aim to pursue.

Examples from the Community Psychoanalysis Track at my institute readily come to mind.[8] In projects at an agency working with highly traumatized refugees, the complexities of establishing workable limits were a pervasive dynamic. How much availability should a therapist allow a client in catastrophic need, when what hangs in the balance is deportation? What are the boundaries between the process group and agency as a whole, between the group and the analytic institute? The institutionalized fee-for-service frame was hardly relevant here, and the establishment of workable limits had to be grounded in other ways. When need is virtually infinite, the preservation of providers as human resources for ailing communities becomes its own priority. Transferences from an often inept, discriminatory, volatile, confusing, and underfunded system infiltrated the organization, affecting its providers, appearing as projective identifications in the candidates working with them. Demarcation of useable analytic fields was necessary, but closing doors was also deeply fraught ethically, and only possible by some measure of dissociation.

This has become accentuated under the current conditions of practice during the global pandemic. In a recent episode of the IPA podcast *On and Off the Couch*, Marilia Aisenstein (2020) spoke of a "community

---

[8] The Community Psychoanalysis Track at the Psychoanalytic Institute of Northern California (PINC), founded in May 2019, allows candidates to count a project — conducted at a partnering community mental health agency and under psychoanalytic group supervision — as a formal psychoanalytic case towards progression.

of soft denial." We all keep a certain kind of sanity, like the "fat cat" patient, by not looking down.

But psychoanalysis has something to offer precisely here. Our practice is to question, to question continually, to note the significances and the problematics of doors, to promote the difficult task of articulating values, to try to become responsible for the choices we make.

What we can attempt to do is to make more conscious our ethical struggle — to question and problematize the framings that keep the other out, recognizing the necessity of demarcation, and using these delimitations of the social field as a way to make the social unconscious visible. This allows us to take up a relation to the social and towards history that might be analogous to Klein's depressive position, though now in collective terms. At the level of the singular subject, recognizing our individual limitation in the face of the collectives which supersede us, while not renouncing our agency and responsibility to act on what troubles us as neighbors and as citizens in the world. At the level of the group and institution that is psychoanalysis, recognizing that our forms of practice and our theories must carry the marks of a social unconscious which seeks to obscure the workings of power.

A psychoanalytic theory and method for the 21st century must be one that rigorously takes up the double provenance of the unconscious — as *both* social and personal. Problematizing the social ills of our patients, we problematize our own as psychoanalysts. That means working within our institutes and with other groups and collectives, to broaden the cultivation and reach of psychoanalytic process. It means questioning our institutional foreclosures. Working as a psychoanalyst does not have to mean working with one patient, on a couch, for 50 minutes 4-5x per week. I do not mean to water down our thinking: quite the opposite. We will have a great deal of theoretical and clinical work to do, if we are to follow the rigorous tradition that is our inheritance.

But honestly, I don't see how we can keep from doing the psychoanalytic work of the social and still remain a viable practice. It is an inevitable catastrophic change.

You might recall the dream Freud recounts, and which Lacan made much of. A father keeping watch over the body of his dead son, falls asleep, during which time a candle falls over, setting the son's bed on fire. From the vantage point of the social analysis I am describing here, let us

figure this son as the future of psychoanalysis, ailing unto death at times, and beset now by what Baldwin would call "the fire next time." In Freud's (1900) recounting of the dream, the father sleeps on, and in his dream the son appears, imploring, "*Father, can't you see I'm burning?*" (p. 509).

We can ill afford to ignore the smoke that even now infiltrates through the closed doors of our consulting rooms, and the imagined refuge of our offices.

REFERENCES

AISENSTEIN, M. (2020). *On and Off the Couch.* Podcast series: Episode 43. A Report from Paris with Marilia Aisenstein, March 31, 2020. www.ipaoffthecouch.org

ARON, L. & STARR, KE. (2013). *A Psychotherapy for the People: Towards a Progressive Psychoanlaysis.* New York: Routledge.

BAUMAN, Z. (2000). Liquid Modernity. Cambridge, UK: Polity Press.

BASS, A. (2018). When the frame doesn't fit the picture. In *Reconsidering the Moveable Frame.* Eds. I. TYLIM & A. HARRIS. New York: Routledge, pp. 111–138.

BLEGER, J. (1967). Psycho-Analysis of the psycho-analytic frame. *Int. J. Psychoanal.*, 48:511–519.

——— (2012[1967]). Symbiosis and Ambiguity: A Psychoanalytic Study. Tr. J. CHURCHER. London: Routledge. Originally published as Symbiosis y mbigüedad: estudio psicoanalítico. Buenos Aires: Paidós.

BOULANGER, G. (2013). Fearful symmetry: shared trauma in New Orleans after Hurricane Katrina. *Psychoanal. Dial.,* 23(1):31–44.

BRICKMAN, C. (2003). *Aboriginal Populations in the Mind: Race and Primitivity in Psychoanalysis.* New York: Columbia Univ. Press.

BUTLER, DG. (2019). Racialized bodies and the violence of the setting. *Stud. Gen. Sex.,* 20(3):146–158. doi:10.1080/15240657.2019.1641935

BUTLER, J. (2004). *Precarious Life: The Powers of Mourning and Violence.* New York: Verso.

DALAL, F. (1998). *Taking the Group Seriously: Towards a Post-Foulkesian Group Analytic Theory.* Philadelphia: Jessica Kingsley Publishers.

DANTO, E. A. (2005). *Freud's Free Clinics: Psychoanalysis and Social Justice, 1918–1938. New York*: Columbia Univ. Press.

DELEUZE, G. (1991). *Bergsonism.* New York: Zone Books.

ERPENBECK, J. (2017). *Go, Went, Gone.* Tr. Susan Bernofsky. New York: New Directions.

FANON, F. (1987[1952]). *Black Skin, White Masks.* Tr. CL. MARKMANN. London: Pluto Press.

FREUD, S. (1900). *The Interpretation of Dreams. S.E. 9.*

GAMPEL, Y. (2018). The frame as a border in a variety of settings. In *Reconsidering the Moveable Frame*. Eds. I. TYLIM & A. HARRIS. New York: Routledge, pp. 164–183.

GONZÁLEZ, FJ. (2016). Only what is human can truly be foreign. In *Immigration in Psychoanalysis*. New York: Routledge, pp. 15–38.

——— (2018). Re-Placing objects. *Stud. Gen. Sex.*,19(1):41–47.

———(2019). Necessary disruptions: a discussion of Daniel Butler's "Racialized Bodies and the Violence of the Setting," *Stud. Gen. Sex.,,* 20: 3,159–164.

——— (in press). "Trump cards and Klein bottles: on the collective of the individual," *Psychoanal. Dial.*

HARTMAN, SAIDYA. (1997). *Scenes of Subjection: Terror, Slavery, and Self-making in Nineteenth Century America*. New York: Oxford Univ. Press.

HARTMAN, STEPHEN. (2018). When we frame. In *Reconsidering the Moveable Frame*. Eds. I. TYLIM & A. HARRIS. New York: Routledge, pp. 141–163.

HERZOG, D. (2017). *Cold War Freud: Psychoanalysis in the Age of Catastrophes*. Cambridge, UK: Cambridge Univ. Press.

HOPPER, E. (2003). *The Social Unconscious: Speaking the Unspeakable*. New York: Jessica Kingsley Publishers.

JACOBY, R. (1983). *The Repression of Psychoanalysis: Otto Fenichel and the Political Freudians*. Chicago: Univ. of Chicago Press.

KAËS, R. (1995[1993]). El grupo y el sujeto del grupo: Elementos para una teoría psicoanalítica del grupo. Buenos Aires: Amorrortu Editores.

——— (2007). Linking, Alliances, and Shared Space: Groups and the Psychoanalyst. London: The International Psychoanalytical Assoc.

LAYTON, L. (2006). Attacks on linking: the unconscious pull to dissociate individuals from their social context. In L. LAYTON, N. C. HOLLANDER, & S. GUTWILL (Eds.), *Psychoanalysis, Class and Politics: Encounters in the Clinical Setting*. New York: Routledge, pp. 107–117.

LEAVITT, J. (2013). Superficie, spazio e artefatto: la presenza materiale della memoria. Rivista Psicoanalitica, 59:549–571.

LEVINAS, E. (1969[1961]). *Totality and Infinity: An Essay on Exteriority*. Tr. A. LINGIS. Pittsburgh, PA: Duquesne Univ. Press. Originally published as Totalité et Infini : Essai sur l'extériorité. Le Livre de Poche.

——— (1998[1974]). Otherwise than Being, or Beyond Essence. Tr. A. LINGIS. Pittsburgh, PA: Duquesne Univ. Press. Originally published as Autrement qu'être ou au-delà de l'essence. Martinus Nijhoff.

MACEY, D. (2012). *Frantz Fanon: A Biography (*Second Edition). Brooklyn: Verso.

MBEMBE, A. (2013/2017). *Critique of Black Reason*. Tr L. Dubois. Durham: Duke Univ. Press.

MILNER, M. (1952/1987). The framed gap (1952). In *The Suppressed Madness of Sane Men*. New York: Tavistock Publications, pp. 79–82.

PAYNE, GK. (1979). Lessons from the Third World. *Built Environment*, 5:2, 99–110.

PELTZ, R. (2005). The manic society. *Psychoanal. Dial.,* 15(3):347–366. doi:10.1080/10481881509348834

PUGET, J. (1988). Social violence and psychoanalysis in Argentina: the unthinkable and the unthought. *Free Assns.,* 1(13):84–140.

——— (1991). The social context: searching for a hypothesis. *Free Assns.,* 2(1):21–33.

——— (1992). Belonging and ethics. *Psychoanal. In,,* 12(4):551–569.

———(2008). Coartada social y psicoanálisis [Social alibi and psychoanalysis]. Psicoanálisis; 30(2/3): 321–332.

———(2018a). Habitar espacios en el hoy o en un para siempre [Inhabiting spaces in the now or in a forever]. Psicoanálisis, 39 (1/2): 19–39.

——— (2018b). Revisiting the concept of frame. In *Reconsidering the Moveable Frame.* Eds. I. TYLIM & A. HARRIS. New York: Routledge, pp. 184–204.

PUGET, J. & WENDER, L. (1982). Analista y paciente en mundos superpuestos [Analyst and patient in overlapping worlds]. Psicoanálisis, 4(3): 503–536.

ROZMARIN, E. (2007). An other in psychoanalysis: Emmanuel Levinas's critique of knowledge and analytic sense. *Contemp. Psychoanal.,* 43(3):327–360. doi: 10.1080/00107530.2007.10745913

——— (2009). I Am Yourself: Subjectivity and the Collective. *Psychoanal. Dial.,* 19(5):604–616.

SALBERG, J & GRAND, S., Eds. (2017). *The Wounds of History: Repair and Resilience in the Trans-Generational Transmission of Trauma.* New York: Routledge.

STEINER, J. (1985). Turning a blind eye: the cover up for Oedipus. *Int. Rev. Psychoanal.,* 12:161–172.

SWARTZ, S. (2019*). Ruthless Winnicott: The Role of Ruthlessness in Psychoanalysis and Political Protest.* New York: Routledge.

SZYMBORSKA, WISLAWA. "Psalm." *The Iowa Review,* 30.2 (2000): 24–24. Web. Available at: 10.17077/0021-065X.5231

TYLIM, I. & HARRIS, A., Eds. (2018). *Reconsidering the Moveable Frame.* New York: Routledge.

TUBERT-OKLANDER, J. (2014). *The One and the Many: Relational Analysis and Group Analysis.* London: Karnac.

WOOD, J. (2017). "A Novelist's Powerful Response to the Refugee Crisis." The New Yorker, September 18.

ZERETSKY, E. (2015). *Political Freud: A History.* New York: Columbia Univ. Press.

582 Market Street, Suite 305

San Francisco, CA 94104

f.j.g@comcast.net

Risking sexuality beyond consent: overwhelm and traumatisms that incite
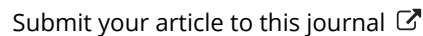
Avgi Saketopoulou

RISKING SEXUALITY BEYOND CONSENT: OVERWHELM AND TRAUMATISMS THAT INCITE[1]

BY AVGI SAKETOPOULOU

What, other than being "screwed," may come of being subjected to something we did not entirely, or even at all, consent to? This essay explores what awaits sexual urges that risk pushing beyond the confines of affirmative consent and into limit consent. Taking up why one might court experiences that chafe against the limit, I suggest that such courting draws on the sexual drive. Via Aulagnier, Laplanche, and Zaltzman I track how the sexual drive may annex traumatic history. These annexations present themselves as traumatic repetitions but may work, at times, to spin compulsive recursions into traumatisms that can incite transformative psychic labor. To probe these ideas more deeply and flesh out the mechanics of why experiences that occur at the border of our consent can have transformative potential, I turn to Jeremy

Avgi Saketopoulou trained at the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis, where she now teaches. She is also on faculty at the William Allanson White Institute, the New York Psychoanalytic Institute, the Stephen Mitchell Relational Center and the National Institute for the Psychotherapies and serves on the editorial boards of several analytic journals. The recipient of several awards, including the annual essay prize from JAPA, the Ruth Stein prize, and the Ralph Roughton Award, she is currently at work on a solicited book manuscript provisionally titled: "Overwhelm: Risking Sexuality Beyond Consent."

O. Harris's searingly beautiful theatrical work, Slave Play, to propose that pleasure suffered at the especially strained intersection of sexuality and racial trauma may produce traumatisms that dissolve ego structures in growth-inducing ways. While seemingly merely repeating ghastly historical crimes, erotic humiliation and racialized sexual abjection, work here to yield and make overatures to expanded psychic freedoms. Because there is no return to a pre-traumatic state for traumatized subjects, I propose that we become less preoccupied as analysts with what can be done about trauma and more curious about what can be done with trauma shifting, thus, psychoanalysis's attitude towards trauma from traumatophobia to traumatophilia.

Keywords: Jean Laplanche, Nathalie Zaltzman, inciting traumatism, limit consent, overwhelm, sadomasochism, traumatophilia, BDSM, *Slave Play*.

"I was female-assigned at birth"[2] writes the queer theorist Kathryn Bond Stockton:

though [my own sense was that] I was a boy … mistaken for a girl. And though I was, to my mind, the ultimate straight man seeking normally feminine women, I turned out a "lesbian," against my will — though in accord with my desires. As for my girlfriend she grew up, to her mind, normally feminine, as a rural Mormon raised in rural Utah. In her twenties, after her male fiancé died, after she didn't go on a mission, after she walked across the US for nuclear disarmament, she met lesbians and wished she could be one, so cool did they seem to her. But, she figured, she wasn't a lesbian. Long story short: I didn't want the sign ["lesbian"] but was pierced by it; she quite wanted it but didn't think she'd gain it. We have [both] been dildoed by th[at] sign. We've been pleasured by it, as it's

---

[2] This awkward-sounding term refers to the assignation of gender at birth on the basis of observed genitals. It is widely used in trans studies to mark the fact that such assignments presume that gender is determined by anatomical sex when, in fact, only time will tell if the child's gender identity will match or not that initial reading.

come inside us—I've had to try to take it like a man.
[2015, online]

Stockton's surprising, albeit sideways,[3] treatment of consent is easy to miss. Her delectable phrase ("against my will-though in accord with my desire") is followed by a provocative, queer claim: that she has been "dildoed" by the word lesbian. The word "dildoed" does some heavy lifting here: being described as a lesbian interpellated Stockton as a woman;[4] because she had thought herself to be a boy, this "screwed" her; this screwing is something she's tried to take "like a man." Is this wordplay meant to convey the stoicism with which men, as the story goes, are expected to endure hardship? Or is Stockton gesturing to a queer masculinity of anal pleasures? Whatever the case may be, Stockton claims a peculiar relationship to being screwed: it is against her will, but in accord with her desires.

In this essay, I will explore what, other than being "screwed," may come of being subjected—by discourse, history, or through the intervention of the other—to something to which we did not entirely, or even at all, consent. Elsewhere, I have called experiences that live on the border of our consent *limit consent* (Saketopoulou 2019). Unlike affirmative consent, limit consent doesn't concern itself with roadmaps that specify what the other is/isn't allowed to do but pertains, instead, to what we open ourselves up to when we surrender to an other. In that sense, limit consent doesn't aim to (re)stage an experience of satisfaction, but, instead, invites fresh experience and surprise. As such, it also risks injury; that injury would be inadvertent, issuing from sexual urges that have gone too far. In this paper I ask after limit consent's psychic life and its possible futures to probe why one might court experiences that chafe against the limit. I will suggest that such courting draws on the sexual drive, and travels on the carrier wave of repetition to create states of overwhelm, which may catalyze psychic transformations. In the second half of this essay, I turn to Jeremy O. Harris' painfully beautiful work, *Slave Play*. I discuss it at length

---

[3] I am playing here with Stockton's felicitous description of the queer child as growing up sideways (2009).

[4] Briefly, the word "lesbian" does not just index the gender of one's erotic object choice but denotes a homology between the genders of the person desiring and the person desired. In that sense, sexual orientation is not only about one's desire but also about one's own gender identity. For more on the mechanics of such interpellations, see Saketopoulou, 2015a.

because watching it several times and across two productions,[5] and attending ongoing conversations about it over several months,[6] helped me clarify the workings of overwhelm. *Slave Play* suggests that pleasure that is suffered at the especially strained intersection of sexuality and racial trauma may produce traumatisms that dissolve ego structures in growth-inducing ways. *Slave Play* helped me ferret out the specific mechanisms through which erotic humiliation and racialized sexual abjection, while seemingly merely repeating ghastly historical crimes, may, in fact, work to help some of the play's characters bring more into their possession that which "screwed" them. The concept of overwhelm helps explain psychoanalytically the mechanics of how such psychic work may be accomplished, and what its yield may be: not utopian reparation but a bid for expanded psychic freedom. While there is indeed no "strategy of redress" or complete redemption for Black suffering (Wilderson 2020, p. 15) and even as such expansions are only partial solutions, they may ultimately be better ones. Because there is no return to a pre-traumatic state for traumatized subjects, I propose that we become less preoccupied as analysts with what can be done *about* trauma and more curious about what can be done *with* trauma.

PART ONE

1. To be Dildoed by the Signifier: Aulagnier and Primary Violence, Laplanche and Translation

Let us first return to Stockton's having been dildoed by the sign. To reflect on her ideas, I will draw on Piera Aulagnier, a French psychoanalyst whose work uniquely addresses how the psychic process of coming into being tangles from the getgo the non-consensual with pleasure.

Signs or, to migrate to analytic terminology, the signifiers by which the infant's early psychic life can be churned into experience precede us

---

[5] The play ran at the New York Theatre Workshop between November 19, 2018 to January 13, 2019 and, subsequently, on Broadway where it ran from October 6, 2019 to January 19, 2020.

[6] On most Sundays throughout the play's run, the production held open-ended conversations between members of the cast/production and anyone interested in attending them. While new people joined the conversation at each meeting, a core group of theatergoers soon emerged that returned to the space week after week to revisit, with the cast and with each other, some of the most bracing parts of the play.

and are not of our choosing. Embedded in a network of other signifiers, they are linked with each other through the connective tissue of discourse. For Aulagnier, discourse does not refer to language per se, but to the aggregate effects of how the social is structured and how, in turn, it structures us (1975). Discourse inflects the adult's ongoing stream of gestures, facial expressions, affect, acts, and words, thus infiltrating the adult's responses to the child. The adult symbolizes the infant's experience in verbal and non-verbal ways and, in so doing, formats and gives it a shape. This is how the primal,[7] that is, the raw material of the infant's early life before the "I" becomes organized into a self, gets forged into usable units of experience. The shape given to the primal is, in part, influenced by the parent's own dynamics, early history, and psychic conflicts. But Aulagnier's point is that caretakers are not independent or sovereign agents; they are themselves subject—and answerable—to external regimes of organized meanings which furnish them with their meaning-making templates. The infant's ego, in effect, draws on these parental templates for its constitutive, meaning-making efforts. Discourse thus offers the much-needed midwifing tools the young psyche needs to come into being. By implication, the ego is an assemblage of psychic representations that are largely delimited by what is socially representable and intelligible.

Aulagnier is especially sensitive to the implications of the infant's meaning-making endeavors. Although forming representations (binding) is a pleasurable activity, she sees it as also exerting on the infant a form of violence that she calls *primary violence.* To be clear, Aulagnier does not refer to physical violence, or to the caretaker's intention to prohibit, control, or oppress the infant's meaning-making efforts.[8] The

---

[7] To clarify, the notion of the "primal" does not refer to what comes chronologically first. While indeed, the primal "is present from the beginning, concretely, at the origin of the human being, in other words: in the nursling" for Laplanche it is "what is ineluctable, what is truly independent of all contingencies, even the most general … The primal situation is the confrontation of the newborn—of the infant, the infans in the etymological sense of the term: the one who does not yet speak—with the adult world" (1987, pp. 101-102).

[8] We know, of course, that this can also occur, e.g. when the caretaker suffers from pathology or is traumatized. In this case, we'd be closer to what Aulagnier described as secondary violence, and to what Laplanche called intromission. Secondary violence and intromission are traumatic because they impose meaning, prohibiting the infant from carrying out its independent, creative meaning-making work.

concept of primary violence draws attention to the fact that the raw materials available for the infant to craft representations are definitionally restricted-and therefore, restrict*ive*. No one, after all, accepts the plague of the other's sexual unconscious willingly; a certain degree of force, not a physical force but the force of primal seduction (Laplanche 1987), is necessary. Even when the infant is free to improvise in forging her translations, primary violence delimits, from the get-go, *how* something will become psychically represented.[9] Put differently, primary violence places constraints on the most elemental level of human becoming, even though its mediation is indispensable for the infant to generate meaning at all.[10] This is the psychic landscape of limit consent; even before the "I" is inaugurated, a lot has already happened without one's agreement but which, nevertheless, yields pleasure.

Aulagnier's ideas are highly compatible with Laplanche's. For him, briefly,[11] conscious messages conveyed during caretaking are always surcharged by the caretaker's sexual unconscious. These indecipherable messages (*enigma*) are implanted, like an irritant, on the infant's psychophysiological skin (*primal seduction*). The infant is compelled to interpret these enigmatic implantations. But because enigma obtains from the caretaker's unrepresented unconscious, it can never be accurately decoded. Meaning can only be ascribed to it (*translation),* which is how we form representations. Translations are remembered as memories (Scarfone 2015a), yet we should not forget that these memories are not veridical but built through the infant's fantasizing (Scarfone 2016). As for the enigmatic remnants that haven't become meaning-full, those

[9] In that respect, while for Laplanche, it is the term intromission that denotes violence insofar as intromission imposes meaning (Laplanche 1987, 2011; House 2017), I maintain that, of the two, it is actually implantation that is more durably traumatic. This is because implantation is an ordinary, routine and non-contingent occurrence. Intromission has a chance of being identified as being of foreign origin, as having infiltrated us from the outside whereas implantations, because they are constitutive to the sense of self, can never be marked as having invaded the subject from without.

[10] A world without discourse, myths, or symbols is unimaginable. If, in some imaginary universe it existed, it would be catastrophic. Not only would it not provide greater translational freedom but, on the contrary, it would deprive the psyche of the much-needed tools for meaning-making.

[11] For a fuller review of Laplanche's ideas, see Scarfone's (2013) and Fletcher's (2007) excellent introductions.

become repressed, forming, in effect, the sexual unconscious-with infantile sexuality at its core. There, they persist as question marks without answers but which press for answers anyway, a pressure that constitutes the sexual drive. Like Aulagnier, Laplanche also believes that translation occurs through interpretative codes used to represent the press of the sexual drive. For its translational endeavors the infant resorts to a cultural reservoir of "objets trouvés" (Saketopoulou 2017b), namely the socius and its "rules, myths, ideologies and ideals" (*mythosymbolic*) (Laplanche 1987, p. 87).

I will return in Part Two to an accounting of signifiers, to their dildoing effects, and to their overtures to enlarged psychic freedom. But, for now, I want to stay with the sexual implications of what it means to be screwed against one's wishes, but in accord with one's desire. Enter the queer theorist Tim Dean whom we will follow to a gay men's sex club to hear about his experience with piss play, the erotic practice of urination for sexual pleasure (2015).[12] In his dabbles in the world of piss play, Dean had been, up until this particular encounter, "happy to give but unwilling to receive" (2015, p. 122). Things changed, however, one night when, following a leather-capped stranger into the shadows:

> … [he] pushed me to my knees … encouraging me to work his soft cock through the mesh of his jockstrap. My mouth registered that the jockstrap was already damp … [W]hen I became aware that he was gently pissing through the jock, the tasteless warm fluid flooding my lips, I spontaneously ejaculated. Both his piss and my body's response *took me completely by surprise.* I did not consent—and *would not have consented*—to being pissed on; yet I loved it. That night the man in the leather cap, whose face I never saw, gave me the gift of erotic astonishment. [2015, p. 125, italics added]

I read Dean's vignette to propose a different way of thinking about sexual consent, and use it to help me theorize the workings of sexuality

---

[12] Early psychoanalysts exploring the polymorphous pleasures of urethral eroticism reached varied insights that would take us too far afield to explore here (see Coriat 1924; Freud 1905, 1932; Hitschmann 1923). My focus will be on mining Dean's vignette for what it can tell us about sexuality that operates against one's consent but in accord with one's desire.

beyond consent. How do we understand "erotic astonishment" analytically and why should psychoanalysts care? Is Dean's erotic astonishment, which, I'll argue, amounts to more than just physical pleasure, related to the absence of his consent[13]? I think that it is. Of course, even intimating that a sexuality beyond consent is worth theorizing—let alone "having"—will raise concerns. Affirmative consent, we are told, is the key ingredient to ethical sexual relations; it ensures that power differentials are well-tended and sees to it that ongoing and enthusiastic agreement is secured. It promises mutual sexual pleasure and a protection from trauma, not to mention legal liability. Affirmative consent, consent theorist Joe Fischel argues, has "magnetized us" (2019, p. 176), it has been established as the sole acceptable ethical rudder. Today, according to Dufourmantelle, "the principle of precaution has become the norm" (2019, p. 1). Not just the lawman, but the actuary now oversee sexual encounters.

And yet, Fischel continues, affirmative consent is too conceptually limp to deliver on its promises of mutual pleasure and safety, or to adjudicate desire (2016, 2019). From a psychoanalytic angle, it is easy to see why: the affirmative consent model presumes a fully conscious subject when desire is often unconsciously conflicted; traumatic irruptions complicate agency and incite repetitions; psychic time, especially the time of psychic trauma, is non-linear, introducing perilous asynchronies between consent negotiations and internal experience. Mostly, affirmative consent seeks to reproduce known pleasures, or, at least, pleasures that can be hoped for or envisioned (meaning, already psychically represented ones)—when the sexual courts the strange (Dean forthcoming), and the ineffable (Dimen 2001, 2017; Fonagy 2008; Stein 1998, 2008).

These critiques notwithstanding, speaking about consent that congregates to the limit is scary territory. Limit consent may have animated the encounter that generated Dean's erotic astonishment, but someone less able to give oneself over to a new and startling experience might have felt injured by the novelty, or even experienced it as a form of rape. Obviously, in veering away from the contractualized reciprocity demanded by affirmative consent, my point is not to endorse violation:

[13] Let's not forget also that the absence of consent is not isomorphic with a violation of consent.

what I want to do, is explore the psychic processes set in motion when one lets oneself become passible to an other, coming up against the limits of the ego. Lyotard's notion of passibility (*passibilité*), to which I'll return shortly, is a border concept, hovering between activity and passivity. It involves giving oneself over to the other, not in capitulation or masochistic surrender, but in a state of receptivity akin to a state of dispossession (1988; see also Scarfone 2011).[14]

To go forward from here, let's turn back the clock by a hundred years.

2. *A Hundred Years Ago Today*

In *Beyond the Pleasure Principle,* Freud described:

> … as 'traumatic' any excitations from outside … powerful enough to break through the protective shield … the concept of trauma necessarily implies a connection of this kind with a breach in an otherwise efficacious barrier against stimuli. Such an event as an external trauma is bound to provoke a disturbance on a large scale in the functioning of the organism's energy … There is no longer any possibility of preventing the mental apparatus from being flooded with large amounts of stimulus, and another problem arises … mastering the amounts of stimulus which have broken in and of binding them, in the psychical sense, so that they can then be disposed of. [1920, p. 102]

Trauma, in this account,[15] arises when external excitations breach the protective shield, leaving the overwhelmed ego scurrying to try to bind them. But the problem of how the organism manages the influx of energy preoccupied Freud from much earlier. In *The Project* (1895),[16] Freud first proposed the following model of the ego: outside energy excites neurones whose job it is to conduct and discharge it.

---

[14] Passibility's ties to Ghent's concept of surrender (1990), have been explored elsewhere (Saketopoulou 2019).

[15] For Freud, it is psychic trauma that is of interest to psychoanalysis in its distinctive quality of the après-coup (House 2017). I take this into account shortly.

[16] We know (and Freud likely did too) that *The Project's* physiological models are mistaken. Nevertheless, the insights yielded in *The Project,* later reworked in *The Interpretation of Dreams,* are foundational to Freudian metapsychology (Laplanche 1987).

