

# DIVISION

A QUARTERLY PSYCHOANALYTIC FORUM

# REVIEW

NO.7 SPRING 2013

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THE POWER OF WITNESSING

MONDER | Goodman & Meyers

TO KNOW AND TO CARE

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## O N P O E T R Y

## The One Supposed to Know David LICHTENSTEIN, Editor

In a front-page article published by the *New York Times* on February 2, 2013, Alan Schwarz reported the circumstances surrounding the suicide of 22-year-old Richard Fee. The story involves addiction to prescription amphetamines, an apparently psychotic reaction, and the profound failure of the mental health system. There are many lessons to be drawn from these events regarding the excessive use of psychiatric medications and the assumptions and practices that support this excess. However, it is

also a story about the link between knowledge and power in clinical work, and about the erosion of an ethic that recognizes and respects the limits of the former in order to moderate the effects of the latter.

A unique feature of Schwarz's article were the verbatim records of the clinicians treating Richard Fee, and who continued to prescribe the medications that were apparently causing him such great harm. The records were obtained by Richard Fee's father, the legal representative of his deceased son. They

provide rare access to the recorded reflections of various clinicians, the ability to assess their impressions and their doubts, and to do so in relation to how the actual events unfolded in real time. They are clinical notes and thus not necessarily comprehensive, but they are candid, credible, and strongly convey a certain quality of clinical thought, a quality characterized by a tragic lack of inquiry.

We also have the story as told by Richard's parents, Rick and Kathy Fee, who were aware that their son was in trouble,



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### IMAGES EDITOR

Tim Maul

### DESIGN BY

Hannah Alderfer, HHA design, NYC

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### Letters to the Editor and all

Submission Inquiries email the Editor: [dlichtenstein@gmail.com](mailto:dlichtenstein@gmail.com) or send to Editor, Division/Review 80 University Place #5, New York, NY 10003

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## On the Photography of Steel Stillman

Any image open to mechanical reproduction traffics in a mild form of time travel in the establishment of a brief slot of wonder between the eye and the picture. Critical writing around this subject plunges us down the rabbit hole into a mirror world of language populated with Zen koan-like riddles and duck/rabbit illustrations visualizing the “absence and presence” condition attending the photograph.

Steel Stillman’s “Untold Truths” series meditates this there/not there shell game by the censorious “masking” of information via cropping or in the addition of opaque forms that both occupy and negate pictorial space. The introduction of often inelegant shapes to an image pressurizes content into activating messages once dormant. A work like “No 5 (1994)” 2012 “blocks” window light transforming a bedroom into a spectral “darkroom” (or camera’s interior?) that still permits a great deal to be seen. Stillman’s intrusions are not decorous—they burst like protective airbags within the picture as we scrutinize it for the mournful Barthesian punctum or hover like the dubious manifestations contrived by “spirit” photographers operating since the medium’s inception. A valued art writer, Stillman recognizes his work’s shifting “double engagement with time which is registered in the parenthesis component of the individual.” ■  
steelstillman.com

Tim Maul Images Editor

## The One Supposed to Know

from page 1

and who had enormous difficulty having their concerns heard by the clinicians involved. Instead, the clinicians’ assumption of knowledge regarding diagnosis and treatment, and their refusal to question the authority of that knowledge, were instrumental in setting the tragedy in motion and in carrying it to its conclusion.

Apparently, that assumption of knowledge was unquestioned by the patient as well: “The doctor wouldn’t give me anything that’s bad for me,” Mr. Fee recalled his son saying.

Among psychiatric diagnoses, attention deficit disorder stands out as an inclusive and poorly defined syndrome. If ever there were an uncertain diagnostic category, not only as to whether the diagnosis should be made in specific cases but even whether it is a valid diagnosis to begin with, ADD is it. But it is precisely here, where the conditions for uncertainty are most evident, that affirmations of certainty are most frequent.

The diagnosis of ADD by observing a pattern of increased attention after the administration of stimulants is an egregious expression of this false certainty, since it is widely known that increased focus is likely to occur for anyone taking the drug. Yet that diagnostic rationale continues to be expressed by doctors, by teachers, and by parents of children on medication. The certainty is not only disproportionate; it is based upon a known falsehood.

That these practices lead to both the overdiagnosis of ADD and the risky and often unnecessary administration of stimulants is well reported. However, it is the clinical assumption of certainty, the assumption of absolute knowledge where there should be doubt and inquiry, that makes this problem relevant for the position of psychoanalysis within the clinical field.

To support a position of doubt, to insist on inquiry in place of certainty, is fundamental to the psychoanalytic position in clinical practice. In fact, efforts to push psychoanalysis to the margins of the clinical field are largely related to this psychoanalytic ethic of inquiry: it is famously slow and inefficient. The interest in quick diagnosis and an automatic treatment plan leaves little room for this ethic.

It is worth considering the basis for the ethic of uncertainty and inquiry in psychoanalysis, because it involves more than prudent and cautious clinical process. It is in fact at the very heart of how the psychoanalytic method works and what distinguishes it as a treatment.

The patient’s initial belief in the doctor (therapist) as a figure who knows the whole truth about the mental life of the patient is a useful fiction that facilitates psychoanalysis, and indeed all psychotherapy. However, it is the gradual continual work to dissolve this fantasy in a solution where the subject finds greater authority on his or her own behalf that makes psychoanalysis successful. The analyst must neither believe in, nor embody, the position of absolute knowledge as though it were true, but only in order to bring to light the myriad ways that the analysand sustains it, for these beliefs, these illusions, about the *other who knows* constitute the obstacles in finding one’s own way. The discipline for the psychoanalyst is to recognize the mantle of absolute knowledge so as not to put it on.

This discipline of effective skepticism is what is missing from much of the clinical field these days. This was the profound flaw in the clinicians’ response to Richard Fee. The records suggest that they assumed knowledge where there should have been questions.

Strangely, many psychoanalysts seem to envy this posture of certainty. They too want to systematize diagnosis and treatment, reduce uncertainty, and have psychoanalysis be quicker and more efficient. This would mean the sacrifice of one of the most distinctive and meaningful features of psychoanalytic work. Psychoanalysis draws upon a particular relation to the scientific attitude, one that is always skeptical, always reflective of its limits, and always engaged in doubt and inquiry, especially regarding a subject who is supposed to know. ■



# Unusual Interventions: Alterations of the Frame, Method, and Relationship in Psychotherapy and Psychoanalysis

Anthony F. TASSO

Clearly delineated therapeutic parameters are the hallmark of psychoanalysis proper and psychodynamic psychotherapies. Analytically oriented clinical training

*Unusual Interventions: Alterations of the Frame, Method, and Relationship in Psychotherapy and Psychoanalysis*

Edited by Salman Akhtar

London: Karnac Books, 250 pp., \$37.95, 2011

programs and institutes underscore the imperative of distinct therapeutic relationships, structures, and settings, as well as the need for technique to be anchored in a specific analytic theory. Although classical and ego theories represent the stringent end of this spectrum, few psychoanalysts would dispute the notion that a well-defined frame is fundamental to psychoanalytic therapy and that its absence implies porous boundaries that may render the analysis ineffective or worse.

However, clinical work does not occur in a vacuum. And today more than ever, psychotherapy regularly occurs outside the traditional analytic frame or setting. Mental health practitioners work in atypical clinical settings, such as primary care facilities, college counseling centers, and primary school systems. In addition, patients present with an array of problems and crises, often precluding the luxury of time for analytic exploration. Such psychotherapeutic work, analytic or otherwise, regularly commences with a short-term focus, unusual treatment goals, and therapeutic temporal parameters straying far from the standard 50-minute session. Clinicians in medical centers, for example, work with the infirm and treat in hospital rooms or, at times, even in a patient's home. At other times, critical patient utterances often require immediate attention and direct advice as opposed to fostering patient-directed development. Many theoretical orientations are heavily focused on solutions (e.g., CBT, motivational interviewing) and therefore are more receptive to these interventional modifications. At first flush psychoanalytic approaches would appear to be particularly suited to such therapeutic expansions given the ethos of treating people rather than symptoms. However, such openness unfortunately fails to enter the mind-set of many analysts; instead, there is fear or derision about breaking the frame.

*Unusual Interventions: Alterations of the Frame, Method, and Relationship in Psychotherapy and Psychoanalysis* signifies an active expansion of analytically informed interventions by meeting head-on the increased scope of treatment demands. Edited by Salman Akhtar,

with contributions from eight esteemed scholars, this work represents a highly versatile text solidly anchored in analytic theory and applied to disparate clinical circumstances in which "classic" technical approaches are

and the merits of pro bono treatments (which Freud saw as acceptable under certain circumstances). Brenner provides an extended clinical vignette thoroughly examining the meaning of money within an analysis and



either ineffective or inapplicable. Decidedly analytic, these skilled authors address both pedestrian and atypical scenarios—times in which practice-as-usual is not feasible but psychodynamic treatments remain preferable (and possible).

In chapter 1, Ira Brenner discusses variations of patient payment. Fully acknowledging the challenges of money in psychotherapy, the subtle ways in which clinicians may financially exploit patients, and the ways monetary themes permeate treatment, the author examines the psychological underpinnings of patients who insist on prepaying (e.g., omnipotent fantasies of precluding abandonment), the challenges of charging for missed sessions,

and speculates on how the ongoing elucidation of the meaning of money to his patient begot productive analytic work.

Mark Moore (chapter 2) then investigates the nuances of conducting psychoanalytic treatment in physical spaces outside the consulting room. Moore chronicles known analytic cases of such experiences, beginning with Freud's unexpected and apparently productive in-depth interpretative work with Katharina, a waitress who was serving him while he was on vacation and with whom he had no identified therapeutic relationship. Moore also covers Freud's preplanned work with composer Gustav Mahler in which Freud "analyzed"

him during a summer holiday walk, resulting in valuable insights into Mahler's marital struggles. The author also includes the cautionary tale of Ralph Greenson's well-known treatment of Marilyn Monroe, whom he essentially anointed as a pseudo family member by including her in his family dining and leisure activities, and hypothesizes on possible areas in which Greenson's parametric expansions may have failed to adequately treat the entertainer. Moore uses examples from his own analytically informed psycho-oncology practice, including exploratory work in the home of a man who eventually succumbed to cancer, and his supportive hypnoanalytic treatment of a man in a chemotherapy suite. The author highlights personally productive and problematic out-of-office interventions, and he closes this chapter by providing useful guidelines for conducting treatment outside the consulting room, namely, the need to ensure privacy and comfort and the ability to thoroughly examine transference and countertransference phenomena.

Next, Frances Salo (chapter 3) covers temporal framework alterations. First providing a cogent discussion of the developmental and therapeutic meanings of time, the author examines the pluralistic implications of rescheduling sessions (e.g., impinging on the analysand's ability to cancel, the patient experiencing the therapist as lacking firm boundaries), varying the length of sessions (e.g., practical child care accommodations, theoretically driven reasons), and modifying session frequency (e.g., financial reasons, transference, regressive states). Salo provides thoughtful commentary on possible useful and undermining aspects of temporal modifications, noting the productivity of situation-specific alterations of time. In the next chapter, Salman Akhtar (chapter 4) examines the ostensibly anathematic clinical concept of outright refusal to listen to certain aspects of a patient's presentation. First, Akhtar lists what analytic clinicians actually listen to, such as overt and latent content, omissions, parapraxes, cadences, and countertransference phenomena vis-à-vis patient utterances (or lack thereof). Akhtar next lists criteria warranting the analyst's refusal of discussion. He identifies repeated ad nauseam content-based discussions, dialogue from which the patient is deriving stimulation (erotized and/or aggressive, usually indicative of severe character pathology), and the re-emergence of previously addressed material while on the doorstep of termination as themes in which refusing dialogue may be useful. Akhtar provides ample original references accompanying cogent clinical data on when forbidding specific material concurrent with an exploration of the meaning of this process is potentially therapeutically beneficial.

In chapter 5, Anton Kris addresses the issue of analysts giving advice and its specific relevance regarding patients' child-rearing practices. Acknowledging that advice giving stymies free association and subsequent patient-guided growth, Kris identifies the commonly experienced scenarios of patients actively discussing their parenting concerns and/or patients unknowingly revealing disconcerting parenting practices as fertile ground for advice giving. The author powerfully illuminates times in which withholding directive guidance is untenable because of the analyst knowingly leaving a child in harm's way. Thus, Kris underscores the motivation of providing advice: immediate behavioral change outside the consulting room because of imminent concern.

In the subsequent chapter, Marc Jacobs examines nonverbal interpretative processes via *interpretation through action* (IA), with its concurrent behavioral, tangible indicators of interpretative processes. Following a pithy overview of the meager attention to IA (including the leaning toward IA as a "last ditch" effort for the more severely disturbed patients who struggle with traditional verbal interpretations), Jacobs makes the necessary distinction between therapist enactments (i.e., unproductive countertransference/transference-based acting out via analyst-analysand dynamics) and IA (i.e., proactive, conscious, deliberate therapeutic intervention). The author argues for the complementary relationship between the more active, behavioral concept of interpretation through action and "standard" interpretative processes, debunking the lesser status of action-based interpretations.

Self-disclosure is a topic that evokes strong reactions within the analytic community. In chapter 7, Alan Skolnikoff delves into this concept by first discussing the history of analytic abstinence, from Freud deeming it preventative of sexual boundary transgressions to Ferenczi's support for self-disclosure according to his supposition of the unempathic and iatrogenically traumatic nature of abstinence. The author also covers Akhtar's three categories of self-revelation, inevitable (e.g., immutable physical characteristics), situational (e.g., unavoidable transient cancellations), and deliberate (e.g., carefully timed self-disclosure). Skolnikoff further moves the discussion from theoretician specific to theory specific, noting ego psychology's primary avoidance of talking about oneself (barring patients' inability to fantasize), to relational and object relations theories' greater emphasis on the mutually influential processes of the therapeutic relationship and thus greater latitude in the prudent use of self-disclosing. Key to Skolnikoff's chapter is a summary of the analytic literature highlighting clinically

useful criteria for self-disclosure (e.g., when aiding the therapeutic processes, when empathically anchored and later analyzed) and when contraindicated (e.g., when countertransferentially motivated, or during a negative transference). Skolnikoff's work successfully counters the shunned nature of self-disclosure, punctuating the decisive criterion that the decision to self-disclose must be to meet the patient's rather than the analyst's needs.

In chapter 8, Andrea Celenza explores the role of touch in psychotherapy—one of the more controversial and anxiety-provoking areas within psychoanalysis. She addresses the paucity of literature examining touch in psychoanalysis, and how Freud and his acolytes shied away from even his own "pressure technique," though notables such as Ferenczi, Balint, and Winnicott were more open to the judicious use of touch. Whereas other therapeutic orientations may deem common touching experiences like a handshake as banal and meaningless, as a psychoanalyst, Celenza appropriately examines all aspects of the cocreated, intersubjective impetuses of touch, especially the perceived desire to reassure patients in distress and its interaction with patients' wishes and fantasies regarding physical markers of caring.

Andrew Smolar (chapter 9) closes the text by exploring the meaning of giving tangible or intangible gifts. He reports on atheoretical survey data on the high frequency of practicing therapists giving tangible gifts to their patients. Next, he discusses Freud's contradictory stance on gift giving, namely, his overt denouncement of such practices despite his admittance to providing mementos to numerous patients. The author examines literature on the dynamics of gifts for adult and child patients and the ways in which giving gifts to certain individuals based on a careful assessment of the relationship, ego strength, and patient character structure can facilitate the therapeutic alliance and transference material, serve as a transitional object, and lead to greater fodder for analytic exploration. Smolar provides well-referenced evidence serving as a guidepost for giving gifts, reporting on the perilous examples of giving gifts (e.g., the patient interprets the gift as sexually seductive), as well as the need to be mindful of reciprocating a gift because of the possibility of undermining the patient's act of kindness. The author provides several cogent vignettes from his practice that illuminate an array of memento clinical scenarios.

In sum, *Unusual Interventions* firmly establishes the versatility of psychoanalytic psychotherapies, soundly dismissing notions of analytic stiffness and rigidity while



firmly buttressing psychodynamic practitioners' ability to treat a greater range of people, conditions, and clinical themes. At a time when fewer people are partaking in psychoanalysis and with clinical psychology finding its way into nontraditional clinical settings (e.g., primary care, behavioral medicine, college counseling centers), the innovative analytic approaches espoused in *Unusual Interventions* substantially enhances psychoanalytic theories' viability in both pedestrian and atypical analytic settings. Therefore, the timing of this text is ideal for psychoanalytically informed clinicians working outside the traditional consulting room. It serves as a solid analytic training guide and a resource to counter the

common boilerplate treatments regularly seen in such settings.

The brilliance of *Unusual Interventions* is that much of its ethos is practice-as-usual for many therapists. Although likely reserved for "off-the-record" private discussions rather than any systematic dialogue, analytic practitioners have long been willing to step outside of rigid analytic frames to best meet their patients' needs. Such veering from orthodox practice enables analytic interventions to best treat idiosyncratic patient factors. Thankfully, Akhtar and contributors (a) "absolve" clinicians from such "theoretical transgressions" and (b) tangibly expand analytic treatment capabilities. *Unusual Interventions* represents

an excellent analytically anchored text that is clearly applicable to a breadth of patients and settings; it is comprehensive and flexible without compromising analytic richness.

No doubt there will be psychoanalysts who will categorically reject the content and message of *Unusual Interventions* with proclamations of its "unhinged," "misguided," and "wild" approach. Such rigidity does nothing to demonstrate psychodynamic treatments' depth and complexity; it merely makes clinical psychoanalysis a niche endeavor with a very narrow target audience. Embracing or, at the very least, being open to *Unusual Interventions* and its message will surely strengthen the ultimate sustainability of psychoanalysis. ■

## The Power of Witnessing: Reflections, Reverberations, and Traces of the Holocaust

Batya R. MONDER

*The Power of Witnessing* is an extraordinary and enveloping book. Reading and writing about it drew me to other books about the Holocaust, books I've not been able to finish until now, specifically Primo Levi's

*The Power of Witnessing: Reflections, Reverberations, and Traces of the Holocaust*  
Edited by Nancy R. Goodman and Marilyn B. Meyers  
London: Routledge; 432 pp., \$39.95, 2012

*Surviving Auschwitz* (1958) and *The Drowned and the Saved* (1989), written 40 years after Levi's camp experience. I have also revisited books I had read earlier in another context (Frankl, 1959; Richmond, 2002) and thought of Holocaust films I've seen in recent years. I had the courage to view *Shoah* and felt a need to do so, illustrating what the editors note in the opening paragraph of their preface: "The power of witnessing creates space in which courage, resilience and connection are discovered." And finally, because of *The Power of Witnessing*, I also experienced a change in perspective on my own life experience that I will discuss further in the course of this review.

Goodman and Meyers have gathered together a collection of pieces that are varied and nuanced and filled with both pain and wisdom. All of the chapters contain personal details about the contributors, and many are written by psychoanalysts—psychoanalysts who are also writers, artists, or poets. Most of the chapters focus on the Holocaust, but not all. It is through the Holocaust that we have learned so much about the importance and power of witnessing and the devastation in its absence. And this is the larger subject of the book—witnessing in all its many forms. Only when trauma is symbolized, when there is a

witness, or when one is able to be one's own witness, a concept that Dori Laub has written about so eloquently both in this volume and in his earlier book, coauthored with Shoshana Felman (1992), is there an opportunity to recover and resume life.