Impermeable neurones (ψ) are unable to let energy course through them; if the amount of energy reaching them is substantial enough, their contact barrier is broken. Repeated breaches produce *facilitation,* which, simply put, means that a set route is established through which stimuli have previously passed. Neurones that have been broken through together now begin to fire in unison, creating pathways that direct the free flow of energy into what we might think of as a trough. The ego is the aggregate of these neuronal facilitations, a permanently cathected ensemble that ensures discharge does not proceed chaotically. When new kinds of stimulations occur, the ego protects the organism from the unpleasure of freely circulating energy by attracting newly excited neurones, which simply means that the ego assimilates them into its structure. By directing the commerce of psychic energy along established grooves (binding) to preserve the organism from an influx of energy spikes (unbound energy), the well-functioning ego, thus, appropriates unto itself everything that's new and foreign. This enterprise, of course, can never be declared fully successful.

This process has two implications: on the one hand, binding spares the organism from damage. The ego prevents excitation from spreading in unforeseeable and unregulated ways, by doing away with any "excess of reality" (Scarfone 2015a, p. 30), granting the psyche a sense of stability, and an ongoingness of being free from constant threat. On the other hand, the fact that the ego works to assimilate new experience into pre-existing frameworks means that new events will be resisted and inhibited. In that respect, the ego is not just a stabilizing agent but, also, a conservative and inhibiting force (Laplanche 2011; Scarfone 2015a); it never fully relinquishes its resistance to novelty. As such, we should expect that *nothing new happens with the ego's consent.*[17] The ego contorts the alien and the unfamiliar into what is already known, and this gobbling up of freshness and surprise, can calcify it. Of course, the ego's resistance, its refusal to consent to novelty if you will, does not mean that nothing new actually occurs. This would be an absurd, easily falsifiable

---

[17] The ego, of course, does not offer or withhold consent. But I hope that the reader will permit me this anthropomorphizing locution for reasons that will become clear later.

claim. It's incumbent on us, however, to reconcile the ego's stakes in its durable structures with the fact that change does occur.

Our thinking may be helped along by turning to a largely overlooked point made by Freud (1895, 1920) who, in discussing breaches of unlimited degree (trauma), also mentions others, of lower intensity which are not incapacitating. Producing "a breach in continuity" (1895, p. 307), they cause pain-physical and, perhaps psychic. This intermediary state lies between the steady, well-regulated space of the ego and the disabling effects of trauma. I have elsewhere used the term overwhelm[18] to describe states that arise in these interstices between the ego's concerted investment to keep things stable/knowable/bound, and traumatic territory where the ego is undone. In the psychic topos of overwhelm the ego shatters (Bersani 1986) in the sense that it surrenders its overly tight hold over its translations (binding) (Saketopoulou 2019). The disaggregation of previously bound enigma from its psychic coatings is pleasurable, impelling the psyche to do renewed work,[19] but it is also anguishing. And it is a transient condition, something that flashes into experience but which cannot be sustained (Bataille, 1957). A radical state of unbinding will urgently seek stability through fresh bindings (new translations) and repression. If neither occurs, we may then encounter psychotic phenomena.

Overwhelm's transiently dysregulated states may be pleasurable but they are also crisis points: in other words, while they are sites of potential they offer no reassurances. We can't know in advance "whether the unbinding, which creates the uncertainty, will lead to restoration of previous binding or to a new binding or to neither" (House 2019, p. 181). Hence the risk but, also, the potential reward, which is that freed-up enigma (unbound energy) may become differently translated. This opening up of the psyche to the forging of new representations may be nothing less than transformative. Note, however, that new translations do not help "recover … [or]

---

[18] I have selected the noun form to draw it apart from its more ordinary use as a verb (e.g. "x overwhelmed me") or adjective (e.g. "I found y overwhelming").

[19] The reader will recognize here the allusion to Freud's definition of the drive: ". . . the psychical representative of the stimuli originating from within the organism and reaching the mind, as a measure of the demand made upon the mind for work in consequence of its connection with the body" (1915, p. 122). I use drive throughout this paper in its meaning as a demand for work as opposed to its alternate usage as the drive being the fuel of psychic operations.

regain contact with … our essence" (Foucault 1997, p. 282). Enigma is always a question mark without an answer. What overwhelm offers is far more consequential than "the truth": through the breakdown of old structures, one may emerge reconfigured.

Its potential aside, overwhelm should not be romanticized. Even though pleasurable, the ego's breach is an intense state that may be experienced as painful, disorganizing, even dangerous. Alternatively, the ego's disinvestment of its representations may lead to depersonalization (de M'Uzan 2013). Remember, though, that overwhelm shatters, it does not pulverize. It does not attack the psyche itself, but liquidates, instead, the ego's obdurate links. As analysts, unbound states do, and should, worry us: because of the risk for decompensation, severe acting out, etc., and because we sense that its pleasures can have magnetic effects of detrimental impact. But the distinction between trauma and overwhelm may help us work better with patients who have a propensity to pursue experiences that can breach the ego's barrier, who search for trauma-like experiences. Those can take many forms: performance art, BDSM, extreme sports, etc. At its most formidable, even the psychoanalytic process itself can bring about the ego's unraveling (Laplanche 2006; see Saketopoulou 2019 for a clinical example).

In a text that has not yet had wide circulation,[20] Laplanche (1980) takes this up in relation to traumatophilia, a concept proposed by Abraham (1907) but developed by Lowenfeld (1941). Lowenfeld observed that some of his patients, "hunger for experiences and excitement, [showing] a 'greed for impressions'" (pp. 117-118), "provok[ing] situations which … become traumatic" (p. 121). The traumas they sought out, though, did not behave as trauma ordinarily does: they were neither ruinous nor detrimental. Instead, they produced generative crises akin to overwhelm. To uphold the distinction between trauma and intense trauma-like excitations that may incite growth-inducing work, I will henceforth use Laplanche's phrase *inciting traumatism* (traumatisme incitateur) (1980, p. 195). For Lowenfeld's patients, inciting traumatisms, that is, the particular behaviors and actions that can lead to

---

[20] I am grateful to my friend and colleague Dominique Scarfone for alerting me to this passage, and to Jonathan House for generously sharing with me the original French text, which has yet to appear in English.

overwhelm, generated aliveness, and creativity by disrupting structures that had become too stale. This process is akin to Zaltzman's description of the workings of the anarchic drive. For her, excessive binding can make reality too banal, rousing cravings for an encounter with novelty or surprise in order "to create new drive movements" (1979, p. 57). She, too, described patients who, smothered by too much cathexis—what Laplanche called "death by the ego" (1987, p. 171)—and suffocated by their ego's inertia, needed to expose themselves to risky and extreme situations. Zaltzman, more than any other analyst, brought attention to the generative possibilities of unbinding and to the enlivening properties of the drive's anarchy.[21] For her, the need to put one's life at risk or to go to extremes may salvage psychological processes from stalemate or stagnation. Despite appearances to the contrary, the anarchic impulse is in the service of living, a force that "induces a taste for change[22]" (p. 77). Zaltzman called upon analysts to pay attention to patients who pursue *limit experiences* that push the subject to the limit of what's bearable (Bataille 1954, 1957; Blanchot 1969; Foucault 1997, 2001; Saketopoulou 2014). The limit, I maintain, may be thought of as the surface of the organized ego, a surface that, as we have seen, is constituted through primary violence and the mythosymbolic, structurizing culture into the psyche. Beyond this threshold the subject feels untethered, helplessly subject to the drives. The processes described by Lowenfeld, Laplanche, and Zaltzman share an emphasis on the transformational heft of moving past sluggish, inert structures.[23] The concept of overwhelm adds a granular theorizing of the specific mechanisms by which

[21] I don't have space here to explain my selective use of her concept of the anarchic, which Zaltzman conceived as a drive unto itself but which I see as more related to Laplache's sexual drives of life and death (2011). Such a project awaits a forthcoming paper.

[22] Zaltzman's notion of a "taste for change" shouldn't be confused with neoliberal ruses and capitalist plugs that advertise the consumption of new experiences sold to us as expansive and life-changing. Zaltzman refers to something much more nuanced than that: to changes that may take us to places we didn't anticipate when choosing a particular path. These changes are not accretive and supportive of what we already know, and are not of the sort promoted by campaigns that seek to buttress our narcissism (e.g. "be your best self," etc.). They are, rather, about experiences that open us up to the surprising and to the strange in ourselves.

[23] Ferro (2005) and Oldoini (2019) have also used the concept of traumatophilia, but with a differently emphasis. I am granting here a more enlarged scope to

inciting traumatisms can shatter the ego (Bersani 1986), disassembling it and thus re-exposing the subject to enigma.

3. *Sexuality, the Limit and the Perverse*[24]

Foucault, among others, famously proposed that limit experience could be achieved through various means, e.g. ascetic practices, art, meditation, etc. (Martin, Gutman, and Hutton 1988).[25] For specificity's sake, I should clarify, though, that, in my view, what nominates some acts for limit work is not their particular complexion *but their economic charge.* To have the potential to become an inciting traumatism, the behaviors/acts in question need to have been commandeered by the sexual drive, to run on an economy of escalating excitations. Why? Because, from the perspective of Laplanchean metapsychology, it will take a force that large to come up against the limits of the ego's fortifications: to contest the ego's consent and its investment in itself (Blanchot 1980)—and to do so without letting up when resistance is mounted and without becoming appropriated into the ego's structure. Since the infantile sexual is at the core of the sexual drive (Scarfone 2019a), such a force puts us in the domain of sadomasochism, "the most common and the most significant of all … [the infantile sexual] perversions" (Freud 1905, p. 157).

Not all experiences, however, can meet this economic criterion. Those that readily match the economy of the sexual drive are more likely candidates for such work. I want to highlight three here that are

traumatophilia in that I see it as working to enliven overly rigid ego structures, instead of repairing intromitted traumata.

[24] I have explained elsewhere my commitment to preserving the historically discrediting appellation perversion. Briefly, I use it in a non-pathologizing way and granting it its original, ordinary status as marking polymorphous sexuality that attaches itself to objects opportunistically and which is not organized hetero-procreatively (Freud 1905; Van Haute and Westerink 2016, 2017). I like the term because it conveys an intensity and an edge the economic implications of which are not captured by benign-sounding descriptors like "non-normative sexual practices," "sexual play," and "atypical sexual practices" (Dimen 2001, 2017; Stein 1998, 2008). I remain strongly opposed to these dignified and respectable phrases because they domesticate the otherness in perversion by registering "erotic strangeness but then [promptly] repress[ing it] via normalization" (Dean forthcoming). For further explanations and important qualifiers, see Saketopoulou 2014, 2019.

[25] See Lyng (2004) for discussions of how extreme sports, art, use of psychedelics, and other non-sexual activities may also be such pathways; see also Newmahr 2010.

especially likely to be recruited by the sexual drive. First, sexuality in general is well suited for pursuing bodily thrills that come up against the limit because, even though sexuality is distinct from the sexual drive itself, it is also always infiltrated by it (Laplanche 2011; Saketopoulou 2017a; Scarfone 2019ab). Sexual pleasure, as Bataillle puts it, "attains a wild intensity, an insanity" (1956, p. 137), that opens "directly out upon a certain vista of anguish, upon a certain lacerating consciousness of distress" (p. 139). Second, sexualities that are behaviorally perverse [that deviate, that is, in object (e.g. fetishism), or aim (e.g. sadomasochistic variants like BDSM) (Freud 1905; Van Haute and Westerink 2016, 2017)) may be more likely for limit work because of their exquisite porosity to the rogue, deviant, and savage properties of the infantile sexual. Let me emphasize, though, this: the point of limit experience is not to shock or to omnipotently triumph over limits (Nigro 1995). Triumphing, after all, would be about mastering (binding) when the aim is not to buttress but to contest the ego (unbinding). If the practices more likely to perform limit work are scandalous or subversive, this is not for the sake of shocking itself, but because such exuberant sexualities are more likely to kindle the escalating economy of the sexual drive.[26] As such, we expect sexualities that twine arousal, humiliation, pleasure, risk-taking, subordination, abjection, dominance, and pain to be especially apposite contenders for limit work (Saketopoulou 2015b). On this point we should heed Dean's caution, however, that "simply accept[ing] or, indeed, celebrat[ing] perverse sexuality" by folding it into an ego/identity structure, "may be a way of avoiding what is so intransigently difficult about [perversion]" (2014, p. 269).[27]

Third, the kinds of repetitions secreted by trauma (Freud 1914) have the potential to innervate inciting traumatisms because of their economic affinity with the sexual drive. Freud, let's recall, described

[26] Samuel Delany's work is a particularly good illustration of work that rides the sexual drive not to jar or disturb (1973, 1974), but to describe, instead, the plenitudes of the sexual (see Jeremy O. Harris's interview of Samuel Delany in Fernandez, 2020).

[27] "The danger" Dean continues "lies in how progressive politics encourages us to understand sexuality as a vital component of identity, thereby allowing us conveniently to forget . . .[that u]nderstood psychoanalytically rather than psychologically, sexuality remains alien to selfhood: sex is not the expression of identity but its undoing. Identity politics is no friends of psychoanalysis" (2014, p. 270).

their economy as "more primitive, more elementary, more instinctual than the pleasure principle" (1920, p. 23), as if watching "some 'daemonic' force at work" (p. 35; also, 1914, 1933). As inciting traumatisms, these repetitions no longer escalate out of compulsive frenzy but, rather, out of an acquired taste for the more and more of experience. Instead of being driven to reproduce themselves mechanically, they repeat for pleasure's sake routing them back to the pleasure principle. This is a consequential development because repetition that falls under the aegis of the pleasure principle is repetition that is rescued from the hopeless hamster wheel of recursion (Nyong'o 2010). Something new can be wrested out of it (Scarfone unpublished manuscript). Repetitions that become inciting traumatisms, thus, can offer paths to fresh experience. Animated by a taste for more (excitement, curiosity, etc.) they can be pleasurable and, indeed, usable; inserted into a scene of address (Reis 2009; Scarfone 2011; 2019a) they may become "vehicle[s] of [their] own transcendence" (Reis 2020, p. 101). In this sense, clinical interventions that treat perverse pleasures as pathological can hamper repetition compulsions' momentum towards being span into traumatisms that incite useful psychic work because they impede the building of momentum towards overwhelm. We will encounter the daemonic force of such repetitions in *Slave Play* and explore in depth in Part II how they can—or fail to—be spun into inciting traumatisms.

Blanchot (1980) was especially interested in the contestation of the ego produced by limit experience, where things cannot be regulated or foreseen, where one's very existence may be felt to be at stake (Bataille 1928, 1954; Foucault 1991). He cautioned, however, against exaggerating our ability to exhaustively narrate what happens in these psychic spaces. A principled stance would require us to admit that we can't exhaustively describe it. In fact, for psychoanalysis to think and speak about such experiences, we, as analysts, will have to relinquish the gratification offered by precise description (binding)-which would amount to our own act of passibility. "Our efforts" wrote Foucault, who experimented with limit experience himself (Miller, 1993; Wade 2019), "are undoubtedly better spent in trying to … mak[e this experience] speak from the depths of where its language fails … where the subject who speaks has just vanished" (1963, p. 77). If, as analysts, we permit ourselves the imprecision of speaking in approximations, we might say that

in limit experience/overwhelm, one finds oneself in the presence of the drive. Divested of its representational coating—the vesting, I remind us, having occurred through primary violence and translation—this is as bare and unmediated as the drive can be.

Overwhelm and limit experience cannot be planned or orchestrated. For Bataillle, they become "accessible through excess, not through want" (1954, p. 22), which means that the situation has to carry one over. To be carried over entails letting oneself become passible to the other (Lyotard 1988) and to the unknown.[28] Passibility "is the opposite of action" (Bataille 1954, p. 46), more like a lowering of an internal defensive, resistive barrier that seeks to keep things stable than something one actively does or implements. One enters such experiences without knowing where they will lead, but nevertheless involving oneself as a full participant, taking responsibility for oneself and for what the experience will rouse. What will ensue cannot be anticipated: that is the condition of possibility for overwhelm, and it is also the risk that comes with overwhelm.

Let us now return to Dean and his leather-capped stranger, whose intentions we never learn and Dean likely didn't either. As noted, their unscripted piss play scene could have gone off the rails, becoming traumatic. It didn't. Now, Dean does not tell us what followed this scene, so it may look like we can't know if his erotic astonishment developed the density of overwhelm. But we do know something of consequence. In "an arena of experimentation in which I was exclusively top" (p. 125), this stranger "made me his piss bottom" (p. 125). This is consequential: the breaking down of one's ordinary way of being in favor of something new and unexpected is akin to the ego's contestation. Dean's readiness to surrender himself to his stranger, the stranger who without consent urinated in Dean's mouth, but also to the stranger and to the strange in himself exposed him to something surprising. "I did not and would not have consented" he writes, and it is precisely what occurred beyond, though not against, his consent that animates his erotic astonishment. In being made into a "piss bottom" what matters most is not identity (i.e. that he bottomed as opposed to topped) but the quality of transitiveness.

---

[28] This, again, emphasizes that limit consent is not about inviting violation but about a loosening of one's defenses so that one can be transported to an elsewhere.

In polymorphous perversity pleasure "countermands the claims of identity" (Dean 2012, p. 480), the key is not perversity but polymorphousness (Scarfone 2014). When "identity becomes the law," explains Foucault, "[when] the perennial question is 'Does this thing conform to my identity?'" (1984, p. 166), the ego speaks in banalities, seeking the reassurances of conforming to identity mandates rather than letting itself be carried into the unknown. In such instances, the ego cannot become "a source of initiative, [with] a capacity to intervene in a unique and original manner" (Scarfone, unpublished manuscript), but becomes, instead, an ossifying structure.

Polymorphousness seems to reign as well in Stockton who was able to pluck a queer pleasure from the signifier that dildoed her by inventively trying to take it "like a man." Stockton may have felt the pain of being screwed, but she related to it not through masochistic submission or rageful grievance but by crafting her own, idiomatic relationship to the signifier "lesbian," by crafting, that is, a new translation. She did so by lifting the signifier out of the conventional gendered frameworks in which it had been given to her through primary violence, and by establishing her own, polysemic meanings to it. We may, thus, go so far as to say that Stockton took the signifier more into her possession-even as the signifier will never fully belong to her, any more than any signifier ever fully belongs to any of us (Stockton 2019).

Stockton's and Dean's vignettes are too brief for us to track overwhelm in its full excitement, impetus, or duress. While we know something about Dean's erotic astonishment, we are not privy to whether his or Stockton's experiences came "as close as possible to … that which can't be lived through" (Foucault 1997, p. 241). For that, we'll have to turn to *Slave Play,* and to the brilliant mind of Jeremy O. Harris.

PART TWO

1. Slave Play

> You should not work to make the audience
> comfortable with what they are witnessing at all.

–Jeremy O. Harris, *Slave Play* playwright, Notes on Style

So they fucked up and gave us a Broadway theater.
–Closing night, *Slave Play* Director Robert O'Hara

Slave Play landed on the New York theater scene with a thunderclap igniting a panegyric round of reviews and a tide of celebratory appreciation for Jeremy O. Harris, its gifted 30-year-old, queer, Black playwright. Deemed "one of the best and most provocative" new plays (Green 2019), *Slave Play* delivered a "shot across the bow of the Great White Way" (*New York Daily Review* 2019). The extensive commentary (see Holdren 2019) focused on its artful portrayal of how White supremacy grates in the every-day[29] (Marks 2019). But critics left mostly untouched the controversial aspects of the play regarding the erotics of interracial desire, and the implication that racism carries an erotic charge for all involved.[30] This isn't surprising: *Slave Play* engaged consent at its most gnarled site, at the especially difficult junction between sexuality and the traumas of the antebellum past.

Unfolding on a Southern plantation, the opening act stuns the audience with three interracial, psychosexual encounters involving nudity and vigorously simulated, on-stage sex. In the First Act, Kaneisha, a dark-skinned Black enslaved woman, is subjected to an erotically tinged scene of racial denigration by Jim, the White plantation overseer. Jim humiliates her calling her a "useless heffer" (p. 21), making her eat off the floor "like a dog" (p. 23), describing her twerking as "jigabooing" (p. 27), and referring to her as a "negress" (p. 51). Kaneisha does as he says while also challenging his authority, by asking questions like, "you actually want an answer to that?" (p. 22), making pronouncements like, "it ain't dirty in my estimation" (p. 23), and dissing him for being unable to tell apart a watermelon from a cantaloupe. Their exchange toggles between debasement and softs acts of irreverence.

[29] It is one of Whiteness's operations to understand everything as self-referential, but this play is not aimed at educating White people. Its goal is to problematize collective living in the shadow of America's original sin, chattel slavery (Dershowitz 2019). This lack of address is not specific to *Slave Play*; the aesthetic is not addressed to us but to an other (Lyotard 2002). While the artist may have an imaginary interlocutor in mind, the work is not intended to them personally. It is the us, the audience, that imagines that the message is specifically addressed to, and crafted for, us.

[30] See Frank, Romano and Grady 2010; MacDonald 2019 for rare exceptions.

Tension escalates, culminating in Jim forcing himself on her sexually. As the scene progresses, arousal mounts, and racial epithets multiply.

The second encounter depicts Alana, a White, dim-witted, and funny Southern mistress, commanding a handsome, mix-raced enslaved man, Philip, to play on "his little fiddle" (p. 30) some of that "mulatto magic" (p. 31) that makes the female slaves "hoot and holla … waiting to run on ya later" (p. 34). The word "fiddle" and Alana's intonation of it imply that the real instrument of Philip's magic is his penis. This marks the complex space Jeremy O. Harris wants his audience in: depersonalizing violence and eroticism don't belong to competing registers but are of kin.[31] Philip dutifully complies. Before long he finds himself face down on her bed. Alana proceeds to forcibly sodomize him with a sizable black dildo, an heirloom from her mother which, we find out, was given to her on her wedding night, her mother anticipating that her White husband would be unable to sexually please her.

In the third encounter, Gary, a Black plantation overseer, orders around Dustin, the White-passing indentured servant. When Gary oddly insists that he be referred to as "Nigger Gary" (p. 41), Dustin mocks citing his overseer's "White" comportment and manners.[32] The insinuation that Gary is not black enough leads to a physical altercation. As the two men wrestle, things veer erotic. Sexually inflamed, they strip each other down to their underwear. Dustin's already-thin servility falls off as he threatens Gary, "[I c]ould have you lynched for deigning to touch me like that … You can talk to me anyway you please. But when it comes to touch … I am Dustin The White" (p. 44).[33] Flexing his authority as overseer, Gary climbs atop a cotton

[31] The implication that Black men are well-hung and the historical fact that Black men were "hung from trees for being, well, hung" (Poulson-Bryant 2005, p. 57) highlights that racialized violence is both brutal and erotic at the same time. While on the level of the ego, being reduced to a part object can feel offensive and injurious, in the domain of the sexual, it can be an erotic elixir, arousing enthralling appetites (Dean 2008; Dimen 2015).

[32] Dustin's mocking monologue is one of the most hilarious parts of the play. And as we, the audience, laugh, we are implicitly shown, and asked to (re)consider, what precisely we are laughing at when we unselfconsciously join in the hilarity of a "proper" Blackness from which Gary ostensibly deviates.

[33] From "lynching" to "calling the police" on "suspicious" Black people, Dustin's threat unmistakably parallels the present, referencing how easily White (and White-passing) people can endanger Black people's lives by involving law enforcement.

cart. Towering over Dustin, he orders him to get on his knees and lick his boot. Dustin readily complies, delivering a sensuous boot-licking that drives Gary to a spectacular orgasm. But then, vertiginously, and to Dustin's (and the audience's) surprise, Gary starts shaking, first slightly, then intensely. Gary eventually collapses into a tearful, hyperventilating puddle.

Briefly, we return to Jim who is raping Kaneisha. Momentum is building when Jim strangely mutters that he can't go on, and begins to lose his erection. Kaneisha is nearing climax when Jim interrupts her momentum, calls out "Starbucks"—first tentatively, then loudly and repetitively. We, the characters and the audience, hear a loud horn blast. Everything stops, ending the First Act.

Racial trauma and colorism pulsate through *Slave Play*'s first act under the heavy burden of history and to the garish, clamorous accompaniment of guttural sexual moans. It's no wonder director Robert O'Hara decided to withhold an intermission, rightly anticipating that anyone made uncomfortable by the demanding horrors of the first act (that is, almost anyone with a pulse), would be tempted to walk away.[34] The pairing of sex, trauma, and degradation played out through racial tropes is not easy to bear but, O'Hara explains, if you go to see a play that calls itself *Slave Play*, "it should cost [you] something to watch it and to experience it" (Kai 2019).

In the Second Act, we find the three couples sitting in the plantation home with two therapists and discover that what we just watched was day four of a therapy dubbed "Antebellum Sexual Performance Therapy." The Second Act has an immediate retroactive effect on our understanding of the First Act leading us to reshuffle its meaning. These consensual sexual encounters were intended to heal the Black partners' sexual anhedonia: Kaneisha has lost sexual interest in Jim, Philip suffers from erectile dysfunction, and Gary has not orgasmed in months. The therapy, we are led to conclude, required the couples to act *as if* one were a master and *as if* the other were a slave. Scripted by the Black partners themselves, the sexual acts were meant for their pleasure—not the White partners', who spend the remainder of the play protesting having been made to do

---

[34] The lack of an intermission did not, of course, prevent it: offended theatergoers still got up and left during the First Act, and did so broadcasting their displeasure by passive aggressively gathering their belongings as if in slow motion before heading for the exit (see Daniels 2019; Harris 2019). For the most part, audience members who walked away were Black, a point to which I return later in this essay.

racist things against their will (but, as we will see, in accord with their desire). To those familiar with kink communities, this is a reference to *race play*, a controversial, albeit well-established, BDSM practice (Cruz 2016; Weiss 2013; Woolfe 2016)—though not everyone in the audience is aware of this citation.[35] For the second act's remainder, the therapists help the couples explore the racialized dynamics in their erotic relationships.

The transition from the first act's pornodrama to the second act's jargon-filled metalevel—psychoanalysis, queer theory, and queer of color critique all play central roles—calms the agitation roused in the first act. This is because the move from the erotics of racist iconography to the language of psychotherapy and to the interrogation of race relations amounts to an economic shift: from less bound energy to a more bound state. Even as race is absolutely critical in America today, this re-situating of the conversation in the sphere of racial identity moves us to more respectable and familiar territory. Further, the reveal that this was part of "therapy" allays the anxiety that someone has been violated against their will-restoring the sovereignty of affirmative consent.

The second act illustrates how the not-me quality (Sullivan 1953) of desirous disavowal rhymes with the logics of White supremacy. Despite their protestations, the second act reveals, the White and White-passing partners were not simply acting or "in role." Anyone paying attention notices that Jim, Alana, and Dustin were excited by the racialized/racist feelings they were asked to "perform."[36] Jim, for example, who keeps announcing that he didn't find the roleplay arousing at all and protests being "made to call [my wife] a negress" (p. 70), sported a visible hard-on through some of the first act. Of course, Jim's disavowing his arousal is also why he couldn't fully participate in the erotic play: his passionate

---

[35] In kinky communities, race play is considered to belong to a subgenre called *edgeplay*. The term edgeplay is used to denote sexualities that are risky and that court forces of sexuality and of memory, the force and impact of which cannot be anticipated ahead of time.

[36] The white members of the audience are implicated in this dynamic too; "[n]o one has forced anyone to see a play called *Slave Play*" O'Hara points out, "[it's] your own interest, your own curiosity, other things bring you through the door" (Kai 2019). Being told "you, after all, came to watch" is a searing indictment. And with the back wall of the set a giant mirror, we watch ourselves watch, our faces reflected from the stage, implying that we, too, are part of this slave play, as much as we might prefer to think otherwise.

thrusts became more inhibited after his racial slur (calling Kaneisha a "[n]egress" [p. 51]) sent her into a psychosexual intoxication. Losing his erection, he eventually safeworded[37] halting the sexual encounter just as Kaneisha was about to climax. In contrast, Alana announces that (play-)raping Philip "was just hot to me, really hot…" (p. 62), that her character "unlocked some doors, let me tell ya" (p. 63). Unlike Jim, Alana owns her arousal—but not that race was at play. Hence, her subsequent operatic outburst when Philip recalls that they met on FetLife – "like Tinder for fetish fiends" (p. 104)—to roleplay a cucking fantasy where Alana's White husband would "get off watching a black man fucking his white wife" (p. 105). "It wasn't racial, I swear" (p. 106) Alana wails, her histrionics escalating as she tries to draw a line between the FetLife role-play and that of the therapy; the roleplay, she claims, "had NOTHING to do with race, it was just what got *him* off" (p. 105). Dustin, too, strenuously protests post facto "what [Gary] made me do today" (p. 72), even as he clearly enjoyed the sex that drew its titillating charge from Gary being asked to be addressed as "Nigger Gary." The racial epithet, and Dustin's threat of lynching, played a key role in Dustin's arousal.