The editors, two gifted women who are long-time colleagues and friends, tell us at the start of the book how they embarked on this daunting project. They knew their task was enormous, and they were humbled by it. To keep themselves focused and moving forward, they established to-do lists and set up a schedule to meet twice weekly, coming together as they gathered materials and opened up new avenues and leads to possible contributors.

The material grew and grew, and at times they were overwhelmed by it, at which point they turned to their psychoanalytic skills to help each other deal with the emotional riptide that had been unleashed. They both experienced nightmares, and they analyzed these together so as to be better able to bear the feelings. In reading and reviewing this book, I have experienced my own painful memories and losses as well as come upon invaluable insights about my personal and family history.

In the preface, both editors tell us about their backgrounds and their connections to the Holocaust. Goodman speaks about seeking out Dori Laub as her clinical supervisor in 1978 when he was already involved with Holocaust testimony. Laub, a contributor to this book, is an analyst and a child survivor of the Holocaust, and the cofounder of the Yale Video Archives of Holocaust Testimony. Goodman has remained close to him through the years.

We learn from Meyers that her immigrant family left Vilna, Lithuania, in 1905 to escape the rampant anti-Semitism. Her father related a story to her about her paternal grandmother that underscores her interest in the Holocaust. Shortly after WWII, her grandmother received a letter that brought tears to her eyes as she silently read it in front of her family. She refused to divulge its contents, saying only, "You don't want to know." The best we can surmise," says Meyers, "is that her family was executed in the killing fields of Lithuania" (p.xx).

Meyers also tells us about the gaps in her knowledge about her family's background and how much more she has learned in recent years. It made me think about my own lack of knowledge about my family—those I never could meet or know—and my not asking questions about them, a seeming lack of curiosity that made more sense as I read of Meyers's states of dissociation as she approached knowing more about family members who were "named but remain unknowable" (p.xx). I also understood for the first time why my father insisted on being cremated, which so saddened my mother. His need to be cremated had everything to do with his own mother's death in Terezin. Whether conscious or not, cremation for him was a way to honor his mother's horrible end. My mother, my brother, and I honored my father's wish, but my brother and I righted the wrong for my mother by burying my father's ashes with her when she died three years after him.

The editors close the preface with a poem written in 1944 by Herman Kruk, who was a librarian in Vilna. Before his own violent death, he managed to document the

destruction of the Jewish community of Vilna and hide the manuscript. One line from the poem screams out at the reader: "And let it show what I could not live to tell" (p.xxii).

Knowing how difficult the subject matter is and how crucially important it is to learn more about the Holocaust, more about the devastating impact of trauma in all its many forms, and more about the healing powers of witnessing—both for the witness and for the one who witnesses—the editors have provided the reader with many ways to approach this collection. Each chapter stands on its own, and though the organization of the book is compelling, it is not imperative to read the book in sequence. One way to approach the collection is to begin with Goodman's chapter about the film *Schindler's List* and the use of art in dealing with unspeakable trauma, specifically the Holocaust. She examines how Spielberg makes it possible for so many to view this film and stay with it to its conclusion. His pacing is paramount; the camera moves in close on the horrors depicted and then shifts focus to Schindler as witness. The shifts, and the presence of the witness, give the viewer space to take in what Spielberg wants us to see. Goodman and Meyers have done something analogous with their book. There are chapters that focus on memoir and others that include biographical details about the authors but focus on sculpture, painting, theater, poetry, or history. There is also a chapter by Meyers devoted to the treatment of trauma and the recent gains from neuroscience.

Sophia Richmond and Henri Parens are analysts and child survivors who have written autobiographies in recent years. Writing for them has been traumatic, necessary, healing, and of course revealing, something that analysts are trained not to do. Richmond describes her first analyst's inability to be a witness, to take in her story as a child in hiding under a false identity, wanting instead to focus on her Oedipal struggle. Parens articulates the dilemma of wanting his children and grandchildren to know what happened to him and not wanting to burden them with that history. But after reading Primo Levi's *Survival in Auschwitz*, and specifically the poem at the start of the book, Parens is compelled to take pen to paper. In the poem, Levi commends those who live in "warm houses" to consider what those in the camps experienced:

*Repeat them to your children,  
Or may your house fall apart,  
May illness impede you,  
May your children turn their faces from you.* (Levi, 1958, p.11)

At age 70, 60 years after his mother was taken to Auschwitz, Henri Parens begins writing his memoir.

Clemens Loew, a psychoanalyst who is also a sculptor, relates the experience he had while sculpting a life-size figure of his father, who had been taken by the Gestapo when Loew was only 4 years old. He based the head of his sculpture on his parents' wedding photograph and the body on his then 23-year-old son. Loew tells us that he had always felt the trauma of having lost his

that as young as age 4, she was trying to grasp her family's struggle to gather enough money to bring relatives to America. While still very young, she was introduced to the devastating brutality of the Holocaust by absorbing *The Black Book of Polish Jewry* (Apenszlak, 1943), a "present" given to the family that detailed how the Jews were "maimed, tortured and degraded...hated, hunted, killed" (p.218). The poems she reprints in this chapter convey wrenching feelings about the Holocaust, and her com-



father but had never thought of his father's devastating loss till he was molding his father's face in clay.

"Poets are the ultimate witnesses," said Jacob Arlow (2012). Arlene Kramer Richards, an analyst and poet, focuses her attention on those who wrote about the unspeakable in poetic form. She begins her chapter with a searing poem of her own that captures the insanity of the Holocaust and the deadly legacy of those caught in its wake. As with all the contributors, she provides some biographical context for her deep interest in the Holocaust, telling us

mentary about these selections helps us to take in more of their meaning.

Richards feels it is important and necessary to represent the trauma of the Holocaust, in contrast to those who feel that it should not be passed along in images and who view all efforts at representation as either inadequate or ethically suspect. She writes that "conveying feelings somehow strengthens the possibility of coping with them. [Poetry] makes possible a context that is not horrible, which contains the horror even as it evokes the most pain in the listener or reader" (ibid.).

Dori Laub's contribution had profound personal meaning for me and has affected my approach to writing about this book. He tells the reader how he came to understand the need for witnessing and chose to focus his career on this subject. As he enlarges our understanding about witnessing, he weaves in his personal history. We learn that at the tender age of 5, he and his parents were taken from their home in Romania and put on a crowded train to an unknown destination. What was particularly significant for me was his description of his distorted memories of the terrible time in childhood spent in the concentration camp. As an adult, two weeks into an analytic treatment with a Swedish analyst in Massachusetts, Laub described his experience in the camp, recalling sitting with a little girl on a riverbank on a sunny day and discussing whether they could eat the grass. The analyst's response to that story was to recount that he had been with the Red Cross when they liberated a concentration camp and had taken depositions under oath from inmates. "Several women declared that conditions had been so good that they received daily breakfast in bed, served by SS officers" (p.61).

The analyst's anecdote about unconscious denial cut through Laub's defense—a necessary defense that had covered over the memory of the terror he had lived with, and had served his need to distort and repress in order to survive, until that moment when he had a witness who could take in what he had endured. Laub tells us much more in this chapter about memory and about a child's mind, but also about a whole society's resistance to knowing more about the Holocaust and what happened to its victims—something he felt as a teenager living in Israel and that fueled his subsequent work on testimony.

Laub also speaks about the questions he never asked. He and his mother returned from the camp, and she could have answered his question about whether he had ever witnessed a public execution, a subject of nightmares for him. "I never raised that question as long as she was alive even though I had always wanted to know. *Neither was I aware that I had failed to ask*" (p.62, emphasis added).

I know from my own work on shame and from my own childhood experience of sexual abuse before the age of 5 that repression in response to a real as opposed to imaginary threat is a strong defense. The immature mind hides what it cannot handle until such time that the ego is strong enough and there is a witness to the event, even if decades have elapsed. Laub repressed the suffering and terror of his time in the camp. In fact, he transformed it into a tolerable screen memory that protected him until he began working with a psychoanalyst who let him know that he understood both what Laub had experienced and why he had to disguise the memory of it.

That recognition by the analyst allowed Laub to remember. From that moment, he had a witness whom he felt could bear what would be revealed.

Laub's comment about the question never asked resonated personally for me. I too never asked a crucial question, and like Laub never considered asking, yet wanted to know. When I regained memory of the abuse two decades after its occurrence, something stopped me from posing the critical question to my own mother: who had been the babysitter who had abused me? I continued to protect this nameless and faceless person. And only as I worked on this review did I understand that new piece of my history: the threat of being harmed that had silenced me as a child and pushed the event out of my conscious awareness was transformed into a deep shame that kept my lips sealed as an adult. Too often the sexual abuser of a young child issues a threat and freely walks away, while the terrified child imposes on herself a life sentence of silence and shame.

Trauma that remains hidden, not spoken of, not witnessed, cripples the victim. It was the Nazis' intent to leave no witnesses to the Holocaust, and to make it impossible for those who did survive to be their own witness. Too, too often the Nazis succeeded; survivors imposed on themselves sentences of silence and shame and lived with ongoing fear. Dori Laub's work has helped us to understand more and more how to break into that silence and fear and help people to give testimony, to enable them, at long last, to have a witness to the horrors they endured. As clinicians working with patients who have experienced trauma, we need to be cognizant of the toxic impact of shame, and to have great reservoirs of patience and compassion as our patients mourn the past and slowly recover.

The chapters written by Goodman and Meyers expand the reader's perspective about the lessons of the Holocaust, their value to our day-to-day work as clinicians, our growing understanding of treating trauma in all its many forms, and the vicarious trauma that those who work with trauma victims are subject to. It is a sad commentary to note that almost a century has passed since W. H. R. Rivers worked with shell-shocked soldiers in WWI, establishing the need for psychiatric treatment of the wounded young men. Despite how much we have learned since then, "war trauma remains largely untreated but more readily recognized" (p.301).

An additional strength of this book is an essay on Yiddish, the language associated with so many of the Holocaust's victims. Arnold Richards provides a poignant and fact-filled chapter on the history of Yiddish and the rich and varied literature in Yiddish produced by the many novelists, poets, journalists, and playwrights of the 19th and 20th centuries.

Many of these writers were well-known and celebrated in their lifetime, but there were too many others who died young, especially between 1940 and 1945, and had not yet been able to write enough or have sufficient exposure beyond their local communities for their names to be known to us. He lists many of their names and their accomplishments in this chapter as a form of Kaddish to them and in so doing is acting "as a witness to honor the history of Yiddish culture and memorialize some of the writers and poets who were killed" (p.268).

Growing up bilingual in Yiddish and English, Richards recalls as a 5 year old being able to read the headline in the Yiddish paper *The Forward* that announced the death of Sigmund Freud. Richards begins his chapter by noting, "To bear witness to the Holocaust is to look both ways. We not only must acknowledge heartbreaking destruction and loss but must celebrate the enduring power of life...destruction and creation—witnessing includes both" (p.267).

Toward the end of the book, the editors move away from the Holocaust to events closer in time, the devastation of 9/11. Goodman and three other analysts in the Washington area come together to support each other in the aftermath of the attacks. A jointly composed chapter presents their clinical material.

The final piece in the book is an interview that Goodman and Meyers did together with Ervin Staub, a leading scholar in the "bystander phenomenon." Staub spent WWII hidden with his family in one of Raoul Wallenberg's "protected" houses in Hungary. Important as their shelter was, Staub's family could not have survived without the active help of Macs, their beloved housekeeper. Staub's war experience led him to his life's work of understanding what motivates the active bystander and formulating ways to encourage that in society.

This book manages to include many different voices and perspectives on the large subject of witnessing. There is much to be learned from this collection. Readers of this book will be challenged in unexpected ways. Memories may be stirred, and genealogies may be questioned. The editors are to be applauded for their choices and for bringing together all this material in one volume. ■

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# To Know and to Care

Robert M. GORDON

I know some people will reject this book because “psychoanalytic” is in the title. Others will reject it because “diagnosis” is in the title. However, this essential text is highly useful to

*Psychoanalytic Diagnosis: Understanding Personality Structure in the Clinical Process, Second Edition*  
By Nancy McWilliams  
New York, NY: The Guilford Press, 426pp., \$60.00, 2011

all practitioners of any theoretical orientation, if they can get past the negative stereotyping. The term “diagnosis” as used in this book is in line with the original definition of the word derived from the Greek: to distinguish, to perceive, to know thoroughly. The second part of the book title explains that the point

of appreciation of oscillating patterns...[rather] than the list of static attributes one finds...in the compendia like the DSM” (p.40).

“Psychoanalytic” is in contrast to the behavioral assumption that personality is made up of additive behaviors and cognitions and that symptoms are functionally autonomous and may be diagnosed and treated independently of the rest of personality. I still find it hard to imagine that any astute observer of human nature could accept such insightful psychology. But, in fact, well-developed mentalization is uncommon even among very intelligent individuals, and thus behavioral simplicity is the dominant view; hence the importance of McWilliams’s text.

contextual concept of diagnoses that is also appreciative of the subjective experience of the patient; that was very different from the DSM-III, which became more symptom focused.

McWilliams has, since the 1994 volume, asked practitioners to e-mail her with criticisms and suggestions based on their clinical experience. She integrated many of their suggestions into this current volume. She also incorporated the recent findings from psychodynamic theory, developmental, process, and outcome research, and findings from neuroscience. I also wonder how much her experience in working on the Psychodynamic Diagnostic Manual (PDM), which was published in 2006, contributed to her thinking about an updated *Psychoanalytic Diagnosis*. My guess is that this book allowed McWilliams to express her own thoughts more purely and fully. There are areas of disagreement between this book and the PDM, which I will discuss later, but let me say here that I agree with McWilliams in making level of personality organization a distinct and essential axis—which is not the case with the PDM.

## Writing Style

I am often upset when I see the constant relabeling of constructs to be politically correct, to give the appearance of a new or more precise finding, or when some other theoretical orientation reinvents the psychodynamic wheel, gives it a new term, and calls it a discovery. McWilliams has done none of that, and will often use in this text older terms if they are more explored and explanatory than more recent terms.

One cannot compare the reading of encompassing taxonomies such as the DSM, ICD, and even the PDM with a well-written book. I have read the various DSM and ICD editions many times with heroic effort and lots of coffee. The DSM and ICD necessarily lack humanity. They are compilations of all possible agreed upon disorders, and they are not concerned with insight into personality. And while the PDM tries to cover all the bases as well, it is a much better read than the DSM and ICD, due in part to McWilliams’s writing.

Her writing style is much like she describes her therapy sessions. She points out the necessity to judiciously self-disclose. Her personal sharing gives the text a soul and you feel you are with a warm and wise teacher. For example, when discussing the value of psychoanalysis, McWilliams discloses, “I share this opinion, having benefited all my adult life from a good early classical analysis” (p.74).



of diagnosing is to know how to help. As McWilliams clarifies, “The main object of this book is to enhance practice” (p.1), and that is what this book does extremely well.

Nancy McWilliams never loses the person to the diagnosis. “Once I have a good feel for the person, the work is going well, I stop thinking diagnostically and simply immerse myself in the unique relationship that unfolds between me and the client...one can throw away the book and savor individual uniqueness” (p.7).

McWilliams writes, “I want to stress that analytic theories emphasize themes and dynamics, not traits; that is why the word ‘dynamic’ continues to apply which is the

## Why a New Edition?

The *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association (DSM) and the International Classification of Diseases’ (ICD) Classification of Mental and Behavioural Disorders are taxonomies that were developed to identify and track the prevalence of medical diseases. They lack an implicit definition of mental health or emotional wellness and must be politically acceptable to practitioners of different theoretical orientations.

Nancy McWilliams originally wrote *Psychoanalytic Diagnosis* in 1994 because she wanted to expose students and practitioners to an inferential, dimensional, and

Let me share with you an example of her eloquent style that pervades this text: "When any label obscures more than illuminates, practitioners are better off discarding it and relying on common sense and human decency, like the lost sailor who throws away the useless navigational chart and prefers to orient by a few familiar stars" (p.19). It is writing such as this that makes this text as enjoyable as it is enlightening.

### The Psychodynamic Paradigm Shift

There are at least two interacting major paradigm shifts in psychoanalytic theory, and the nondogmatic McWilliams has long been on top of them.

One involves epistemological and relational assumptions about how observing affects the observed and becomes a methodological uncertainty. However, psychoanalysis takes this source of methodological error and turns it into a treatment so that the act of observation can change the patient for the better.

We saw the second shift discussed back in her 1994 first edition, where McWilliams had the vision that psychodynamic theory is a complex, nonlinear, nonadditive system. She continues to remind of us of this in the 2011 edition. I agree and further think psychoanalytic theory has evolved from the basic topographical/tripartite/interpersonal constructs to a theory of the bio-psycho-social mind as a complex adaptive system (CAS). A CAS is a multilayered series of systems and subsystems with many interacting constructs that adapt to each other and to contexts, with periodic emergences. In this sense, drives, defenses, affect tolerance and regulation, temperaments, fantasies, introjections, cognitions, self subsystems, moral reasoning, memories, mental capacities, self-other boundaries, contexts, and conflicts are all interacting at mainly an unconscious level.

Symptoms are viewed as resulting emergences from the system. We cannot easily predict what compromise formations will emerge, since a CAS has several possible outcomes. This makes Karl Popper's criticism that psychoanalytic hypotheses are not falsifiable, since there are more than one possible outcome, an irrelevant standard. The preferred scientific methodology for CAS is replicable observations in naturalistic conditions, often using nonlinear statistical modeling. This fits well with McWilliams's view of the diagnostic process as both complex and resting on a dancing landscape.

### The PDM vs. *Psychoanalytic Diagnosis*

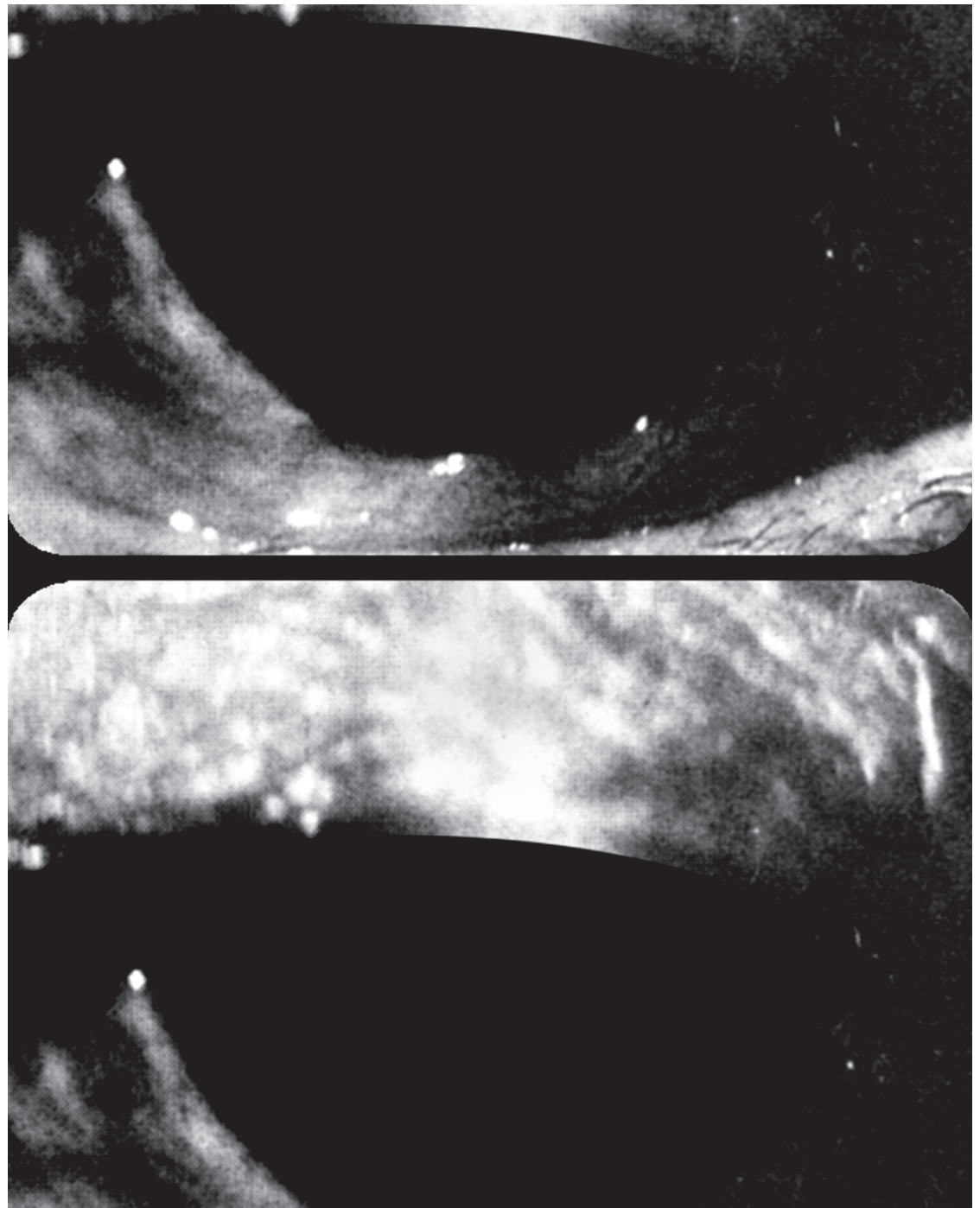
Nancy McWilliams not only contributed to the formulation of the PDM (along

with a rare coming together of some of the finest minds of our field), but also did a beautiful job on the PDM's readability. The PDM is divided into the Personality Patterns and Disorders—P Axis (which includes 14 main personality disorders), the Profile of Mental Functioning—M Axis, and the Symptom Patterns—S Axis. It also includes a section on the Classification of Child and Adolescent Mental Health Disorders and a section on the Classification of Mental Health and Developmental Disorders in Infancy and Early Childhood.

not cover the range of the PDM (which serves as a near-complete taxonomy), but instead focuses on the most common issues found in practice and of which she is most personally familiar.

### The Efficient Two-Axis Model

McWilliams's taxonomy is fundamentally based on only two axes. The first dimension conceptualizes a person's degree of developmental growth or personality organization (neurotic-normal level, borderline level, and psychotic lev-



*Psychoanalytic Diagnosis* focuses only on adult personality, but goes beyond the few paragraphs of descriptions found in the PDM. It goes into great detail about personality organization, defensive functioning, and character styles and describes how they impact treatment. McWilliams does

el). McWilliams assesses the neurotic, borderline, and psychotic levels of personality structure in terms of preferred defenses, level of identity integration, adequacy of reality testing, capacity to observe one's pathology, nature of one's primary conflict, and transference and countertransference.

She explains that “borderline” is not a distinct personality disorder as introduced by DSM-III, but an overall level of severity. It is a stable instability between the border of neurotic and psychotic ranges, characterized by a lack of identity integration and reliance on primitive defenses without the overall loss of reality testing that is seen with people at the psychotic level.

The second axis identifies the type of character or personality patterns (psychopathic, narcissistic, paranoid, depressive, schizoid, etc.). She explains that though this two-axis model is oversimplified, it is useful in synthesizing and streamlining diagnostics for newcomers. I agree. These two dimensions are theoretically grounded and directly applicable to treatment, as compared to the list of almost 400 diagnoses found in the DSM.

McWilliams does acknowledge other diagnostic considerations, and suggests that it is more important, “particularly in the early phases of therapeutic engagement, to consider the emotional implications of someone’s age, race, ethnicity, class background, physical disability, political attitudes, or sexual orientation than it is to appreciate the clients’ personality type” (p.19).

#### Why Diagnose?

Nancy McWilliams lists five main reasons for diagnosing:

1. Its usefulness for treatment planning. She writes, “Treatment planning is the traditional rationale for diagnosis” (p.11). Understanding character styles help the therapist be more careful with boundaries with a histrionic patient, more pursuant of the flat affect with the obsessional person, and more tolerant of silence with a schizoid client.
2. Its implications for prognosis, with realistic goals that protect patients from demoralization and therapists from burnout.
3. Its contribution to protecting consumers of mental health services.

A careful diagnostic evaluation reduces the likelihood that someone will continue to waste time in a professional relationship from which he or she is deriving little benefit.

4. Its value in enabling the therapist to convey empathy. Once one knows that a depressed patient also has a borderline- rather than a neurotic-level personality structure, the therapist may not be surprised if during the second year of treatment she makes a suicide gesture. Or once a borderline client starts to

have hope of real change, that the client often panics and flirts with suicide in an effort to protect him- or herself from traumatic disappointment.

5. Its role in reducing the probability that certain easily frightened people will flee from treatment. McWilliams points out that it is helpful for the therapist to communicate to hypomanic or counterdependent patients an understanding of how hard it may be for them to stay in therapy.

I add two more reasons to this list:

6. Its value in risk management. I do expert witness defense work, in which I often see cases where a therapist (usually without psychodynamic training) is being sued by a former patient for abandonment or mistreatment. These therapists mistakenly used a presenting symptom as the only diagnosis and missed the borderline level of personality or psychopathic personality and, as a result, got into trouble.
7. Its value in process and outcome research. We’ve had enough of the typical allegiance-biased, symptom-focused, short-term outcome research, based on manualized treatment with straw-man comparison groups and set up to justify superficial therapies. Both the PDM and McWilliams’s *Psychoanalytic Diagnosis* offer diagnostic constructs such as defensive style, level of personality organization, and character organization that do not respond well to superficial treatments and do respond to psychodynamic treatments.

#### Examples of How Diagnosis Helps with Treatment

McWilliams first looks at how the levels of personality organization are important in the therapeutic process. She states that the neurotically organized person is like the boiling pot with the lid on too tight, making it the therapist’s job to let some steam escape (uncovering-expressive work). However, the psychotically vulnerable individual’s pot is boiling over, and it is the therapist’s job to turn down the heat and get the lid back on (supportive work).

She explains that since the psychotically vulnerable patient has problems with reality, it is important for the therapist to be very open and clarifying, with demonstrations of trustworthiness. This type of patient requires a supportive therapy that emphasizes active support of the patient’s dignity, self-esteem, ego strength, and need for information and guidance.

With a neurotic-level person in a paranoid state, the therapist lets the patient

develop and explore his or her fantasies about the therapist, and the patient interprets the transference; however, an interpretation of transference is often not helpful with severely disturbed people.

McWilliams points out that for many neurotic-level people, the best time to make interpretations is when the patient is in a state of emotional arousal, so that the patient is less likely to intellectualize the affect. With borderline clients, who also require a supportive approach, the opposite consideration applies, because when they are very upset, it is hard for them to take anything in.

In addition to the therapeutic consideration of the personality organization axis, McWilliams offers many therapeutic strategies that are specific to each of the characterological types.

#### Will the PDM2 Resolve Some of the Conflicts with *Psychoanalytic Diagnosis*?

Robert Bornstein and I felt that the PDM needed to be operationalized, so we developed a clinician-friendly Psychodiagnostic Chart (PDC). We also had the idea of integrating the PDM’s diagnostic dimensions with ICD or DSM symptoms and having personality organization or structure as a separate dimension (as per Nancy McWilliams’s text).

I contacted Vittorio Lingiardi from Rome and asked him about his PDM2 project. Much to my delight, he and his team, quite independently, were also considering including a separate personality organization axis, in agreement with Nancy McWilliams’s taxonomy. They were also working on a streamlined PDM and operationalizing it with user-friendly tools.

Recently, Bob Bornstein and I conducted an online survey asking practitioners to use our PDC with their patients. We asked how useful it was compared to the DSM or ICD symptom categorizations. The results (presented in issue 6 of *DIVISION/Review*) showed that practitioners of all the major theoretical orientations felt that the PDM’s taxonomy was much more helpful in working with clients than the DSM’s or ICD’s symptom-focused diagnoses. This showed support for both the PDM and Nancy McWilliams’s formulations in her 2011 edition of *Psychoanalytic Diagnosis*.

I strongly recommend this recent, second edition of *Psychoanalytic Diagnosis: Understanding Personality Structure in the Clinical Process* as a required text for doctoral and postdoctoral students and practitioners of all theoretical orientations to help them better understand and treat patients. ■



# Traumatic Bereavement, Attachment, and Thoughts on Prevention

Barbara GERSON

One hundred or so pregnant women lost their husbands during the 9/11 attacks on the World Trade Center, their lives forever transformed. These precipitously wid-

*Mothers, Infants and Young Children of September 11, 2001: A Primary Prevention Project*  
 Edited by Beatrice Beebe, Phyllis Cohen, K. Mark Sossin, and Sara Markese  
 London: Routledge, 264pp., \$42.95, 2012

owed mothers-to-be were faced with foreboding circumstances—grieving their husbands, their familiar selves, and their futures while delivering babies and sustaining new lives in a time of national chaos. It is upon this group of women that Beatrice Beebe immediately focused, as if drawn by an internal magnet, to help them grieve, heal, and attach to their (and our) next generation.

Together with a core group of seven colleagues—Anni Bergman, Phyllis Cohen, Donna Demetri Friedman, Sally Moskowitz, Rita Reisswig, Mark Sossin, and Suzi Tortora—Beebe initiated and still continues the Project for Mothers, Infants, and Young Children of September 11, 2001 (the Project, as it is referred to). It is conceptualized as a primary prevention project to “facilitate the mother-infant and mother-child relationships, the development of the infants...the ongoing development of the toddlers who had lost their fathers, and the mother’s own recovery processes” (p.13). I will be focusing in this review on the primary prevention work with the bereaved mothers/infants/children.

This multimodal project offered support groups for the widows and their children, and annual or semiannual mother-child “video bonding” filming and communication consultations, all provided without charge. Forty mothers and eighty children participated. Twenty therapists were involved along the way, running support groups with mothers; countless other students, researchers, and psychoanalysts contributed. The Project also established a research component, although those results are not yet available.

Before Routledge issued this book in 2012, the Project was presented on the tenth anniversary of 9/11 in a special issue of the *Journal of Infant, Child, and Adolescent Psychotherapy*, with Beatrice Beebe, Phyllis Cohen, and Sara Markese as guest editors. When I first read the special issue, I experienced a sense of professional pride in the response of these analysts to the traumas of the 9/11 attacks. At the time I was teaching a course in child psychotherapy to new doctoral students in clinical child psychology.

Reading about the Project in their first psychodynamic course was inspiring to them. It offered a model of the relevance of contemporary psychoanalytic thinking and a picture of psychoanalysts themselves as committed and active professionals.

The Project is psychoanalytic activism at its best, with professionals immediately recognizing the long-term consequences of a crisis, locating and recruiting those in need, devising and flexibly changing the services offered, and staying available for the long term. It stands as an exemplar of the application of psychoanalytic research to a social crisis, the “event trauma” of the terrorist attacks. Beebe’s decades-long microanalytic frame-by-frame studies of mother-infant interaction were tailored to provide the bereaved mothers with video-based consultations to help with attachment to their babies in the midst of destabilizing and numbing grief.

In addition to admiring the Project, I have been considering where this Project stands in current work on primary prevention. Our typical clinical practices, in hospitals, clinics, schools, or private offices, are largely involved with secondary or tertiary prevention—that is, on aiding recovery or decreasing limitations from already existing difficulties (Caplan, 1974). But within both the psychoanalytic and the psychological communities, there is increasing interest now in prevention, which offers hope for improving the mental health of children and families.

Theories and research on prevention have expanded since the community mental health movement of the 1960s and 1970s, when the goal of primary prevention was to reach a nonreferred but at-risk population. Following a recommendation from the Institute of Medicine in 1994, this is often referred to as “selective prevention” (Fonagy, 1998; Weisz, Sandler, Durlak, & Anton, 2005). Some current prevention programs have broader goals: to reduce future problems for all members of a population, not only for those at risk. These “universal prevention” programs may focus on, for example, all first-time mothers, or all children entering school. There has also been a growing recognition of the centrality of increasing protective factors and building resilience, so that people will be able to withstand negative events with less dire results. These prevention programs have been considered to be a “secondary transformation” in primary prevention programs (Durlak & Wells, 1997). Most recently, they are conceptualized as prevention programs for “health promotion/positive development” (Weisz et

al., 2005). Researchers in the prevention field hope that the more precise differentiations of prevention programs will lead to clarity in our understanding of the relative effectiveness of specific programs for specific groups.

By now, prevention programs for children and adolescents are well established as ways of both reducing problems and increasing competencies; a meta-analysis of primary prevention programs found that those for first-time mothers were among the most effective of all interventions (Durlak & Wells, 1997). Many prevention projects occur in schools, early childhood or Head Start centers, or in community settings. There are a number of psychoanalytically informed selective prevention programs that target those with known risk factors, such as mothers living in poverty (Slade, 2006), or mothers with histories of interpersonal violence (Schechter et al., 2006). There are also psychoanalytic systems-oriented selective prevention programs; for example, Osofsky (2003) devised a program to train police officers in New Orleans to respond to children exposed to violence, in order to lessen the long-term impact of this exposure.

The Project is a “selective prevention” program, in that it targeted the high-risk group of pregnant mothers with traumatic bereavement and infants/young children sensitive to the transmission of trauma, focusing particularly on the at-risk attachment relationship. Two excellent chapters by Adrienne Lange and Sara Markese present strong empirical support for the belief that the infants and young children of the bereaved widows were at risk for attachment problems (predictive of later behavioral and emotional difficulties). Markese’s chapter is particularly noteworthy for the extensiveness of its literature review; it could by itself become the text for a course on trauma in infancy and early childhood.

Other chapters discuss the psychoanalytic underpinnings for the Project. Beebe and Markese cite the influences of Bowlby, Mahler, Winnicott, and Ainsworth. Sossin discusses the centrality of affects in the mothers’ groups—affect sharing, reflecting on affects from multiple points of view, increasing affect tolerance. Tortora presents her system of movement analysis, which focuses “on all aspects of body movement” (p.99), such as gestures, postures, and the shapes people make with their bodies in interactions. This analysis supplemented the microanalysis of gaze patterns and facial and vocal dialogue developed by Beebe and colleagues in understanding mother-infant

interactions. Cohen talks about the positive effects of having multiple therapists collaborate with the mothers in the video feedback sessions; mothers could see models of many people working together with different points of view about the child, and there was always a clinician sensitive to the mother's point of view, thus preserving a positive alliance. Throughout, there is psychoanalytic sensitivity to individual differences in reaction to trauma, loss, and the behaviors of the infants/toddlers.

I want to highlight several other basic clinical factors that seem to have been curative. The Project provided a holding environment in which grief-stricken mothers could gradually recover. The mothers received unconditional positive regard from the clinicians, who adopted a strength-based perspective from which to understand the mothers and their children. The goal was always to return to a parenting perspective. Mothers were helped to become more sensitive to their children's minds by a focus on the communicative and health-promoting qualities of child-directed play.

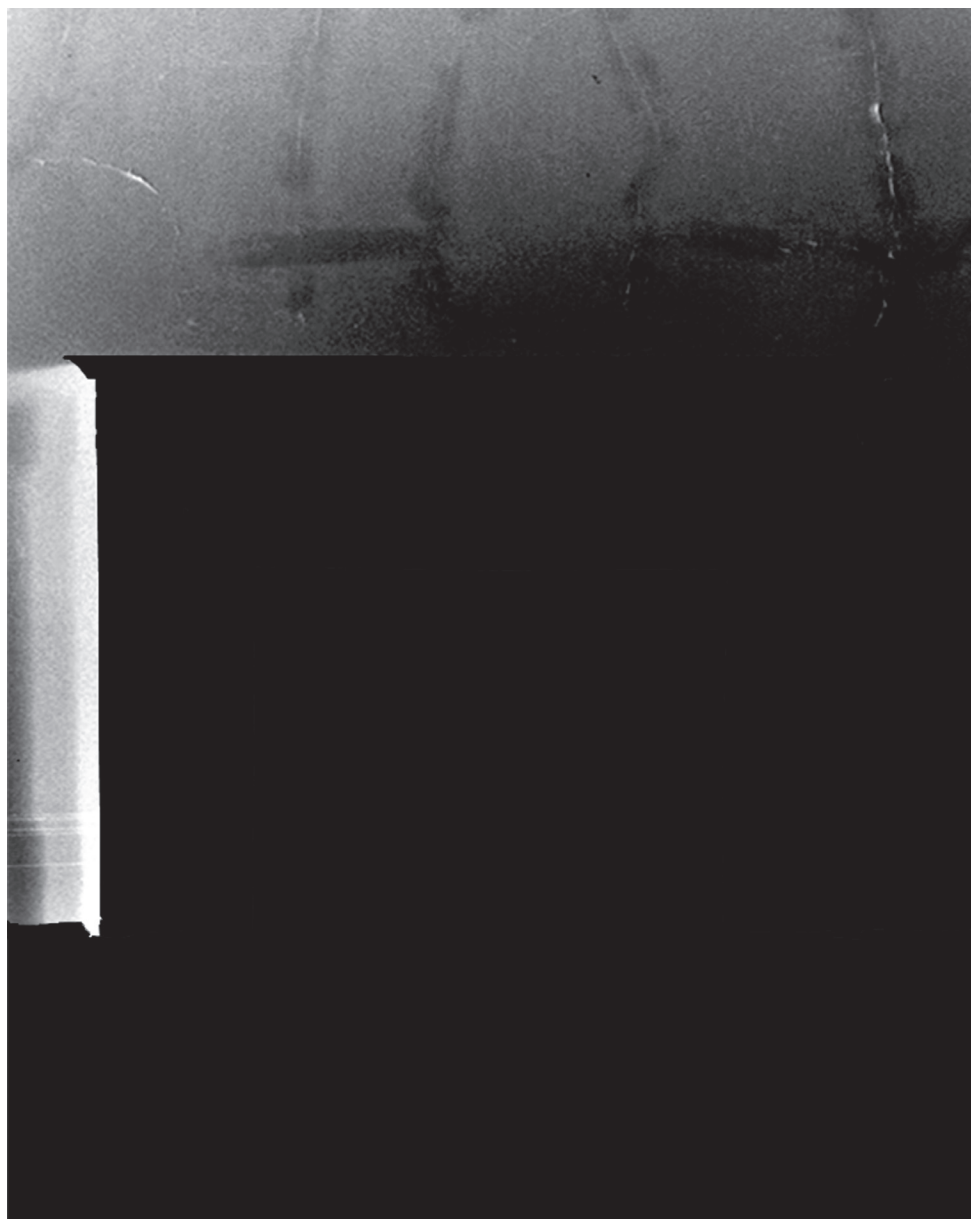
While reading the book under review, Fraiberg, Adelson, and Shapiro's (1975) classic work on traumatized mothers and infants kept coming to mind, with her famous quote, "When the mother's own cries are heard, she will hear her child's cries" (p.396). This current team of therapists honors that work while updating it. Kitchen consultations are transformed to support groups, with a homey feel and food provided. Video is added to the human eye to sharpen the lens in understanding interactions, but human sensitivity remains basic and crucial.