2. The Slave Play in *Slave Play*

That racism has an erotic charge for White people is not really new news. One need only reflect on the sexual undercurrents subtending the American history of lynching (Dray 2003). But offering up this diffi-cult but known fact is merely Jeremy O. Harris's theatrical feint; it is what allows him to move to what he is really after, which is something much more incandescent than calling Whiteness to task-the fact that the Black partners *solicited* these erotic indignations and the racial fetishiza-tion. The controversial claim mounted by *Slave Play* is that the erotic life of racism inflects not just the oppressors' psychosexuality but also the oppressed's (Holland 2012; Lindsey and Johnson 2014; Musser 2016; Stockton 2006). These Black partners don't want to be respected, at least not in the conventional sense of the word. To the contrary, Kaneisha, Philip, and Gary are seeking experiences that mimic the

---

[37] A safeword is a code word agreed upon in advance by both parties to signal one's need to stop a BDSM scene. Harris's choice of "Starbucks" as the play's safeword deserves an essay unto itself.

atrocious history of chattel slavery *in the past*, to fuel spectacularly com-
plicated intimacies *in the present*. These sexual pleasures don't readily
line up with the logic of recognition, equivalence, and value
(Muñoz 2013).

It is not difficult to see why Harris' detour via Whiteness was expe-
dient: it is painful, if not explosive, to discuss a desire for sexual abjec-
tion, especially in the flammable territory of race. In this regard, *Slave
Play* uses race as the proverbial Trojan horse through which charged,
queer forms of desire are surreptitiously imported into dignified dis-
cursive spaces that would otherwise negate them. Here is queerness at
its most complex, not as identity, but as affect and as aesthetic, queer-
ness as pertaining not only to lust or intimacy but also to sexual desir-
ing that conducts shame, injury, contempt, defiance, despair, and hate
(Reid-Pharr 2001). Here, we might say from a psychoanalytic perspec-
tive, is a combustible example of how the sexual drive's polymorphous
perversity may annex traumatic history as its representational coating.
The darker set of desires volitionally enacted by the Black partners
marks how the *then* is conducted into the *now* and it is on this very
thin strip between past and present that the slave play in *Slave Play* ric-
ochets. Jeremy O. Harris offers, thus, an extended visitation, if not a
vertiginous descent, into taboo and forbidden sexual appetites, into
perversity that is "capable of stressing nearly every boundary required
for the order of 'civilized society' to hold" (English 2010, p. 73).
Kaneisha, Gary, and Philip are not hoping to be recognized or to be
offered what analysts problematically, as Khan (2018) has suggested,
understand as empathic witnessing; they want something else entirely,
something that has more to do with pleasure and with the more and
more of experience.

"The Shock of Gary Fisher": From Repetition Compulsion to Inciting Traumatism[38]

Jeremy O. Harris does not explicitly link Gary's character in *Slave Play* to
the actual person of Gary Fisher, but the connection is too obvious to

---

[38] I borrow this phrase ("The shock of Gary Fisher) from Reid-Pharr's (2001)
chapter of the same title.

ignore.[39] Gary Fisher was a Black gay man who died of AIDS-related complications. His notebooks were published posthumously, and at his request, by his teacher, the famous queer theorist Eve Sedgwick. This strange compendium included extensive narrations of erotic fantasies/experiences revolving around his wish to be sexually dominated by a "white master."[40] His writings were received with unease, shock, and consternation. Fisher's enjoyment at wanting to be a White man's "nigger, your property and worshipping not just you, but your whiteness" (p. 231) confused and puzzled his readers. The strangeness of such desires operated like an enigmatic message, spurring many authors to theorize how the folding of the haunting traumas of slavery into someone's sexual complexion might extend beyond repetition compulsion (Musser 2017; Nyong'o 2019; Scott 2010; Sinfield 2004; Stallings 2015; Stockton 2009; Woodard 2014). [41]

Stretching to make sense of Fisher's desires, Jose Muñoz (2013) described the impossibility of adjudicating between Black subjects seen as either frozen at the traumatic standstill of slavery's aftermath (what we would analytically understand as repetition compulsion) and a racialized sexuality that is fully of one's own accord (simply put, just what gets one off).[42] The incommensurable, he suggested, may be one site where sexuality twines with racial trauma. Of course, this is not to suggest that Fisher's (or Kaneisha's, Phillip's, and Gary's) desires for racial

[39] While *Slave Play* was playing on Broadway, the playwright wrote, produced, and performed in a new play under the handle @GaryXXXFisher. That play, *Black Exhibition*, turned the heat even higher than *Slave Play* and included Harris reading excerpts from Gary Fisher's work (1996).

[40] Here are two characteristic excerpts: "I want to be a slave, a sex slave, a slave underneath another man's (… a big white man) power. I want to relinquish responsibility and at the same time give up all power" (1996, p. 187), and; "[s]exually I want (desire, fantasize myself) to be/being used. I want to be a slave, sexually and perhaps otherwise" (p. 199).

[41] Second-wave feminism struggled with a form of this question as well, heatedly debating in the 1980s desires that involved one's own sexual subjugation (Vance 1992). Why would a lesbian, for instance, engage in a butch-femme relationship or participate in sexual sadomasochism when these dynamics, the argument went, draw on the inequality of gender roles mapped onto patriarchal cruelties? See Musser 2014 for a detailed accounting of these debates.

[42] Jennifer Nash's exquisitely careful and beautiful work on this precise tension point should be on our psychoanalytic radar (2014).

debasement are universal to all, or even many, Black people. *Slave Play* makes no such homogenizing move. That these desires exist—among some real people and not just theatrical characters (see Cruz 2016; Johnson 1999; Weiss 2011; Woolfe 2016), including in our practices (Saketopoulou, 2018)—merely speaks to how they draw on the materiality of the crimes of slavery.

Such sexual appetites, *Slave Play* insists, do not necessarily leave "the historical bitterness of the past" on "the other side of the leather door (Johnson 1999). Jeremy O. Harris shows, instead, that erotic excitement can become painfully *and* pleasurably interdigitated with the signifiers of slavery's traumas. "It is to our detriment," Dean writes, "that we remain skeptical about pleasures that we regard as contaminated by power, as if … there are pleasures that are not contaminated by power" (2012, p. 481). Not just power, but abuses of power, I would add, also get readily folded into sexual appetites (see Allison 1995; Angot 2017; Anonymous 2017). In *Slave Play* racial fetishism is shown to draw its erotic heft from the materiality of antebellum scars (Pérez 2015) prompting us to ask: when the past blisters through present-day desire – i.e. when Gary asks Dustin to address him as "Nigger Gary," or when Kaneisha goes into sexual convulsions upon being called "a lazy, nasty Negress" — are we in the deadness of strict, traumatic repetition? Or might we, perhaps, be observing an inciting traumatism that is trying to build up momentum beyond a mere restaging of trauma towards a potentially transformative state of overwhelm? The pivotal difference, as discussed earlier, is the presence of pleasure. This pleasure may be insufferable but when it is suffered anyway, it may render the sexual slave play into something more than just a recursion orbiting around an intergenerational traumatic center marking, instead, something driven and unwilled (Bataille 1954) that swells beyond containment to acquire escape velocity, rendering it into a motor for fresh psychic work. To have a chance to become an inciting traumatism, such scenarios need to escalate even to the point of the monstrously extreme (as we'll see happening in the play's Third Act), to develop enough energetic momentum to rupture the ego's self-investment.

In this sense, we may understand psychoanalytically the racial fetishism in *Slave Play* as a point of high density, a highly represented sexual fantasy where the impersonal nature of the drive (Dean 2009)—

impersonal in the sense that the drive lacks a preordained aim, has a penchant for exchangeable objects, and lacks an addressee—gets churned into sexual*ity*. Sexuality, let's remember, is the set of behaviors/acts/fantasies that we may think of as the representational ambassadors of the sexual drive (Scarfone 2019a) and which, to acquire its psychic coating (representation) has to draw from the objets trouvés in the socius (Aulagnier 1975; Laplanche 1987, 2015). Racial oppression and racist iconography can be taken up as translational codes, a take-up that is not random but meaningful and serendipitous at once. The signifying nexus of racial exploitation, rape, and, degradation can turn the impersonal property of the sexual drive into sexuality, rendering racial fetishization a site where the impersonal may get sutured to history's material effects. Racial fetishism, in that sense, does not just represent the past (i.e. it does not merely point to the history of abduction, exploitation, rape, and systematic dehumanization) but it re-presents it, in the sense that it presents again in actual time (Scarfone 2015b). In the sexual present, this fusion, and the irresolvable tension on which it hinges, produce sexualities of the incommensurable, sexualities, that is, that solicit the future (Muñoz 2013; Sinfield 2004).

For some audience members—those who petitioned the play to be shut down,[43] and who vociferously voiced their upset on social media[44]—the play felt traumatic. For others it functioned as an inciting traumatism that put theatergoers in an especially demanding position, as we, too, are subjected to the repetition simply by observing it. This is akin to the position the analyst finds herself in the consulting room as well; not just observing but being subjected to, and thus, to some degree participating in, the patient's repetitions. At such junctures, it can be tempting to dismiss the iterative quality of inciting traumatisms. What would such dismissals look like? Trying, for example, to assimilate it into familiar understandings, deciding, for instance, that these desires are pathological or by resisting the disturbance the play creates. Or by resisting the novelty suggested by the play by, for instance, getting up and walking out of the theatre or "cancelling" the playwright. Assimilating the new into the old is, as we have seen, how the ego barricades itself

[43] https://www.change.org/p/abernalwbrc-yahoo-com-shutdown-slave-play

[44] https://www.youtube.com/watch?v=LMw5Jm503gM&feature=youtu.be&t=1253

against the turbulences that come with novelty. Turning away from novelty also issues from the wish to spare the other—Philip, Gary, and Kaneisha—from the horrors of repetition. However well-meaning, this impulse obtains from liberal notions of agency, notions that are rooted in the fantasy that a subject scarred by trauma can be restored to its pretraumatic state. Interventions that stem from such liberalism may problematically interrupt the momentum required to reach the overwhelm state, stripping repetition from its quest for pleasure, consigning it to a mere re-cycling of trauma. This is, in fact, what occurs when Jim safewords and why Kaneisha is both heartbroken and enraged with him. His halting their sexual encounter seemed motivated, at least consciously, by seeing only the woundedness in Kaneisha's desire. Jim was unable to appreciate was that her wound had also acquired a taste for pleasure. His inability to see that her excitement as anything but historical injury detracted from her creative endeavor to do racial pleasure differently constituting, in effect, its own violence.

How do we know, though, that in *Slave Play* we may be in the domain of a potential inciting traumatism and not of rote, mechanical repetition? Because Dustin and Philip were deeply and uniquely pleasured by their lustful encounters. During the "forced" sodomy slave scene, Philip overcomes his erectile dysfunction, "[n]ot with a pill but with, um … [w]ell our improv…" (p. 64). Notably, the sexual scene with Alana triggers Philip's memory of having met first met her to enact a sexual cucking fantasy. "I could feel his eyes," Philip says, about Alana's husband "seeing me as a nigger, a big ol' nigger on top of his white wife" (p. 107). In the après-coup, Alana's husband's gaze becomes traumatic for Philip; it feels racial in a way it didn't before. This spawns a transformation of Philip's relationship to himself. Where he earlier saw himself as "just a hot guy who's not exactly black or white" (p. 93), Philip comes to inhabit his Blackness differently: "[h]ow am I just hearing myself say this?" (p. 106), he exclaims in surprise. Although on the level of identity, this clarifies things, on the level of the sexual, things are no less vexed or tangled. An earlier memory emerges: White classmates see Philip naked in the shower, his penis "swinging," and call Philip "donkey dick" (p. 93). This moment of racial objectification, of reducing a person to a body part, trailed by a long racist history, is wounding. And yet, insofar as it simultaneously gestures to a corporeal sexuality

overbrimming with potency and virility, these denigrations also establish Philip's sexual superiority, and splendor (see Poulson-Bryant 2005). This is the both/and of sexualized racial humiliation. "[M]aybe," Philip says, straining at this tense pairing, "that's why my dick worked more. Maybe my dick only works when I know I am black" (p. 106).

Similarly, Gary so enjoyed the encounter that he climaxed for the first time in months. The phrase "Gary came" is, in fact, the laugh line on a loop throughout Act Two, as if Harris wants to ensure we don't lose sight of the sexual play's yield. Gary's orgasm, like Dean's experience of erotic astonishment, is gorged with pleasure. But insofar as it's followed by a hyperventilating collapse, it is more like the experience of over-whelm: pleasuring and anguishing at once. It is this state that galvanizes the psychic work we watch Gary do in Act Two, leading him to a power-ful insight: "for almost a decade I've given myself over to you" he says to Dustin, "who acts like he is the prize and I am the lucky recipient. No motherfucker, I am the prize" (p. 113). In this powerful elongated moment, we witness a hard-earned transformation that required the suf-fering of pleasure leaving Gary with a reconfigured sense of self-and questioning his relationship with Dustin.

Sites of Woundedness as Sexual Sites

For the traumatized subject there is no return to a pre-traumatic state, to a liberal form of agency that is not constrained by the past's wounding effects (Keizer 2004; Musser 2014, 2017).[45] Projects of restored free-dom and of radical psychic emancipation are fantastical constructions existing only in the minds of those unwilling to concede that trauma has irremediable scarring effects. I make a plea, thus, to us as analysts to be less preoccupied with what to do *about* trauma and to become more interested in what subjects can do *with* trauma, to shift, that is, psycho-analysis' traumato-phobic stance to a traumato-philic one. What is, at best, on offer for traumatized subjects are not liberatory outcomes but

---

[45] I have argued throughout this essay that a liberal form of agency (e.g. affirmative consent), that is unconstrained by trauma, is impossible for any subject since the unconscious is constituted to begin with through the trauma of implantation (Laplanche 1987). This is even more pronounced for subjects who have also toiled through historical and structural trauma; Musser has aptly called such fantasies of liberal agency "white fantasies" to mark how they are always already racialized (2016).

more degrees of freedoms. Attaining them involves crafting one's own, personal relationship to the terms the socius has made available to us through primary violence and the mythosymbolic (remember here Stockton's revamped relationship to the signifier that screwed her). For Black people and for people of color, such self-defining includes not having to conform to White people's narratives about them, and understanding themselves despite White people's charitable and, thus, potentially condescending "concerns" about what's "really" agentic. In *Slave Play* we see how such protectionism is fueled by White liberalism, which is nothing more than the ego's investment in how it is perceived (i.e., the "good white person" [Sullivan 2004]). Jim, for example, interrupting the racially humiliating scenario that Kaneisha wanted and, more precisely, needed, protests having been made to "call her a negress [when]" he emphasizes, "she is my queen"[46] (p. 70). On the conscious level, he is defending her dignity, but in appointing himself as her defender, he is also steadfastly holding onto the power of being the one who determines the precise coordinates of what is, and is not, dignifying to her as a Black woman.[47] Kaneisha is, thus, disallowed from her own relationship to her sexuality, and impeded in her invest her trauma with pleasure, which could spin it into an inciting traumatism. Jim's refusal follows on a long history of Black people being refused the prerogative, and the pleasure, of their own self-understandings and is, in large part, how enslaved Black people were made into chattel; by being told, for instance, that their bodies were too unruly, their music too devilish and that both were in need of White peoples' civilizing influence. Efforts to wrest something new from repetition, to make something old and traumatic one's own, involve taking the signifiers more into one's possession. This is how a word as loaded and as historically distended as a racial slur can paradoxically become a site of enlarged freedom-work (*such use, of course, can only be mobilized by those against whom the word has been leveled*). The sexual, unwilled and overbrimming, pushes beyond identity categories, beyond the ego's binding and beyond its consent, engaging desires

---

[46] Protesting too much, thus, Jim stumbles against another racial stereotype. A psychoanalytically informed theatergoer sees this coming.

[47] See Skerrett (2011ab) and Saketopoulou (2011) for a discussion regarding sexuality, dignity, and consent.

that do not yield to the mandates of political correctness or to the Orwellian censorship of good politics.

Enlarged freedoms also involve not having to carry the burden of representing one's entire race, to not succumbing to the "flattening" effects (Musser 2014) of speaking for all Black people (see also Collins 2000; Nash 2014, 2019). Note, for example, that in reading Gary Fisher, McBride reports that what made him cringe was not Fisher's desires, but "the public nature of his declarations, the fact that they … did not ascribe to the 'positive' representation of black life, or of black gay life, that we have been so thoroughly programmed to respect, revere, and … produce" (2005, p. 98). We would do well to keep in mind Dean's (2008) reminder here that sexual fantasy, and, I would add, sexual arousal, do not answer to political politics, however progressive and advancing of human rights they may be. BDSM race play activist mike bond makes a similar point: "When walking into a BDSM club" he highlights, "black people are always black first … our behavior is always measured against those definitions of what a black person is supposed to do" (personal communication). Mollena Williams, a Black submissive woman who calls herself a "perverted negress" (mollena.com) and who lives in a 24/7 dominant/submissive relationship with a White man (Wolfe 2016), writes: "My vagina isn't really interested in uplifting the race … what pussy wants is really dark stuff to test the boundaries and cut with an exhilarating level of danger" (quoted in Cruz 2016, p. 62). Such transformative moves involve stepping away from what Aulagnier calls "ambient discourses" (1975) where one says what one is expected to say; they involve assuming responsibility for what one wants even though that want is underwritten by the press of the sexual unconscious, a force one neither chooses nor controls, and indifferent to our consent. For someone to say about their sexuality: "I want what I want," or "I belong to a group but I am not answerable to it" is a frightening step, especially when the group shares a collective past of exploitation and oppression that continues to the present.

Engaging such complex dynamics is no small ask. It can be a roaring success and an excruciating failure, often both at once. In the Third Act, we find ourselves in Kaneisha's and Jim's bedroom, with Kaneisha packing her bags about to leave him. His refusal to engage her, (his safewording) has made the relationship untenable. On the level of affirmative

consent, her charge is unacceptable; Jim should not have to do something he doesn't want to. But we are not in the terrain of safety. We are "in the wake" of trauma (Sharpe 2016), in the terrain of risk, in the weeds of crafting something new: in the territory, that is, of limit consent. Jim's unwillingness to become passible to Kaneisha, to let himself be carried by his own racialized sadomasochism and by the situation will no longer do; he has been more invested in being a "good white partner" than to visiting with her the harrowing vaults of their shared ancestral history. Let me clear that Jim is not being asked to kindly help Kaneisha with her trauma. Antebellum (and colonial) history is not the history of the trauma of Black people (or people of color) alone, but the history of the *traumatic relationship* between White people (and/or colonizers) and Black people (and/or the colonized). What is ultimately required of Jim, thus, is to lower his defenses to come into contact with the fact of his *own* ancestral past, which is that he comes from a lineage of oppressors. It is this history that Jim resists, a history to which he did not consent but with the ramifications he, nevertheless, has to live. And it is the rousing of this history that courses through him in what comes next.

While Kaneisha angrily recounts to him how he failed her Jim, for the first time, really listens. Giving himself over to the moment, he startles her—and us. "Shut up, you dirty negress" (p. 130) he screams at her in a thick Southern accent. Spoken in a stentorian voice, the offensive command pierces the theatrical space and the gravity of what's occurring astounds the audience: Jim is no longer just playing along. He has allowed something to be roused in him. "You are a nasty little bed wench who's been asking for this all day, ain'tcha?" (p. 130) he says, pulling out a whip. His sadism, which is paradoxically conditioned by his having surrendered to Kaneisha, involves his relinquishing his identity stakes (on being the good White partner). Grabbing her violently he climbs on top of her, spreads her legs and plunges forward. The as-if rape that follows, and to which Kaneisha signals her agreement, is delivered to the pitch of an actual violation. Entirely uninhibited now in his racial slurs, Jim clutches her throat as he thrusts into her. Is this what Kaneisha really wanted, one wonders from the audience. Kaneisha starts resisting, scratches him, forcefully pushes him back, and lets out a chilling shriek. As she calls out her safeword, "Starbucks, Starbucks," she is wrecked, her

entire body convulsing in tears. The encounter is extraordinarily intense, disturbing, and confusing to watch. The dynamics of overwhelm, the not not-rape (Schechner 1985) scene suggests, are not easily worked out. And they do not reward Jim, Kaneisha, or the audience, with some exceptional clarity. Startled by Kaneisha's reaction, and uncertain about why he did what he did, Jim appears ruined. He takes a look at himself in the mirror and, upon encountering his reflection, vomits. Kaneisha strangely composes herself. It's not clear what is happening when, just before the play ends, she looks at the audience and says—to us? to him? to herself?—"Thank you for listening" (p. 132). It is left to the audience to try to discern whether this is genuine gratitude, bitter irony, or sardonic rage.

The stage directions regarding the delivery of this closing line read: "The actress playing Kaneisha does whatever she feels is right before looking at him [Jim]" (p. 132). This is the only place in the script where the actress playing Kaneisha is distinguished from the character of Kaneisha. And it is Jeremy O. Harris at his most brilliant. Why? Because in this moment, as the play ends, he recognizes that the human being playing Kaneisha's role needs a way out of being crushed by the scene. The instruction to deliver these lines *doing whatever she feels is right for her* in that particular moment incites the actress to translate—in the Laplanchean sense—the work of the last line in the way she needs to, bringing the anguishing scene to a close in her own emotional idiom.

The Third Act brings the audience as well to a state of overwhelm from which, we too, have to work to recover. Having already seduced us into lowering our defenses, the play exacts from the audience a strange kind of participation, working on us at the limits of our consent, pressing us into discomfort while also having transfixed us through its humor and its aggression, an aggression that has been specifically sexual. One leaves the theatre confused as to what one has just watched, disturbed by the intensity of the affect, and unclear as to what happens next. Did we witness a redemptive victory over a historical trauma? A successful sublimation? A pathetic reenactment of something ultimately unacceptable? The closing act refuses to soothe us. The play comes to a screeching halt at the place of maximum tension, that of the audience's unbinding. This is an offering of great integrity that only art and traumatic life can

muster: bodies, trauma, and the sexual produce inconsistencies and incoherencies of messy origins and of uncertain futures.

Slave Play stages one iteration of how sexuality can coagulate in relation to traumatic history. By repurposing history's iconographies to be repeated not in stale recursion but in the service of pleasure, sexuality can yield risky states of overwhelm that may transform previously inert and static meanings. Are Kaneisha, Gary, and Philip, ultimately better off? What have they gained through their seeming consensual mistreatment? Philip and Gary seem to have gained something, but we can't be certain for Kaneisha. Still, for none of them is some fantastical restoration at work, there is no redress or purging of the injurious past. To imagine that Kaneisha, Philip, or Gary would find a way out of racism's press through their sexualities' overwhelm is overreach; slavery's intergenerational hauntings cannot be repaired. But they also need not only admit of singular narratives. What we can hope for is an upcycling of signifying materials already in circulation so that they be may reassembled into new configurations. "Probably any sexuality," writes Sedgwick, "is a matter of sorting, displacing, reassigning singleness or plurality, literality or figurativeness to a very limited number of signifiers … [to] a small repertoire of organs, orifices and bodily products" (1996, p. 284). This is another way of saying that new translations will still traffic in the same signifiers, they will still draw on the same restricted and, thus, restrict*ive*, repertory of materials for their re-translations (Aulagnier 1975; Laplanche 1987). Even if not redemptive, such partial solutions are likely vitalizing because they are of one's own crafting, bringing them more into the subject's possession.

The idea that the woundedness of the flesh (Spillers 1987) can recruit the spasms of desire and, in so doing, move someone from being bound in the past[48] to becoming a subject *with* a past may feel counterintuitive. So, too, might the proposition that a desire for intimate subjugation may open up transformative possibilities. The wild and savage elements of the sexual unconscious pair up with atrocious history, manifesting in a series of interlocked contradictions: humiliating but dignifying, selfish but generous, explicit but veiled, daring but cowardly, tender but cruel. The matter of how traumatized bodies can make bids to soften

---

[48] This is what Scarfone (2015b) calls *the unpast*.

the grasp of histories to which they did not consent, but to which they are nevertheless subject, is that complex. And it is that urgent.

REFERENCES

ABRAHAM, K. (1907). The experience of sexual traumas as a form of sexual activity, In *Selected Papers*. London: Hogarth Press.

AULAGNIER, P. (1975). *The Violence of Interpretation: From Pictogram to Statement*. Hove: Brunner-Routledge.

BATAILLE, G. (1928). *Story of the Eye*. San Francisco: City Lights Press.

———— (1954). *Inner Experience*. NY: State Univ. of New York Press.

———— (1957). *Erotism: Death and sexuality* (M. DALWOOD, Trans.). San Francisco: City Lights Press.

———— (1956). *My Mother, Madame Edwarda, The Dead Man*. NY: Marion-Boyars.

BERSANI, L. (1986). *The Freudian Body: Psychoanalysis and Art*. New York: Columbia Univ. Press.

BLANCHOT, M. (1969) *Infinite Conversation*. Minneapolis: Univ. of Minnesota Press.

———— (1980). The writing of disaster. University of Nebraska Press. Chicago: The Univ. of Chicago Press.

BOND, M. (2020). Personal communication, July 9, 2020.

COLLINS, P. H. (2000). *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. New York: Routledge.

CORIAT, I.H. (1924). The character traits of urethral erotism. *Psychoanal. Rev.*,11(4):426–434.

CRUZ, A. (2016). *The Color of Kink: Black Women, BDSM and Pornography*. New York: New York Univ. Press.

DANIELS, K.F. (2019). Rising playwright Jeremy O. Harris addresses backlash over controversial *Slave Play*. January 7, 2019, *The Root*. https://www.theroot.com/rising-playwright-jeremy-o-harris-addresses-backlash-o-1831545447 Retrieved on February 2, 2019

DE M'UZAN, M. (2013). *Death and Identity: Being and the Psycho-Sexual Drama*. London: Karnac.

DEAN, T. (2008). The frozen countenance of perversions. *Parallax*, 14(2), 93–114.

———— (2009). *Unlimited Intimacy: Reflections on the Subculture of Barebacking*. Chicago: The Univ. of Chicago Press.

———— (2012). The biopolitics of pleasure. *The South Atlantic Quarterly*, 111(3), 479–497.

———— (2015). The art of piss. *Animal Shelter*, 4, 121–129

———— (forthcoming). Freud's *ménage à quatre*. In STEINKOLER, M. & GHEROVICI, P. (Ed.) *Psychoanalysis, Gender, and Sexuality*. Cambridge: Cambridge Univ. Press.

DELANY, S.R. (1973). *Tides of Lust*. NY: Savoy Books.

——— (1974). *Dahlgren.* NY: Vintage Books.

DERSHOWITZ, J. (2019). How Jeremy O. Harris' *Slave Play* shook Broadway's status quo. Ecember 31, 2019, *Entertainment Weekly.* https://ew.com/theater/2019/12/31/jeremy-o-harris-slave-play-interview/ Retrieved December 31, 2019.

DIMEN, M. (2001). Perversion is us? eight notes. *Psychoanal. Dial.*, 11(6): 825–860.

——— (2005). Sexuality and suffering, or the eew! factor. *Stud. Gender Sex.*, 6(1):1–18.

——— (2017). Part-Objects and perfect wholes: clinical stances on perversion. *Canadian J. Psychoanal.*, 25(1):172–188.

DRAY, P. (2003). *At the Hands of Persons Unknown: The Lynching of Black America.* New York: The Modern Library.

DUFOURMANTELLE, A. (2019). *In Praise of Risk.* New York: Fordham Univ. Press.

ENGLISH, D. (2010). *How To See a Work of Art in Total Darkness.* Boston: MIT Press.

FERNANDEZ. (2020). Sex in the Theatre: Jeremy O. Harris and Samuel Delany in conversation. https://www.theparisreview.org/blog/2020/02/26/sex-in-the-theater-jeremy-o-harris-and-samuel-delany-in-conversation/ Retrieved February 27, 2020.

FERRO, A. (2005). *Seeds of Illness, Seeds of Recovery: The Genesis of Suffering and the Role of Psychoanalysis* London: Routledge.

FISCHEL, J.J. (2016). *Sex and Harm in the Age of Consent.* Minneapolis: University of Minnesota Press.

——— (2019). *Screw Consent: A Better Politics of Sexual Justice.* San Francisco: Univ. of California Press.

FISHER, G. (1996). Gary in your Pocket: Stories and notebook of Gary Fisher. Durham: Duke Univ. Press.

FLETCHER, J. (2007). Seduction and the vicissitudes of translation: the work of Jean Laplanche. *Psychoanal. Q.*, 76(4):1241–1291.

FOUCAULT, M. (1963). A preface on transgression. In FOUCAULT, M. (2000) *Language, Counter-Memory, Practice: Selected Essays and Interviews*, pp. 29–52. Cornell: Cornell Univ. Press.

——— (1984). Sex, Power, and the Politics of Identity. In: RABINOW, PAUL (2000) (Ed). *Essential Works of Foucault 1954–1984 (*pp. 163–173). Harmondsworth: Penguin Books.

——— (1991). *Remarks on Marx: Conversations with Duccio Trombadori* (R. J. GOLDSTEIN, & J. CASCAITO, Trans.). New York: Semiotext(E).

——— (1997). *Ethics: Subjectivity and truth* (R. HOURLEY, & Others, Trans.). New York: The New Press.

——— (2001). Interviews with Michel Foucault: Power, The essential works of Foucault, 1954-1984, Vol. 3. NY: The New Press.

FRANK, A., ROMANO, A., & GRADY, G. (2019). Reckoning with *Slave Play*, the most controversial show on Broadway. December 12, 2019, *Vox*. https://www.vox.com/culture/2019/12/5/20961826/slave-play-broadway-2019-review. Retrieved on December 17, 2019.