It is interesting to note that the mothers' support groups embody three of the five "empirically supported intervention principles" for disasters—promoting a sense of self-efficacy and community efficacy, promoting connectedness, and instilling hope (Watson, Brymer, & Bonanno, 2011). The groups are truly models of "tend and befriend," which Kaitz in her commentary describes as a response that "refers to the management of stress by caring for others, seeking or giving social support, and forming groups" (p.230). We hear, for example (in a chapter by Sossin), about how the group of mothers helped another widow slowly confront her ongoing inability to tell her 5-year-old that the buildings had fallen. A year after 9/11, the group helps her piece together her husband's claustrophobia, her own pain at picturing his death, and the ways her coping through activity and keeping secrets have compromised her ability to grieve and help her child grieve. It is one of innumerable vignettes illustrating how the groups supported the widows' courage, their emergence from disorganization and numbness, and their gradual constructions of whole

narratives for themselves and their children. Powerful chapters by Moskowitz and Reisswig deepen the picture of the groups as ongoing holding environments, with a focus on strength, resilience, and parenting.

In the Project's work with the young children, we are made particularly aware of the overlap between prevention and intervention (Weisz et al., 2005). Sossin and Cohen discuss "Carl," aged 3 when his father was killed on 9/11 and his mother was pregnant. Carl would sit glued to his father's chair at home for long periods of time, not allowing anyone else to sit there. Nine months later, during his first video play session, he symbolically reenacted

A video session that was intended as part of the prevention, to help a mother focus on her implicit procedural communication with her child, became an intervention for a child whose behavior conveyed that he had not yet grieved. Carl began to process his enormous loss through his symbolic play and no longer needed to rigidly enact it by occupying his father's chair. Similarly, in Demetri Friedman's section about the children's play in the support groups, we meet preschool-aged siblings whose age-typical building and rebuilding of towers that stay up, fall down, or are knocked down is accompanied with intensified affect and bits of narrative of 9/11. We see how they are



with the therapist a play scene of a cow going off to work and not returning home. The theme of disappearance and loss was elaborated in the play in various ways. When Carl's request to take a play figure home from the lab was turned down, he began to sob uncontrollably, the first time he had cried since 9/11. Following this, his mother reported that he no longer needed to sit in his father's chair.

helped to recall and process their traumas in play, so that they can return to their developmental trajectories. Previously, in work with 4- to 7-year-old Israeli children directly exposed to terrorism, even a single play session intended as assessment was found to be a meaningful intervention (Cohen, 2006). Young traumatized children's responsiveness to such short-term therapeutic play argues for its routine inclusion in trauma treatment.



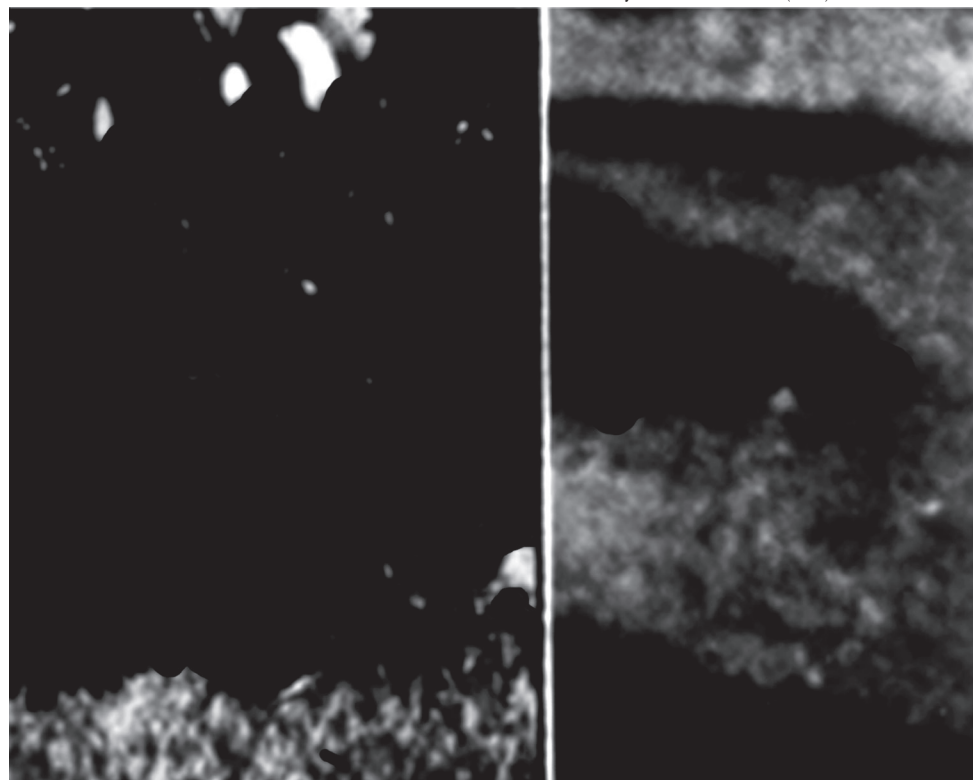
In fact, a separate section of the book presents the therapy of two mothers and toddlers seen by Anni Bergman and her colleague Andrea Remez; both mothers had been traumatized by proximity to Ground Zero rather than bereavement. These treatment dyads became affiliated with the Project by participating in the mother-child video bonding and consultations only. The interested reader is urged to read these fascinating chapters directly for more detail on this early intervention work.

The implications of this long-term project are important for two groups. The first is other parents and young children who suffer from event trauma (such as natural or man-made disaster, traumatic bereavement, or community violence) in which the parent's psychic state is altered, compromising the attachment relationship. This is a "selective prevention" group different from the other high-risk mother/infant/young children groups for whom psychoanalytic prevention programs are more typically developed, such as the mothers in poverty mentioned earlier, for whom a reflective parenting program was established (Slade, 2006). The provision of a group holding environment led by clinicians with a strength-based focus, who always return to helping parents learn more about their child's state of mind and who promote child-directed play, could serve other parents well in yet unforeseen event traumas.

The second group is the population of new mothers as a whole—that is, an entire group in a community for whom a "universal prevention program" could be directed. The video bonding and consultation format is particularly suited to develop greater reflective functioning and thus more secure parent-child attachment. One such experimental program with reflective video-based feedback has been initiated in the UK for low-income mothers (Svanberg, Mennet, & Spieker, 2010). In that program, mothers were divided into groups of high, medium, or low risk, based on ratings of 3- to 4-minute videos of mother-infant free play. They were then provided with video-based consultations for various lengths of time, depending on their levels of risk. Improvements in maternal sensitivity were found, as well as higher rates of secure infant attachment. Such a program could be delivered similarly, in conjunction with pediatric well-baby visits. The split-screen technology, moved from the lab to the community, and the follow-up consultations by clinicians would offer increased numbers of mothers help with their relationships with their infants. Improving attachment by such a prevention project would go a long way to improving the mental health of our youth.

In order for the impressive clinical results of the Project to reach a larger audience, we

will need to turn to the empirical data collected. The stated research goal was to study "the effect of the trauma on maternal levels of anxiety and depression, and on mother-child communication...and...the course of recovery of these families, identifying the strengths and protective factors that contributed to their resilience" (p.14). Mothers were given several questionnaires about mood, loss, parenting experience, and child's temperament. Children from preschool age and older were given the Steele Affect Task. At 12 months of age, the infants were given the "strange situation" task for attachment ratings. There are videos of mother-infant/child and therapist-infant/child play over a 10-year period. This is an impressive variety of data. Certainly the data would be expected to be typical of applied data obtained secondary to a clinical intervention, particularly an intervention in a crisis situation never previously encountered. Such real-life data, however, messy as it may be, offers the most meaningful picture of what happens in real life. And these interventions were certainly of the highest clinical caliber.



We eagerly anticipate the data analysis—perhaps a Volume II of *Mothers, Infants and Young Children of September 11, 2001: A Primary Prevention Project*?

Now, 11 years after 9/11, we know more about how to proceed in trauma situations than we did then (Watson et al., 2011). It can be hard to recall our professional inexperience and the altered states in which we, along with all other New Yorkers, lived and worked. Just prior to 9/11, the National Child Traumatic Stress Network was established; its funding greatly increased post-9/11 (Pynoos et al., 2008). Its website ([www.nctsn.org](http://www.nctsn.org)) now offers detailed descriptions

of clinical programs for helping the full range of trauma victims. This website presents a unique opportunity for the Project to be disseminated widely, beyond the psychoanalytic community, to reach an audience with diverse theoretical orientations.

In the meantime, we have this book available as a resource for consultation and reassurance in future trauma work. We are fortunate to have it to read, study, and inspire. ■

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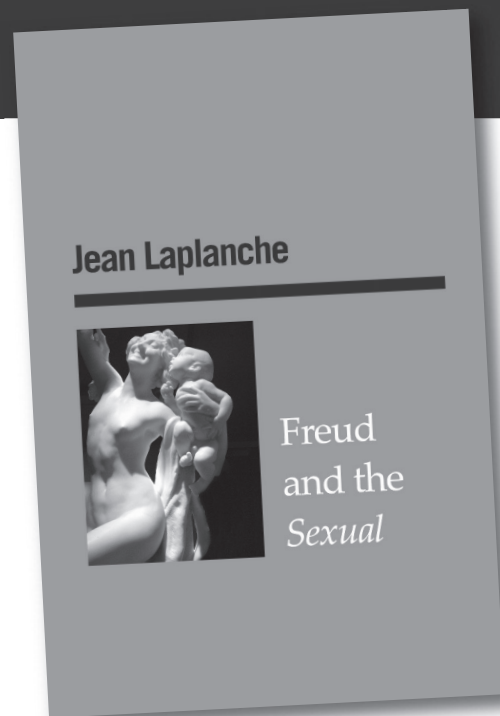
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# Jean Laplanche

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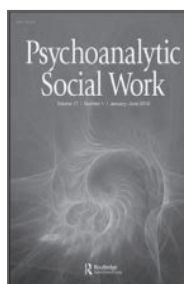
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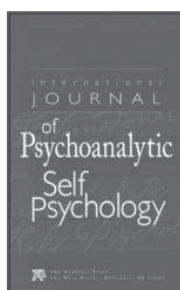
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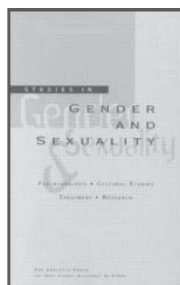
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# Recollections of Wilfred Bion

Annie REINER

Bion had an arresting presence, his owl-like eyes were focused and intense. He spoke thoughtfully, complex thoughts delivered in a simple easy-going manner. In one of the many lectures I heard him give in Los Angeles in the 1970s, Bion told a story about someone skeptical of psychoanalysis, who said to him, "So you mean all you do is talk?" Bion paused, then replied, "No, we are also silent." His lectures, too, were peppered with silences, but they were silences which felt pregnant with meaning, and a sense of expectation. For some analysts in the audience the intensity must have been unnerving, because many were angered by his enigmatic quality and his tendency to respond to questions with thoughts rather than answers. Others of us were fascinated, and curious about the sometimes mysterious things he said. He wasn't trying to be mysterious, it was just an unavoidable side effect of the topic at hand – the human mind. He focused, not on answers but on questions, and it seemed to me that one of the main things he brought to the psychoanalytic perspective was the sense of awe of a child pondering an infinite, but fascinating universe.

Bion died in 1979 at the age of 83. His presence in Los Angeles, where he lived and worked for the last twelve years of his life, had a galvanizing effect on the psychoanalytic community. There was controversy, but also outright hostility between those who were interested to learn more about his ideas and the ideas of Melanie Klein and object relations, and other analysts who at the time were opposed to the influx of these strange new ideas. The atmosphere was charged, which also made for stimulating discussions. Bion seemed clearly to have no interest in being forced into the role of a guru who had all the answers, and so his tendency not to answer questions directly minimized the kind of assumptions that obstruct learning, and thinking. Through his actions, we were encouraged, forced, really, to think for ourselves.

I admit that I often didn't understand exactly what he was saying. However, I knew he was saying something that I felt it was important to understand. As a young therapist, I had no idea what it would take to position myself in such a way that I could understand it; that would take years. It would require in me, in Bion's terms, a "catastrophic change", a mental or psychological rebirth as he, and later Tustin (1981), Paul (1997), and Piontelli (1988) described it. Through my life and my own analysis I have since learned the nature of that change, and it is something I address daily with my patients. The journey of a psychological birth is the upheaval of a mind as

it is introduced or reintroduced to its own uncontrollable, primitive passions. Bion viewed this primitive realm of the mind as the basis of reason, thinking, and creativity. In the process of this journey I found those capacities in myself. Having an experience of this aspect of mental life was instrumental in my seeing the meaning in Bion's ideas about the mind.

At the time, however, I was on the other side of that change. While there was much I didn't understand, I could observe that he was wise, thoughtful, and also kind. Coming face to face with him on a few occasions, I saw in his eyes something real, warm, and profound, which I recognized as the openness one sees in the eyes of a baby. I mentioned this to one of his analysands, who seemed surprised, for while she greatly valued their work together and experienced Bion as unusually real and down to earth, she also found Bion to be sardonic and sarcastic at times, even angry. These things didn't seem mutually exclusive to me, and my impression was corroborated by another of Bion's analysands. He said he had told Bion that looking into his eyes made him somehow uncomfortable. In the context of the material in their session Bion then said to him, "Perhaps because it is like looking into a baby's eyes."

I would not be surprised if that accounted for the discomfort some analysts in the community had with Bion's demeanor, for while analysis talks and theorizes about the infantile part of the personality, the actual experience of being an infant is so intensely vulnerable and uncertain that it is often terrifying to those who are not conversant with that primitive realm. Freud's idea of the infant, of course, was really more like that of the small child, akin to the images in Medieval paintings where babies look like small adults. In order to paint a believable baby, one would have to have experienced what it actually feels like to be a baby, with all the unknown and unknowable experiences of one's own primitive mental processes, ideas about which began more and more to be opened up in the works of Klein, Bion, and others.

I had a relevant encounter with Bion that took place after a lecture he gave in an auditorium at the Neuropsychiatric Institute at UCLA in 1978. As people were leaving, I ran into him on the way to the parking lot. I had just finished a new biography about Samuel Beckett (Bair, 1978) in which I read that in the 1950s, Beckett had been in treatment in London with Wilfred Bion. While this is well-known by now, it was a revelation then, especially in light of the fact that in

my mind, for no particular reason, I had always connected these two remarkable men, both of whom I greatly admired. That night I approached Bion and told him of my discovery. He was gracious, as usual, and took the time to stop and talk to me. He looked at me with those penetrating wide eyes and said, "Yes," and after a pause said, "I don't believe I helped him much." I didn't think this was totally accurate, for it seemed to me that even if Bion was not yet developed as an analyst, two remarkable men spending time with each other was bound to have some sort of an effect. All of this is conjecture on my part, but having been something of a Beckett scholar, I could see that it was after this treatment with Bion that Beckett wrote his groundbreaking plays—*Waiting For Godot*, *Happy Days*, and *Endgame*. These plays contain images that may be construed as informed by knowledge of the primitive unconscious. In *Endgame*, for instance, the two parents of the main character, Hamm, are on stage the whole time in trash cans. Beckett's relationship with his mother was fraught with painful conflicts and this seemed to be, like other symbols in his plays, physical representations of an inner life. In this case, the parental imagoes exist as garbage, undifferentiated and undigested. When I had occasion to speak with Francesca Bion many years later, I mentioned to her Bion's comment about Beckett, about which she commented, "I think they were very much alike" (F. Bion, 2011).

In 1977 I wrote to Bion asking if he would be willing to do a private clinical seminar with me and a small group of other young analysts and psychotherapists. I then met with him in his office to arrange this, and was surprised to find that he was not in the least intimidating. In fact, I felt comfortable enough to look around, and seeing his most recent book, *Attention and Interpretation* (1970), on the shelf, I told him how much I had gotten from it. He replied, "I think I'm saying the same thing in all my books" (1977a). What seemed like humility was actually true in a way. It reminded me of something I'd read years ago by Ezra Pound, who had said that each writer has in him only his one "pint of truth" (Cookson, 1975, p.34). This did not strike me as a devaluation, but as reflective of the idea that if one is truly in his own life, in his own mind or self, one has his own unique perspective on the world, and it is about this idiosyncratic perspective that every honest writer writes. However, it is not really the same "pint" throughout one's life, and Bion's last book was not really just a rehashing of the earlier works. As his thoughts developed, he framed his theories differently, and they represented



an extension and ongoing transformation of those earlier ideas. What remains the same is his unique perspective on the enigmatic realities of thinking and mental life, his interest in an essential level of truth (O) and the difficulties of making contact with it.

At one of our seminars, a therapist interpreted something about a finger in his patient's dream as a phallic symbol. Bion made a few comments (which my aging brain cannot at the moment recall), after which he added, "There was a time when I was in training when one couldn't walk two steps without tripping over a father figure." He said similar things about perfunctory interpretations about breasts or other pre-Oedipal "Kleinian" symbols. Bion was making the point that our minds can become so saturated with theories that we cannot contact the unknown aspect of the patient in the session. We are already programmed to see certain answers and so we obstruct our own curiosity about what we don't know. He often advised us, "Keep your questions in good repair." This was perhaps the most important lesson I learned from Bion, and it was perhaps most important to him as well, the capacity to have an unsaturated mind that was not so filled with theories, preconceptions, and assumptions that there was no space for a new thought. That which one had already learned was old news, dead knowledge which could only deaden the creative aspect of the mind, and so he constantly looked to what we didn't know, which was much more interesting.

We see this point of view in Bion's writings certainly, in his theory about the analyst's need to suspend memory, desire, and understanding in order to cultivate that unsaturated mind, to be free to think new thoughts. As he wrote, rather amusingly, "A bad memory is not enough" (Bion, 1970, p.41). The temporary suspension of memory and desire, in other words, does not mean being in a mindless stupor. It is instead a challenging mental discipline in which one tries, as much as possible, to be in the present reality, rather than in the past (memory) or the future (one's hopes for a certain outcome). It is a metaphysical awareness beyond the senses. Although the methods are different, in this aspect it is not unlike the Buddhist idea of transcending the ego in order to be in the moment, to experience *satori*, a moment of awakening.

Bion represented this unknown reality symbolically as "O"—the unknown and unknowable absolute truth. In practice, it is the infinite universe of the patient's experience, and the unknowable infinite universe of the analyst's experience, and where they intersect. Only intuitive states could help one to glean something of where these two meet in the interaction between the two minds. It is on these grounds that Bion is re-

ferred to as "the first intersubjective analyst" (Grotstein, 2007). One could sense in Bion his capacity to entertain this heightened experience, and it is understandable that I, and others, could not follow him there at first. Bion's simplicity and humanness, his openness and curiosity, were reflected in his physical bearing, as well as in what he said. In his theoretical terms, he was capable of being a container for these primitive but expansive experiences (the contained).

In our seminar, one could feel his humanness, authenticity, and sensitivity, but humanness also includes frustration and irritation. We were young clinicians—psychiatrists, clinical social workers, psychologists—and often not far into our own analyses. Bion's greatness was matched only by our inexperience and ignorance. At one time, he asked if we had any thoughts about the material we'd heard. We were all silent. So was he. After several painful moments, he announced, with some irritation, "Well! Invention has failed!" On the other hand, I recall presenting the case of a 6-year-old little girl I was seeing who had learning problems and was distracted and withdrawn. In our session, she used her box of toys—little figures of people and animals—to show the interactions of the many characters in her internal world. She was bursting with imagination, while I was in the dark, and mortified by how little I understood. After listening to the session, Bion said, "She must feel she is in the presence of someone very trustworthy to be able to show you so freely what is on her mind." He said nothing about the plethora of details in the girl's play; his response was to the process, the interaction, the human relationship, not some already known idea. This interaction was, for him, where the treatment began.

À propos of this, I was struck by something he said at one of his lectures in LA. "The patient is not really interested in the analyst, nor is he interested in himself, but in the bit in between." What his response in the seminar gave to me as a student was an awareness of the analytic couple, and a view of myself in it, what I brought to it. He often said that it was no good relying on theories, or on supervisors or one's own analyst; when one is with a patient, "there is no one to fall back on but yourself" (Bion, 1977). This helped me to see that while I may have been unschooled and inexperienced, I was also curious and willing to bear my ignorance long enough to think deeply about this little girl. To her, then, at least at that time, I was trustworthy. The worst thing one can do is to pretend we know, to jump to conclusions in order to allay our own anxieties. This not only fills patients with specious interpretations—with lies—it fills them with our unclaimed, unthought anxiety and arrogance. Bion's capacity to bear the un-

certainty of not knowing, to bear the silence even when a whole audience of people was expecting him to speak, was a model for the patience one needed to bear the uncertainty of not knowing what in the world is going on in a session. After years of experience, one can develop enough faith to remain curious and silent until an intuition arrives that feels more truthful. In my experience this brings a sense of wholeness and relief. It is what Bion (1970) called "thoughts without a thinker," those truths that exist whether or not we think them, but that may come to us if we provide a hospitable mental environment for truth. One might then say something that feels "right," both to the analyst and to the patient.

Whether in analysis or in our personal lives, each of us is interested in the relationship to the Other. We are defined in that interaction. In that gap between people, the self comes into existence or fails to come into existence.

An example of how the self may die in that gap is elucidated in this vignette. The patient, an extremely intelligent and particularly intuitive woman, had problems with compulsive eating. Her mother, who was psychotic, had also gone to work when the patient was three months old, weaning her baby prematurely. The patient dreamt she was with a group of people deciding where to eat dinner. They did not include her so she asked if she could come, but they said no, they already had a group. She remembered being at a courthouse, where big stone stairs led to a big building. "I kept falling on the stairs, my legs were all bloody." She said she felt today that she had blinded herself to her feelings. I had been seeing this patient in analysis for years, so she had some awareness of her states of being present or absent. I saw in the symbol of the "stone stairs" that this woman's innate sensitivity and desire for truth had been hijacked by a mother with a "stone stare"—eyes that could not reflect back a sense of her baby's self. Instead, what she saw reflected in her mother's eyes was an inability to receive her inner reality. In the transference, she often sees me as blind to her as well, but today, she was able to feel that blind internal mother in herself, a blindness to her own emotional life. Further obstructions to attachment were undoubtedly caused by the premature weaning, but it seems to me that what was obstructed much earlier was the development of a mind capable of having a sense of her inner world. This left her in despair, feeling invisible and starving to be seen.

I have recently written a book that focuses primarily on Bion's concept of O, in my view the lynchpin around which all of Bion's theories cohere. O is Bion's most controversial concept, but he viewed it as

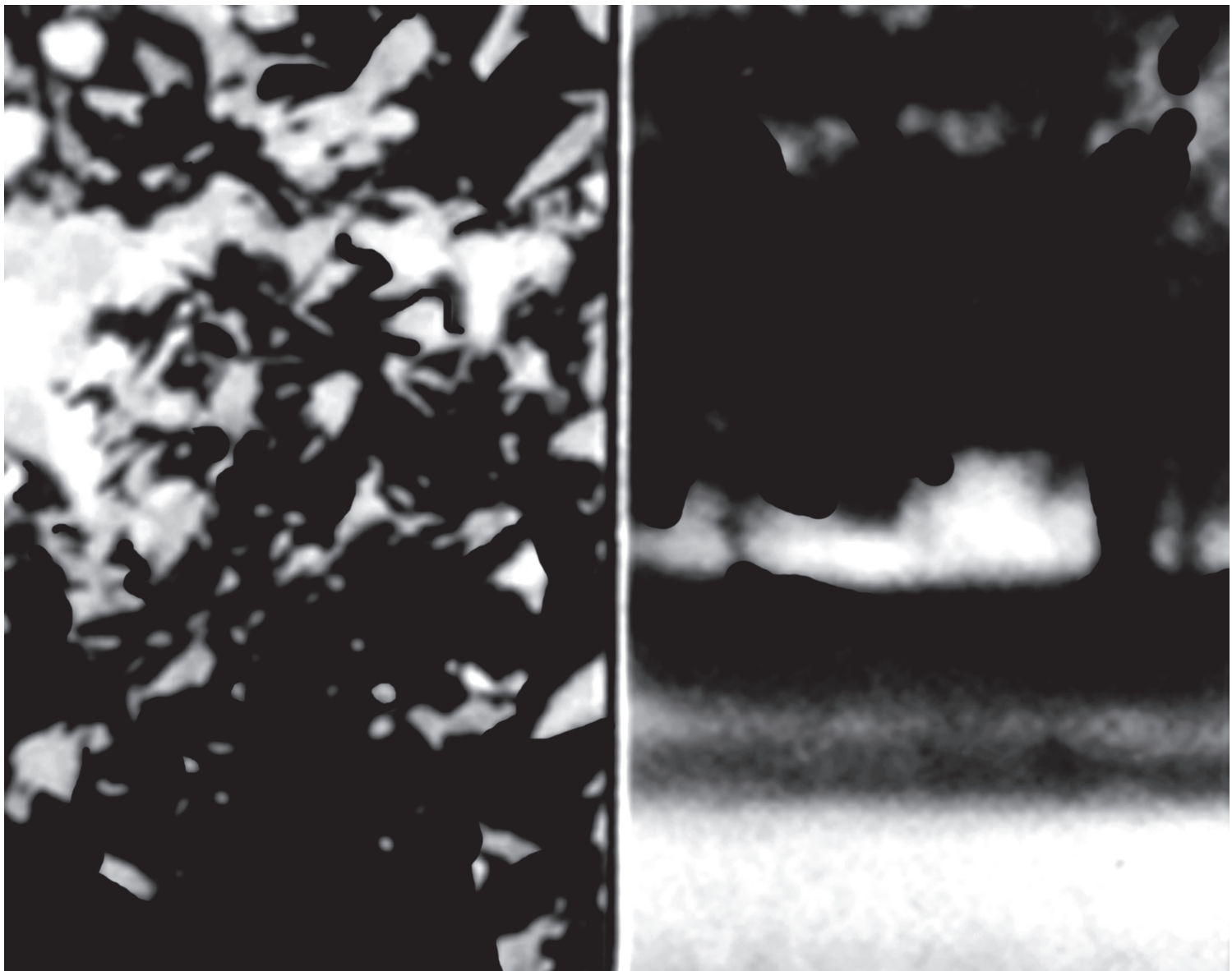
the basic psychoanalytic perspective. It is also the essence of all kinds of creative work in the arts and sciences, and the basis of intuitive and religious or mystical states. My aim in writing *Bion and Being: Passion and the Creative Mind* (Reiner, 2012), was in part to provide an experiential path into the work of Wilfred Bion, to provide an emotional understanding of his ideas, without which the intellectual understanding of theories has no essential meaning. Although my personal experience of Bion was limited in time spent, I think it was instrumental in getting a sense of the meaning of his theories. Like all of the most extraordinary men and women, Bion was the embodiment of his ideas about the mind—he lived them. So in those silences between his words, I felt I could almost see him thinking, an

I recently learned that poetry was central to Bion's life, and that he had planned to put together a book of poetry specifically for analysts (F. Bion, 1981). It brought to mind one more recollection about the time that Bion was in Los Angeles. His office was in Beverly Hills, as was mine, and while there are (shamefully) no bookstores there now, at the time there were three or four within the small radius that is Beverly Hills. One of these was a small dusty psychoanalytic bookshop, at the front of which an equally dusty looking old man sat reading at an old wooden desk. He did not look up; he rarely spoke. From this rather dour, unfriendly man I bought, among other things, all of Bion's books, which on that day included first editions of the slender hardbound copies of *Learning From Experience* (1962) and

stuck with me for thirty-five years, I think because in that moment we shared a recognition of what a rare thing it was to have a genius in our midst. It's not something that happens every day, or every decade, or every lifetime, and while Bion in many ways remains a controversial figure, even among those interested in his work, more and more analysts throughout the world have recognized the unique, creative, and revolutionary power of his ideas. ■

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exercise of the relationship between the intuitive and rational aspects of his mind. In his theoretical terms, it was an example of a relationship between container and contained, a fresh idea (contained) that his mind (container) could accommodate in that moment. This is one of the theories at the heart of his theories of thinking.

*Elements of Psychoanalysis* (1963). As I wrote a check for my purchases, the usually curmudgeonly proprietor commented on my interest in Bion's work. He was obviously impressed by Bion, and perhaps with a bit of pride, he added, "He comes in here all the time, mostly to buy poetry." That was about it, but this mundane conversation has

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# “What Does Not Change”: Technique and Effects in Psychoanalysis

J. Todd DEAN

What does not change  
is the will to change.  
—Charles Olson, “The Kingfishers”

In an interview with *The Daily Telegraph* (Copping, 2008), the British analyst Darian Leader expressed concern about recently proposed state regulation of psychoanalysis thus:

*The new system may be OK for people like cognitive therapists, who concentrate on trying to get rid of things like depression or eating disorders in a certain number of sessions, but psychoanalysis does not have such set outcomes. Our approach is that we don't know where we are going to go, or how long it will take, we just have to see what emerges. It is an exploration of one's history that, unlike things like cognitive therapy, doesn't aim at the removal of one's symptoms.*

Leader's comments are scandalous in their candor: there is not even a pretense of satisfying the expectations of empirical medical discourse, in which a therapeutic technique is judged to be efficacious based on its ability to eliminate symptoms. To say straight out that psychoanalysis “doesn't aim at the removal of one's symptoms” invites the immediate response of “then what good is it?”

While the proposed regulations were ultimately dismissed by court order (UK Government, 2011), Leader's comments leave questions in their wake that go far beyond the immediate concerns out of which they arose. If “we just have to see what emerges” in analysis, and if the therapy “doesn't aim at the removal of one's symptoms,” then what are analysts doing, and why are they doing it? It is striking that these questions remain so compelling today, over a century after psychoanalysis was invented. What constitutes the profession of psychoanalysis? Is it a technique for a particular kind of therapy, for a particular kind of problem? What effects can psychoanalysis be expected to produce, and how does it produce them? Freud addressed these questions—the relation between profession and practice, technique and effects—early on.

Alarmed by what he saw being done in the name of psychoanalysis, Freud wrote “Wild' Psycho-analysis” in 1910. While manifestly a defense of the professionalization of psychoanalysis, this brief article has profound relevance for questions of regulation, technique, and effects. In it, Freud describes a consultation in which a young divorcée sees him because a physician, referencing Freud, has told her that the

anxiety that brought her to him would be alleviated if she would either “return to her husband, or take a lover, or obtain satisfaction from herself” (Freud, 1910, p.221). The patient consulted Freud to find out if he really would make such a scandalous recommendation, which left her feeling hopeless, since none of the alternatives were acceptable to her. Freud devotes the bulk of the article to a criticism of the physician's recommendation, explaining that it was precisely because of such interventions that he was compelled to start the International Psychoanalytic Association (IPA) and to create procedures for certification of analysts. But then, in the middle of the last paragraph, he adds the following:

*For as a matter of fact “wild” analysts of this kind do more harm to the cause of psycho-analysis than to individual patients. I have often found that a clumsy procedure like this, even if at first it produced an exacerbation of the patient's condition, led to a recovery in the end...In the case of the lady whose complaint against her physician we have heard, I should say that, despite everything, the “wild” psychoanalyst did more for her than some highly respected authority who might have told her she was suffering from a “vasomotor neurosis.” He forced her attention to the real cause of her trouble, or in that direction, and in spite of all her opposition this intervention of his cannot be without some favourable results. (p.227)*

This comment raises a question about the relation between technical rules and analytic effects. While we could say that the physician's intervention was ham-fisted and insensitive, it at least had the potential of surprising the patient. It might introduce something she had never recognized before—the relation of her anxiety to her erotic life—and this, according to Freud, would inevitably prove useful.

Subsequent commentators, however, are often put off by this ambivalence about rules. Adam Phillips, in his introduction to the new Penguin edition of Freud's papers devoted to questions of technique (which includes “Wild' Psycho-analysis”), notes that “when it came to the making of rules, not to mention the testing of them, Freud was curiously unforthcoming” (Phillips, 2002, p.xiii). This suggests that Freud was avoiding the question. In fact, his appreciation of the “wild” intervention suggests that he was not entirely comfortable with rule making to begin with.

We know from at least one firsthand report (Bernfeld, 1962) that Freud was himself dismissive of “the authorities” of psychoanalytic pedagogy (p.462). When Bernfeld, in 1922, asked Freud if he thought the novice should have a “didactic analysis” prior to beginning his own analytic work, he quotes Freud's answer as, “Nonsense. Go right ahead. You certainly will have difficulties. When you get into trouble, we will see what we can do about it.” Bernfeld continues, “Only a week later, he sent me my first didactic case...Alarmed by the task and the conditions, I went back to Freud; but he only said: ‘You know more than he does. Show him as much as you can’” (p.463). These comments suggest that Freud had a much more flexible idea of what analytic technique could be than is commonly supposed. However, they also leave unresolved the question of what it is, exactly, that Bernfeld knows that his patients don't know. One could wish this question were raised more directly and more often than it has been in analytic training.

Jacques Lacan, writing in 1956, expresses concern about Freud's decision to create the IPA: on the one hand, it is understandable that he would want to develop a means of maintaining his thought; on the other, in doing so, he created a new problem: the “tradition and discipline” of psychoanalysis “is to call into question” the “very crux” of tradition and discipline (Lacan, 1956/2006b, p.397). In other words, by establishing a professional standard, one risks limiting the scope of analytic questioning. This resonates with Freud's limited approval of the “wild” intervention: for both authors, it is necessary that psychoanalysis disturb the status quo ante, whether in a patient's psyche or in the transmission of psychoanalytic teaching.

The whole question of “tradition and discipline,” however, is looked at quite differently by many analysts. Consider Arlow's (1991) commencement address to a graduating class of the San Francisco Psychoanalytic Institute, delivered 80 years after Freud's 1910 paper. It contains an imagined letter to a “Dr. Freud,” whose application for candidacy in the institute is rejected based on his write-ups of four cases: Dora, the Wolf Man, Little Hans, and Schreber. The letter is intended to show how far Freud's work is from anything that would be acceptable in contemporary psychoanalysis. Dora was in treatment too short a time, the Wolf Man was too ill, Little Hans wasn't a real analytic case, and Schreber wasn't a real patient. The point of the letter is that none of Freud's cases follow proper technique; consequently, they are of merely historical



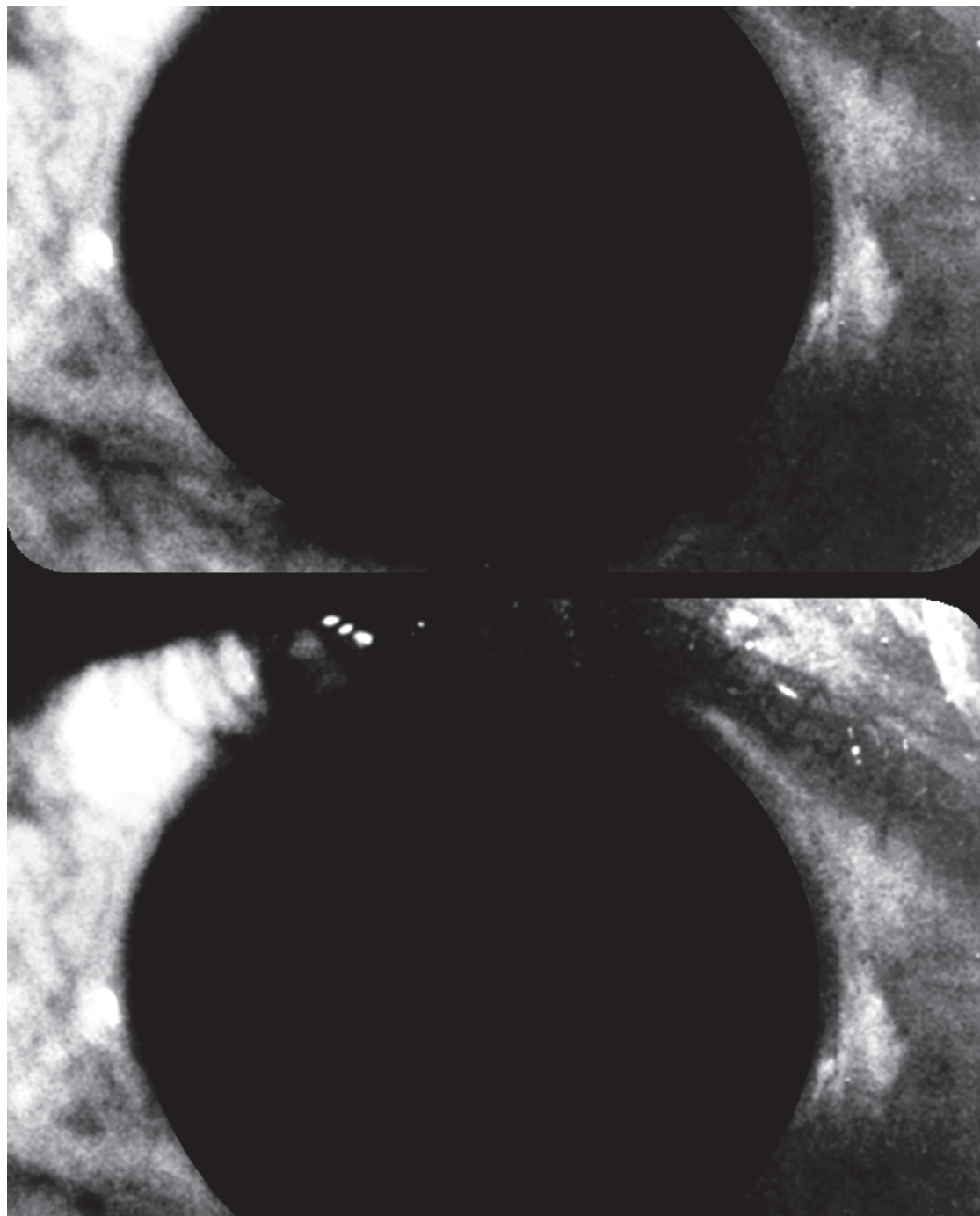
interest. Arlow goes on to encourage a “scientific spirit of free inquiry” in psychoanalysis, but, again, this inquiry is to be free only in investigating technique as it exists at the time: it is described as a willingness to investigate “the analytic situation itself,” for example, as he recommends, through the study of a tape recording of an analysis. For such endeavors, the works of Freud are, simply, “our youthful friends, and they served us well; but the time has come for us to get on to other things... Freud’s early papers and his case histories are milestones... They are major historical doc-

for his argument; otherwise, how could a criticism of Freud’s case studies based on the technique exhibited in them be relevant? It seems clear that what constitutes “modern psychoanalytic thought and practice” for Arlow is a matter of technique: the effects that technique is expected to accomplish are taken for granted. If everything is done properly, the outcome of an analysis is as good as known in advance, not unlike the result of a properly performed coronary bypass: if the thoracic surgeon does his job right, then we know what to expect. Consequently, defin-

today, or that Little Hans was more a supervised case than a patient, does not obviously invalidate the work Freud presented, at least in terms of its use to students. In fact, this would only be a problem if we read Freud’s case histories as models of technique, as Arlow does here—models that are now outdated. Similarly, while Arlow dismisses the Wolf Man as “too sick,” Leader (2011, pp.246–272) has argued persuasively that the Wolf Man’s case is of enormous interest to a student today, though not because of its description of technique. The contrast is stark: for Arlow, psychoanalysis is defined by its technique; for Freud and Lacan, technique is secondary to the effects that analysis is expected to produce.