FREUD, S. (1895). Project for a Scientific Psychology (1950 [1895]). *S.E.*, 1.

——— (1905). Three essays on the theory of sexuality. *S.E.*, 7.

——— (1920). Beyond the pleasure principle. *S.E.*, 18

——— (1915). The Unconscious. *S.E.*, 14.

——— (1914) Remembering, Repeating and Working Through. *S.E.*, 12.

——— (1933). New Introductory Lectures on Psycho-Analysis. *S.E.*, 22

GHENT, E. (1990). Masochism, submission, surrender-masochism as a perversion of surrender. *Contemp. Psychoanal.*, 26, 108–136.

GOODNOUGH, A. (2009). Harvard Professor Jailed: Officer Is Accused of Bias. July 21, 2009. *The New York Times*. https://www.nytimes.com/2009/07/21/us/21gates.html. Retrieved October 19, 2019.

GREEN, J. (2019). Review: 'Slave Play': Four times as big and just as searing. October 6, 2019, *The New York Times*. https://www.nytimes.com/2019/10/06/theater/slave-play-review-broadway.html?smtyp=cur&smid=twnytimesarts&fbclid=IwAR1smgNWFdgJVsmQmWmu-7hrxNsYS87_oCeefX4H2oCGaMx6hoCF9_BHb-E Retrieved on October 6, 2019.

HARRIS, J.O. (2019). Spotlight on Broadway's "Slave Play." https://www.youtube.com/watch?v=ZyS6MxGA-LU Retrieved on December 16, 2019.

HITSCHMANN, E. (1923). Urethral erotism and obsessional neurosis—preliminary communication. *Int. J. Psychoanal.*, 4, 118–119.

HOLDREN, S. (2019). *Slave Play* Nearly Demands a Conversation. So We Had One. October, 2019, *New York Magazine*. https://www.vulture.com/2019/10/review-of-jeremy-o-harriss-slave-play-on-broadway.html Retrieved October 6, 2019.

HOLLAND, S. P. (2012). *The Erotic Life of Racism*. Durham: Duke Univ. Press.

HOUSE, J. (2017). The Ongoing Rediscovery of Après-Coup as a Central Freudian Concept. *J. Amer. Psychoanal. Assn.*, 65(5), 773–798.

——— (2019). Commentary on Saketopoulou. *J. Amer. Psychoanal. Assn.* 67(1), 169–183.

JACKSON, Z. I. (2020). Becoming Human: Matter and Meaning in an Anti-Black World. NY: NYU Press.

JOHNSON, V.M. (1999). *To Love, to Obey, to Serve: Diary of an Old Guard Slave*. Fairfield, CT: Mystic Rose Books.

KAI, M. (2019). "It should cost you something": Playwright Jeremy O. Harris sets the record straight on *Slave Play* as it debuts on Broadway. September 10, 2019, *The Root*. https://www.theroot.com/it-should-cost-you-something-as-it-debuts-on-broadway-1837972463 Retrieved September 10, 2019.

KEIZER, A.R. (2004). *Black Subjects: Identity Formation in the Contemporary Narrative of Slavery*. Ithaca, NY: Cornell Univ. Press.

KHAN, L. (2018). Psychoanalysis, Apathy, and the Postmodern Patient. London: Routledge.

LAPLANCHE, J. (1980) *Problématiques III: Sublimation.* Paris: Presses Universitaires de France.

——— (1987). *New Foundations for Psychoanalysis.* NY: Unconscious in Translation (translated by Jonathan House).

——— (2011). *Freud and the sexual: Essays 2000-2006* (J. FLETCHER, J. HOUSE. & N. RAY. Trans.). NY: International Psychoanalytic Books

——— (2015). *The Temptation of Biology: Freud's Theories of Sexuality.* NY: The Unconscious in Translation. (translated by DONALD NICHOLSON-SMITH).

LINDSEY, T.B. & JOHNSON, J.M. (2014). Searching for climax: black erotic lives in slavery and freedom. *Meridians: Feminism, Race, Transnationalism,* 12(2),169–195. doi:10.2979/meridians.12.2.169

LOWENFELD, H. (1941). Psychic trauma and productive experience in the artist. *Psychoanal. Q.,* 10, 116–130. doi:10.1080/21674086.1941.11925451

LYNG, S. (2004). *Edgework: The Sociology of Risk-Taking.* New York: Routledge.

LYOTARD, J.F. (1988). *The Inhuman.* Stanford: Polity Press.

——— (2002). Emma: between philosophy and psychoanalysis. In, SILVERMAN, H.J. (Ed.) *Lyotard: Philosophy, Politics and the Sublime,* pp. 23–45. London: Routledge.

MACDONALD, S.S. (2019). Believe it or not: two new plays feature modern characters volunteering to be slaves-Forget plausible, is it defensible? April 23, 2019, *The Undefeated.* https://theundefeated.com/features/new-off-broadway-plays-feature-modern-black-characters-volunteering-to-be-slaves/ Retrieved on May 1, 2019.

MARKS, S. (2019). "Slave Play" is a funny, scalding walk along the boundary between black and white in America. October 6, 2019, The Washington Post. https://www.washingtonpost.com/entertainment/theater_dance/slave-play-is-a-funny-scalding-walk-along-the-boundary-between-black-and-white-in-america/2019/10/06/9f1bcd10-e51e-11e9-b403-f738899982d2_story.html. Retrieved on October 6, 2019.

MARTIN, L.H., GUTMAN, H., & HUTTON, P.H. (1988). *Technologies of the Self; A Seminar with Michel Foucault.* Amherst: Univ. of Massachusetts Press.

MCBRIDE, D. (2005). *Why I Hate Abercrombie & Fitch: Essays on Race and Sexuality.* New York: New York Univ. Press.

MILLER, J. A. (1993). *The Passion of Michel Foucault.* New York: Doubleday. doi:10.1086/ahr/99.2.507

MUÑOZ, J.E. (2019). *Cruising Utopia: The Then and There of Queer Futurity.* New York: New York Univ. Press.

MUSSER, A. J. (2014). *Sensational Flesh: Race, Power, and Masochism.* New York: New York Univ. Press.

——— (2016). Queering sugar: Kara Walker's sugar sphinx and the intractability of black female sexuality. *Signs: J. Women in Cult. Soc.,* 42(1), 153–174.

——— (2017). Consent, capacity, and the non-narrative. In CIPOLLA, G., GUPTA, K., RUBIN, D.A., & WILLEY, A. (Ed.) *Queer Feminist Science Studies: A Reader* (pp. 221–232). DC: Univ.of Washington Press.

NASH, J. C. (2014). The Black Body in Ecstasy: Reading Pornography, Reading Race. New York: New York Univ. Press.

——— (2019). *Black Feminism Reimagined: After Intersectionality.* Durham: Duke Univ. Press.

NEWMAHR, S. (2011). *Playing on the Edge: Sadomasochism, Risk, and Intimacy.* Bloomington: Indiana Univ. Press.

NEW YORK DAILY REVIEW (2019). Broadway Review: 'Slave Play' is a frank, challenging drama on race and sex. October 7, 2019, *The New York Daily News.* Retrieved on October 7, 2019. https://www.nydailynews.com/entertainment/broadway/ny-20191007-jkvhg7pwnzh6bpb74wzcdpqde4-story.html

NYONG'O, T. (2010). Trapped in the closet with Eve. *Criticism*, 52(2), 243–251. doi:10.1353/crt.2010.0026

——— (2019). *Afro-Fabulations: The Queer Drama of Black Life.* New York: New York Univ. Press.

OLDOINI, M.G. (2019). Abusive relations and traumatic development: marginal notes on a clinical case. *Psychoanal. Q.*, 88(2):251–275. doi:10.1080/00332828.2019.1587971

PÉREZ, P. (2015). *A Taste for Brown Bodies: Gay Modernity and Cosmopolitan Desire.* New York: New York Univ. Press.

RANSOM, J. (2020). Amy Cooper faces charges after calling police on black bird watcher. https://www.nytimes.com/2020/07/06/nyregion/amy-cooper-false-report-charge.html Retrieved on July 6, 2020.

REID-PHARR, R. F. (2001). *Black Gay Man.* New York: New York Univ. Press.

REIS, B. (2009). Performative and enactive features of psychoanalytic witnessing: the transference as the scene of address. *Int. J. Psychoanal.*, 90(6):1359–1372. doi:10.1111/j.1745-8315.2009.00216.x

——— (2020). *Creative Repetition and Intersubjectivity.* New York: Routledge.

SAKETOPOULOU, A. (2011). Consent, sexuality, and self-respect: commentary on Skerrett's "Beyond 'Consent'". *Studies in Gender and Sexuality*, 12(4): 245–250. doi:10.1080/15240657.2011.610633

——— (2014). To Suffer Pleasure: The Shattering of the Ego as the Psychic Labor of Perverse Sexuality. *Studies in Gender and Sexuality*, 15(4):254–268.

——— (2015a). Lesbian, see under woman. *Psychoanal., Cult. Soc.*, 20, 3, 246–249.

——— (2015b). Sexual rapture, ego rupture and the role of transgression: a discussion of Megan Rundel's "The Fire of Eros: Sexuality and the Movement Toward Union." *Psychoanal. Dial.*, 25(5):631–637.

——— (2017a). Between Freud's Second and Third Essays on Sexuality: Commentary on Hansbury. *J. Amer. Psychoanal. Assn.*, 65(6):1033–1048.

———— (2017b). Structured like Culture: Laplanche on the Translation of Parental Enigma. DIVISION/Rev., 17:51–52.

———— (2018). *Queer: The Anti-Identity Identity*. Paper presented in 16th IARPP Conference NY, June 16.

———— (2019). The draw to overwhelm: consent, risk, and the retranslation of enigma. *J. Amer. Psychoanal. Assn.*, 67(1):133–167.

SCARFONE, D. (2011). Repetition: Between presence and meaning. *Canadian J. Psychoanal. 19*(1), 70–86.

———— (2013). A brief introduction to the work of Jean Laplanche. *Int. J. Psychoanal.*, 94(3):545–566.

———— (2014). The Three Essays and the meaning of the infantile sexual in psychoanalysis. *Psychoanal. Q.*, 83(2):327–344.

———— (2015a). *Laplanche: An Introduction*. New York: UIT Press.

———— (2015b). *The Unpast*. New York: UIT Press.

———— (2016). Fantasme et processus de fantasmatisation. *Revue Francaise de Psychosomatique*, 50, 47–68.

———— (2019a). The feminine, the analyst and the child theorist. *Int. J. Psychoanal.*, 100(3):567–575.

———— (2019b). The Sexual and psychical reality. *Int. J. Psychoanal.*, 100(6): 1248–1255.

———— (UNPUBLISHED MANUSCRIPT). Trauma, subjectivity and subjectality.

SCOTT, D. (2010). *Extravagant Abjection: Blackness, Power, and Sexuality in the African American Literary Imagination*. NY: NYU Press.

SEDGWICK, E. Afterword. In FISHER, G. (1996). *Gary in your Pocket: Stories and Notebook of Gary Fisher* (pp. 273–291). Durham: Duke Univ. Press.

SHARPE, C. (2016). *In The Wake: On Blackness and Being*. Durham: Duke Univ. Press.

SINFIELD, A. (2004). *Sexuality and Power*. New York: Columbia Univ. Press.

SKERRETT, K.R. (2011a). Beyond "consent": David Mamet's Oleanna and a Hostile Environment for Souls. *Stud. Gen. Sex.*,12(4):235–244. doi:10. 1080/15240657.2011.610225

———— (2011b). Reply to Saketopoulou's commentary. *Stud. Gen. Sex.*, 12(4): 251–253.

SMITH, H. (2019). Interview with Jeremy O. Harris, NBC. https://www.today. com/video/-slave-play-is-a-performance-filled-with-intrigue-and-surprise-74313285682 Retrieved December 10, 2019.

SPILLERS, H.J. (1987). Mama's Baby, Papa's Maybe: An American Grammar Book. *Diacritics*, 17(2), pp. 64–81. doi:10.2307/464747

STALLINGS, L.H. (2015). *Funk the Erotic: Transaesthetics and Black Sexual Cultures*. Chicago: Univ. Illinois Press.

STEIN, R. (1998). The Poignant, the Excessive and the Enigmatic in Sexuality. *Int. J. Psychoanal.*, 79:253–268.

——— (2008). The Otherness of Sexuality: Excess. *J. Amer. Psychoanal. Assn.*, 56(1):43–71.

STOCKTON, K. B. (2009). *The Queer Child, or Growing Sideways in the Twentieth Century.* Durham: Duke Univ. Press.

——— (2006). *Beautiful bottom, beautiful shame: Where "black" meets "queer".* Durham: Duke University Press.

——— (2015). Reading as kissing, sex with ideas; lesbian 'barebacking'? March 8, 2015, *Los Angeles Review.* https://v2.lareviewofbooks.org/article/reading-kissing-sex-ideas-lesbian-barebacking/ Retrieved on December 3, 2019.

——— (2019). Making Out. NY: NYU Press.

SULLIVAN, H. S. (1953). *The Interpersonal Theory of Psychiatry.* New York: Norton.

SULLIVAN, S. (2014). *Good White People: The Problem with Middle-Class White Anti-Racism.* New York: State Univ. of New York Press.

VAN HAUTE, P., & WESTERINK, H. (2016). Sexuality and its object in Freud's 1905 edition of *Three Essays on the Theory of Sexuality. Int.J. Psychoanal.* 97: 563–589. doi:10.1111/1745-8315.12480

VAN HAUTE, P. & WESTERINK, H. (2017). *Deconstructing Normativity? Re-reading Freud's 1905 Three Essays.* London: Routledge.

VANCE, C. S. (Ed.). (1992). *Pleasure and Danger: Exploring Female Sexuality.* London: Pandora.

WADE, S. (2019). *Foucault in California.* Berkeley: Heyday Press.

WEISS, M. (2011). *Techniques of Pleasure: BDSM and the Circuits of Sexuality.* Durham: Duke Univ. Press.

WILDERSON, F. B. (2020). Afropessimism. NY: Norton & Company.

WOODARD, V. (2014). *The Delectable Negro.* New York: New York Univ. Press.

WOOLFE, Z. (2016) A Composer and his wife: Creativity through kink. February 24, 2016, *The New York Times.* https://www.nytimes.com/2016/02/24/arts/music/a-composer-and-his-wife-creativity-through-kink.html Retrieved February 24, 2016.

ZALTZMAN, N. (1979). *Η αναρχική ενόρμηση (The Anarchic Drive).* Αθήνα: Βιβλιοπωλεί*ον* της Εστί*ας* (translation from French by Γιώργος Καράμπελας, 2019).

80 University Place, #5C

New York, NY 10003

avgisaketopoulou@gmail.com

The Millennial Turn in Psychoanalysis

Sumru Tufekcioglu

Published online: 27 Oct 2020.

Submit your article to this journal ⬚

View related articles ⬚

View Crossmark data ⬚

THE MILLENNIAL TURN IN PSYCHOANALYSIS

BY SUMRU TUFEKCIOGLU

Cultural changes that take place over time lead to shifts in our understanding of psychopathology, leading to revisions in our theories and techniques of psychotherapy and psychoanalysis. Shaped by the seismic changes in the culture that took place during their childhood years, millennials grew up with life experiences that were different from the previous generations. These unique experiences led to different problems in living for millennials. Who is the millennial patient and what does the millennial patient need from the analyst? These questions are examined. Clinical and training implications are explored and illustrated with case examples.

Keywords: Millennial generation, cultural shifts, analytic technique, training, creation of the external.

"Where are we going?" writes Edgar Levenson (2019). Psychoanalysis, he says, is embedded in its time and place, and changes as the socio-cultural paradigms change. Referring to the current and future state of affairs in psychoanalysis, he adds that how we define therapist, patient, problem, and goal will change with the socio-cultural flow:

Sumru Tufekcioglu, PhD is a Clinical Psychologist, Psychoanalyst, and faculty at the William Alanson White Institute. She is a faculty member at Mount Sinai Morningside and West Hospitals in the Psychiatry Residency Program where she is the recipient of the 2019 Teacher of the Year Award. She is an Executive Editor of the journal *Contemporary Psychoanalysis.* She is President-Elect of APsaA's Candidates' Council and a member of the grant committee, the Fund for Psychoanalytic Research of ApsaA. She has authored papers and book chapters on the topics of complex trauma, personality disorders, therapeutic alliance, case formulation, and therapist self-disclosure. Dr. Tufekcioglu is in private practice in New York City.

> To know where things are going, look to the common culture rather than psychoanalytic literature. The complete analyst must stand somewhat outside of his or her culture, trying to be aware of the seismic shifts taking place and infiltrating our psychosocial field. [2019, p. 333]

In what follows, I explore the question of where the culture is going and where psychoanalysis must follow. At this point in time, I think we are at a turn in psychoanalysis that will lead to some significant shifts that will be ushered in by the changes taking place in the culture. Cultural changes that take place over time lead to shifts in our understanding of psychopathology, leading to revisions in our theories and techniques of psychotherapy and psychoanalysis. In particular, I am interested in examining how we need to revisit our psychoanalytic formulation of "the patient," as a new generation of people – namely the millennial generation – comes of age and soon becomes the majority of our patients and analytic candidates. Shaped by the seismic shifts in the culture that took place during their childhood years, millennials grew up with life experiences that were different from the previous generations. I discuss how these unique experiences led to different characteristics and problems in living for millennials. We must be able to recognize these differences if we are to understand and treat them— that is, if we are to use psychoanalysis to help this new generation. I further argue that, in line with an accurately and empathically formulated conceptualization of who the millennial patient is, we also need to examine what the millennial patient needs from the analyst, which will have implications for our techniques and our understanding of the analytic relationship.

In his book, *Hope and Dread in Psychoanalysis*, Stephen Mitchell (1993) examines how, in his understanding, what the contemporary patient needs from the analyst has shifted significantly from what Freud's typical patient needed. Mitchell (1993) notes that Freud developed the method of psychoanalysis at the cusp of the twentieth century in Vienna in the context of a cultural and intellectual environment which emphasized science, rationality, and objectivity. Mitchell (1993), in describing the milieu of the time, notes that Freud's understanding of every aspect of the analytic process was informed by a vision – inevitably

a product of his time – that psychoanalysis was a subsystem within the larger scientific enterprise of the day. According to this vision, "The intellect and the mind are objects for scientific research in exactly the same way as any non-human things," and psychoanalysis is a science that extends research to the mental field (Freud 1933, p. 159).

In line with this vision, Freud's understanding of the human mind evolved as a structural model, wherein the patient's psychology was conceptualized as the result of conflicts between inborn, unconscious sexual and aggressive fantasies, and the everyday realities of human culture. These conflicts, under pathological circumstances, led to distortions and irrationality that emerged in neurotic symptoms (Freud 1937). Accordingly, the goal of psychoanalysis was understood to be the corrective influence of the analyst's objective knowledge, and what the patient needed was an increased ability to dispel illusory fears and wishes through rational thought (Mitchell 1993). Further, this conceptualization led to the development of two characteristics in standard psychoanalytic technique: the analyst's neutrality, which allows the patient's unconscious to emerge, and the analyst's authority, which puts the analyst in a position to correct, by virtue of interpretation, the distortion that led to the patient's problems (Mitchell 1993). With this model, what was put under the microscope are the indications of the patient's unconscious that are capable of reaching consciousness, including the patient's free associations and dreams. The analytic treatment was defined as a process of symptom removal, accomplished by making what is unconscious conscious, through insight gained by the analyst's accurate interpretations.

The examination of the changing model of psychoanalytic theory as paradigms shift over time, due to changes taking in place in the culture, was introduced to psychoanalytic literature by Levenson in 1972. In his book, *The Fallacy of Understanding*, Levenson (1972) lays out three cultural eras in which psychoanalysis has operated, i.e., the machine paradigm, the communication paradigm, and the organismic paradigm. The innovations in technology have led to shifts in cultural paradigms, he says, and that as man developed new tools, he in turn was shaped by the tools he created (Levenson 1972). Levenson further examines how as paradigms change over time, so does our formulations of the patient. He writes, "When we attempt to review a case of Freud's, it is as dated

and unfamiliar to us as a daguerreotype … we cannot *see* the hysterical young girl through Freud's eyes. The diagnosis of hysteria means something different now" (Levenson 1972, p. 8).

Similarly, Mitchell (1993) argues that, from Freud's time to his, the primary problems in living have shifted. Instead of only developing disturbing symptoms, patients today miss a sense of personal meaning in their lives. He writes:

> Freud's typical patient was the man or woman otherwise adapted to his or her culture and historical time except for the intrusion of unwanted, often bizarre, symptomatology, such as the Ratman's obsessive fantasies and Dora's hysterical cough. The typical patient in today's psychoanalytic case descriptions is a man or woman, often without bizarre symptoms, whose very adaptation to his or her culture and historical time is regarded as the problem, not the solution. [1993, p. 21]

Mitchell (1993) states that, since Freud's time, the nature of life experiences has changed in significant ways, and that authors from many different theoretical orientations have become interested in the problem of "pseudonormality" as the central issue of our time. For example, Winnicott (1969) sees the main problem patients face to be the organization of the personality in compliance to external pressures, rather than from genuine interest or desire to meet those demands. Psychoanalysis for Winnicott is a treatment aimed at achieving richness and authenticity in lived experience, rather than functional capacity. Thus, for Mitchell, contemporary psychoanalysis has moved from a view of humans as "drive-regulating animals" to a view of humans as "meaning-generating animals," reflecting the changing cultural and intellectual context in which people were living at that point in time.

Returning to Levenson's question of where we are going in psychoanalysis today, I believe that we are today at another turn in the history of psychoanalysis, ushered in by further changes in the cultural context of our time. I contend that this new era, with its cultural characteristics, will challenge psychoanalysis to adapt to the patient of our day and of the near future, namely the patient—and the analytic candidate—from the millennial generation.

THE MILLENNIAL ADULT

Millennials, also known as the Generation Y, are the demographic cohort born between the early 1980s and the late 1990s, most of whom are between 25 to 40 years old today. Most studies of this new generation have been carried out in the field of organizational psychology; nevertheless, I think the findings are relevant to psychoanalysis. Millennials came of age in the Information Age and have a natural comfort with digital technologies and social media (Deal, Altman, and Rogelberg 2010; Kaifi, Nafei, Kahnfar, and Kaifi 2012). Besides this well-established fact about them, millennials have been shown to be outside-the-box thinkers, typically, and to have a greater acceptance of non-traditional families and values (Andert 2011). The typical millennial ranks higher in self-esteem and assertiveness compared to previous generations (Deal et al. 2010), and feel they need less regulation to guide their decisions (Kaifi et al. 2012). Additionally, it has been demonstrated that most millennials prefer a flexible work environment and an organization culture with few rules and regulations (Kaifi et al. 2012). In fact, it is expected that, as this new generation becomes more senior and takes leadership roles in organizations, the traditional nine-to-five day will shift to a more elastic schedule that fits individual needs (Bannon, Ford, and Meltzer 2011). Further, it has been shown that what sets millennials apart from previous generations is that they value meaningful work over well-paid work (Hauw and Vos 2010). Most millennials believe that social awareness is among the highest responsibilities of organizations and prefer work that is socially responsible (Hauw and Vos 2010). They have a desire to help others and highly prioritize working at mission-driven organizations committed to offering help (Bannon et al. 2011; Behrens 2009; Cahill and Sedrak 2012).

Millennials grew up in a world that offered some fundamental experiences that simply did not exist in the world in which the preceding generations grew up. For example, the generation immediately before the millennials, Generation X – which happens to be my generation – can remember a time when there were no computers, when there were a limited number of TV channels to choose from, and concepts such as the Internet, Facebook, Instagram, or online shopping simply did not exist. Neither were concepts such as gay marriage or non-binary gender preferences a reality of our time growing up.

Millennials, on the other hand, were born into a world where all these experiences were natural, just the way things were. Typically, millennials grew up not only familiar with digital technology but also with a natural comfort with ways of being that were regarded as outside regular categories for the previous generations. Millennials came of age in a world in which the number of channels to watch on TV or listen to on the radio was not limited to a handful. Instead, one could, with the click of a button, have Netflix (or pre-cursors of Netflix such as TiVo for the oldest millennials) make a list based on one's previous preferences. Further, for the typical millennial, this expectation that "the world should adapt to me" rather than "I should adapt to the world" is experienced not only about lifestyle choices but also in more fundamental matters, such as gender identity, sexual orientation, ethnic identity, and many others. Millennials grew up with greater freedom to explore their identities. One might choose to be a woman or a man, for instance, regardless of one's biological sex, or one might choose not to commit to any gender identity at all, free to call oneself he, she, they, or zhe.

Another example emerges from recent developments in the field of genetics. Consider "Hacking Darwin: Genetic Engineering and the Future of Humanity," a 2019 examination by technology futurist and writer Jamie Metzl, of the genetic revolution that began around the 1980s with first generation genome sequencing. Since then, as genome sequencing developed and became more efficient and less costly, non-invasive blood tests have allowed parents to have ever more information about the genetic status of the embryo. Metzl (2019) argues that with more genetic diseases becoming avoidable, social norms about baby-making will change and more parents will want their children conceived outside the mother so the embryos can be sequenced, selected, and in the more distant future, altered. Further, he posits that it will be possible for parents to select the traits they want their children to have such as height, eye color, or intelligence. In other words, it is not too much outside the realm of possibility that future generations will be able to, with the click of a few buttons, order a baby according to specific preferences as easily as they can already have Netflix curate for them a list of movies.

Whether all this is good or bad and whether the replacement of "natural" experiences by curated ones is a loss are good questions worth exploring. But they are beyond the scope of this paper. Here, I am

interested in how these cultural developments have been, and arguably will be, shaping people starting with the millennial generation and how these particular experiences and ways of being will necessitate changes in how we think about our theories and techniques in psychoanalysis.

In my view, the kinds of experiences I have laid out above, which are vastly different from those of previous generations, represent not just different lifestyles. For most millennials, the primary problems in living are not limited to either symptoms or the search for a sense of personal meaning. These problems, of course, will remain fundamental aspects of human experience and will always be important for our patients and our work. But for millennials, and perhaps for others who follow them, the main problems in living will have to do with the creation of an external life that suits their unique and dearly valued internal sensibilities and preferences.

Unlike Netflix, and unlike their parents who encouraged them to find their own passion, the adult life that millennials launch into does not feel so easy to bend to their needs. It is not uncommon, for example, that after starting a first job, a millennial patient quickly decides that nine-to-five office work is not suitable for them (Bannon et al. 2011). To further complicate matters, it is undeniably true that the world millennials are inheriting from the previous generations with the macro level problems such as climate change, endless wars, recessions, and the diminishing employment opportunities in general make the external world genuinely difficult to navigate. Compared to Mitchell's typical patient who is adapted to the structures of his/her environment but does not feel adequately fulfilled, the millennial patient for the most part is better able to feel and know what is and is not a good fit for him/her/they, but struggles to find that true fit in the outside world, to negotiate with external demands, and to reconcile their needs with the realities of their circumstances. Just as they create music lists to their liking, they want to create an outside world and a life that is truly a good fit for who they already are. From my perspective, this is not simply being spoiled or selfish. Rather, it is a genuine struggle. In a new world where there are many more possibilities for how one can live and structure life, with vastly more options to choose from, it is also more challenging to know how to create the kind of life one desires. In my view, help with this task is what the millennial patient needs most from the analyst.

CLINICAL IMPLICATIONS

Mitchell (1993) notes that Freud's clinical activity involved interpreting, with the goal of clarification and renunciation of the patient's subjective and conflictual reality. In comparison, for Mitchell, what is more important than clarification or renunciation is "accepting," "holding," and "mirroring." The goal in Freud's day was rational understanding and control, whereas, for Mitchell and many of his contemporaries, the goal of analysis is more the establishment of a richer and more authentic sense of identity. Mitchell believes that what the patient needs is not clarification or insight so much as an experience of being seen, valued, and cared about (Mitchell 1993). Further, whereas for Freud, the goal of psychoanalysis was the attainment of the capacity "to love and to work," for Michell and his contemporaries, the capacity to play, creativity, and the artistic process, not normality, is the paradigm of mental health (Mitchell 1993).

What follows from this formulation are considerations of technique and the nature of the analytic relationship. Mitchell (1993) believes that the "objective" interpretation that is therapeutic in the classical model can become a repetition of the original trauma for the patient of his day who needs confirmation and a process that allows for self-expression. Does this apply to the typical millennial patient as much as it did to Mitchell's typical patient? Increased capacity for self-expression is part of any good analytic process and every patient, from every generation, needs the holding, accepting, mirroring, and validating experiences from the analyst. This kind of validating experience is a universal need for humans that will always be a crucial part of the analytic process; nevertheless, I am suggesting that, in working with the millennial patient and beyond, this approach will be a necessary but not sufficient element of analytic treatment.

Based on my experiences working extensively with millennial patients, my view is that what the millennial patient needs from the analyst is a delicate balance of validation and holding while at the same time help with navigating the external environment. The analyst is tasked with the role of helping the patient create an outside world that is suitable to the patient's deeply valued preferences but one that is also workable with the realities of the external circumstances.