In fact, viewed from a therapeutic perspective, there is a remarkable paradox here. While there may not be an obvious technique or generally expected outcome in analytic work, there is, for Freud, Lacan, and Leader, a theory of cure: psychoanalysis and the psychoanalyst are expected to accomplish *something*. If, as Freud suggests, the physician’s “wild” intervention might be useful, Freud must have some sense of what it is useful for. I would suggest that exactly what that is has not been the subject of very close inquiry in most schools of analytic training, where the emphasis is so heavily on learning a technique—an emphasis that too often takes for granted the question of what that technique is intended to achieve. In fact, candidates are rarely held accountable for what happens in an analysis, only for following a procedure. But in my experience both as a candidate and a supervisor, the very idea of doing otherwise gives one pause: what would constitute the good or useful effects of analysis, and how would one assess a candidate’s work from that perspective, especially when there is so little emphasis in training on what those effects are supposed to be?

Arlow’s take on what constitutes clinical work in psychoanalysis is characterized by an identification of the observed phenomenon with the question of therapeutic goals, without any consideration of an intervening third term. In his comments on Freud’s case reports, the possibility that we would read them for some other purpose than to see what an analysis is supposed to look like is not even raised. That Arlow would be dismissive of Freud’s case histories on these grounds should have been more concerning to an analytic audience than it apparently was: do we read *any* psychoanalytic paper with the goal of finding a model for what analytic practice is supposed to look like? Do we really think that a description of an analytic process, carried out in another language and culture over a century ago, could tell us what an analysis should look like today? It is like arguing that



uments, but they do not represent modern psychoanalytic thought and practice” (p.21).

But how long Dora was in treatment, or how ill the Wolf Man was, are only relevant questions if the impact of those factors on the outcome of a treatment is clear. Though Arlow in fact never says what the assumed outcome is, such an assumption is necessary

ing the effects of an analysis is irrelevant to Arlow’s concerns—he doesn’t mention anything about them. But the problem is that, unlike a coronary bypass, an analysis does not have such an obvious expected outcome.

The fact that Dora was in treatment for a shorter time than would be considered acceptable in an analytic training program

the main reason to read Plato is to learn how to behave like Socrates.

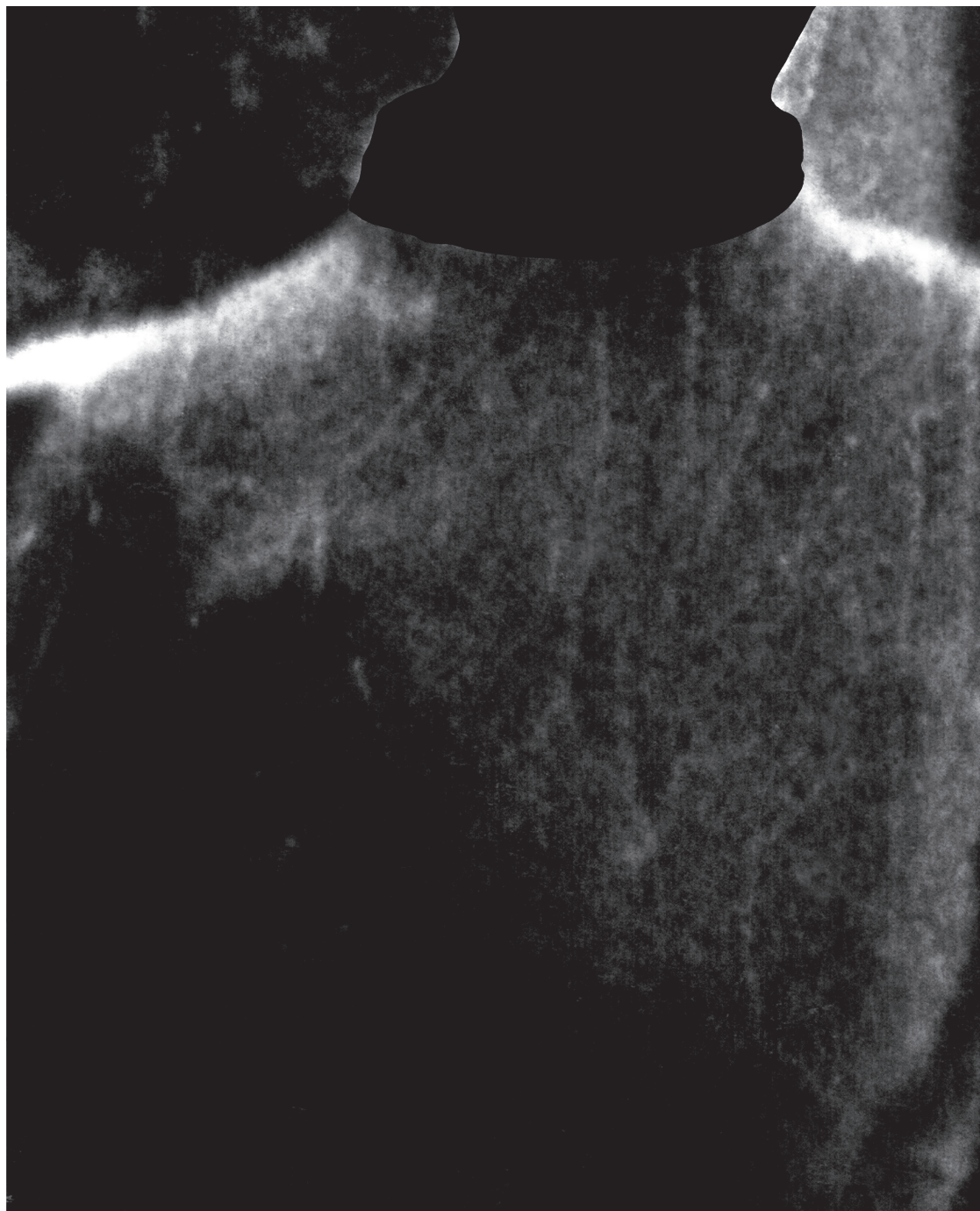
Such a focus creates the risk that the analyst will fall prey to his or her own assumptions about what is happening as he or she listens to the analysand. This is because we are focused more on the job of carrying out the formal technique than on what the process is accomplishing—we are practicing what we already know rather than discovering the unknown. For example, if I assume that everything the analysand says and does is specifically about the transference, then I am going to bring a ready-made understanding of her words to the process. The same could be said of any assumption concerning technique. Freud was himself very clear on this point: what the analyst listens for is always specific to this analysand, at this time. This is true from his earliest work with hysterics: “[W]hen his first hysterical patients enter a state of reduced consciousness and are overcome by hallucinatory experiences, what interests Freud are not these experiences or states themselves, but what the patient *says* about them” (Van Haute, 2002, p.xxxi). Similarly, Freud does not care, in *The Interpretation of Dreams*, what “really” happened in the dream, as he makes clear in his discussion of the dream work in chapter 6 (1900); instead, he insists on paying very close attention to how the patient describes it. Even in his last technique paper, “Constructions in Analysis” (1937), he insists that the value of anything the analyst does is determined solely by whether or not it moves the analysand to make new associations. Freud’s clinical interest is always on what is said by the analysand, not on achieving a predetermined goal. Again, this is entirely unlike the example given earlier of a coronary bypass: where the surgeon works with an assumption of universal norms—this is the anatomy of the heart, this is its physiology, and this is what pathology looks like—the psychoanalyst works to get to the most idiosyncratic parts of the psyche, what is unique to each subject.

Here we can usefully question the difference between an analytic *effect* and a therapeutic *result*. In medical discourse, such as the discourse surrounding coronary disease, all the clinical activity is geared toward a specific, predetermined result: a return to a previous state of health. In analytic discourse, the result is unknown: “we just have to see what emerges,” as Leader told his interviewer. An analytic effect, then, is not the same thing as a therapeutic result. Is there then some more specific way to define the concept?

I believe the best answer to this question follows from Freud’s discussions of analytic work referenced above. Analytic effects are unlike other kinds of therapeutic

effects because a specifically analytic effect is one of surprise—as in the case of the young divorcée—not symptom relief. An analytic effect creates a new subjective awareness—a new recognition of something that had formerly seemed foreign, but is now seen as part of oneself—rather than a return to a previous state of health. For this reason, analysis is a dialectical procedure unlike any other type of therapeutics. This is because (a) the optimal outcome of analysis is not a given, unlike the optimal outcome of any other therapeutic procedure,

from before. We see this in Freud’s aside on the “wild” intervention: the subject is surprised by what the doctor recommends, but, as Freud imagines it, comes to recognize in this intervention “the real cause” of her anxiety, thus potentially coming to think of her symptom differently. This speaks to a concept that was central to Freud’s work from the beginning: one’s self-awareness covers over things that are surprising; what we experience as the self is not representative of the entirety of our subjectivity. The subject is, as Laplanche



where the goal is always to return to the status quo ante, and, therefore (b) the techniques used to reach the end of an analysis are not, and cannot be, given, and are in fact always in play.

Often, an analytic effect is achieved when the analysand’s own words and actions return to him, strike him differently

(1992/1999) describes it, decentered with respect to his ego, always moving between what he consciously recognizes as himself—a sense of himself centered on the ego, the “Ptolemaic” subject—and the subject that is not (yet) recognized as such, that appears always as a surprise. From this we can argue that an analytic effect is, of needs,



a disturbance of the “Ptolemaic” status quo of the analysand, neither the achievement of an objective norm nor the valorization of self-awareness. Where this will lead is not at all clear to either party of the analysis until *after* it has happened.

There is an exemplary debate around questions of technique and effect as these play out in the opening sessions of Freud’s treatment of the Rat Man (Freud, 1909). Mahony, in an extended critique of Freud’s treatment and report of the case (1986), is unequivocal: it “affords a reliable picture of Freud as frequently intrusive, reassuring, and seemingly more drawn to genetic interpretations and to reconstruction of past events than to the current interplay in the clinical situation” (pp.89–90). He goes on to argue that a significant element of the transference—the patient being bored into (*erraten*) by Freud’s interventions—had a never recognized yet profound impact on the course of the entire treatment (pp.103ff.). Mahony concludes that the treatment as a whole was a failure, precisely because of Freud’s obliviousness to the transference and his need to prove his own theories.

Lacan, writing in a paper (1953/2002) first delivered more than 30 years before Mahony’s monograph, acknowledges the presence of these complaints: “The successes obtained by Freud now astonish people because of the unseemly indoctrination they appear to involve, and the display thereof... strikes us as nothing short of scandalous” (p.76). Yet, in his eyes, these criticisms are irrelevant. Freud obviously recognized the importance of the transference, since he documents the comments that validate it (p.77); the fact that Freud intervenes so actively in the treatment is not a problem: he “let himself be duped” into intervening, because he “understood the seductive scope of this game” (p.77) that was played out in the interaction between the members of the dyad.

This complete divergence of views is striking. For Mahony, the main issue, when discussing these opening sessions of the treatment, is, as was the case with Arlow’s comments quoted above, Freud’s technique. Frequently, Mahony makes observations like this one: “the very absence of detailed transference interpretations . . . fuels the doubt that Freud persistently focused on clarification and dissolution of the transference neurosis” (1986, p.89). In this comment, as throughout the monograph, the author consistently criticizes the technique based on an assumption of the theory that the goal of analysis is dissolution of the transference neurosis, and this will happen through a focus on transference interpretations, in the “current situation” (p.90) of the analysis, with the help of interpretation of resistances (“Freud’s approach, intellectual

as it was, yet managed to lower the Rat Man’s resistances” [p.114]), while the analyst remains otherwise as unobtrusive as possible, not “intrusive” or “reassuring” as Freud was with the Rat Man. Indeed, the fact that Freud was invested in his own theories of etiology and technique is evidence that his technique is bad. But why dissolution of the transference neurosis is desirable or the goal of the analyst’s interventions, or, for that matter, why it is that focusing on the transference will necessarily result in a dissolution of the transference, or why verbalizing analysis of resistances is useful for this process, or why this particular kind of neutrality is necessary, is never brought into question. What exactly does “dissolution of the transference” even mean? That there would be a completely “real” understanding of one’s analyst? And what would that be? And why would that be a necessarily helpful thing? As the basis for Mahony’s critique of Freud, answers to all these questions are assumed; furthermore, these assumptions serve to valorize a particular conception of technique—the basis for the critique. In this respect, Mahony’s monograph calls to mind Kirsner’s (2000) criticism of the institution of psychoanalysis: that “the very question of what posits ‘knowledge’ is less and less posed nowadays” (p.250).

Lacan, on the other hand, is skeptical about the valorization of technique in post-Freudian analysis: “It has, in truth, assumed the appearance of a formalism, that is taken to such ceremonial lengths that we might well suspect that it bears the same similarity to obsessive neurosis, as Freud found so convincingly in the practice...of religious rites” (1953/2002, pp.76–77). A few years later, in a talk commemorating the centennial of Freud’s birth (1956/2006b), Lacan is more pointed: “As the objectives of analysis lose their importance, ritual forms of technique become more highly valued” (pp.388–389).

It is striking that the analyst who experimented with short sessions and proposed “oracular speech” (cf. Fink, 2007, p.87) is praising Freud for a technique that is decidedly more pedantic and explanatory than anything we have come to associate with Lacan’s work. Lacan himself acknowledged this: “The point here is not to imitate him. In order to rediscover the effect of Freud’s speech, I won’t resort to its terms but rather to the principles that govern it” (1953/2002, p.78). I would suggest that, in its simplest terms, Lacan considers formal technique a secondary issue because analysis is not intended to communicate or even discover knowledge, but to “[m]aintain...the dialectic” (p.86) that will allow the analysand to work through his neurosis according to the theory Lacan develops in

this paper, a theory that is based on the way Freud conceptualized clinical effects in the examples above: through attention to what the analysand says, and to the surprises that arise in clinical work. This is one of the main principles governing Freud’s work. Freud’s investment in his theories, his efforts to get the Rat Man to keep talking despite his mounting anxiety, were the features of his technique in this case that made the analysis possible, not the impediments to a successful outcome. In fact, if a candidate at most analytic institutes were to present a patient with the Rat Man’s symptoms as a possible control case today, it would almost certainly be rejected by the supervisor as unanalyzable. And the supervisor would be right to do this: a training that is focused on the learning of a technique, “orthodox” or otherwise, would be unable to have much effect on a severely obsessive analysand, for whom minimizing the impact of other people—a primary goal of obsessional thought—is made ridiculously simple by the presence of such formalism. One more compulsive ritual to add to the list.

For Lacan, as for Freud, the question of what psychoanalysis is trying to accomplish is not taken for granted. For Arlow and Mahony, the answer to this question is assumed, so it need never be asked. That answer entails a belief in objectively demonstrable fact—whether it be in the transference neurosis of the Rat Man or the tape recording of an analytic session—waiting to be uncovered by the application of a proper technique. Lacan not only rejects the ideal of analytic objectivity as invalid, he argues that the concept of such objectively validated work, independent of the dialectic—the back and forth of the analytic process that keeps it in play—is in itself damaging to the subject. For Lacan, the notion that analysis can establish an irrefutable understanding of (or for) the subject can only lead to an objectified perception of oneself, where “subjectivity is admitted into analysis only as long as it is bracketed as an illusion” (1953/2002, p.89). In other words, the technique that makes subjective experience resolvable into objective reality—“you thought your analyst was like your captain, but that is not what he really is”—only alienates the subject from his own subjectivity more. As it happens, one piece of factual evidence Mahony gives for the Rat Man’s analysis being a failure is that, afterward, he married the wrong woman (Mahony, 1986, pp.216ff.): subjectivity cannot get more objectified than that.

Analysis cannot be a set technique, then, because it is not about arriving at an objective mastery, either by the analyst of his technique, or by the analysand of his subjectivity. Rather, analysis is about



uncovering something that is normally hidden from all our efforts at mastery, a truth that cannot be reduced to a record of empirical experience, a know-how that had been unthinkable up to that point. Thus, rather than helping, the mastering of a formal technique is actually an impediment to analysis ever producing analytic effects.

Instead, the analyst must focus on the analysand's speech. The biggest danger to the continuation of the analysis is when the analyst doesn't do something to make the analysand speak. Lacan said this in a particularly emphatic way: "There is only one resistance, the resistance of the analyst" (1988, p.228): if the analysand doesn't say anything that could lead to a decentering of the subject, the analyst should take action. Implicitly, at least, this is Freud's focus as well. Not only in a throwaway line about "wild" analysis, or the way he intervenes with the Rat Man, but in all his work on the relation between theory and practice, Freud's point was never to uncover objectively discernable facts about one's life; rather, it was to pay close attention to what was said, wherever that might lead. The Freudian subject, we could say, is not the sum of the objective facts of one's life; rather, it is the effect of discourse. From a Freudian perspective, the "wild" intervention of the young divorcée's physician was inappropriate not because of its content but because of how it was presented: rather than an analytic construction, intended to further the discourse about her symptom, the possibility of a link between her sexuality and her anxiety was presented as a therapeutic recommendation: she should find some sexual outlet. This intervention is not analysis precisely *because* it aims to resolve a symptom, not to "maintain a discourse." If the intervention proves useful, as Freud suggests it may turn out to be, it is because it shocks the patient into thinking differently about her symptom: it makes the discourse move. It is because this type of recommendation would not raise an eyebrow today that it would no longer have any analytic effect.

I became uneasy about how analysis is done and what it is supposed to accomplish fairly early in my training. I observed that, while certain of my control cases were ideally analyzable, according to the literature on analyzability, not much was happening in them: a willingness to use the couch and talk freely, combined with a capacity to relate to me and to tolerate some frustration, was not obviously producing meaningful effects: unlike Freud's "wild" analyst, nothing I was doing was turning up many unpredictable responses. I found myself committed to the values of analytic theory, but having a hard time linking that theory to

practice. If, as I believed was the case, proper technique applied to an appropriately analyzable analysand would lead to meaningful change, then something different should have been happening.

At the same time, I had been seeing another patient before I started analytic training, whom I continued to see for several years after my training was finished. It was unthinkable that this patient would ever be considered analyzable in my training program: she had no frustration tolerance, was on over 20 prescriptions related to myriad vague medical complaints, and was in pursuit of medical disability when I first met her. But over time, working with this patient generated many more analytic effects, in the sense I am using here, than working with most of my control cases. I now believe this happened primarily for one reason: unlike my ideally analyzable patients, who seemed to know exactly how to talk to their analyst, this patient had no clue. Already spending most of her waking hours at the medical center where I worked as a pain management consultant, she was more than willing to start seeing another doctor on a regular basis. For the first few months, she talked about nothing but her myriad physical symptoms and the medications she took for them, all of which produced side effects of which she also complained. I was confronted very early on with a choice: do I chase her symptoms with more medications and referrals for diagnostic workups, realizing that she is completely lacking in insight, frustration tolerance, or demonstrable ego strengths, while offering "supportive" interventions, or try something different? Thus, I was forced from the beginning to actively create, never mind maintain, a dialectic, if anything was to happen even remotely different from what this person had already been doing for years.

Briefly, I decided early on to wean her off her medications as much as possible. Over time, one consequence of this intervention was that she began talking to me about how much she wanted to stay in my office, even noting, at the end of sessions, how suicidal she felt at the prospect of leaving. A solution she found for this problem was to call me often during the week, either late at night or early on Sunday mornings. But this also had a strange consequence: she could never remember, in the next session, what she had talked to me about on the phone, even if she had called me only a few hours before. In addition, she never complained about physical symptoms or side effects of medications on the phone, instead talking about her subjective experience, but then resorted to complaining about her usual symptoms when we met in person. This made her failure of memory especially curious: why

was it easier to talk about her personal experiences when we were not in the same room? I eventually insisted that, if she had to talk to me over the phone, then the length of the next session would be cut by the amount of time that we talked outside the session. Over time she talked in our sessions about the same things she had talked about in the middle of the night, and we spent even less time on somatization.

From the perspective of later years, I would argue that there was an unambiguous analytic process in this case, as the patient went from being an "it" that suffered various medical misfortunes to an "I" who could claim a role in her own experience, to paraphrase Freud's strange formula at the end of the thirty-first New Introductory Lecture (1933, p.80).<sup>1</sup> It is at least arguable that this patient had as much of an analysis, if not more of one, than many more imminently analyzable subjects.

That said, at no time while I was actually working with this patient did I think of what I was doing as "real" analysis: using medication management as a spur to talking or cutting the length of a session because of calls in the middle of the night would not pass muster as analytic technique with any certification committee with which I was acquainted. It was only when I became a supervisor myself that I was able to question the legitimacy of the conceptualization of technique I had been taught: I saw much more clearly with supervisees than I had in my own work that along with a focus on how psychoanalysis is supposed to be done—its technique—comes perplexity when the effects of that technique do not lead to the results we had imagined would follow when we started training. Like me, my supervisees lacked a theory of what to make of this. Each dealt with the problem differently—some very creatively—but it was striking to me that we should all have been so stumped by what I am now certain is a very common problem.

For clinical psychoanalysis to have a meaningful place in the world, it is necessary that analytic effects—and not analytic technique—be the central focus of clinical training. If analysis is defined by its technique, there is no sense of analytic effect, in the way I believe Freud, Bernfeld, Lacan, Laplanche, and Leader would apply such a term: the discovery of something new. Further, the analyst-in-training is trapped without a critical perspective on the monolithic importance

1. Freud's "*Wo Es war, soll Ich werden*" is translated in the Standard Edition as "Where the id was, there the ego shall be." Both Lacan (1955/2006a, p.347) and Loewald (1970, footnote p.48) criticize this translation, for basically the same reasons: not only is it grammatically incorrect, it implies that building ego strength is the point of analysis, while both Lacan and Loewald argue that change is a direct result of putting "it"—a desubjectivized experience, as when a symptom is experienced as having no connection to the psyche—into words.

of technique, left to either imitate or rebel against the models of technique he has been taught. Unfortunately, as in the examples of Arlow's commencement address and Mahony's critique of Freud, there is very little focus in most analytic training on what exactly is to be expected from analysis, other than that the analysand should get better, as a consequence of...proper analytic technique. The argument becomes circular, and the reason for conducting analysis at all becomes increasingly unclear.

Perhaps some of this confusion could be avoided if analytic praxis were thought of less as a kind of therapeutics and more as a poetics—literally, a “making” rather than a

appeals to Friedrich von Schiller's advice to a younger poet with writer's block to argue for freedom of associations as early as “The Interpretation of Dreams” (1900, pp.102–103).

Several times while I was working on this article I found myself thinking of a particular poetic manifesto, Charles Olson's “Projective Verse” (1950/1997), which is contemporaneous with Lacan's psychoanalytic manifesto (Lacan, 1953/2002) quoted above, and which shares at least some elements of the *zeitgeist* with it. In looking back over the essay I was struck by shared emphases between how Olson describes the work of writing poems and the work of analysis as described

informs it; thus, it is at least limiting for the poem to be formally constrained by technical rules for reasons that resonate with Freud's: every perception will be unique, and lead to another, further unique perception. Is this not consistent with Freud's way of talking about dreams, or interviewing hysterics?

Olson's term for “open” verse as opposed to “closed” is “composition by field”—implying that every poem will be written out of a unique field of perceptions, both internally, what is going on in the writing of the poem, and externally, in the world outside the poem. Even the question of subjectivity and objectivity as taken up here seems relevant to our concerns: Olson makes a distinction between self-awareness as the focus of the poem—the “Egotistical Sublime,” as he calls it—and a focus on the perception of the subject as such. This strikes me as not dissimilar from the distinction, in psychoanalysis, between a focus on the self-conscious subject and a focus on the unconscious subject, a problem addressed by Laplanche's (1992/1999) theory of the “Copernican” versus “Ptolemaic” position of the subject of psychoanalysis. In both poem making and analysis, then, it is not enough for the involved parties to make a good-faith effort to describe what they know; rather, the goal is always to find something new.

From Freud's comment in 1910, then, to Lacan's 1953/2002 manifesto, to Bernfeld's memories of Freud (1962), to Laplanche's theory of the unconscious subject (1992/1999) and Leader's comments in a newspaper in 2008, there is a consistent thread: psychoanalysis is not defined by its technique, but by its effects. To be clear, while we may not know what particular effects will be produced in any given case, we do know that there will be effects, as long as we use our knowledge to engage with the unknown and unknowable. We can even say something about what these effects will be: there will always be some element of surprise, of the new, in them; furthermore, they will be the consequence of analytic discourse, not of an arrival at a particular understanding. And they won't result from the application of a predetermined technique, regardless of that technique's expressed goals. To insist on a particular technique—any technique—as a requirement for a successful psychoanalysis is a diminishment for the possibility of producing analytic effects.

Maintaining the psychoanalytic dialectic in the 21st century—in the era of the DSM-IV and Ritalin, zombie movies and sex manuals—is decidedly different from maintaining the dialectic in the early 20th century. What does not change in



“healing.” What I have argued here is that, because of its focus on the production of effects, which may look nothing like “healing” (consider the vignette I describe above: how can a patient who goes from complaining about side effects of medication to feeling suicidal be considered to have progressed), psychoanalysis is in a very strange position as a therapeutic entity, at least as therapeutics are defined today. On the other hand, in any kind of making, there is of necessity little or no attention given to restoring a previous status quo, as is always the case with therapeutics outside of psychoanalysis; instead, there is a focus on creating something new. This, I believe, is much more relevant to psychoanalytic practice than an appeal to a reproducible therapeutics. In any case, there is nothing revolutionary about suggesting this possibility. Consider that Freud

by Freud, Bernfeld, Lacan, and Leader. First, Olson insists on the importance of the *effect* of the poem: “A poem is energy transferred from where the poet got it...all the way over to, the reader” (p.240), just as Freud, Bernfeld, Lacan, and Leader have insisted on an effect of analysis as the primary focus. Of note, this is a decidedly nonscientific way of thinking about a clinical activity: rather than focusing on whether or not a particular technique is objectively reproducible, like the clinician-scientist, the analyst, like the poet, is more concerned with whether or not an intervention has an impact on the analysand.

Second, Olson notes that each poem will be different from every other by virtue of the specificity of perception that

2. Cf. Robert Creeley's (1993) introduction to Olson's *Selected Poems*: “A characteristic of our time has been its insistent preoccupation with system”—a preoccupation Olson shares with Lacan.

psychoanalysis is not a technical procedure that worked at some point in the past, but the need to always find new techniques—a new technique for every analysis, perhaps<sup>3</sup>—that keep the dialectic alive. ■

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3. “[T]he most successful cases are those in which one proceeds, as it were, without any purpose in view, allows oneself to be taken by surprise by any new turn in them, and always meets them with an open mind, free from any presuppositions” (Freud, 1912, p.114).
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## Transsexuality As a State of Mind Oren GOZLAN

Commentary on “A Matter of Choice,” by Jean Wolff Bernstein (*DIVISION/Review*, issue 3, Fall 2011, pp.4–5) and “Which Side Are You On,” by Richard Ruth and Helen DeVinney (*DIVISION/Review*, issue 5, Summer 2012, pp.12–14)

As new forms of sexual identity and orientation become increasingly visible in our social landscape, new psychoanalytic conceptualizations of transsexuality have begun to emerge. While in contemporary cultural life the visibility of transsexuality is part of a larger cultural revolution reorienting the nature of identity, sociality, and modes of self-fashioning, in the therapeutic clinic, transsexuality is still often considered a pathological condition. Historically, psychoanalysis has approached transsexuality through a normative framework where questions of “gender certainty” and “sexual difference” are often invoked as markers that delineate the boundaries between normalcy and pathology. While more contemporary theories of gender (e.g., Dimen, 2002; Harris, 2005; Benjamin, 1998) attempt to depathologize transsexuality, these theories often treat gender categories as sociological descriptors that indicate an individual’s perceived and projected sexual identity. Even when masculinity and femininity are approached as psychic positions (e.g., Gherovici, 2010), discussions are often limited to “the transsexual individual,” with no conceptualization of transsexuality as a psychic position in its own right and its implications for psychoanalytic theories of subject formation.

A recent edited collection of essays compiled by Giovanna Ambrosio (2009), which was reviewed by Ruth and DeVinney (2012) in issue 5 of *DIVISION/Review*, reflects the extent to which psychoanalytic discourse around gender in general, and transsexuality in particular, is symptomatic of a wished-for stability of knowledge and consequent foreclosure of thinking when it comes to the concept of transsexuality. The edited collection is described by Claudio Laks Eizirik (as cited in Ambrosio, 2009), president of the International Psychoanalytical Association, as a book that:

*shows exactly how psychoanalysis can reflect, discuss, dialogue, and formulate useful insights on one of the most challenging situations that nowadays confront all members of the mental health community. (p.xvi)*

Eizirik’s introduction invites the reader to consider issues in psychoanalysis particular to transsexual patients. Transference and countertransference with transsexual patients is characterized as “special...not only by an uncanny (*umheimlich*) quality, as might be expected, but by the particular intensity of anger, pain and impotence that forge a pathway within ourselves” (p.xviii).

Transitioning is characterized as an enactment, “without symbolic trace” (p.xviii), and the authors all agree on the “pathological and diversified nature of transsexuality and transgenderism with the exception of passing or mixed forms of the same” (p.xix).

While the authors are also said to agree that analytic neutrality is essential as a tool

that “allows us to unveil, enter contact with and give voice to all parts of our patient” (p.xxi), *the patient* in this case is assumed to be a *known object*. There is a shared preoccupation among these authors with the patient’s collusion and a perception of the project of transitioning as a call for help.

In a similar vein, in a recent article in *DIVISION/Review*, Jean Wolff Bernstein (2011) suggests that transsexual certainty—“knowing what (*they*) are” (p.5)—places the transsexual solution closer to the psychotic structure because what it represents is “a delusional system that substitutes for the foreclosed name of the father” (p.5).

The positioning of transsexuality in relation to pathology suggests a split within psychoanalysis between those views that ally themselves with a medical discourse and those that instead take heed of the specificity of the unconscious and the polymorphous nature of the drive. Pathologizing transsexuality is suggestive of tremendous anxiety around the fantasy of the transsexual as wreaking havoc on “nature” and transgressing the law. Why are the authors blind to the inherent heteronormative privilege grounded in the collapse between gender and sexuality? Why is it that transsexuality becomes a symptom when, in fact, it can be an opportunity to open up questions around the double bind between nature and culture in which psychoanalytic theory of gender often gets caught?

I would like to suggest that this double bind is reflective of the way in which psychoanalytic theory is inscribed by its own trauma, where its theory becomes a



symptom of disavowal of its own difference. The tendency of recent psychoanalytic theories to use extreme cases, such as the man who becomes pregnant or the hyperfeminine transsexual woman (e.g., Wolff Bernstein, 2011), as a means to suggest a rule about transsexuals as a group is another example of how theory enacts the trauma inherent in concretization. Indeed, some conceptual frameworks regarding transsexuality suggest a desire to stabilize

and fragile nature of sexual identification and the polymorphous character of the drive, where the absence or presence of the penis is but a veil for a “deeper” absence. Indeed, Freud’s understanding of infantile sexuality as polymorphous-perverse establishes the accidental nature of gender identifications and the unpredictability of desire. In this sense, the Freudian insight that our sexuality is thoroughly traversed by the primary process of the unconscious means that the psyche is

that gender attempts and fails to signify, that of misrecognition and unintelligibility. Psychoanalytic discourse, as any discourse, is also a response to trauma that inevitably becomes closed off and falsely certain in response to enigmatic uncertainty.

Some contemporary psychoanalytic theorists (e.g., Harris, 2005; Benjamin, 1998) offer a more open view of transsexuality as reflecting the diverse expression of identity. Gender is conceptualized as a



the enigmatic object, the enigma that is not well tolerated by the author. To treat transsexuality with certainty expresses the authors’ wish for unity and omnipotence in relation to the enigma of sexuality.

In conceptualizing transsexuality as denial of castration and, hence, of sexual difference, psychoanalytic theory becomes entangled in the very problem it is attempting to explain by treating gender as a biological fact and the “achievement” of genital heterosexuality as an index of maturity, which in this theory corresponds to the acceptance of the “reality” of castration. This normative framework runs counter to psychoanalysis’s fundamental insight into the essentially unstable

marked by difference rather than by categorical opposition (Bass, 2006). Transsexuality, insofar as it disrupts the fantasy of phallic monism, cannot be simply dismissed as pathology while leaving intact a truly psychoanalytic theory of sexual difference.

If psychoanalytic discourse is affected by its own differentiating unconscious it also repeats the trauma of difference in sexuality, the uncanny flux between pleasure and pain, need and passion, through its theory of sexual difference. If sexuality is the enigma to which gender is a response, the concretization of gender and sexuality are also linked to foreclosure of thinking, which itself enacts the inherit trauma for the subject

“soft assembly” (Harris, 2005) that gives expression to multiple identities. However, this conceptualization still treats gender as bound to identity that is conscious and discursively constructed, as if discourse itself is a priori, unaffected by the unconscious. This a priori treatment of culture is also evident in Butler’s (1990) notion of gender as performative of cultural discourse, or in theories that insist on a shift from a phallic notion of castration to a maternal notion of absence. The latter assumes an inherent split between subject and culture, because what is missed is the construction of the Oedipal myth as already a defensive cultural response to the trauma.

If we take the idea of the unconscious seriously, we must also account for its influence on the construction of cultural discourse. What distinguishes psychoanalysis from sociocultural theories of gender is its consideration of culture as a response to the threat of sexuality precisely because it is polymorphous and hence enigmatic and anxiety provoking. Reading castration as a response to anxiety turns it from an event to an unconscious fantasy, a fantasy that covers difference by assuming that what is missing was once present. This defensive fantasy fundamentally changes the meaning of gender itself, which now becomes structured on a phallic “filler,” a veil for mutable difference (something I am not, a foreignness that is beyond grasp) through a collapse into opposition. In other words, gender identity is a form of splitting that comes to cover up the murkiness of the unknown of desire. What is defended against through identification with the phallus is the enigmatic tension of sexual-

I suggest in this short essay that we stretch the imaginary by returning to an analytic conception of identity as itself multiple: split from the outset, and therefore a signifier for a deeper split in the unconscious. Accordingly, theories of transsexuality that align it with pathology elaborate a deferral within psychoanalytic discourse itself. The conceptualizations of transsexuality as a denial of origin or as an illusory way to give birth to oneself (Wolff Bernstein, 2011; Chiland, 2008) enact a denial of the unconscious as cause. Indeed, we are born to our parents, the biological origin of our existence. However, we are also left to make meanings, to create a psychic space from the gaps of loss and rupture that are an inherent feature of our discontinuous history.

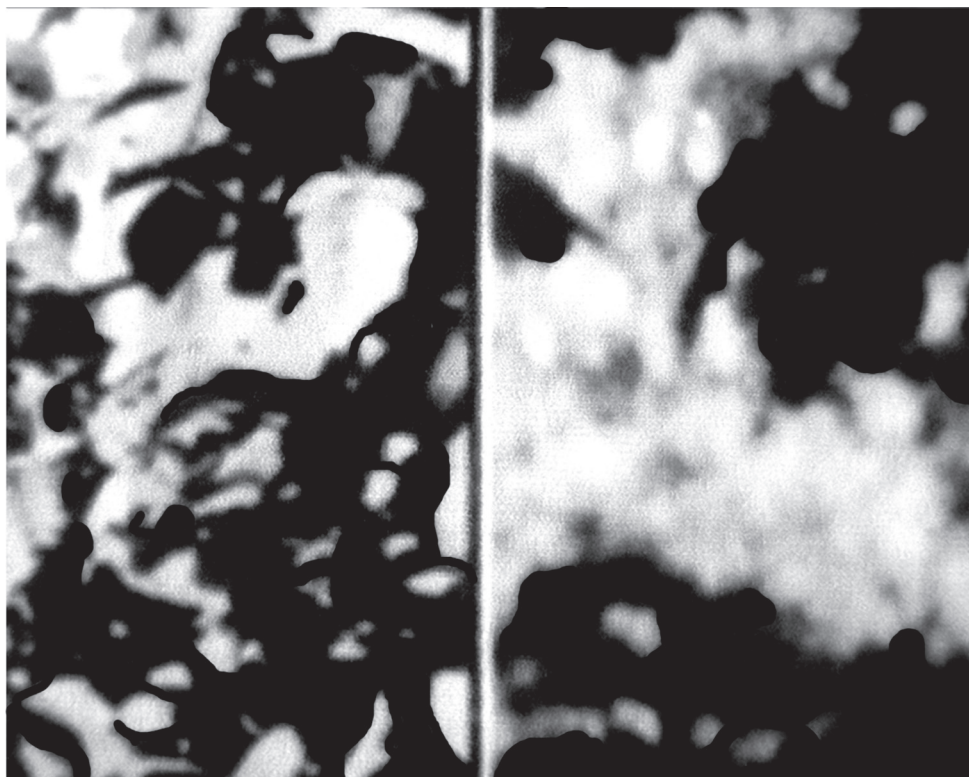
If we treat the drive as a mythical construction rather than a biological fact, is giving birth to oneself not a valid internal construction? Our question then shifts from an attempt to secure a cause that causes every

While psychoanalytic language often aligns perversion with static nontransitoriness, Freud's characterization of the polymorphous perversity of the drive also aligns perversion with nonconformity. The drive can attach to anything and does not have a predetermined object. It is therefore outside of what can be socially termed “natural” or “normal.” When we treat perversion in this way, we are able to move beyond the oppositions rooted in normativity (e.g., normal vs. perverse, health vs. illness) to consider perversion as a precondition to change that underlies the enigmatic nature of sexuality.