The analyst's task here is challenging, because the millennial patient's sense of self, outside-the-box thinking, and non-traditional values, in other words, the unique characteristics that are strengths for the millennial – however hard to navigate with the outside world – need to be protected in the analytic process. At the same time, we need to help the millennial patient find a way to adjust to the external environment that is not so easy to bend to their wishes or to navigate. The holding and validating stance alone will keep the patient from resolving the problems in living that have to do with adaptation to the adult world that inevitably presents limitations. On the other hand, clarification and renunciation alone will pose a risk to the patient's natural ability to shine. The analytic process with most millennial patients is a "creation of the external life" more than anything else, and the analyst is a "companion" who travels with the patient on this quest.

What I am suggesting is not a combination of different theoretical approaches, nor am I advocating for an eclectic way of working. Instead, what I have in mind is an analyst stance that appreciates the unique culture of the millennial patient and respects his process. It is a kind of companioning in the patient's journey to create a life to his liking that also is suitable to the external circumstances. In my view, this requires, in addition to all the theories and techniques we already have, an intensive focus on the external life of the patient where, most of the time, the main experiential struggle is. In addition to the "intrapsychic" and the "interpersonal," I argue that we need to incorporate, in our vision, the "external" as a fundamental focus of attention in the psychoanalytic process. For the millennial patient, both adjustment to the outside world and a fulfilling lived experience require the creation of the external.

Consider the following vignette: Brian, a millennial graduate student at an Ivy League architectural program, about a year into his three times weekly psychoanalysis, was finding himself repeatedly frustrated due to what he perceived as the narrow-minded and traditional perspective at his program. He felt ready to express his own vision as an architect and was finding himself unable to agree with his professors in what they valued in homework projects. If I recall correctly, his main issue had to do with his program's intense focus on "architecture in the service of social good" and Brian's interest in "architecture for esthetics." At one

point, Brian began to contemplate quitting the program because he was clear that there was not much he could get from this training. He was ready to go out on his own and create the kinds of projects he believed in. He had always planned to start his own business anyway and never wanted to have a nine-to-five job.

At this juncture, I found myself doubting Brian's judgement. Could it be true that a prestigious Ivy League graduate program had little to give him? Could it be true that, at the beginning of his career and at the young age that he was, Brian was fully equipped and ready to launch his career on his own without a degree? On the other hand, when I inquired about what he thought in more detail, it was hard not to see the sound logic and the unconflicted clarity and consistency in his thinking. He simply did not believe in participating in a didactic experience that was not in line with his views. The only thing I was clear about – being a member of an older generation – was that the smart decision was to finish the program and receive the architectural degree even if it was not fully in line with one's precise sensibilities, just in case one might regret it later, or might need a job in the future. On the other hand, I had a strong sense that my participation at this moment would ideally need to help Brian do the smart thing for his future without taking away from him his natural tendency to freely express himself and live according to his unique views that made him shine.

To my relief, Brian did stay in the program and graduate. He encountered many situations similar to the one I described above in the following couple of years. Initially, he tried starting his own business, went through a phase of intense distress due to the pressure to earn a living without a secure job, followed by a period of doubt in himself, and finally a resolution in which he found a part-time job that was a reasonably good fit for him while continuing to pursue part-time his business, about which he was truly passionate. In one of the darkest moments of his analysis so far, when he felt he had failed and needed to just find a job, he said maybe he had been wrong all this time. I found myself telling him: "I know it looks that way now, but I know you weren't wrong. We will find a solution that is in line with your true feelings and that also works for the external circumstances. You don't need to lose your shine."

Of course, as with any analytic treatment, there were multiple meanings to what was transpiring in Brian's analysis. For example, the relational dynamic, in which Brian and I repeatedly found ourselves over the course of his analysis, was typical of his experience with his mother, in which he rarely felt understood or validated. His mother, a conservative stay-at-home mother who is always afraid of taking risks, perceives Brian as a young man who does not know what he is doing, frequently and consistently telling him what he should be doing instead. In those moments when I doubted Brian's judgement, perhaps we were in an enactment, the resolution of which was going to be the therapeutic action in his analysis. In fact, I believe this was exactly what was happening.

Alternatively, or additionally, perhaps Brian was saying something about his experience of me when he was complaining about the rigidities of his graduate program, and maybe I was sensing something about that when I doubted his judgement and then felt relieved when he ultimately decided to stay and graduate. While he adamantly denied any of this, I do believe that this transference/countertransference matrix was at play also.

Further, one can look at this vignette from a different perspective than the one I am taking here. For example, one can interpret the information from this vignette as Brian's narcissism that was behind his predicament and needed to be addressed in analysis. I think that was true as well. While all of these alternative ways of thinking about Brian are valid approaches to this clinical material, it remains true that without the "creation of the external" that is in line with deeply valued sensibilities that is also adaptive to the realities of his circumstances, Brian's analysis would have fallen short of helping him in the way that was most useful to him. Addressing Brian's narcissism would have posed the risk of repeating the trauma from his relationship with his mother, while on the other hand, a validating, holding, and accepting stance only would have possibly foreclosed a process in which he could learn to negotiate his views and beliefs with the outside circumstances.

The transference/countertransference dynamics – or the enactments between us – were indeed an important part of our work in the coming years, and the resolution of those over time was a crucial part of Brian's analysis. In other words, what I am advocating here is focusing on the creation of the external not *instead* of transference/

countertransference, rather, *in addition* to those key components of any analytic process. Further, while this vignette is from a case of three times weekly psychoanalysis, I would bring the same sensibility to work with less frequency as well.

In working with a millennial patient, regardless of one's theoretical orientation, and regardless of one's preferred techniques, it is important to allow an analytic journey to unfold in which the analyst can help the patient adjust to the external world while at the same time creating an outside world that fits to his deeply cherished internal values and preferences. What the millennial patient needs from the analyst is not an experience of learning to adjust to the realities and limitations of the outside world at the expense of what makes them shine, but to learn to carry the shine forward in the outside world in the most effective way.

TRAINING IMPLICATIONS – THE MILLENNIAL CANDIDATE

In as little as a few years' time, the incoming cohorts of analytic candidates will be mostly millennials. From my vantage point as a faculty member at a major teaching hospital, and my experience teaching psychology trainees and psychiatry residents extensively for the last six years, it is my understanding that the new generation of psychotherapists – and analytic candidates – typically represent the characteristics of the millennial generation.

The millennial trainee, like most other millennials, grew up with an abundance of choices in many aspects of life, in a world that could be adapted to fit their preferences. For the most part, this group of trainees value, above all, a training experience in which they can create their own style and find their own voice as clinicians. In my experience, most trainees of this generation are open to all approaches and learning from their teachers, but they want to make their own judgments about which theory makes sense and seems useful. Year after year, the courses that receive the lowest evaluations from trainees are those that are lecture style courses where there is less room for the trainees to share their thoughts and develop their thinking in an interactive manner.

The millennial trainee, in trying to find his own voice, sometimes gets into trouble with some teachers because he is too outspoken in class

and disagrees with the seasoned clinician teacher. The teachers, interpreting this as problematic behavior (resistance, personality issue, grandiosity, competition with the teacher), leaves the trainee feeling confused and invalidated. The millennial trainee struggles with negotiating with the outside world that does not adapt to his/her own thoughts and theories.

For example, a former supervisee, Mark, a star in his cohort of postdoctoral psychology fellows, spent his fellowship year questioning every perspective he was taught. At the beginning of the year, in supervision, he asked me if he could be free to disagree with me and if I could handle that. Taken aback at first, I quickly recovered and asked him to tell me more about what he had in mind. He went on to telling me that it was his typical experience in supervision in his training up until then that he would either get compliments on his work but not much input from which he could benefit or an invalidating supervision experience that felt oppressive.

Over the course of the training year, Mark did challenge some teachers and supervisors, each time feeling frustrated along with feeling guilty. Similar situations occurred in our work together. As our supervisory relationship evolved, we consistently found ourselves in situations where my supportive comments – however genuine – were experienced as missing something important. On the other hand, my efforts at sharing with him my own perspective to the clinical material he brought were experienced as helpful but not fully in line with how he thought about the work. In my view, Mark was not simply just being difficult or resisting or competing with me. Rather, his struggle was genuine. It is a frustrating experience to feel one has to put aside one's own sensibilities in order to learn and grow in supervision. And, it is a lonely experience if trusting one's own perspectives and wanting to stay true to one's own views means there will be no supervisor one can learn from. Only when we were able to make Mark's own sensibilities and theories about the work a focus of attention in supervision, he began to feel better. A much more intimate and mutually rewarding relationship developed between the two of us. In one of those supervision meetings later in the year, after hearing my thoughts about his patient, he said with an air of confidence: "I see what you are saying. It makes sense. I'll think about it." I commented on how things had changed and that now he seemed comfortable enough to make use of my perspective while at the same time

feeling, without guilt, that he was the boss in deciding whether/how to integrate it into his own style. He giggled. While this kind of experience in training is not unique to the millennial generation, I contend that it is more central and prominent with this generation of trainees.

In fact, Otto Kernberg (2016) has written about the potential problems in analytic training that are obstacles to candidates' development in what he refers to as the "thirty methods to destroy the creativity of psychoanalytic candidates." He writes:

> Be very attentive to candidates who tend to question the views of any major theoretician or contributor who is a favored author of your particular psychoanalytic institution. Convey clearly the message that critical thinking is welcome as long as it leads to a confirmation of your dominant leader's views. [2016, p.77]

> Make sure that some unusually critical or rebellious candidates who threaten the atmosphere of harmony at seminars, challenge their instructors, or dare talking publicly against training analysts in the presence of their analysands … are gently kept back or stimulated to resign. [2016, p. 81]

In this satirical passage, Kernberg (2016) cautions against creating exactly the kind of obstacle to candidates' development that I have suggested is often faced by most millennials and emphasizes the importance of protecting the candidates' creativity. I believe this will be particularly important with candidates of the millennial generation.

In my view, we cannot provide the right kind of learning experience to our millennial trainees if we don't sufficiently understand and respect their culture and help them thrive in ways that are suitable to their cultural tendencies. Our field is increasingly interested in learning how to understand diversity and work with diverse patients in psychoanalysis. The millennial trainee/candidate similarly requires and deserves our best efforts at trying to meet them where they are and then help them in their journey to becoming an independent psychotherapist/psychoanalyst. I believe this requires a delicate balance of allowing the trainee to have their own voice and helping them develop it further.

In training and supervising the millennial candidate, it is important to keep in mind that the millennial candidate will most likely approach

his/her training somewhat differently from the previous generations. The typical millennial candidate will be focused on developing his own analytic stance, according to his own sensibilities, not towards the end of training or after graduation but, from the beginning of training. In my view, this necessitates that the supervisor/teacher includes, more actively than ever before, a focus on the creation of the candidate's own style, in supervision and training. I have suggested that the millennial patient needs help with the "creation of the external" in analytic treatment. For the millennial candidate, the "external" – sort of a third in the supervisory process – is his/her own analytic stance based on personal sensibilities, and help creating this is what the millennial candidate needs most from the supervisor.

The approach I am suggesting here applies to didactics as well. Most analytic institutes include, in their curricula, different perspectives and theories; however, we rarely include courses that directly focus on helping candidates develop their own analytic stance based on what approach seems to make more sense to them in terms of how that particular approach conceptualizes the human mind, psychopathology, and the nature of the analytic relationship. Aside from teaching different approaches, I believe we need to include courses on comparative theories and techniques and encourage discussions of candidates' personal sensibilities and different analytic perspectives and the fit between the two.

The notion that candidates' personal characteristics will have an impact on their training has been written by analysts from different angles (Bonovitz 2009, 2010; Buechler 2009; Greenberg 1995). Jay Greenberg (1995) points to the importance of the interactive matrix in supervision and suggests that the genuine differences in sensibility that characterize the supervisor and the supervisee need to be considered in supervision rather than promoting universal rules of technique or assuming a particular stance that works for the supervisor will also work for the supervisee.

For example, an analyst in supervision with Greenberg reports one day, that he had apologized to his patient after what he thought was a hurtful moment in the previous session. The supervisee says to Greenberg: "Of course, you'll think that I should not have said this, but … " (1995, p. 5). In this moment, Greenberg reflects on his own feelings about apologies in general and as pertains to analysis. He tends to think, with special caveats,

that apologies limit spontaneity, and often serve as an undoing and run the risk of infringing on the patient's autonomy. Greenberg (1995) goes on to tell us that if he had gone with these reflections, he could have stayed with the idea that the supervisee had done something wrong, and he could imagine having said to the supervisee something along the lines of "apologies are not analytic." Instead, he decides to ask his supervisee what his own feelings about apologies were. The supervisee talks about how important apologies can be for him, and that he often finds himself unable to continue what he is doing until he receives an apology. He feels that apologies serve as recognition of wrongdoing and that, without this recognition, he experiences whoever has wronged him as so disconnected from his state of mind that neither closeness nor collaboration can be possible (Greenberg 1995).

As things developed further in supervision, it became clear that Greenberg and his supervisee were too different from each other as people and as analysts to assume what would work for him would work for his supervisee (Greenberg 1995). The kind of attention to the supervisee's sensibilities that is illustrated in this vignette is exactly what I suggest is needed in supervising the millennial generation. Further, in my understanding, the exploration of the interactive matrix in supervision also made it possible for Greenberg's supervisee to become more consciously aware of his own sensibilities and how they might be relevant as he tries to develop his own analytic identity. In my view, this kind of participation from the supervisor in helping the supervisee create his own analytic stance will be most important in working with millennial candidates.

Considerations of the supervisee's personal sensibilities in supervision are also important from an emotional point of view. In a letter to her first analytic supervisor, Sandra Buechler (2009) describes how supervision allowed her to stay true to her natural sensibilities and how this was instrumental in her training. She writes:

> You didn't make me choose between you and what I believed was right clinically. It wasn't that we never differed. But you just let the difference hang in the air. You seemed to believe that was enough. It was.
>
> You didn't seem horrified by my passion. In fact, you didn't seem to believe it would disqualify me. I thought that to

become an analyst, I would have to tame and cloak it beneath a veneer of "neutrality." You helped me feel that it was an aspect of who I am, something to use rather than something to suppress. [2009, pp. 423-424]

The seismic changes that are taking place in the culture today have made a diversity of new lifestyles possible. In the near future, we will see many people who never get married or never have children, many people with same gender parents, or many companies where all employees work from home with flexible schedules. It will be possible, for instance, to live on the Capri island in Italy and work in New York from home through Zoom. More possibilities for different ways of living make life more complex and make it more challenging to create the kind of life one desires. People of the millennial generation and beyond will need help with this emerging domain in problems in living. How will psychoanalysis include this new domain in its theories and techniques? This is an attempt at beginning to tackle that question.

REFERENCES

ANDERT, D. (2011). Alternating leadership as a proactive organizational intervention: addressing the needs of the baby boomers, generation xers and millennials. *J. Leadership, Accountability & Ethics*, 8(4), 67–83.

BANNON, S., FORD, K., & MELTZER, L. (2011). Understanding Millennials in the Workplace. *CPA J.* 81(11), 61–65.

BEHRENS, W. (2009). Managing millennials. *Marketing Health Services*, 29(1): 19–21.

BONOVITZ, C. (2009). "Welcoming in the Voices" Constructing a Supervisory Attitude in Psychoanalytic Training. *Contemp. Psychoanal.*, 45(3):415–421.

——— (2010). What is "good" technique? how to teach it? personal reflections on psychoanalytic training. *Amer. J. Psychoanal.*, 70(1):65–77.

BUECHLER, S. (2009). A Letter to my first analytic supervisor. *Contemp. Psychoanal.*, 45(3):422–427.

CAHILL, T. F., & SEDRAK, M. (2012). Leading a multigenerational workforce: strategies for attracting and retaining Millennials. *Frontiers of Health Services Management*, 29(1), 3–15.

DEAL, J., ALTMAN, D., & ROGELBERG, S. (2010). Millennials at work: what we know and what we need to do (if anything). *J. Business & Psychology*, 25(2), 191–199.

FREUD, S. (1933). New Introductory Lectures on Psycho-Analysis. *S.E.* Vol. 23.

——— (1937). Analysis Terminable and Interminable. *S.E.* Vol. 23.

GREENBERG, J. (1995). Psychoanalytic technique and the interactive matrix. *Psychoanal. Q.*, 64: 1–22.

HAUW, S., & VOS, A. (2010). Millennials' career perspective and psychological contract expectations: does the recession lead to lowered expectations? *J. Business & Psych.*, 25(2), 293–302.

KAIFI, B. A., NAFEI, W. A., KHANFAR, N. M., & KAIFI, M. M. (2012). A multi-generational workforce: managing and understanding millennials. *Int. J. Business & Management*, 7(24), 88–93.

KERNBERG, O. F. (2016). *Psychoanalytic Education at the Crossroads: Reformation, Change and the Future of Psychoanalytic training*. New York: Routledge.

LEVENSON, E. A. (1972). *The Fallacy of Understanding*. New York: Basic Books

——— (2019). On the 75th anniversary of the William Alanson White Institute. The long view: quo vadis? *Contemp. Psychoanal.*, 55(4), 329–335.

METZL, J. (2019). *Hacking Darwin. Genetic Engineering and the Future of Humanity*. Chicago: Sourcebooks.

MITCHELL, S. A. (1988). The Intrapsychic and the Interpersonal: different theories, different domains, or historical artifacts?. *Psychoanal. In.*, 8(4): 472–496.

——— (1993). What Does the Patient Need? In *Hope and Dread in Psychoanalysis*. New York: Basic Books.

WINNICOTT, D.W. (1969). The Use of an Object. *Int. J. Psychoanal.*, 50:711–716.

67 Irving Place, Floor 6
New York, NY 10003

st.ny@mac.com

Commentary

Theodore Jacobs

COMMENTARY

BY THEODORE JACOBS

First, full disclosure. These comments are being written by someone who graduated from the New York Psychoanalytic Institute fifty-three years ago, surely by any standards a certified—or certifiable—old goat, dinosaur, or anachronism, depending on one's preferred designation for someone who came of age, psychoanalytically-speaking, in another century, another era.

This was a time in America when psychoanalysis, although declining in popularity and prestige from the exalted and idealized place it held in the post-war years, still remained influential in American life.

For recent graduates, as well as their senior colleagues, analytic patients were not hard to find. Many of my contemporaries had five or six, and often as many as eight or nine patients in analysis at any given time. American analysis still was dominated by the European émigré analysts, most from Austria and Germany, who fled their countries during the war. Many settled on the East Coast and quickly became the dominant voices at several institutes. The New York Institute, for instance, could boast of a faculty that included such luminaries as Hartmann, Kris, Loewenstein, Isakower, Bok, Jacobson, Mahler, Kronold, Annie Reich, Nunberg and a number of others. Among the Americans trained by these émigrés and highly influenced by them, were Arlow, Brenner, Stewart, Furer, Rosen, Greenacre, Galenson, and Fisher.

Theodore Jacobs is a Clinical Professor of Psychiatry (Emeritus) at the Albert Einstein College of Medicine and a Training and Supervising Analyst at New York and PANY Psychoanalytic Institutes.

The curriculum consisted essentially of immersion in Freud's oeuvre to which were added some articles by his contemporaries and selected contributions by their followers. There was unquestioned devotion to the Professor and strong reactions against revisionist thinking. Even Arlow and Brenner, mainstays of the faculty and major figures in American psychoanalysis, were severely criticized, and to some extent demeaned, because their views, particularly with regard to psychosis, differed from Freud's. As for relational analysis, this was regarded—and largely disregarded—as an American invention that rejected the instinctual drives and childhood sexuality, as well as the systematic exploration of the unconscious mind. The relational view was cited as a prime example of what Freud feared most; the destructive dilution by Americans of his great gift of in-depth psychology.

Under the influence of Anna Freud and Hartmann, the roles of the ego defenses and adaptation were stressed. Brenner and Arlow's emphasis on compromise formation as a central aspect of human psychology was adopted by their followers but viewed by the Europeans as an erroneous departure from Freud's teachings. Even such people as Winnicott and Loewald, two of the most revered names in psychoanalysis today, were roundly criticized as departing from, and, therefore, diluting Freud's ideas concerning the roots of neurosis and the therapeutic actions of analysis. In fact, when Winnicott presented a paper at the New York Institute, he was severely attacked by his Freudian discussants, who regarded his work as a threat to the principles they were teaching and to the great contributions of the professor. The same attitude prevailed with regard to Loewald, a classically-trained analyst and a Freudian, because of his emphasis on the importance of the human environment, by which he meant both the mother-infant dyad, and, in treatment, the patient-analyst relationship.

Some attention was paid to the British Object Relations theorists, but the approach to them was wary due to their seeming neglect of the importance of instinctual forces and the defenses against them. As for Klein and Bion, the former was seen as promoting unsound, speculative ideas concerning the capacity of infants to fantasize. Brenner pointed out that the immaturity of the infant's brain in the early months of life precluded the development of the kinds of fantasies Klein spoke of and the New York Institute faculty overwhelmingly supported Anna Fraud in

maintaining that Klein's ideas were unsupported by evidence and were both misleading and dangerous. Bion was largely an unknown figure whose work was not read by students or faculty. The few colleagues who were acquainted with his writing considered him more or less a crackpot. On one occasion, when I had borrowed a book by Bion from the library in an effort to learn something about his work, Brenner noticed that I was carrying a volume of some kind around with me and asked: "What are you reading, there, Ted?" I told him of my interest. "Oh, Bion," he replied, "I met Bion a couple of times at meetings in California. If you talked with the man for five or ten minutes, you thought you were speaking to a normal person." He regarded Bion as a severely disturbed individual, possibly covertly psychotic, and for him Lacan's work was not only impossibly, abstruse, mythical, and entirely lacking in clinical evidence, but he viewed the man himself as a psychopath.

This view of Lacan was widely shared by the émigré Freudian analysts, many of whom believed that Lacan's critique of traditional analysis and, particularly, his attack on ego psychology, was largely motivated by his hostility to, and reaction against, Rudolph Loewenstein, who had been his analyst in Paris and toward whom he harbored much hostility.

When it came to social issues, such as race relations, gender discrimination, voting rights, the anti-war movement, homosexuality, and the rights of Black and gay people, psychoanalysis and the institute at which I trained had essentially nothing to say. I am not speaking of individual analysts. A great many of them were liberal in their thinking and voting. Overwhelming White and Jewish, they were entirely on the side of progressive movements in The United States. Some were activists who joined the Vietnam War protests, the civil rights March on Washington, and the student demonstrations that were widespread in the late sixties. Most, however, limited their participation in politics to voting for liberal causes and donating money to the candidates who supported them.

Most notable in light of several of the papers by more recent graduates that appear in this issue of *The Quarterly* is that in the sixties and seventies political and social issues were deliberately kept out of the consulting room. Of course, patients brought them in, often quite emotionally, but their thoughts and feelings about these topics were analyzed, like any other material, as aspects of the patient's psychology. It

was material to be understood and interpreted as reflecting facets of the patient's character, conflicts, and compromise formations. There was no attempt to introduce social and political issues into the analytic process or make that process more sensitive or responsive to the problems of society.

Quite the contrary. A number of experienced, highly regarded analysts expressed the view that analysts should avoid being political, even in their private lives. Phyllis Greenacre, a superb, humane, and scholarly analyst who wrote many quite wonderful papers, held that analysts should not join demonstrations or otherwise take a public stand on political issues. Their patients could become aware of such activities and this would violate the principles of anonymity and neutrality.

It was not that Greenacre and others who held such views were insensitive to the burning social issues and upheaval that was taking place at the time—the period of the 60s was the height of the civil rights movement and the anti-war demonstrations that put an end to Lyndon Johnson's presidency and the Vietnam War—but these traditionalists believed strongly in the sanctity of the psychoanalytic situation. To her and many others like her, the task of analysis was to explore and understand the unconscious forces at the root of the pain and suffering that caused our patients to seek our help. From that perspective, analysis is a treatment that is, and must be, a-political, just as the brain surgeon or the orthopedist or the cardiologist must be a-political. All are healers who seek to relieve suffering. They do not, and must not, politicize the treatments that they offer.

This did not mean that there was not concern among some analysts about the fact that analysis benefits so few individuals; that it is, in effect, a treatment for largely White people, whose circumstances allow them to pay substantial fees. There were, of course, the analytic clinics, a part of many training centers, that provided low cost psychoanalysis to suitable patients. This was an effort on the part of organized analysis to extend treatment to those who could not afford private fees. It was one of the few aspects of organized analysis in this country that offered a public service and, over the years, a large number of patients benefited from it. But the clinics served another, equally important purpose. They were a major source of analytic patients for candidates. Thus, applicants to the clinics were carefully screened for their suitability for analytic treatment.

In practice, this meant that those selected were almost all White, middle-class individuals; students, teachers, early career professionals—largely in the mental health field—artists, and some businesspeople. There were, perhaps, a few individuals from the lower socio-economic class, and a few—very few—people of color. The reach of psychoanalysis into this segment of the population was all but nonexistent.

As for students, there were very few Black or Hispanic candidates. It was rare for an institute to receive an application from such individuals and efforts on the part of institutes to solicit and/or encourage such applications were equally rare. This striking disparity in the candidate population was talked about and lamented, but nothing was done about it. In part, this was due to the fact that few minority students were physicians or psychologists at the time—social workers were not admitted at many, if not most, of the institutes—and few of them were in a position to offer scholarship aid.

And in this area, there was little demand for change among American psychoanalysts. Commanding more interest and active engagement was the widespread policy among institutes of not admitting gay individuals to our training programs. "Homosexuals" were viewed, by and large, as individuals whose psychosocial development had been arrested at an early age, who had not traversed the normal Oedipal period and resolved it with an identification with the same-sex parent but were fixed in the anal-aggressive and narcissistic stages of development. Hence, they could neither be effectively analyzed nor treat others analytically. Scores of gifted individuals were denied admission to institutes and those who gained admission did so by concealing their sexuality. A significant group of gay analysts existed in this country, almost all of whom kept this sexual orientation a closely guarded secret. However, a growing movement among gay psychiatrists and analysts put pressure on their organizations to re-evaluate their policies, and with the help of growing scientific evidence disproving the widely taught idea that homosexuality was a pathological entity, the doors of the institutes finally opened to gay colleagues. The result has been to immeasurably enrich our field.

Beginning in the mid-eighties, socially conscious analysts in various parts of the country called for organized analysis to take a stand on political and social issues and make its voice heard on the

important social issues of the day that, increasingly, were coming to the fore; women's rights, medical care, social and gender discrimination, police brutality, poverty, and the inequities in American life, as well as the rights of gay, lesbian, and other people with nonconforming identities. Until then, American psychoanalysis had been notoriously timid in speaking out on such matters. The taboo against analysis being politicized had kept most of our organizations on the sidelines, its official voices muted.

Despite growing interest in these social issues, for some years the response of both analytic societies and individual analysts was limited and cautious. Some progress was made. APsaA and some analytic societies took stands against social and religious discrimination, as well as other issues, but in their professional lives the majority of analysts focused on matters having to do with the theory and practice of analysis. For the most part, their politics were limited to the disputes over membership, certification, and training analysts' appointments that were roiling our rational organizations. It is only in recent years that social and political problems have entered our discourse in more active ways.

Both our institutes and national organizations, as well as an increasing number of individual analysts, have been outspoken about the issues of discrimination and injustice in The United States and our scientific programs have reflected these concerns. A significant number of them have been devoted to an analytic understanding of LGBT and women's issues, as well as racial and religious discrimination, gender nonconformity, and the psychological impact of growing up in nontraditional families.

Beyond these efforts to apply analytic thinking to a variety of societal problems, a number of analysts, including two of the contributors to this issue, have advocated bringing such concerns into the analytic situation. They argue for actively investigating patients' conscious, and, especially, unconscious attitudes, beliefs, and biases with regard to social, political and, racial issues, and, through confrontation and interpretation, bringing them to the forefront of their awareness. Increased awareness, however, is not the sole goal. The aim, either strongly implied or explicitly stated, is for this analytic work to effect positive change in patients' attitudes. Through analysis, patients will confront and alter their long-held,

often unconscious, biases, and prejudices. Thus, analysis will be an active force in changing the unconscious biases, and unthinking, automatic discriminatory behavior of our patients. In this way, analytic treatment will no longer maintain its neutral, uninvolved stance. This long-held position on the part of traditional analysis, these modern critics say, is no longer viable, as it ignores the injurious, biased and prejudiced views of many of our patients. The more active engaged approach that they favor, on the other hand, will bring to the fore, and hopefully lead to, correction of these prejudicial ideas and fantasies.

A most articulate, thoughtful, and passionately engaged spokesman for this point of view is Francisco González. In his beautifully-written, well-argued paper, he writes persuasively about the unconscious transmission from one generation and one institution to another, of biased attitudes and behavior that are perpetuated by such transmission and that defy change.

Citing an aspect of the mind that evokes Jung's concept of the collective unconscious, González speaks of the existence of a social unconscious. By this he means the active presence in the unconscious, of internalized attitudes and values of the society in which we are raised. Insofar, are as they are prejudicial and biased, they need to be addressed in the analytic situation. He points out, too, that organized analysis, as well as individuals, has been seriously affected and damaged by the incorporation of society's values. Our analytic societies, he says, have become gated communities that have inherited, and perpetuate, White privilege. For the necessary change to take place in our field, González argues, we must recognize that "the social field is an essential constituent of psychoanalysis, both within its unfolding as clinical praxis, and as a foundational element of its theoretical evaluation" (p. 746, see this issue).

González's call for change is radical. It challenges our long-held beliefs concerning what the unconscious mind is, the purpose of its exploration in analytic treatment, and the goals of analysis. González also calls for a change in our attitude toward the work we do.

In addition, González sees a change in analytic practice as inevitable: "The exclusive focus on individual treatment, the full-time engagement in the private practice of psychoanalysis and analytic therapy," he believes, "cannot endure. To do the necessary work of engaging the

social dimensions of psychoanalysis means working within our institutes and with other groups of collectives to broaden the cultivation and reach the psychoanalytic process" (p. 767, see this issue). And, he adds, "The future analysts will be more engaged in applying psychoanalytic insights to groups and communities to help solve the variety of problems, many the consequence of unconsciously transmitted racial and gender biases" (p. 767, see this issue).

In his final remarks, González makes a fateful prediction: "I don't see how we can keep from doing the psychoanalytic work of the social and still remain a viable practice. It is an inevitable catastrophic change" (p. 767, see this issue). This is a powerful challenge to psychoanalysis as we know it and have practiced it for more than a century. It is echoed by other young colleagues who feel that the time for change in the way that we do business has come. I will comment shortly on these ideas which are strongly influenced by the times we are living through and the substantial change taking place in our society.

Another proponent of change, less in practice than in increased awareness, is Mead Goedert, who, in his contribution, writes of concerns not dissimilar to that of González's. His focus, however, is on countertransference and the unconscious racism that has infiltrated, and is often enacted, in our countertransference reactions. Through cogent clinical examples involving his own experiences, Goedert demonstrates how racialized dynamics have affected his analytic work, at times skewing his understanding of a patient's actions and, causing him to behave in prejudicial ways. His presentation, specific and convincing, provides a living illustration of González's argument that the social unconscious operates continuously and forcefully in the analytic situation and that our efforts go to be in touch with our countertransference responses must include active awareness of the pervasive influence of biases and erroneous, inherited beliefs in the mind of the analyst.

Unlike González, however, Goedert does not call for change in our understanding of the theory and practice of analysis. His interest is in increasing our awareness of a patient and potentially dangerous forces in the unconscious. In that interest and concern, he shares with González the view that as analysts, we have blinded ourselves to a centrally important aspect of our psychology, one that has not been a major

concern of those who have written about countertransference issues and their impact on the analytic process.

This shared focus on the social dimension of the analyst's psychology represents a shift in emphasis that has taken place in recent years and that has been accented by the increased focus, in contemporary American society on racial, gender, and economic discrimination. In this way, the thinking of a number of younger analysts about the analytic situation and the task of analysis mirrors the changing society in which we now live.

Another colleague whose essay explores the impact of a changing society on the analytic process is Sumru Tufekcioglu. Her focus is on a particular type of patient, individuals who are part of what has been called the millennial generation. These are people who were born between the 1980s and the end of the century. Today they range in age from the mid-twenties to early forties. Tufekcioglu maintains that such patients grew up in a different world from that experienced by previous generations. As a result, their life experiences and interests are different, and what they are seeking, and need, from analysis is a different approach from which we employ in treating patients who do not belong to the millennial group. Tufekcioglu's perspective differs in a substantial way from that of González and other young analysts in that she proposes significant changes in the thinking and practice of analysis. She holds that the different experiences that Millennials have had growing up have led to different problems in living. Moreover, in her view, the cultural changes that have deeply affected the millennial generation have required shifts in our understanding of their psychopathology, with consequent revisions in our theories and techniques of treating them.

In other words, in her view, the problems that the millennial patient brings to analysis, are determined, in large part, by cultural factors and their treatment has been similarly affected. As Tufekcioglu sees it, Millennial patients must contend, as do others, with troubling symptoms and share with them the search for personal meaning. Their main problem, however, has to do with difficulty in creating an external life that suits their unique and highly valued sensibilities and preferences. In other words, the Millennial patient is faced with, and often seeks help in finding, a satisfying match between his talents, abilities, and lifestyle and

the outside world in which he lives. This includes the work he chooses, the environment he inhabits, and the social life in which he engages.

The main task of the analyst is to help her patient find that satisfactory match. That is, to work with him, to find an environment, or outside world, that allows him to gratify his preferred way of living and to use and enjoy his unique abilities and talents, an environment, in short, which allows him to shine. Just how the analyst is to go about helping her patient achieve this goal is not spelled out in Tufekcioglu's essay. One has the impression that it is not primarily through exploration and interpretation of the patient's inner conflicts and maladaptive compromise formations—although that may be a key part of Tufekcioglu's conception of therapeutic action—so much as it is by observing her patient's choices, pointing out areas of mismatch, and guiding him toward a better alignment of his talents, abilities, and predilections with the outside world. The idea that the problems of the Millennials are fundamentally different from those of other patients and that of the world in which they grew up is responsible, in large measure, for those changes constitutes a way of thinking about the origins of the patients' difficulties that is very different from that of traditional analysts. The latter views patients as struggling with conflicts that have their roots in their personal histories, including their biological givens, their unique development, the parenting and other environmental influences that they have had to contend with, the impact of internalized objects, and the way that they have resolved their inner conflicts through the development of the compromise formations that they have forged.

Tufekcioglu's view, which calls for fundamental change in analytic theory and practice, is quite different from González's perspective, which also entails change in the analytic process.

González's position does not alter our basic understanding of conflict, defense, and compromise formation. It involves a broadening of our appreciation of the unconscious forces at work in our patients—and ourselves—by recognizing the existence of an aspect of the unconscious that carries within it the internalized attitudes, values, and prejudices of the society in which we live.

In her thoughtful, scholarly and quite remarkable contribution, Avgi Saketopoulou also touches on the issues of race relations. Fully half

of her paper is devoted to an explication and analysis of *Slave Play*, by Jeremy O. Harris that took Broadway by storm last season.

The play examines the complex dynamics, including erotic, sado-masochistic, master-slave, fantasies—and actions—that underlie racist attitudes and behavior. Saketopoulou is interested in race relations and the history and psychology of master-slave, White-Black interactions, but in her essay, she primarily uses her analysis of *Slave Play* to examine a phenomenon that has captured her interest and that she wishes to explore. This is what she calls "limit consent," the name she gives to a situation in which one does not give positive consent to an action being carried out on one's person but does not actively oppose it either. One allows it to happen. Saketopoulou puts the question she has in mind this way.

Saketopoulou wants to know, she writes, "what may come of being subjected—by discourse, history or through the intervention of the other—to something to which we did not entirely, or even at all, consent" (p. 773, see this issue). What is of particular interest to Saketopoulou is that such limit consent experiences may have surprising outcomes, including the unexpected occurrence of erotic satisfaction. This phenomenon was enacted in the master-slave, Black-White relations graphically demonstrated in *Slave Play* and that has infiltrated a variety of interracial and other relationships.

It is this intriguing phenomenon that Saketopoulou explores in her wide-ranging paper. Not only does she delve into the psychology of limit consent behavior, but with truly impressive erudition, discusses the historical background and aspects of the neuropsychology of experiences that involve this kind of passive, going-along behavior that straddles the line between active consent and the withholding of it. The issue of limit consent Saketopoulou writes about is one to which she has given a great deal of thought and which she has explored in other of her writings. The larger issue of consent and its various permutations involves such matters as date rape, sex without express consent, and a number of related issues that are of major concern in today's society. In this way, this comprehensive and well researched essay, like the contributions of González and Goedert, is concerned with a socially relevant matter. Saketopoulou's investigation, however, goes beyond the social perspective to open up complex issues involving psychological,

neurophysiologic, and philosophic questions. Its origins, however, one suspects, lie in the author's interest in and understanding of the way in which limit consent operates, as a concealed, but important element in the sado-masochistic behavior that is an inherent part of racial violence and sexual abuse.

Like Avgi Saketopoulou, Sarah Ackerman, in her contribution, focuses on an issue about which she feels strongly. This is the lack, in contemporary analytic training, of a rigorous and comprehensive theory of psychoanalytic practice. "Today's candidates," she says, "lack training in the formulation of a patient's psychopathology or what drives analytic action. They are left to improvise based on their individual experience, or intuition of what psychoanalysis is supposed to be" (pp. 667–668, see this issue). Ackerman goes on to criticize American psychoanalysis as having been excessively influenced in its development by a focus on the ego and its resistances. Reductive conceptions of the ego and superego are idealized and she agrees with Bruno Bettleheim, who believed that in the extension of psychoanalysis from Europe to America, much of the affective or spiritual qualities of Freud's ideas were lost in translation. Ackerman goes on to enumerate this erroneous path that analysis in America has taken as, increasingly, it has moved away from the richness and depth of Freudian's ideas. And citing the emergence of multiple theories in contemporary American analysis, she maintains that this development "only drew analysts further from a unified theory of ana-lytic practice, making some essential aspects of Freud's discovery even more remote" (p. 673, see this issue).

Citing her own analytic education, Ackerman describes her exten-sive and intensive immersion in Freud's works as the indispensable core of her training and the most important and gratifying educational experience she's had.

Articulate, deeply felt, and passionate, Ackerman's argument is not one often heard in America today. In its concern with the loss of the essential Freud, it is reminiscent of the argument of the émigré analyst who shared Freud's concern that American culture and pragmatism would lead to the dilution and distortion of Freud's great gift of depth psychology.

Unlike those analysts who were close to Freud and embraced the work of Anna Freud, Hartmann and others who extended Freud's work

through their investigation of the roles that the ego and superego play in modulating the drives and fostering adaptation, Ackerman takes up the criticism, often voiced by French analysts, that these studies in ego psychology had an unfortunate effect in that they took American analysis away from Freud's pioneering exploration of the unconscious. This view, I believe, is the result of a misunderstanding of ego psychology and its relationship to unconscious forces, but this is not the place to enter into this debate.

Rather, it is to offer my admiration and praise for Ackerman's thoughtful, well-written, and valuable essay. In it she raises important questions not often asked. Where does modern American analytic education stand with regard to our great Freudian heritage? Have we built on, and added to, Freud's seminal contributions, or have we moved in the direction of realizing his fear that American analysis would move away from an appreciation of the unconscious mind to embrace an interactive, transactional model that, although providing a useful perspective on an aspect of psychology, has lost its connection to the deeper forces operating in the mind; the unconscious fantasies, beliefs, and instinctual strivings that lie at the root of our patient's struggles.

In his scholarly and thoughtful essay, Rodrigo Barahona both touches on issues that are of great interest to American analyst—the writings of Wilfred Bion and the phenomena of enactments—and at the same time focuses on a specific interest of his own, one that reflects his immersion in, and mastery of, Bion's complex theoretical formulations. Barahona's interest is in the link between dreaming, enactment, and transformation in hallucinosis. Following Cassoria's work, he discusses and illustrates through a clinical example how "transformations in hallucinosis and nondreaming can function as a source for the actualization of traumatic emotions in the transference and in the analytic field" (p. 694, see this issue). That is, these processes, taking place in the deeper layers of the mind, lead to, and foster, the development of enactments. This is not easy material to grasp and it is most impressive the way that Barahona demonstrates both his understanding of it and how it may manifest itself in clinical work. Thus, he makes a valuable contribution to our understanding of how Bion's theoretical formulations offer creative ways of explaining certain unconscious processes that underlie familiar clinical phenomena.

What is also of interest is Dr. Barahona's embracing of Bion's thinking as a new, and presumably, better way than our traditional Freudian one of understanding the operations of the mind. He does not make this explicit, and he may, in fact, utilize both Freudian and Bionian concepts in his clinical work. But his keen interest in Bion, along with trends I have noticed among younger colleagues to move away from the traditional Freudian way of thinking about the mind in favor of Relational, Kleinian, Bionian, Kohutian, or Object Relations approaches suggests that analytic education in The U.S. may no longer be making our historic Freudian heritage the bedrock of analytic training. If this is so, we may see a new form of analytic treatment emerging in this country, a development perhaps foreshadowed by the kinds of interests expressed in the innovative and creative contributions of colleagues like those who have contributed to this issue, colleagues who care deeply about analysis but whose vision of it includes its being a relevant and effective force, not only for individuals but for society as well.

This perspective is very different from the concerns of the young analysts of my generation and, so far as I have been able to judge, of a significant segment of the recent graduates today.

This latter group, I suspect, are those who have trained in traditional Institutes whose focus has been on a core Freudian curriculum to which has been added exposure to other theoretical approaches.

Such colleagues more closely resemble the graduates of my generation in that their interest is in exploring question of theory and practice within the framework of a Contemporary Freudian or Modern Conflict Theory. They are also concerned with issues having to do with the organization and functioning of their Institutes and of APsaA in relation to the needs of their members. While sharing with other recent graduates a keen interest in contemporary political and social issues and how psychoanalysis, with its unique insights and knowledge of unconscious mental processes, can contribute to better understanding of the deeper force at work in shaping these issues, few of the younger analysts I know are as passionately engaged in applying psychoanalytic ideas to societal problems—and vice versa—as are several of the contributors to this issue.

One thing is certain. In my day, none of the papers in this issue could have been written, or even dreamed of. There was little interest in

extending the reach of psychoanalysis into the larger world, and no interest in the problems of the world changing psychoanalysis. It was enough to try to determine which of the emerging theories had value and whether or not they could be integrated in a useful way into our traditional concepts. That and the ongoing political concerns within psychoanalysis itself were more than enough to occupy us outside of the consulting room.

So, if the papers in this issue are representative of the interests and concerns of many—but by no means all—of the younger generation of analysts, what does this mean for our field?

This is the question that I found myself asking as I read these engaging papers. How will psychoanalysis evolve over the next several decades? What will it look like? The movement toward making analysis a more active instrument for social good is strong. But what this will actually entail is not at all clear.

There is no doubt that, increasingly, analytic organizations and individual analysts will make their voices heard in support of progressive humanitarian causes. There will be greater effort to apply analytic thinking, and especially what we have learned in recent years about infant-mother interaction and child development, to organizations and groups in the community that need our expertise to aid them in their efforts to promote health and well-being, and to combat violence and delinquency in vulnerable and disadvantaged populations.

But what about analytic treatment, the analytic process itself? Will that remain essentially as it has been for more than a century, a dedicated, one to one, a-political, nonjudgmental treatment devoted to the relief of neurotic suffering through the exploration of its unconscious sources? Or will analysis evolve into a treatment, as mentioned above, whose goals have expanded and altered so that it is concerned not only with the individual, but seeks, to contribute to the betterment of society by exposing and altering in individuals, groups, and institutions the prejudicial attitudes and values that have infiltrated, and become, an inherent part of, themselves?

And will analysis have changed in another way as well? Will it have endorsed Tufekcioglu's idea that as the world changes, it, too, must change? And will it have accepted her conviction that a population

growing up in a changed society with changing values requires a different kind of treatment, an analysis that seeks to help individuals whose choices in life are maladaptive find a better match between who they are and the world they inhabit? In either case, psychoanalysis will not be the discipline in which many of us have trained and to which we have devoted our lives.

No doubt the new treatment, if it comes into being, will offer substantial help to many individuals and will also aid society in the achievement of important social and political goals in ways that traditional analysis has not. But in so far as it eschews exploration of the unconscious mind, the new treatment will not be psychoanalysis. It will be an adaptation of it in the way that much analytically oriented psychotherapy draws on, and makes effective use of, analytic principles without claiming to be psychoanalysis. The psychoanalysis that we know, however, will not, I believe, simply dwindle to nothingness and become a thing of the past, a historic relic, as some have predicted. It will continue to live, to endure as it has done through so many years of strife and change.

Psychoanalysis will endure because it deals with the essence of who we are and how we forge our destinies. Political change, societal change, changes in the environment, will alter our world and the way we live in it. But it will not change the core of ourselves and the conflicts that arise, both within ourselves and with the demands of a complex world. And as individuals struggle with, and feel the pain inflicted by those conflicts, there will always be some, perhaps not few, who will understand that it is only by grappling with the unknown in themselves, with the ghosts that haunt them, that true healing can take place.

REFERENCES

ACKERMAN, S. A diagnosis for psychoanalysis in the 21st century: Freud as medicine. *Psychoanal. Q.* 83(4):TK

BARAHONA, R. Living the non-dream: an examination of the links between dreaming, enactment and transformations in hallucinosis *Psychoanal. Q.* 83(4):TK

GOEDERT, MEAD. Racism in the countertransference. *Psychoanal. Q.* 83(4):TK

GONZÁLEZ, F. J. First world problems and gated communities of the mind: an ethics of place in psychoanalysis. *Psychoanal. Q.* 83(4):TK

SAKETOPOULOU, A. (2020). Risking sexuality beyond consent: overwhelm and traumatisms that incite. *Psychoanal. Q.* 83(4):TK

TUFEKCIOGLU, S. The Millennial turn in psychoanalysis. *Psychoanal. Q.* 83(4):TK

———————

46 Walworth Avenue,
Scarsdale, NY 10583

theojmd@aol.com

Commentary

Theodore Jacobs

COMMENTARY

BY THEODORE JACOBS

First, full disclosure. These comments are being written by someone who graduated from the New York Psychoanalytic Institute fifty-three years ago, surely by any standards a certified—or certifiable—old goat, dinosaur, or anachronism, depending on one's preferred designation for someone who came of age, psychoanalytically-speaking, in another century, another era.

This was a time in America when psychoanalysis, although declining in popularity and prestige from the exalted and idealized place it held in the post-war years, still remained influential in American life.

For recent graduates, as well as their senior colleagues, analytic patients were not hard to find. Many of my contemporaries had five or six, and often as many as eight or nine patients in analysis at any given time. American analysis still was dominated by the European émigré analysts, most from Austria and Germany, who fled their countries during the war. Many settled on the East Coast and quickly became the dominant voices at several institutes. The New York Institute, for instance, could boast of a faculty that included such luminaries as Hartmann, Kris, Loewenstein, Isakower, Bok, Jacobson, Mahler, Kronold, Annie Reich, Nunberg and a number of others. Among the Americans trained by these émigrés and highly influenced by them, were Arlow, Brenner, Stewart, Furer, Rosen, Greenacre, Galenson, and Fisher.

Theodore Jacobs is a Clinical Professor of Psychiatry (Emeritus) at the Albert Einstein College of Medicine and a Training and Supervising Analyst at New York and PANY Psychoanalytic Institutes.

The curriculum consisted essentially of immersion in Freud's oeuvre to which were added some articles by his contemporaries and selected contributions by their followers. There was unquestioned devotion to the Professor and strong reactions against revisionist thinking. Even Arlow and Brenner, mainstays of the faculty and major figures in American psychoanalysis, were severely criticized, and to some extent demeaned, because their views, particularly with regard to psychosis, differed from Freud's. As for relational analysis, this was regarded—and largely disregarded—as an American invention that rejected the instinctual drives and childhood sexuality, as well as the systematic exploration of the unconscious mind. The relational view was cited as a prime example of what Freud feared most; the destructive dilution by Americans of his great gift of in-depth psychology.

Under the influence of Anna Freud and Hartmann, the roles of the ego defenses and adaptation were stressed. Brenner and Arlow's emphasis on compromise formation as a central aspect of human psychology was adopted by their followers but viewed by the Europeans as an erroneous departure from Freud's teachings. Even such people as Winnicott and Loewald, two of the most revered names in psychoanalysis today, were roundly criticized as departing from, and, therefore, diluting Freud's ideas concerning the roots of neurosis and the therapeutic actions of analysis. In fact, when Winnicott presented a paper at the New York Institute, he was severely attacked by his Freudian discussants, who regarded his work as a threat to the principles they were teaching and to the great contributions of the professor. The same attitude prevailed with regard to Loewald, a classically-trained analyst and a Freudian, because of his emphasis on the importance of the human environment, by which he meant both the mother-infant dyad, and, in treatment, the patient-analyst relationship.

Some attention was paid to the British Object Relations theorists, but the approach to them was wary due to their seeming neglect of the importance of instinctual forces and the defenses against them. As for Klein and Bion, the former was seen as promoting unsound, speculative ideas concerning the capacity of infants to fantasize. Brenner pointed out that the immaturity of the infant's brain in the early months of life precluded the development of the kinds of fantasies Klein spoke of and the New York Institute faculty overwhelmingly supported Anna Fraud in

maintaining that Klein's ideas were unsupported by evidence and were both misleading and dangerous. Bion was largely an unknown figure whose work was not read by students or faculty. The few colleagues who were acquainted with his writing considered him more or less a crackpot. On one occasion, when I had borrowed a book by Bion from the library in an effort to learn something about his work, Brenner noticed that I was carrying a volume of some kind around with me and asked: "What are you reading, there, Ted?" I told him of my interest. "Oh, Bion," he replied, "I met Bion a couple of times at meetings in California. If you talked with the man for five or ten minutes, you thought you were speaking to a normal person." He regarded Bion as a severely disturbed individual, possibly covertly psychotic, and for him Lacan's work was not only impossibly, abstruse, mythical, and entirely lacking in clinical evidence, but he viewed the man himself as a psychopath.

This view of Lacan was widely shared by the émigré Freudian analysts, many of whom believed that Lacan's critique of traditional analysis and, particularly, his attack on ego psychology, was largely motivated by his hostility to, and reaction against, Rudolph Loewenstein, who had been his analyst in Paris and toward whom he harbored much hostility.

When it came to social issues, such as race relations, gender discrimination, voting rights, the anti-war movement, homosexuality, and the rights of Black and gay people, psychoanalysis and the institute at which I trained had essentially nothing to say. I am not speaking of individual analysts. A great many of them were liberal in their thinking and voting. Overwhelming White and Jewish, they were entirely on the side of progressive movements in The United States. Some were activists who joined the Vietnam War protests, the civil rights March on Washington, and the student demonstrations that were widespread in the late sixties. Most, however, limited their participation in politics to voting for liberal causes and donating money to the candidates who supported them.

Most notable in light of several of the papers by more recent graduates that appear in this issue of *The Quarterly* is that in the sixties and seventies political and social issues were deliberately kept out of the consulting room. Of course, patients brought them in, often quite emotionally, but their thoughts and feelings about these topics were analyzed, like any other material, as aspects of the patient's psychology. It

was material to be understood and interpreted as reflecting facets of the patient's character, conflicts, and compromise formations. There was no attempt to introduce social and political issues into the analytic process or make that process more sensitive or responsive to the problems of society.

Quite the contrary. A number of experienced, highly regarded analysts expressed the view that analysts should avoid being political, even in their private lives. Phyllis Greenacre, a superb, humane, and scholarly analyst who wrote many quite wonderful papers, held that analysts should not join demonstrations or otherwise take a public stand on political issues. Their patients could become aware of such activities and this would violate the principles of anonymity and neutrality.

It was not that Greenacre and others who held such views were insensitive to the burning social issues and upheaval that was taking place at the time—the period of the 60s was the height of the civil rights movement and the anti-war demonstrations that put an end to Lyndon Johnson's presidency and the Vietnam War—but these traditionalists believed strongly in the sanctity of the psychoanalytic situation. To her and many others like her, the task of analysis was to explore and understand the unconscious forces at the root of the pain and suffering that caused our patients to seek our help. From that perspective, analysis is a treatment that is, and must be, a-political, just as the brain surgeon or the orthopedist or the cardiologist must be a-political. All are healers who seek to relieve suffering. They do not, and must not, politicize the treatments that they offer.

This did not mean that there was not concern among some analysts about the fact that analysis benefits so few individuals; that it is, in effect, a treatment for largely White people, whose circumstances allow them to pay substantial fees. There were, of course, the analytic clinics, a part of many training centers, that provided low cost psychoanalysis to suitable patients. This was an effort on the part of organized analysis to extend treatment to those who could not afford private fees. It was one of the few aspects of organized analysis in this country that offered a public service and, over the years, a large number of patients benefited from it. But the clinics served another, equally important purpose. They were a major source of analytic patients for candidates. Thus, applicants to the clinics were carefully screened for their suitability for analytic treatment.

In practice, this meant that those selected were almost all White, middle-class individuals; students, teachers, early career professionals—largely in the mental health field—artists, and some businesspeople. There were, perhaps, a few individuals from the lower socio-economic class, and a few—very few—people of color. The reach of psychoanalysis into this segment of the population was all but nonexistent.

As for students, there were very few Black or Hispanic candidates. It was rare for an institute to receive an application from such individuals and efforts on the part of institutes to solicit and/or encourage such applications were equally rare. This striking disparity in the candidate population was talked about and lamented, but nothing was done about it. In part, this was due to the fact that few minority students were physicians or psychologists at the time—social workers were not admitted at many, if not most, of the institutes—and few of them were in a position to offer scholarship aid.

And in this area, there was little demand for change among American psychoanalysts. Commanding more interest and active engagement was the widespread policy among institutes of not admitting gay individuals to our training programs. "Homosexuals" were viewed, by and large, as individuals whose psychosocial development had been arrested at an early age, who had not traversed the normal Oedipal period and resolved it with an identification with the same-sex parent but were fixed in the anal-aggressive and narcissistic stages of development. Hence, they could neither be effectively analyzed nor treat others analytically. Scores of gifted individuals were denied admission to institutes and those who gained admission did so by concealing their sexuality. A significant group of gay analysts existed in this country, almost all of whom kept this sexual orientation a closely guarded secret. However, a growing movement among gay psychiatrists and analysts put pressure on their organizations to re-evaluate their policies, and with the help of growing scientific evidence disproving the widely taught idea that homosexuality was a pathological entity, the doors of the institutes finally opened to gay colleagues. The result has been to immeasurably enrich our field.

Beginning in the mid-eighties, socially conscious analysts in various parts of the country called for organized analysis to take a stand on political and social issues and make its voice heard on the

important social issues of the day that, increasingly, were coming to the fore; women's rights, medical care, social and gender discrimination, police brutality, poverty, and the inequities in American life, as well as the rights of gay, lesbian, and other people with nonconforming identities. Until then, American psychoanalysis had been notoriously timid in speaking out on such matters. The taboo against analysis being politicized had kept most of our organizations on the sidelines, its official voices muted.

Despite growing interest in these social issues, for some years the response of both analytic societies and individual analysts was limited and cautious. Some progress was made. APsaA and some analytic societies took stands against social and religious discrimination, as well as other issues, but in their professional lives the majority of analysts focused on matters having to do with the theory and practice of analysis. For the most part, their politics were limited to the disputes over membership, certification, and training analysts' appointments that were roiling our rational organizations. It is only in recent years that social and political problems have entered our discourse in more active ways.

Both our institutes and national organizations, as well as an increasing number of individual analysts, have been outspoken about the issues of discrimination and injustice in The United States and our scientific programs have reflected these concerns. A significant number of them have been devoted to an analytic understanding of LGBT and women's issues, as well as racial and religious discrimination, gender nonconformity, and the psychological impact of growing up in nontraditional families.

Beyond these efforts to apply analytic thinking to a variety of societal problems, a number of analysts, including two of the contributors to this issue, have advocated bringing such concerns into the analytic situation. They argue for actively investigating patients' conscious, and, especially, unconscious attitudes, beliefs, and biases with regard to social, political and, racial issues, and, through confrontation and interpretation, bringing them to the forefront of their awareness. Increased awareness, however, is not the sole goal. The aim, either strongly implied or explicitly stated, is for this analytic work to effect positive change in patients' attitudes. Through analysis, patients will confront and alter their long-held,

often unconscious, biases, and prejudices. Thus, analysis will be an active force in changing the unconscious biases, and unthinking, automatic discriminatory behavior of our patients. In this way, analytic treatment will no longer maintain its neutral, uninvolved stance. This long-held position on the part of traditional analysis, these modern critics say, is no longer viable, as it ignores the injurious, biased and prejudiced views of many of our patients. The more active engaged approach that they favor, on the other hand, will bring to the fore, and hopefully lead to, correction of these prejudicial ideas and fantasies.

A most articulate, thoughtful, and passionately engaged spokesman for this point of view is Francisco González. In his beautifully-written, well-argued paper, he writes persuasively about the unconscious transmission from one generation and one institution to another, of biased attitudes and behavior that are perpetuated by such transmission and that defy change.

Citing an aspect of the mind that evokes Jung's concept of the collective unconscious, González speaks of the existence of a social unconscious. By this he means the active presence in the unconscious, of internalized attitudes and values of the society in which we are raised. Insofar, are as they are prejudicial and biased, they need to be addressed in the analytic situation. He points out, too, that organized analysis, as well as individuals, has been seriously affected and damaged by the incorporation of society's values. Our analytic societies, he says, have become gated communities that have inherited, and perpetuate, White privilege. For the necessary change to take place in our field, González argues, we must recognize that "the social field is an essential constituent of psychoanalysis, both within its unfolding as clinical praxis, and as a foundational element of its theoretical evaluation" (p. 746, see this issue).

González's call for change is radical. It challenges our long-held beliefs concerning what the unconscious mind is, the purpose of its exploration in analytic treatment, and the goals of analysis. González also calls for a change in our attitude toward the work we do.

In addition, González sees a change in analytic practice as inevitable: "The exclusive focus on individual treatment, the full-time engagement in the private practice of psychoanalysis and analytic therapy," he believes, "cannot endure. To do the necessary work of engaging the

social dimensions of psychoanalysis means working within our institutes and with other groups of collectives to broaden the cultivation and reach the psychoanalytic process" (p. 767, see this issue). And, he adds, "The future analysts will be more engaged in applying psychoanalytic insights to groups and communities to help solve the variety of problems, many the consequence of unconsciously transmitted racial and gender biases" (p. 767, see this issue).

In his final remarks, González makes a fateful prediction: "I don't see how we can keep from doing the psychoanalytic work of the social and still remain a viable practice. It is an inevitable catastrophic change" (p. 767, see this issue). This is a powerful challenge to psychoanalysis as we know it and have practiced it for more than a century. It is echoed by other young colleagues who feel that the time for change in the way that we do business has come. I will comment shortly on these ideas which are strongly influenced by the times we are living through and the substantial change taking place in our society.

Another proponent of change, less in practice than in increased awareness, is Mead Goedert, who, in his contribution, writes of concerns not dissimilar to that of González's. His focus, however, is on countertransference and the unconscious racism that has infiltrated, and is often enacted, in our countertransference reactions. Through cogent clinical examples involving his own experiences, Goedert demonstrates how racialized dynamics have affected his analytic work, at times skewing his understanding of a patient's actions and, causing him to behave in prejudicial ways. His presentation, specific and convincing, provides a living illustration of González's argument that the social unconscious operates continuously and forcefully in the analytic situation and that our efforts go to be in touch with our countertransference responses must include active awareness of the pervasive influence of biases and erroneous, inherited beliefs in the mind of the analyst.

Unlike González, however, Goedert does not call for change in our understanding of the theory and practice of analysis. His interest is in increasing our awareness of a patient and potentially dangerous forces in the unconscious. In that interest and concern, he shares with González the view that as analysts, we have blinded ourselves to a centrally important aspect of our psychology, one that has not been a major

concern of those who have written about countertransference issues and their impact on the analytic process.

This shared focus on the social dimension of the analyst's psychology represents a shift in emphasis that has taken place in recent years and that has been accented by the increased focus, in contemporary American society on racial, gender, and economic discrimination. In this way, the thinking of a number of younger analysts about the analytic situation and the task of analysis mirrors the changing society in which we now live.

Another colleague whose essay explores the impact of a changing society on the analytic process is Sumru Tufekcioglu. Her focus is on a particular type of patient, individuals who are part of what has been called the millennial generation. These are people who were born between the 1980s and the end of the century. Today they range in age from the mid-twenties to early forties. Tufekcioglu maintains that such patients grew up in a different world from that experienced by previous generations. As a result, their life experiences and interests are different, and what they are seeking, and need, from analysis is a different approach from which we employ in treating patients who do not belong to the millennial group. Tufekcioglu's perspective differs in a substantial way from that of González and other young analysts in that she proposes significant changes in the thinking and practice of analysis. She holds that the different experiences that Millennials have had growing up have led to different problems in living. Moreover, in her view, the cultural changes that have deeply affected the millennial generation have required shifts in our understanding of their psychopathology, with consequent revisions in our theories and techniques of treating them.

In other words, in her view, the problems that the millennial patient brings to analysis, are determined, in large part, by cultural factors and their treatment has been similarly affected. As Tufekcioglu sees it, Millennial patients must contend, as do others, with troubling symptoms and share with them the search for personal meaning. Their main problem, however, has to do with difficulty in creating an external life that suits their unique and highly valued sensibilities and preferences. In other words, the Millennial patient is faced with, and often seeks help in finding, a satisfying match between his talents, abilities, and lifestyle and

the outside world in which he lives. This includes the work he chooses, the environment he inhabits, and the social life in which he engages.

The main task of the analyst is to help her patient find that satisfactory match. That is, to work with him, to find an environment, or outside world, that allows him to gratify his preferred way of living and to use and enjoy his unique abilities and talents, an environment, in short, which allows him to shine. Just how the analyst is to go about helping her patient achieve this goal is not spelled out in Tufekcioglu's essay. One has the impression that it is not primarily through exploration and interpretation of the patient's inner conflicts and maladaptive compromise formations—although that may be a key part of Tufekcioglu's conception of therapeutic action—so much as it is by observing her patient's choices, pointing out areas of mismatch, and guiding him toward a better alignment of his talents, abilities, and predilections with the outside world. The idea that the problems of the Millennials are fundamentally different from those of other patients and that of the world in which they grew up is responsible, in large measure, for those changes constitutes a way of thinking about the origins of the patients' difficulties that is very different from that of traditional analysts. The latter views patients as struggling with conflicts that have their roots in their personal histories, including their biological givens, their unique development, the parenting and other environmental influences that they have had to contend with, the impact of internalized objects, and the way that they have resolved their inner conflicts through the development of the compromise formations that they have forged.

Tufekcioglu's view, which calls for fundamental change in analytic theory and practice, is quite different from González's perspective, which also entails change in the analytic process.

González's position does not alter our basic understanding of conflict, defense, and compromise formation. It involves a broadening of our appreciation of the unconscious forces at work in our patients—and ourselves—by recognizing the existence of an aspect of the unconscious that carries within it the internalized attitudes, values, and prejudices of the society in which we live.

In her thoughtful, scholarly and quite remarkable contribution, Avgi Saketopoulou also touches on the issues of race relations. Fully half

of her paper is devoted to an explication and analysis of *Slave Play*, by Jeremy O. Harris that took Broadway by storm last season.

The play examines the complex dynamics, including erotic, sado-masochistic, master-slave, fantasies—and actions—that underlie racist attitudes and behavior. Saketopoulou is interested in race relations and the history and psychology of master-slave, White-Black interactions, but in her essay, she primarily uses her analysis of *Slave Play* to examine a phenomenon that has captured her interest and that she wishes to explore. This is what she calls "limit consent," the name she gives to a situation in which one does not give positive consent to an action being carried out on one's person but does not actively oppose it either. One allows it to happen. Saketopoulou puts the question she has in mind this way.

Saketopoulou wants to know, she writes, "what may come of being subjected—by discourse, history or through the intervention of the other—to something to which we did not entirely, or even at all, consent" (p. 773, see this issue). What is of particular interest to Saketopoulou is that such limit consent experiences may have surprising outcomes, including the unexpected occurrence of erotic satisfaction. This phenomenon was enacted in the master-slave, Black-White relations graphically demonstrated in *Slave Play* and that has infiltrated a variety of interracial and other relationships.

It is this intriguing phenomenon that Saketopoulou explores in her wide-ranging paper. Not only does she delve into the psychology of limit consent behavior, but with truly impressive erudition, discusses the historical background and aspects of the neuropsychology of experiences that involve this kind of passive, going-along behavior that straddles the line between active consent and the withholding of it. The issue of limit consent Saketopoulou writes about is one to which she has given a great deal of thought and which she has explored in other of her writings. The larger issue of consent and its various permutations involves such matters as date rape, sex without express consent, and a number of related issues that are of major concern in today's society. In this way, this comprehensive and well researched essay, like the contributions of González and Goedert, is concerned with a socially relevant matter. Saketopoulou's investigation, however, goes beyond the social perspective to open up complex issues involving psychological,

neurophysiologic, and philosophic questions. Its origins, however, one suspects, lie in the author's interest in and understanding of the way in which limit consent operates, as a concealed, but important element in the sado-masochistic behavior that is an inherent part of racial violence and sexual abuse.

Like Avgi Saketopoulou, Sarah Ackerman, in her contribution, focuses on an issue about which she feels strongly. This is the lack, in contemporary analytic training, of a rigorous and comprehensive theory of psychoanalytic practice. "Today's candidates," she says, "lack training in the formulation of a patient's psychopathology or what drives analytic action. They are left to improvise based on their individual experience, or intuition of what psychoanalysis is supposed to be" (pp. 667–668, see this issue). Ackerman goes on to criticize American psychoanalysis as having been excessively influenced in its development by a focus on the ego and its resistances. Reductive conceptions of the ego and superego are idealized and she agrees with Bruno Bettleheim, who believed that in the extension of psychoanalysis from Europe to America, much of the affective or spiritual qualities of Freud's ideas were lost in translation. Ackerman goes on to enumerate this erroneous path that analysis in America has taken as, increasingly, it has moved away from the richness and depth of Freudian's ideas. And citing the emergence of multiple theories in contemporary American analysis, she maintains that this development "only drew analysts further from a unified theory of analytic practice, making some essential aspects of Freud's discovery even more remote" (p. 673, see this issue).

Citing her own analytic education, Ackerman describes her extensive and intensive immersion in Freud's works as the indispensable core of her training and the most important and gratifying educational experience she's had.

Articulate, deeply felt, and passionate, Ackerman's argument is not one often heard in America today. In its concern with the loss of the essential Freud, it is reminiscent of the argument of the émigré analyst who shared Freud's concern that American culture and pragmatism would lead to the dilution and distortion of Freud's great gift of depth psychology.

Unlike those analysts who were close to Freud and embraced the work of Anna Freud, Hartmann and others who extended Freud's work

through their investigation of the roles that the ego and superego play in modulating the drives and fostering adaptation, Ackerman takes up the criticism, often voiced by French analysts, that these studies in ego psychology had an unfortunate effect in that they took American analysis away from Freud's pioneering exploration of the unconscious. This view, I believe, is the result of a misunderstanding of ego psychology and its relationship to unconscious forces, but this is not the place to enter into this debate.

Rather, it is to offer my admiration and praise for Ackerman's thoughtful, well-written, and valuable essay. In it she raises important questions not often asked. Where does modern American analytic education stand with regard to our great Freudian heritage? Have we built on, and added to, Freud's seminal contributions, or have we moved in the direction of realizing his fear that American analysis would move away from an appreciation of the unconscious mind to embrace an interactive, transactional model that, although providing a useful perspective on an aspect of psychology, has lost its connection to the deeper forces operating in the mind; the unconscious fantasies, beliefs, and instinctual strivings that lie at the root of our patient's struggles.

In his scholarly and thoughtful essay, Rodrigo Barahona both touches on issues that are of great interest to American analyst—the writings of Wilfred Bion and the phenomena of enactments—and at the same time focuses on a specific interest of his own, one that reflects his immersion in, and mastery of, Bion's complex theoretical formulations. Barahona's interest is in the link between dreaming, enactment, and transformation in hallucinosis. Following Cassoria's work, he discusses and illustrates through a clinical example how "transformations in hallucinosis and nondreaming can function as a source for the actualization of traumatic emotions in the transference and in the analytic field" (p. 694, see this issue). That is, these processes, taking place in the deeper layers of the mind, lead to, and foster, the development of enactments. This is not easy material to grasp and it is most impressive the way that Barahona demonstrates both his understanding of it and how it may manifest itself in clinical work. Thus, he makes a valuable contribution to our understanding of how Bion's theoretical formulations offer creative ways of explaining certain unconscious processes that underlie familiar clinical phenomena.

What is also of interest is Dr. Barahona's embracing of Bion's thinking as a new, and presumably, better way than our traditional Freudian one of understanding the operations of the mind. He does not make this explicit, and he may, in fact, utilize both Freudian and Bionian concepts in his clinical work. But his keen interest in Bion, along with trends I have noticed among younger colleagues to move away from the traditional Freudian way of thinking about the mind in favor of Relational, Kleinian, Bionian, Kohutian, or Object Relations approaches suggests that analytic education in The U.S. may no longer be making our historic Freudian heritage the bedrock of analytic training. If this is so, we may see a new form of analytic treatment emerging in this country, a development perhaps foreshadowed by the kinds of interests expressed in the innovative and creative contributions of colleagues like those who have contributed to this issue, colleagues who care deeply about analysis but whose vision of it includes its being a relevant and effective force, not only for individuals but for society as well.

This perspective is very different from the concerns of the young analysts of my generation and, so far as I have been able to judge, of a significant segment of the recent graduates today.

This latter group, I suspect, are those who have trained in traditional Institutes whose focus has been on a core Freudian curriculum to which has been added exposure to other theoretical approaches.

Such colleagues more closely resemble the graduates of my generation in that their interest is in exploring question of theory and practice within the framework of a Contemporary Freudian or Modern Conflict Theory. They are also concerned with issues having to do with the organization and functioning of their Institutes and of APsaA in relation to the needs of their members. While sharing with other recent graduates a keen interest in contemporary political and social issues and how psychoanalysis, with its unique insights and knowledge of unconscious mental processes, can contribute to better understanding of the deeper force at work in shaping these issues, few of the younger analysts I know are as passionately engaged in applying psychoanalytic ideas to societal problems—and vice versa—as are several of the contributors to this issue.

One thing is certain. In my day, none of the papers in this issue could have been written, or even dreamed of. There was little interest in

extending the reach of psychoanalysis into the larger world, and no interest in the problems of the world changing psychoanalysis. It was enough to try to determine which of the emerging theories had value and whether or not they could be integrated in a useful way into our traditional concepts. That and the ongoing political concerns within psychoanalysis itself were more than enough to occupy us outside of the consulting room.

So, if the papers in this issue are representative of the interests and concerns of many—but by no means all—of the younger generation of analysts, what does this mean for our field?

This is the question that I found myself asking as I read these engaging papers. How will psychoanalysis evolve over the next several decades? What will it look like? The movement toward making analysis a more active instrument for social good is strong. But what this will actually entail is not at all clear.

There is no doubt that, increasingly, analytic organizations and individual analysts will make their voices heard in support of progressive humanitarian causes. There will be greater effort to apply analytic thinking, and especially what we have learned in recent years about infant-mother interaction and child development, to organizations and groups in the community that need our expertise to aid them in their efforts to promote health and well-being, and to combat violence and delinquency in vulnerable and disadvantaged populations.

But what about analytic treatment, the analytic process itself? Will that remain essentially as it has been for more than a century, a dedicated, one to one, a-political, nonjudgmental treatment devoted to the relief of neurotic suffering through the exploration of its unconscious sources? Or will analysis evolve into a treatment, as mentioned above, whose goals have expanded and altered so that it is concerned not only with the individual, but seeks, to contribute to the betterment of society by exposing and altering in individuals, groups, and institutions the prejudicial attitudes and values that have infiltrated, and become, an inherent part of, themselves?

And will analysis have changed in another way as well? Will it have endorsed Tufekcioglu's idea that as the world changes, it, too, must change? And will it have accepted her conviction that a population

growing up in a changed society with changing values requires a different kind of treatment, an analysis that seeks to help individuals whose choices in life are maladaptive find a better match between who they are and the world they inhabit? In either case, psychoanalysis will not be the discipline in which many of us have trained and to which we have devoted our lives.

No doubt the new treatment, if it comes into being, will offer substantial help to many individuals and will also aid society in the achievement of important social and political goals in ways that traditional analysis has not. But in so far as it eschews exploration of the unconscious mind, the new treatment will not be psychoanalysis. It will be an adaptation of it in the way that much analytically oriented psychotherapy draws on, and makes effective use of, analytic principles without claiming to be psychoanalysis. The psychoanalysis that we know, however, will not, I believe, simply dwindle to nothingness and become a thing of the past, a historic relic, as some have predicted. It will continue to live, to endure as it has done through so many years of strife and change.

Psychoanalysis will endure because it deals with the essence of who we are and how we forge our destinies. Political change, societal change, changes in the environment, will alter our world and the way we live in it. But it will not change the core of ourselves and the conflicts that arise, both within ourselves and with the demands of a complex world. And as individuals struggle with, and feel the pain inflicted by those conflicts, there will always be some, perhaps not few, who will understand that it is only by grappling with the unknown in themselves, with the ghosts that haunt them, that true healing can take place.

REFERENCES

ACKERMAN, S. A diagnosis for psychoanalysis in the 21st century: Freud as medicine. *Psychoanal. Q.* 83(4):TK

BARAHONA, R. Living the non-dream: an examination of the links between dreaming, enactment and transformations in hallucinosis *Psychoanal. Q.* 83(4):TK

GOEDERT, MEAD. Racism in the countertransference. *Psychoanal. Q.* 83(4):TK

GONZÁLEZ, F. J. First world problems and gated communities of the mind: an ethics of place in psychoanalysis. *Psychoanal. Q.* 83(4):TK

SAKETOPOULOU, A. (2020). Risking sexuality beyond consent: overwhelm and traumatisms that incite. *Psychoanal. Q.* 83(4):TK

TUFEKCIOGLU, S. The Millennial turn in psychoanalysis. *Psychoanal. Q.* 83(4):TK

---

46 Walworth Avenue,
Scarsdale, NY 10583

theojmd@aol.com

Correction

Published online: 27 Oct 2020.

Submit your article to this journal ☒

Article views: 37

View related articles ☒

View Crossmark data ☒

CORRECTION

Dr. Nancy Chodorow has pointed out factual misreadings in Dr. Robert Ehrlich's book review of her book, *The Psychoanalytic Ear and the Sociological Eye: Toward an American Independent Tradition*, which ran in Volume 89, Issue 3 of *The Psychoanalytic Quarterly*. The review mentions Chodorow's "fractured" family during World War II, and her mother being "left without her husband for long periods of time" because of her father's frequent trips west. What Chodorow writes is that her father's co-workers in New York were from the West, and that her own family moved West in 1947. Her observance about mothers relying "on the help of friends and family members" referred to women whose husbands went away to war.

Developmental perspectives in child psychoanalysis and psychotherapy

Edited by Christopher Bonovitz and Andrew Harlem. London and New York: Routledge, 2018, 298 pp.

Jill M. Miller

Published online: 27 Oct 2020.

Submit your article to this journal ↗

View related articles ↗

View Crossmark data ↗

BOOK REVIEWS

DEVELOPMENTAL PERSPECTIVES IN CHILD PSYCHOANALYSIS
 AND PSYCHOTHERAPY. Edited by Christopher Bonovitz and
 Andrew Harlem. London and New York: Routledge, 2018, 298 pp.

Developmental Perspectives in Child Psychoanalysis and Psychotherapy is part of
the Relational Perspectives Book Series that publishes contributions to
the Relational tradition in contemporary psychoanalysis. In the
Introduction to this collection of thirteen essays, Andrew Harlem out-
lines some of the innovations that have influenced the ways these con-
tributors think and work, for example, "the relational turn, nonlinear
systems theory, post-modernism and feminism, and reconceptualization
of gender development" (p. 2). It is these theoretical perspectives, he
says, that motivated this volume which is intended to describe and clinic-
ally illustrate child analytic work. The focus is therapeutic action which,
in contemporary relational psychoanalysis "must include an accounting
of the analyst's internal process and psychic/conceptual work, for it is
this work that informs clinical technique" (p. 276).

   The book is divided into four sections. In the first, authors incorpor-
ate research in child/infant development with ideas about reflective
functioning and mutual regulation, as children move along the develop-
mental line of a capacity to "be with" another. The second section
focuses on the role of play: how it is used, understood, and contributes
to the growth of the mind. The third section centers on mutuality, the
self, and relatedness; the fourth explores the ever-growing conceptual-
ization of gender and sexuality. While it is impossible to discuss each of
these sections in great detail, I have chosen to highlight a few chapters
that particularly caught my attention.

Graham Music's "Neglect and its neglect: developmental science, psychoanalytic thinking and countertransference vitality" is one such exemplary chapter. Music uses the term neglect to cover a broad spectrum, from mild to extreme, and emphasizes that what is most important in considering these children is not what happened to them, but what did not happen. In this scholarly work, Music infuses psychoanalytic ideas with research from neuroscience, attachment, and developmental psychology to make sense of these emotionally neglected children who, he says, often "lack much awareness of minds and mental states, of stories and imagination," "struggle with emotional expression, have little sense of agency," and "lack much capacity for ordinary enjoyment" (p. 89). For the analyst, the countertransference is difficult as she works to tolerate boredom, and be spontaneous, authentic, and emotionally alive. Technically, the analyst struggles to find ways to enliven the child but not intrude, and to facilitate the growth of a sense of agency and enjoyment.

Music details the psychotherapy of 10-year-old Martin who had an unfortunate beginning as his family dealt with multiple traumas and losses. He was an easy baby and a well-behaved child who caused few problems for others, the kind of child who can be missed and rarely finds his way into treatment. Music's interpretations were often met with silence as he struggled with the consequent technical challenges. It was his countertransference which eventually helped him, how it felt to be in the room with this patient, as he says, "bearing my feelings, whether of boredom, irritation, wanting to shake him up or drifting away" (p. 84), and facilitated the analytic process. Components of the therapeutic action included a process of not only enlivening himself, but reclaiming and enlivening his patient, paying attention to body states, and understanding that the deadness he felt was not due to Martin's projections, but to his own role responsiveness.

In his chapter, "The emergence of the analyst's childhood: embodied history and its influence on the dyadic system," Christopher Bonovitz describes the internal process quite differently, as the therapist recognizing and making sense of aspects of his own childhood as these emerged during the course of his patient's therapy, memories, which once known, could be integrated. In concert was 10-year-old Peter's embodied history, both unconscious and nonverbal. Bonovitz beautifully

illustrates the back and forth between these histories and the way, via the relationship, the patient moved forward along a developmental trajectory. As he describes, "the therapist's internal struggle to articulate and symbolize aspects of his own self as a child as they emerge hold the potential to make links with dissociated aspects of the child patient's mental life," the unspoken connections which can "disrupt the rigidity within the system, creating a kind of disequilibrium that further opens up the system for change" (p. 143).

Neal Vorus, in his chapter, "Theory of mind and therapeutic action: a contemporary Freudian integration," aims to address what he considers to be a "conceptual divide" in the field of "Freudian" child psychoanalysis, "a tendency to view either interpretation *or* the therapeutic relationship as the primary ingredient of change" (p. 158). He conceives of this "traditional" child analysis as using a model of therapeutic action that holds "verbal interpretation of unconscious content as the gold standard" (p. 163), with other possibilities, such as the idea of "developmental help," as contrasted with "the analysis" utilized when analysis proper does not work (p. 163). While I understand that Vorus's comments may apply to classical Freudian adult psychoanalysis, contemporary Anna Freudian child analysis is different. From that orientation, the relationship in all of its dimensions is central. Interpretation is only one of many techniques the analyst has at her disposal. What is important to understand is what the child's developmental needs are and to consider: Anna Freud asks: "How is the child using the analyst, what is the nature of the relationship and why? How and why does it change? What from the therapeutic possibilities is the child making use of."[1] In addition, analysis and developmental help are no longer thought of as separate entities with one privileged over the other; rather developmental help is a technique that plays a role in every analysis.[2]

In contrast, to the traditional Freudian model he has proposed, Vorus proposes a theory of mind orientation, arising out of the work of

[1] Miller, J. M. (2013). Developmental psychoanalysis and developmental objects. *Psychoanal. In.*, 33:312-322, p. 314.

[2] Hurry, A. (ed.) (1998). Psychoanalysis and Developmental Therapy. London: Karnac Books; Miller, J. M. (2013). Developmental psychoanalysis and developmental objects. *Psychoanal. In.*, 33:312-322. Neely, C. (2020). The developmental object and therapeutic action. *Psychoanal. Stud. Child*, 73:109-118.

autism researchers with further contributions from people like Fonagy, Target, Gergely, and Alvarez, which he combines with earlier ideas from Loewald. Throughout the chapter Vorus outlines these ideas, then illustrates them clinically in his work with 3-year-old Billy whose father died of a long illness prior to Billy's third birthday. Vorus offers a touching illustration of the ways he used his subjective experience in the play to give voice to Billy's internal world and the resultant deepening and expansion of the analytic material.

Avgi Saketopoulou's contribution focuses on transgender children in her chapter "Holding futurity in mind: therapeutic action in the relational treatment of a transgender girl." Her conceptualization is that gender/body mismatch is a painful experience, which the child manages by mobilizing an unconscious fantasy of gender/body match. An outcome aim of an analysis is to understand that "the body one has needs to be known to the patient so that, when necessary, it may eventually be given up" (p. 267). This painful process is illuminated through the therapy of 5-year-old Jenny, born male, but with an insistence she was female. It was her therapist's gentle focus on registering, appreciating and eventually mentalizing the connection between her gender and her body, and by helping her bear the resulting pain that allowed Jenny to move forward developmentally. Sakeopoulou outlines "two sets of relationship tools," which she believes helped her to help this child. The first was an understanding of the socially constructed nature of gender. The second is that relational work "privileges the role of futurity" as "what made clinical sense in the here and now also hinged on what would be possible in the future," in contrast to "most schools of psychoanalysis" where it is "the past (conscious memory and the archival unconscious)" that "drives the work" (p. 277). As a child psychoanalyst who holds a developmental viewpoint, I would disagree with the idea that the future is not central in child work. The work is all about the future. Not only do all individuals have an inherent developmental thrust, which analysis can ignite, but, as Anna Freud wrote,[3] the aim of child analysis is to intervene in the developmental process in order to

---

[3] Freud, A. (1965). *Normality and Pathology in Childhood.* New York: International Universities Press.

help the child move forward, an approach which always has a view toward the future.[4]

Lastly, I would like to note Miriam Steele's chapter, "Trauma and attachment: clinical techniques to enhance reflective functioning." As one of the first attachment researchers to incorporate the Adult Attachment Interview and Strange Situation protocols in longitudinal studies of intergenerational patterns of attachment, it is fitting that her essay illustrates the ongoing relevance of John Bowlby's motto, "No therapy without research and no research without therapy" (p. 51). Steele describes how the Adult Attachment Interview inspired the concept of reflective functioning (RF), which she defines as "the capacity to envision and think about mental states in oneself and others in the service of building realistic models of why people behave, think, and feel as they do" (p. 53). She goes on to ask, "how do we promote the capacity for RF," which "remains the sine qua non to understanding therapeutic action; that is, the 'why and how' of therapy" (p. 53). Through a presentation of detailed clinical material of a three-year therapy of Julie, a 10-year-old adopted child, Steele closely follows the process of the why and how to elucidate, "the actual agents for change or aspects of a therapeutic intervention that bring about therapeutic action in treatment" (p. 60).

As one of the contributions in the long tradition of the relational book series, which began in 1992, it is refreshing to find a volume devoted to analytic work with children. I found each chapter interesting and insightful replete with vivid clinical examples. The authors do attempt to delineate some of the wide range of techniques within the analytic relationship that are part and parcel of child analysis. As Carnochan said in his chapter, "The universe of play: technique in contemporary child therapy," "the therapeutic action of child analysis is not singular" and "the list of principles guiding analytic technique is not finite," therefore "we must be willing to find new ways to reach and help children" (p. 107). It was Anna Freud[5] who believed that children take

---

[4] Miller, J.M. (1996). Anna Freud: A historical look at her theory and technique of child psychoanalysis. *Psychoanal. Study Child*, 51:142-171.

[5] Freud, A. (1965). *Normality and Pathology in Childhood*. New York: International Universities Press.

what they need from an analysis when offered the full range of possibilities that are contained in child analysis and understanding what they take and why refines our technique, as well as our understanding of psychopathology.

JILL M. MILLER (WASHINGTON D.C.)

PSYCHOANALYTIC PERSPECTIVES ON VIRTUAL INTIMACY AND COMMUNICATION IN FILM. Edited by Andrea Sabbadini, Ilany Kogan, and Paola Golinelli. London and New York: Routledge, 2019, 214 pp.

"You may not be able to put the book down" ("Preface", p. xi): Glen O. Gabbard correctly predicts in his enthusiastic preface to this engaging book. It is striking how much more this applies in the context of the COVID-19 pandemic that has forced millions of people to stay home, and to reconsider their relationships to the digital devices that now are so critical to keep them in contact with others.

Psychotherapists and psychoanalysts have been working remotely, and this volume of essays seems particularly topical as it anticipates many reflections, questions, and issues that have only expanded in recent months. Our current extreme situation has forced everyone to deal with relationships deprived of physical presence and the authors of the essays contained in this book consider with rigor and creativity varieties of engagement with technology, which have only become more relevant in a time when thinking through the role of technology in intimacy is a necessity, not an option.

Film—comparatively an old medium—has long been of interest to psychoanalysts and to writers from many different disciplines. The essays in this book focus on films which address the changes in human relations caused by the digital technological revolution and by the hybridization between man and machines. The film "Her" (2013) is the protagonist of ten of the thirteen chapters of this book, while the remaining three deal

The Psychoanalytic Quarterly

Psychoanalytic Perspectives on Virtual Intimacy and Communication in Film

Edited by Andrea Sabbadini, Ilany Kogan, and Paola Golinelli. London and New York: Routledge, 2019, 214 pp.

Elisabetta Marchiori

what they need from an analysis when offered the full range of possibilities that are contained in child analysis and understanding what they take and why refines our technique, as well as our understanding of psychopathology.

JILL M. MILLER (WASHINGTON D.C.)

PSYCHOANALYTIC PERSPECTIVES ON VIRTUAL INTIMACY AND COMMUNICATION IN FILM. Edited by Andrea Sabbadini, Ilany Kogan, and Paola Golinelli. London and New York: Routledge, 2019, 214 pp.

"You may not be able to put the book down" ("Preface", p. xi): Glen O. Gabbard correctly predicts in his enthusiastic preface to this engaging book. It is striking how much more this applies in the context of the COVID-19 pandemic that has forced millions of people to stay home, and to reconsider their relationships to the digital devices that now are so critical to keep them in contact with others.

Psychotherapists and psychoanalysts have been working remotely, and this volume of essays seems particularly topical as it anticipates many reflections, questions, and issues that have only expanded in recent months. Our current extreme situation has forced everyone to deal with relationships deprived of physical presence and the authors of the essays contained in this book consider with rigor and creativity varieties of engagement with technology, which have only become more relevant in a time when thinking through the role of technology in intimacy is a necessity, not an option.

Film—comparatively an old medium—has long been of interest to psychoanalysts and to writers from many different disciplines. The essays in this book focus on films which address the changes in human relations caused by the digital technological revolution and by the hybridization between man and machines. The film "Her" (2013) is the protagonist of ten of the thirteen chapters of this book, while the remaining three deal

with issues that are prominent in the film. "Her" aroused unusual interest in psychoanalysis, with analysts from different parts of the world independently presenting their work on the film at the 49th International Psychoanalytic Association Congress in Boston in 2015. Written and directed by Spike Jonze, "Her" won the Academy Award for Best Original Screenplay. The protagonist is Theodore Twombly, played by Joaquin Phoenix, a young man who writes love letters on commission, unable to tolerate the separation from his wife. To overcome loneliness, he purchases Samantha, an OS (Operating System) who has the seductive voice of Scarlett Johansson, and establishes an intense, intimate, if incorporeal relationship with her. The film is set in a time that when the film came out was considered the future. Six years later, when this book was published, the story had become our present. In this current time, during the pandemic, the sense of technological dislocation, and both its perils and promises, has only heightened.

While each essay stands on its own, there is a sense of ongoing conversation between the pieces and each inform the other. Maria Z. Areu Crespo in her chapter "Her: The Object in the Virtual World" speculates that part of strong reaction, as analysts, to this film, is because our consulting rooms are daily frequented by various versions of the narcissistic, self-centered, and complaining Theodore. We recognize the emotional detachment, the intelligence that does not help him get in touch with his feelings, nor tolerate frustrations and abandonment, the tendency to seek satisfaction in totalizing and all-powerful objects, denying otherness. She sees in the movie a case study of a suffering we are familiar with.

Andrea Sabbadini, explores in his chapter, "Intimacy in a Virtual World" the origins of close relationships in infancy to then question whether the physical presence of bodies is an indispensable condition for such relationships to exist and develop. As he considers the futuristic love encounters between Theodore and an OS embodied only in the seductive, disembodied, electronically produced voice of a woman, Sabbadini questions whether that special intimate relationship which is the psychoanalytic one can occur from a distance through such apps as Skype, with the bodies of analyst and patient meeting in cyberspace rather than, as is more conventional, in the same physical location. This of course is of particular interest now.

Llany Kogan's chapter "Could Your Next Psychoanalyst be a Computer?" considers the possibility that a computer delivering analytic therapy could substitute for the experience with a live analyst. In the movie, "Her," some of the techniques used by the computerized therapy provided by Samantha are clearly adopted from psychoanalysis: an (apparently) disembodied voice, the use of free association, the development of transference, accepting the patient's doubts, recognition of empathic failures, symmetry and asymmetry in the therapeutic relationship, and the use of interpretation and elaboration of (apparent) countertransference feelings. Kogan explores issues related to the apparently absurd but strangely compelling idea that a computer could be an analyst: what then is the goal of therapy, how can we understand the unconscious? Is there an urge to deny of corporal reality so we can deny separateness? What does it mean that there could be a mass reproduction of the therapeutic experience, how can one work through mourning and identification without a human analyst? Kogan posits that the use of technological devices for therapy fuels an illusion of omnipotence and believes that technical devices cannot substitute for a human analyst. But what about a human analyst only "seen" via technological devices? What do our remote therapies imply about the necessity of technology to safeguard therapeutic relationships which would otherwise have been traumatically interrupted? The illusion of omnipotence becomes perhaps dangerously transformed into our ensuring our patients our ongoing, but remote, presence.

Paola Golinelli, with her contribution "Love and Analysis in the Virtual World: The Perverse Side," focuses on love and sex and the loss of the physical body. Can the loss of the illusion of having crossed the limits of the body be considered an evolutionary moment? Theodore has been wounded by life and needs to stay far away from the physical presence of another person. His relationship with Samantha is based on his need to maintain a fusional, but limited connection: if he were to exceed it, it would mean moving into an irrational dimension, losing sight of the difference between the fantastic and the real. Yet it will be exactly "the body"—the non-interchangeable physical presence—which Theodore cannot connect to the voice he has fallen in love with, which will make it possible for him to detach gradually from the illusion of love and start living again. The body maintains and preserves that which was

experienced in the primary relationship. When OS Samantha instead offer him a rented body which only reminds him of what he had lost, Theodore gradually begins to see and accept the limits of the virtual, he comes back to being alive, whole.

The potential developmental use of technology is further explored by Donatella Lisciotto in "From Illusion to Creative Act." She argues that even an OS can have a "transitional function," in the Winnicottian sense, helping the patient to deal with the loss of primary illusion. This function allows a person to embark on that delicate phase of life in which they leave (or lose) primary illusion and, through a successful working-through of mourning, arrive at love and creativity. This passage defines the destiny of the love object in its transference declinations as well. The author offers a parallel with the story of three adolescents she had seen either in consultation or for psychoanalytic treatment. Using clinical examples, but taking into account their structural diversities, and in parallel to Theodore's story, she illustrates how the elaboration of primary mourning can significantly impact the development of an individual's personality, hesitating between a narcissistic process or what is defined as "creative act." By "creative act" the author means a process that takes shape when the process of working-through of mourning is successful. In this case, thinkability within an individual is initiated, whereby the creative component of the self, freed from the shadow of loss, can finally be expressed.

Simonetta Diena also tackles the theme of love in "The Future of Desire" and, interweaving the story of Theodore and Samantha with those of her patients, she wonders what "the thing we call love" (p. 126) really is, from a psychoanalytic perspective. For Diena, "Her" narrates a future that is quite close and quite similar to our present time, where everything appears to be transparent and microscopically close: the film plays with images of the transparency of water, the reflecting power of the crystal surfaces of buildings, the tridimensional side of videogames, and the sparkling brilliance of urban landscapes at night. It seems to be a way of suggesting the wish for transparency in the lives of the protagonist and his friends. It's the "future of a desire" as pure as the air, longing for clear and honest relationships, that can become true only by means of artificial reconstructions. *True love* is an everyday expression; however, it suggests the idea that in most cases it isn't *true* at all. The film's obsessively

repeated transparency suggests this illusion and the consequent disappointment. We know that the need to love and be loved can be read as the *prototype* of every human need and every relationship between human beings—a need for *knowledge, gratefulness, and recognition.*

"I don't know what I feel. Is it love?" asks Jana Burgerová: interweaving films, songs, pictorial works, clinical experiences, and reflecting on the solitude and illusions of the contemporary man, she considers that Theodore's dismay when he finds out he is only one of the 8000 Samantha's "chosen ones" is not dissimilar to what many patients experience when they suddenly discover the real world when they emerge from their internal selves following years of treatment. Samantha the OS is seen as a Homeric Siren: on the one hand, she seduces and on the other warns one to be careful.

The chapter by Rossella Valdrè entitled, "The Evaporated Body: A Dream, a Limit, or a Possibility?" gives the reader a brief history of virtuality, the uses "Her" as inspiration and as a parallel for a reflection on psychoanalysis: is psychoanalysis in the absence of the body possible, as is typical of virtuality? The author calls it the "evaporated body": the analyst and patient are not together in one room but still in contact, for example via Skype. "Evaporation" is supposedly an intermediate, transitional state, paraphrased by the Lacanian evaporation of the father in postmodern society. Does it allow the axes of the analytic device (setting, process, transference) to be maintained, or does it radically alter them? The views of different authors in literature and of the writer herself are taken into consideration, an exploration that does not provide concrete answers, but rather raises further questions.

Alessandra Lemma discusses the possibility of "customizing the object" offered by the new technology. She points out three notable trends, explored in the film "Her": the easy "customization" of the object of desire to meet our specific requirements, the appeal of disembodied relating and, finally, what she refers to as the disintermediator of desire. She suggests that machines are not to be blamed, as our minds have developed them and are responsible for them. In order to engage theoretically as well as clinically with the current times we have to move beyond the binary logic of virtual and real, and understand the world we are currently living in. Lemma also cites what Robert Schonberger in "Pornography as a Form of Blocking Intimacy" explores in deep. Pornography offers

saturated, perfect, related or unrelated to voices and sounds, through which the user avoids the experiences of loss and abandonment, as well as that of frustration, be it affective or sexual, through the immediate appropriation of the object, voyeurism, and incorporation.

Andreas Hamburger's essay "Loves your Echo: the Other Virtual and the Modern Narcissus," focuses on the effects that visual intimacy can have not only on its protagonists, but also on the viewer, in particular on his "narcissistic regulation," the fragmentation of self-experience and the confusion of identity, through a selection of films on this theme. His recommendation is to keep in mind that the viewers' conflicts are what is really projected on the screen, since the films meet their needs and unconscious fantasies.

Nicolino Rossi in "The Virtual Dimension in Love and Therapeutic Relationships: Love and Death in Cinema by Giuseppe Tornatore" shifts the focus to the films "The Best Offer" (2012) and "The Correspondence" (2015) which illustrate the emotional vicissitudes related to the initiation and maintenance of a long-distance relationship between two people and the defensive functions that Internet use can perform in the face of loss. The reader can see that very different films can stimulate the same questions: about the characteristics of remote psychoanalytic work, the management of changes in the setting and dynamics of the analytical pair.

Dana Amir, in her chapter on "Virtual Objects, Virtual Mourning: Reflections on Black Mirror" follows the path marked by that cult series of films produced by Charlie Brooker to explore the consequences of the degeneration of the relationship between people and new technologies. "Be right back," the first episode of the second season of Black Mirror, also addresses the theme of loss: the protagonist, left widowed, builds a simulacrum of her husband, deluding herself in order to avoid the necessary work of mourning.

This collection of essays shows how cinema is able to capture not only elements of our past and present; it also has the power to make us see, or better predict future scenarios, and understand more about our current predicaments. This pandemic has forced us to accept new technologies and grapple with the gifts and deprivations they offer. We might be well served to consider technology's positive and creative aspects, given that the need for "connections" with each other, with the

outside world and with ourselves remains a *leit motif* for survival and psychic aliveness, both in physical and virtual presence.

Note: A version of this essay appeared in Italian in *La Rivista di Psicoanalisi* (*Journal of Psychoanalysis*): (3) - July / September 2019.

ELISABETTA MARCHIORI (PADOVA, ITALY)

CREATIVE REPETITION AND INTERSUBJECTIVITY:
    CONTEMPORARY FREUDIAN EXPLORATIONS OF TRAUMA,
    MEMORY, AND CLINICAL PROCESS. By Bruce Reis. London
    and New York: Routledge, 2019, 134 pp.

The personal vignette that opens this erudite and important collection does much to capture its content, spirit, and aesthetic. As the afternoon hours are waning, the author is meandering around the halls of the Louvre with his young daughter, weary and with thoughts of approaching dinner. Suddenly they turn a corner and encounter Canova's statue of Psyche and Eros. "The experience had a profound effect on her that she did not try to verbalize. She found a connection with that piece over literally thousands of others we had seen that day … . Analysis can offer a similar experience" (p. 1). We work with a patient for many hours. The next hour begins, we turn a corner and something happens. Or at least that is the way it feels. It may involve a reverie or an utterance that we had no conscious intention of saying, or it may be some variety of somatic delusion or quasi-hallucinatory image, but something new has emerged out of the unconscious intersubjective interaction of analyst and analysand. These are seemingly magical, mysterious moments that can transform a life, which are not and cannot be verbally represented, *nor need they be*, which is one Reis' clinical points of emphasis. He argues that such experiences suggest that something mutative has happened, and that such micro-events constitute much of what we think of as mutative action in psychoanalysis. While Reis does not quite minimize the importance of interpretation of mental contents, they are not his

Creative Repetition and Intersubjectivity: Contemporary Freudian Explorations of Trauma, Memory, and Clinical Process

Steven H. Goldberg

Published online: 27 Oct 2020.

Submit your article to this journal ⌇

View related articles ⌇

View Crossmark data ⌇

outside world and with ourselves remains a *leit motif* for survival and psychic aliveness, both in physical and virtual presence.

Note: A version of this essay appeared in Italian in *La Rivista di Psicoanalisi* (*Journal of Psychoanalysis*): (3) - July / September 2019.

ELISABETTA MARCHIORI (PADOVA, ITALY)

CREATIVE REPETITION AND INTERSUBJECTIVITY:
    CONTEMPORARY FREUDIAN EXPLORATIONS OF TRAUMA,
    MEMORY, AND CLINICAL PROCESS. By Bruce Reis. London
    and New York: Routledge, 2019, 134 pp.

The personal vignette that opens this erudite and important collection does much to capture its content, spirit, and aesthetic. As the afternoon hours are waning, the author is meandering around the halls of the Louvre with his young daughter, weary and with thoughts of approaching dinner. Suddenly they turn a corner and encounter Canova's statue of Psyche and Eros. "The experience had a profound effect on her that she did not try to verbalize. She found a connection with that piece over literally thousands of others we had seen that day … . Analysis can offer a similar experience" (p. 1). We work with a patient for many hours. The next hour begins, we turn a corner and something happens. Or at least that is the way it feels. It may involve a reverie or an utterance that we had no conscious intention of saying, or it may be some variety of somatic delusion or quasi-hallucinatory image, but something new has emerged out of the unconscious intersubjective interaction of analyst and analysand. These are seemingly magical, mysterious moments that can transform a life, which are not and cannot be verbally represented, *nor need they be*, which is one Reis' clinical points of emphasis. He argues that such experiences suggest that something mutative has happened, and that such micro-events constitute much of what we think of as mutative action in psychoanalysis. While Reis does not quite minimize the importance of interpretation of mental contents, they are not his

territory in this book. His interest is in the modes of "knowing" and heal-ing "that lay outside of the Enlightenment ideal" (p. 2).

Reis' focus is on the experiential aspect of the psychoanalytic encounter, and in both his expository prose and his clinical vignettes, he attempts to convey an experience for the reader. The experiences that Reis conjures for the reader involve a degree of parallel regression in the analyst, and perhaps a bit of regression in the reader is helpful in tuning –in to these difficult to describe phenomena: "But who knows what dreams may come during the sleep of 'reverie,' what monsters may appear unbidden when one ventures into this space" (p. 4).

The author is an integrative thinker and a knowledgeable guide, as he draws from the North American, South American, British, and French psy-choanalytic traditions. He alludes to his own bilingual and bi-cultural back-ground; he is certainly multilingual in the several languages of psychoanalysis. Certain theorists appear repeatedly, and dialog with each-other throughout the volume: Freud, Winnicott, Bion, Bollas, Ogden, Green, the Boston Change Process Study Group, the Botellas, DeM'Uzan. Reis is also quite fluent in the language of philosophy, with Merleau-Ponty and Heidegger receiving occasional explicit mention but with their felt pres-ence behind the scenes. In each of the chapters in this collection, in one way and one idiom or another, he speaks to "an unconscious intersubjective relation that subtends the content of any conscious exchange and provides the basis for a non-rational production of knowledge through non-interpret-ive mutative intervention, the operation of which represents the very heart of the treatment" (p. 3). It is important to emphasize that the knowledge that Reis has in mind is closer to an experience, or an experiential knowing, than to conscious, verbally represented understanding.

There is a substantial and growing psychoanalytic literature dealing with unrepresented and weakly represented states of mind, and the creative acts of figurabilty that enable the analyst to give some shape if not more explicit verbal symbolization to such contents. And increasingly there are authors who explore registers of the psychoanalytic exchange that remain unrepresented and that exert their important mutative effects through alternative channels that remain unconscious for both participants. These would include modes of contact that encompass the rhythmic, the gestural, the somatic, and the musical. Reis moves back and forth in his exploration of both of these modes of mutative contact, from chapter to chapter and

often within a single chapter. But his explorations of the latter mode and its possibilities for transformation particularly define what is most innovative and creative in this collection.

Of the nine chapters in this book, not including the introduction by the author and a brief preface by Christopher Bollas, four (Two, Four, Seven, and Eight) are new to this volume, the others (One, Three, Five, Six, and Nine) having been previously published in psychoanalytic journals. The newly minted pieces seek-out fresh vantage points from which to view the themes explored in Reis' previously published work. While each chapter plays its part in the overall project, and there is a certain narrative logic to the arrangement of chapters, this is a collection of papers rather than an integrated book.

The reader can expect to feel tripped-up, jolted and de-centered in traversing Chapter One, "Monsters, Dreams, and Madness," as Reis evokes and explores the chimeras and other monsters that result from the regression and partial loss of identity that result from deeply intersubjective experiences. Here, Reis traces the thinking of a number of authors who have taken Freud's ideas on unconscious to unconscious communication considerably farther than anything Freud had in mind: "Perhaps most innovative in all of these approaches is the common reexamination of the issue of identity that springs from conceptualizing intersubjective exchange in terms of [two] unconscious subjects and what their intermingling will produce" (p. 7). He calls these partially merged and often terrifying entities "monsters." In this chapter, Reis drops us into the midst of the landscape which he wishes to explore: "Often I have felt swept up in an experience that feels uncanny, unbidden, and ill defined" (p. 14). Reis argues that his interest "is not on one subjectivity or another, or even on a relationship between the two, but on unconscious processes occurring between themselves [analysts] and their patients as fluid exchanges of being and becoming, wherein analyst becomes patient, new subjects are created through shared dreams and through which monsters appear" (p. 14).

Chapter Two, "An Introduction to Dreaming," elaborates on the themes introduced in Chapter One, exploring expansions of Freud's original ideas about dreaming to contemporary notions about daytime dreaming, reverie, and hallucinatory experiences. For some theorists, these reverie and reverie-like experiences appear unbidden; for others, the analyst more actively engages in an associative process in relation to

both the patient's and his/her own material. In both approaches, the analyst is seen as dreaming alongside the patient, transported to another place, temporarily and partially changed into another person.

Chapter Three is invitingly titled "Zombie States: Reconsidering the Relationship Between Life and Death Instincts." While there is a deep dive into theory here, the chapter is essentially clinical. The essence of the theoretical argument is that rather than thinking of the life and death instincts as either opposed to each other or fused, they are better thought of as dialectically constituting each other. In health, their relationship maintains a certain balance.

The clinical vignette, which I summarize in some detail in order to give the reader a flavor of Reis' clinical writing, chronicles the patient's unconscious impact on the analyst, who is intersubjectively drawn into an uncanny identification with the patient's zombie state. Michael is a single man who conveyed a sense of inner deadness but was not clinically depressed. He collected women as another person might collect inanimate objects, and had no personal interests, preferences, hobbies, or cultural interests. The effects on the analyst were devitalizing: he began to feel "as if my patient's emptiness had taken a cumulative effect on me, leaving me not just alone in the analysis, but weary and mentally dull. No dreams or fantasies were ever reported … . While I constantly questioned myself as to whether I was having any effect on Michael, he was clearly having an effect on me" (pp. 41-42).

Eventually Reis stopped fighting to have an effect, and simply began to listen. At that point, he finally had a reverie involving tabloid images of glamorous celebrities in vivid color: "They were pictures of an easy, fully indulged life without conflict. There was no boredom, no existential condition to have to contend with … any trouble or even the potential to become ensnared in regular human existence was absent … . I started to consider how these glossy images might have signaled my own unconscious fantasy to live a non-human life, a zombie life … in my efforts to bring Michael back to life, I had occluded my envy of the ease of his living deadness" (p. 42).

This awareness woke the analyst from his stupor, and led to his interpreting "that while I felt he lived an exciting and even enviable life, it seemed to me that no matter how glossy and shiny he tried to make it, all the hotels, beach houses and beautiful women ultimately failed to satisfy a need inside him, and that living his life in this way was missing the

point of having a life" (p. 43). Not long after this, Michael met a woman whose un-shiny defects he was able to tolerate, and they eventually married and had a child together. The analysis ended with significant gains in terms of life goals, but certainly short of what the analyst might have hoped for.

Reis concludes with a trenchant observation: if a death instinct exists for the patient, it also exists for the analyst:

> [I]t may be valuable for the analyst to have contact with the forms of affect and mentation that mark experiences of deadness, to move in and out and between those spaces analytically, so as to speak with the patient from a place that recognizes a common longing … . Viewing the topic of psychic life and death in dichotomous terms may lead analysts to overlook their own attraction to states of mind that seem to promise a release from the human condition … .the analyst is not simply engaged in bringing the patient back to life so much as attempting to reestablish the dialectical relationship between life and death instincts within the patient. [p. 45]

Necessary, and even helpful forms of symbiosis are explored in Chapter Four, "Symbiont life." In working with some such patients, a certain degree of loosening of boundaries occurs, with loss of separate identity for both patient and analyst, but with the advantage of understanding the other in ways that might not otherwise be possible. Reis writes, "It seems to me that especially with a patient like Donald, there is a necessity for an initial period in the treatment when the analyst will feel invaded, taken over, kidnapped or negated before he is able to apply the use of his own mind to the patient's primitive projected psychic contents" (p. 54). The appearance of reverie on the part of the analyst might indicate some emerging separateness and a space in which dreaming can occur: "The reverie I experienced while sitting with the patient was evidence that Donald's unprocessed emotional experience was transformed thorough a symbiotic process into a thought" (p. 54).

Chapter Five, "Performative and Enactive Features of Psychoanalytic Witnessing: The Transference as the Scene of Address" is at both the literal and the creative center of this volume. This chapter further advances Reis' exploration of non-verbal, unconscious to unconscious

communication, in this case related to trauma, beyond words and often not in need of interpretation in order to exert mutative effects. These mutative effects depend upon the relational, enactive qualities of the mutual living-out of the patient's trauma:

> [T]he patient's trauma resides in the transference-countertransference matrix through various forms of action performed and enacted in the dyad. These actions create a scene of traumatic (re)occurrence, which is intended to communicate experience to an *other*. The unique context of the psychoanalytic encounter is what allows traumatic repetition to take on the quality of an address rather than remain meaningless reproduction…. I conceive of psychoanalytic witnessing as a living-out of traumatic experience in the consulting room and not as the expression of warded-off dissociated self-states. [p.57, italics in original]

The capacity for witnessing resides in both patient and analyst.

As in other chapters, Reis emphasizes experience over knowledge, that which is not yet represented in words over what is "merely" verbal:

> My aim throughout this volume is to illustrate that people improve in psychoanalysis not due to the symbolization of defensively warded-off experience that can now be felt as part of oneself, but rather from having an experience of being with an *other* that very often cannot be adequately captured or narrated by way of the symbolic and does not have to do with expanding the ego's claim over experience….The analyst occupying the position of witness understands that performative and enactive features of traumatic experience are not to be simply translated or transduced into symbolic form. The integrity of the experience of trauma is itself a wordless registration. [pp. 58-59, italics in original]

Traumatic repetition, in this scheme, is a powerful, procedural, bodily based, and unconscious form of remembering, "addressed" to the analyst, less as an interaction than as a "scene." "The address does not occur between people as one might say conventionally; rather it 'happens' as an action, within a scene. It is lived, or performed, through

what Bollas (2000) has described as a 'showing by a relocating evocation'" (p. 64).[1] The analyst is not a passive recipient of the patient's communication, but rather is "the addressee of traumatic testimony in its enactive form, filled with the force of traumatic experience. To the degree that the analyst's perception of the patient is also not a passive, receptive process but itself an active, motoric one, the analyst registers, feels and responds to enactive memory phenomena occurring in the consulting room at a somatic and affective level of engagement which may remain largely out of awareness" (p. 68). The mutative effect, in Reis' intriguing formulation, lies less in the transformation of an experience (the trauma) than in the transforming of an experience of an experience. An evocative clinical vignette conveys what is otherwise elusive and difficult to describe except by example, and conveys the mutual living-out of a traumatic "scene" that Reis wants us to apprehend.

Chapter Six, "Silence and Quiet" makes an important distinction between silence and quiet. The former is viewed as a matter of technique, and may connote withdrawal and withholding. Quiet, on the other hand, establishes a reflective space and may allow for a "with-ness" that may itself be mutative. In "Form and Content," the seventh chapter, Reis raises intriguing questions about the emphasis within psychoanalysis on the symbolizing of experience—a theme that readers will recognize as pervasive throughout this book. Form refers to that which is represented in words, while content points to mental phenomena not yet represented in words. Here Reis focuses on the perplexing question, "what are these not-yet experiences before they reach form and in what state might they persist in the unconscious?" (p. 79). He lays out his argument strongly:

> "[O]ne must be mindful of the implications of believing a piece of unrepresented unconscious experience can be transformed into a knowable piece of conscious experience … It chafes at us that there are things we cannot ever know, and so, sometimes, we pretend to know … . But such content is not conscious content in another place; it is not disguised content, nor is it material awaiting an isomorphic translation … If it is unrepresented, then it occupies no one place, form or time in

---

[1] Bollas, C. (2000). *Hysteria*. London and New York: Routledge.

a particular narrative. It is the uncanny, the foreign; it disrupts rather than brings closure, knowledge or continuity. [p. 80]

From here, Reis goes on to develop his ideas regarding the non-lexical, more performative aspects of words, what others have referred to as the musical aspect of language, linking them to their unconscious roots. "[O]ne doesn't speak of words without also speaking of affects and the body . . . . words hold the hallucinogenic force of the instinctual charge they represent. They contain 'magical power' . . . .(Freud, 1917)" (pp. 82-83).[2] In the analytic situation, "the analyst carefully listens to speech, apprehends images, imagines and engages with the charges associated with words." (p. 84) Returning to the evocative language Reis introduces in Chapter 1, this potentially puts the analyst in contact with the monsters, dreams and madness which come to life in the consulting room.

Reis continues his exploration of the nature of the unknown, how we have a chance to access it, and what it means for the analyst to provide shape to the patient's unconscious experience in Chapter 8, "Duende and the Shape of Things Unknown." Here, Reis begins by comparing the work of the psychoanalyst to the work of the poet. Both seek access to what the Spanish poet and dramatist Federico García Lorca called the "duende," the "guardian" of access to "the mystery." "It is this guardian who allows the analyst his reveries, his 'crazy' dreams, and the madness that often takes monstrous form in his mind. And it is from this place that interpretations gain their power if it is from there that they arise" (p. 88).

Finally, Chapter Nine, "Creative Repetition" explores the conditions within the psychoanalytic situation that allow for repetition to take-on a playful quality that allows for new experience and creative transformations. It is the experience itself, and the sharing of positive affect, rather than any resolution in symbolic thought and understanding that mediate change. Reis views these developments as creative acts taking place essentially out of awareness of either participant, in alternative channels of communication other than the verbal. This creation of new forms is enlivening for both participants. In the vignette presented in this chapter, words and their symbolic quality are not "primarily involved in the work of figuration or re-transcribing a forgotten or unrepresented past, but, instead, the servants of

---

[2] Freud, S. (1917). Introductory Lectures on Psychoanalysis. *S.E.,* Vol. 16.

a nascent intersubjective developmental process…" (p. 113). Drawing on the work of Alvarez in the concluding paragraph of the chapter and the book, Reis writes that offering himself as "live company" "met the communication present in the patient's repetition….[S]haring this experience with the patient rather than a painstaking reconstruction of an early reality, be it material or psychic, resulted in what Loewald (1971) has said psychoanalysis should be-a creative repetition" (p. 114).[3]

Are there any cogent criticisms that I would make of this excellent book? Three come to mind. The first is that a number of core Bionian concepts that seem germane to much of what Reis is exploring are surprisingly never mentioned in the book: negative capability, containment, and "O." Given the integrative quality of Reis' thinking and his reliance on other Bionian conceptualizations, some mention of these concepts in relation to unconscious intersubjective communication would have been welcome and grounding for readers familiar with these ideas. The second is that the vignettes vary somewhat in their efficacy in illustrating the no doubt elusive clinical phenomena that Reis wants us to grasp. Some required several re-readings before I felt I could adequately make the connection between the more theoretical material and the clinical illustration. With that effort, most eventually succeeded. And finally a third, related problem, is that Reis is trying to convey experiences which to varying extent we can inhabit. But as for the mutative effect, it is difficult to gain an independent perspective, so that we mostly have to accept his word for it.

But still, given the difficulty of rendering experience that is beyond words, and mutative effects that rely on alternative and often elusive modes of unconscious communication, not to mention the challenge of adequate protection of privacy, Reis deserves considerable admiration. For readers interested in the main themes of this book, which at this point in the development of our field should include the vast majority of analysts, I highly recommend this book.

STEVEN H. GOLDBERG (SAN FRANCISCO, CA)

---

[3] Alvarez, A. (1992). *Live Company: Psychoanalytic Psychotherapy with Autistic, Borderline, Derived and Abused Children.* London and New York: Routledge; Loewald, H. (1971), Some considerations on repetition and repetition compulsion. *Int. J. Psychoanal.*, 52:59-66.

Contents of Volume LXXXIX

Published online: 27 Oct 2020.

Submit your article to this journal ↗

Article views: 1

View related articles ↗

View Crossmark data ↗

CONTENTS OF VOLUME LXXXIX

Brief Communication

Obituaries

Book Reviews

The Psychoanalytic Quarterly

Name Index

Published online: 27 Oct 2020.

Submit your article to this journal ↗

View related articles ↗

View Crossmark data ↗

NAME INDEX