I am proposing here that for psychoanalytic inquiry, the mind-set necessary to open the question of transsexuality to its otherness would require treating it conceptually, not as an identifiable category but as a metaphor for a state of mind that is opened to its difference. This means a reading that destabilizes the term by considering it as a signifier that, like femininity and masculinity, requires further interpretation regarding its multiple significations. Considered in this way, transsexuality signifies the very nature of sexuality and sexual difference, as a tension that is elaborated through desire, one that can never be completely settled and upon which any transformation is predicated.

Transsexuality reveals psychoanalysis's ambiguous investment in normative sexuality while problematizing its disavowal of the heterogeneity of the drive. This reading of transsexuality links the very anxiety that is repeated in psychoanalytic writing with the apparatus transsexuality offers for its signification. That is, psychoanalysis is haunted by its own unconscious trauma, which can be articulated as its own resistance to internal difference and inevitable recourse to fetishistic understandings of transsexuality.

A psychoanalytic study that addresses transsexuality must also be framed with the insistence that the inevitable conflict between identity and unconscious, time and timelessness, is not one that can be settled, making questions that are opened up by transsexuality (“Am I a boy or a girl?”) an enduring dilemma for the subject. ■



ity, which is always liminal, between self and other, outside and inside, present and past.

Such a reading of castration shifts our understanding of gender and hence of transsexuality. Here, the concept of transsexuality holds enigmatic tension as a representation both of a desire for completion and its impossibility. For the transsexual, the dilemma may be expressed in the wish to have the cohesive body that the other is assumed to have. In turn, the anxiety that the transsexual body evokes around questions of intelligibility and loss also points to a collapse between gender and sexuality that function as a cover up for uncertainty. To treat transsexuality analytically, then, means that we have to sustain and consider the dilemma that the unconscious presents to knowledge and intelligibility.

cause (e.g., biology, culture) as a way to settle denial of origin as a cause for perversion, to a broader question concerning psychic space and its relation to time. If the drive is literary rather than literal, the question of sexual difference ceases to be one of transgression of law (e.g., biological difference) but one concerning the psyche's ability to hold on to its own difference, to the flux between conscious and unconscious time, which is always liminal. Sexuality here does not involve the anatomical difference between the sexes but the unconscious tension, an excess that is in opposition to what is natural or determined (e.g., conscious time). Within this excess we find difference, not opposition but a transitional space that takes us out of the doxa, and that puts in flux any quest for origin or cause.

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# Ideological Destructiveness: A Psychoanalytic Perspective on the Massacre of July 22, 2011

Siri Erika GULLESTAD

On July 22, 2011, Anders Behring Breivik, a 32-year-old white Norwegian man from one of Oslo's well-to-do neighborhoods, set off a bomb at the Norwegian Government Headquarters in the center of Oslo, killing 7 people and crippling many more. Dressed as a policeman, he then drove to Utoya, about 40 kilometers from Oslo, to the summer camp of 600 young people from the Social Democratic Party. During 1 hour he killed—in cold blood—69 youths and children, one by one, shot

the Internet, modeling al-Qaeda operations. The plan had to be changed, however, because Breivik was delayed.

The shock in Norway was total. How was this possible? How can we understand these acts of evil? In his own view, Anders Behring Breivik was motivated by extremist right-wing ideology. The bomb and the massacre were intended to be a wakeup call: Breivik wanted to save Norway. Just before the massacre he sent out a manifest

in presenting his new book (Hagtvet, Sørensen, & Steine, 2011) on the Norwegian radio, pointed out how Breivik “thinks in terms of centuries, stigmatizes his enemies and sees himself as morally justified to save Europe.” The question is, however, what makes a person join an ideology that justifies the sacrifice of innocent people by reference to a superior aim? Is it possible that the demonization of Muslims and Eurabia “fits” into a psychologically



in the chest and in the head, through hands helplessly trying to protect the face. Pretending to be a policeman who was there to protect them, Breivik induced them to leave their hiding places. Groups of children hiding under rocks or behind their leaders were massacred. Breivik's original plan was to execute Gro Harlem Brundtland, former prime minister of Norway, who had given a political speech at Utoya earlier that day: the decapitation of Brundtland was to be videotaped and put on

of 1,500 pages to more than a thousand recipients, the key message of which was that a revolution was necessary to save Norway from Eurabia—a Europe dominated by Muslims. The manifest speaks about the Nordic race and Grand National values, and is full of contempt for multiculturalism, feminism, and the dissolution of authority in our modern society.

Experts on terror also regard ideology as the explanatory factor: Hagtvet,

threatened universe and a murderous lust for revenge, i.e., that Breivik's attitudes rather have to be understood as expressing inner, dynamic forces? This is the main question to be discussed here. While I am not in a position to give a full report about Breivik's personality, my aim is to discuss some concepts and models of thought that may help elucidate the horrendous acts that appeared incomprehensible to the Norwegian people.



### On Evil

In the events of July 22, are we confronted with the acts of someone mad—i.e., is Breivik psychically ill, or is he evil? “Evil” is a term belonging primarily to moral philosophy, theology, and everyday language. Within the field of psychology many prefer the term “aggression,” considering “evil” to be a moral judgment. Basically, aggression may be viewed as a drive and inherent human potential for self-defense and for marking of one’s “territory.” However, the driving force of aggression may obviously be used either constructively, i.e., in the service of self-representation, or destructively, in the attack and maltreatment of others. As for destructiveness, there is an old discussion within psychology whether aggressive impulses should be regarded as a response to frustration, or rather as an inherent potential. Then there is the matter of sadism as a particular kind of aggression, specifically studied by clinical psychoanalysis, and defined as acts of inflicting pain and humiliation that provide drive satisfaction (Freud, 1905).

As for the concept of “evil,” July 22 gave rise to a debate in Norway about the fruitfulness of the term. Some researchers on terrorism maintained that evil is not a good concept for scientific understanding, as it risks blocking the search for explanatory variables. This is undoubtedly true if one says about an act simply that “this is evil,” or about a mass murderer that “he is evil,” and stops there. In my view, however, we need a concept of evil, not as a global moral term, but with precise reference to evil *actions*, defined as *actions where a person—consciously or unconsciously—intends to destroy or harm the victim, physically or psychically*. Defined in this way, evil actions are specific instances of aggression—that may or may not be sadistic in nature—that are aimed at destruction rather than at self-defense. In this sense, the massacre of July 22 undoubtedly was an act of evil. The aim was to kill and harm as many young people as possible. In Breivik’s eyes, the killings served the “higher” aim of highlighting the dangers of multiculturalism. All through the 10-week trial, Breivik—immovable—maintained that he realizes that what he did was “horrible.” It was, however, “necessary.” The destructiveness was, according to Breivik’s understanding, ideologically motivated.

### Ideology and Personality

How can we understand such ideological motivation? Psychoanalysts since the 1930s have tried to analyze the authoritarian, destructive ideologies that came forward in the 20th century, Nazism and fascism, which affected many psychoanalysts

themselves, i.e., as Jews in Germany. One was Wilhelm Reich, who was a communist in addition to being Jewish. To understand the growth of Nazism, one needs analyses of historical, economic, social, and cultural circumstances. An in-depth understanding, however, also requires a psychological analysis. For Reich, a crucial question was why masses of people were attracted to National Socialism and anti-Semitic ideology. What type of personality is drawn to these ideas? This is the question posed by Reich in *The Mass Psychology of Fascism* (Reich, 1933), and by the Frankfurt School through their studies of the authoritarian personality (Fromm, Horkheimer, Mayer, & Marcuse, 1936; Adorno, Frenkel-Brunswick, Lewinsson, & Sanford, 1950).

In brief, according to these studies, the psychological attraction of Nazism may be explained by an authoritarian education of children within a patriarchal family structure characterized by denial of sexuality, producing an authoritarian character type with aggressive feelings. Aggression cannot, however, be directed toward parents or powerful people, but are instead directed against weak minority groups.

A disquieting question arising from these studies is whether the individual may actually *wish* to be part of hierarchical, authoritarian structures, i.e., that the individual may harbor an “authoritarian longing” (Hagtvet et al., 2011). Erich Fromm’s suggestive title *Escape from Freedom* (Fromm, 1941) captures the same motive from another angle: the wish to escape from burdensome personal responsibility. The motive of “authoritarian longing” is elaborated in recent psychoanalytic studies seeking to identify deep structures that are common to authoritarian ideologies (Bohleber, 2010). According to Bohleber (2010), the essence seems to be fantasies of unity and purity. Unity refers to ideas of being one with something bigger: Nazism contained ideas about the nation and the Aryan “Volk” (people); fundamentalist Islam has the conception of *ummah*; radical right-wing ideologies have the idea about a homogeneous Europe restraining Eurabia. In this perspective, the “flight from freedom” comes forward as an expression of the deeply rooted human need for safety and attachment. On an unconscious level “the fatherland,” “the native country” may represent safe parental figures: safety is obtained through belonging to a troop, submitting to the rules of the group, maybe under the leadership of a father figure.

A closely linked idea is that of *purity*. Within the group, individual distinctive stamps are denied and substituted by identification with group members of one’s “own” kind—difference and otherness is ex-

perienced as impure. Within Nazi ideology, it was the Jews that became the carrier of impurity, Nazi propaganda producing a vast range of metaphors relating to the Jews as “parasites” and scroungers attaching themselves as leeches to the “ethnic body” (*Volkskörper*), or as contaminating “vermin” and a “pestilence.” Within radical right-wing ideologies of today, Muslims are the carrier of impurity. When fantasies of unity and purity dominate a group, identity is affirmed through mirroring from group members identical to oneself. Groups of this kind tend to become increasingly radical. No deviations are tolerated; purity is maintained through exclusion and finally through ethnic cleansing. In this way, ideals of uniformity and homogenization via purification trigger persecutory aggression, persecution, and violence.

Endorsement of an ideological worldview often takes place in young adulthood, at a point of time when it is expected that the individual separates from their parents and establishes an independent social identity through occupation and choice of a partner. When analyzing adherence to ideological movements it may be fruitful to take as a point of departure this separation—and individuation process, which always unfolds within a specific social environment. Maybe identification with the nation and a “pure” people represents a “solution” if the individual identity project appears too complicated? The question of “Who am I?” is replaced by “Where do I belong?” (Bohleber, 2010), and the young adult is spared the challenge of forming a separate, individual identity—in a world of rivalry, competition, and plurality.

In my view, it should be emphasized that in an ideology worshipping one’s own people, banishing “the other”/“the stranger” often comes as a response to real social and political frustration and experience of loss, e.g., of jobs or status as a man. Therefore, ideological motivation has to be analyzed in a social and cultural context as well. As stated by a member of the radical right-wing English Defense League in England about Muslims, “They arrive here—and take our jobs and our women.” This statement indicates that loss of traditional privileges in relation to women, family, and society experienced by a lot of white, Western men may be a stronger motive than we would like to think.

That right-wing young adults project their dreams and longings onto a uniform, homogenous, and pure Europe bears witness to how difficult it is to “find oneself” in a multicultural society. However, although ideologies may apparently represent “solutions” to real social problems, the *intensity* with which they are defended testifies to un-

conscious motives being actualized: the way “the others” as a group is portrayed, undifferentiated and without individual variations, suggests that the very *perception* of them as well as of the historical and social circumstances they are embedded in is colored by fantasies and projections. It is the explanation of this projective element that psychoanalysis can contribute to specifically.

Certainly, the wish to belong to a pure unity is relevant to grasp why people are attracted to authoritarian ideologies. Nevertheless, a limitation of theories focusing on common unconscious fantasy structures

ing attracted to authoritarian ideas. From a psychological perspective the question is not whether one has such fantasies, but rather how they are organized within the personality as a whole. The question is one of both *necessary* and *sufficient* conditions. To comprehend July 22, a more specific description of Breivik’s ideological universe and individual personality is required.

#### Breivik’s Ideological Universe

An astounding aspect of Breivik’s manifest is the strong defense of a traditional form of society, resting on patriar-

vehemently rages against feminism and cultural Marxism: “I feel shame on behalf of my city, my country and my civilization. I despise the post war cultural conservatives that did not manage to stop the Marxist cultural revolution manifested by the 68-generation” (Breivik, 2011). Indeed, the “feminization” of the whole society, and also of him, is something specifically loathed by Breivik, as stated both in his manifest and in his self-defense during the trial: In the school he was attending as a child he was, he says, “forced to learn to knit and sew.” Paradoxically, during his teens he was attracted to masculine, not “feminized,” boys from minority cultures, like the Muslim culture of Pakistani people, characterized by codes of honor.

Breivik’s hatred is also directed against the dissolution of sexual morality: “An alarming number of young girls in Oslo, Norway, start giving oral sex at the age of 11 and 12. This might happen at an even younger age if sexual education is liberalized further. This development must be reversed to avoid complete collapse” (ibid.). This portrayal of the sexual behavior of the Oslo girls of 2011, having no empirical basis, clearly demonstrates the projective element of Breivik’s perception of society.

To restore order, in Breivik’s wished-for society, postcultural Marxist (feminist) changes in family life, which was changed from a patriarchal to a matriarchal model in the 1970s, will be reversed in order to combat an excessive feminization of family structure and males in particular. The goal is to reintroduce the father as the authority figure and family head and therefore strengthen the nuclear family. It is estimated that these changes will result in a decline of the divorce rate/broken families by approximately 50%. Furthermore, the father can, without fear of being punished by the law, reassert an authority role in the family. Physical disciplinary methods will once again be a factor in the upbringing of children (ibid.).

In this wished-for society, women’s choice will be reduced to “essentially three options—be a nun, be a prostitute, or marry a man and bear children.” In conclusion, Breivik forcefully states that in the new laws “fathers should be favored (prerogative rights) when child custody cases are decided in courts” (ibid.). As he stated repeatedly in court, “Who governs the crib, governs society.”

#### Psychiatric Assessment

How did Anders Behring Breivik come to feel this way? And what is the relationship between his way of thinking and his actions, i.e., between his ideology and the massacre? Immediately after Breivik was imprisoned it was decided that he should be subjected to forensic psychiatric obser-



is that they are quite *general* in their proposal. Symbiotic fantasies of melting together—yearning for abandonment or for being embedded in a safe embrace—these are universal human longings, and many people harbor such fantasies without be-

chal values. This seems to be the deepest root of his attack on multiculturalism and fear of Eurabia. He is strongly concerned about the demography of modern Western societies, with declining birth rates of “valuable,” white, Christian people, and

vation to determine whether he was mentally ill, i.e., psychotic, in which case he could not, according to Norwegian law, be held accountable for his deeds. The first forensic report (Husby & Sørheim, 2011) concluded that Breivik suffered from paranoid schizophrenia and that he was not accountable. In this report, Breivik's ideological ideas are regarded as delusions resulting from psychosis—indeed, the two experts decided to totally disregard the manifest as irrelevant for understanding the case. The report considers Breivik's use of terms like “suicidal Marxist”/“suicidal humanist” as neologisms indicating “bizarre delusions” (Husby & Sørheim, 2011, p.225), and use of the word “we” is categorized as indicating “diffuse identity and depersonalization” (ibid., p.226). Neglecting Breivik's ideological universe means that there is no *motive* in the psychological sense of the term, the deeds are caused by illness, and there is in fact nothing to *understand*.

Professionals within the psychiatric field heavily criticized this first report. The victims and survivors from Utoya, who had experienced the mass murderer as rational, cold, and manipulating, and not at all as “mad,” also met it with disbelief. An intense public debate followed, about psychiatry as a scientific discipline, about the role of expert medical witnesses in court, about the Norwegian “rules” for defining what it is to be accountable, and about how to explain evil deeds of the kind committed by Breivik. A main concern was whether Norway, having no experience in handling terrorism, would end up with a “psychologization” of the terrorist. I was one of the participants in the public debate and maintained—together with others—that the forensic report was most unreliable and the conclusion of paranoid schizophrenia unjustified, as there was no critical discussion about alternative interpretations of the key premises (observations) (Gullestad, 2012). For example, terms like “suicidal Marxist” and “suicidal humanist” were regarded as neologisms without discussing the political and ideological context in which those terms belong. Thus, the report testifies to an old-fashioned, nondynamic psychiatric understanding based on a biological conception of “illness,” disregarding psychological and contextual factors.

Consequently, and contrary to Norwegian tradition, the court decided to demand a second forensic assessment. This second evaluation concluded with the diagnosis of narcissistic personality disorder, no sign of psychosis. Assessments by medical doctors, psychologists, and psychiatrists treating Breivik in prison supported this second report. As is well-known, after a 10-week trial the court concluded that Breivik was not psychotic and that he was to be held

accountable for his actions. Consequently, the verdict was prison and not treatment in a psychiatric institution. The judge, a woman, went against the pleading of the prosecution, and came forward as an autonomous and independent voice. Norway was relieved!

#### Mother and Son

In a remarkable book called *A Norwegian Tragedy: Anders Behring Breivik and the Roads to Utoya* (2012)—which has recently received a lot of attention in Norway—Aage Borchgrevink addresses this question of

Anders was born into an extremely conflict-ridden relationship between his mother, a nursing assistant, and his father, who had a master's degree in business administration and worked as a diplomat. While childhood relationships as assessed by outside observers can never fully explain the deeds of the adult, the quality of these relationships may nevertheless shed light on the dynamics of hatred and revenge. Both parents had children from previous marriages—his father two sons and a daughter, and his mother a 6-year-old daughter. After a short, turbulent marriage, living in



mental state by turning his attention to Breivik's childhood and youth. It is an exceptional book, as it is based on extensive interviewing of people that knew the Breivik family during Anders's childhood and of friends of Anders, as well as on confidential information conveyed by the case records from the psychiatric institution that observed and evaluated the family when Anders was 4 years old. Interestingly, Borchgrevink's original project was to explore the catastrophe of July 22 as a political reaction to “globalization and modernity” (Borchgrevink, 2012, p.334). Studying Breivik's manifest, however, it struck him that the most affect-laden parts of it does *not* deal with Muslims, but with “anger and frustration” toward women in general and his mother in particular (ibid., p.59). From studying Breivik's political ideology, Borchgrevink was led to Breivik's personal background and specifically to his relationship with his mother.

London due to his father's job, his parents got divorced. Anders was then 18 months old. After the divorce Anders continued to live with his mother and half-sister in Norway, seeing his father only seldom. According to family friends, his mother perceived her ex-husband as a “monster,” the “devil” incarnate, whereas he saw her as “mad” and “impossible to talk to” (ibid., p.43).

When Anders was 2 years old, his mother sought official help, asking for a weekend home for Anders because she was worn out both physically and psychologically, and because Anders was a demanding child, “vehement and capricious, and full of unpredictable ideas” (ibid.). The application was granted, but Anders's mother ended the arrangement because the weekend home did not, she felt, fit Anders. At this time close acquaintances of the family witnessed a mother-son relationship full of violent conflicts followed by emotion-



al reconciliations. Anders's mother was extremely unstable in her attitude toward the little boy, furious at one moment, treating him as if he were a prolongation of the hated father, and then showering him with caresses (ibid.).

When Anders was 4, his mother again sought help, and this time was referred to a well-known child psychiatric unit, where the small family was admitted for observation for about 3 weeks. A team of 8 persons, including a psychologist and a chief psychiatrist, observed the family, providing assessments of both mother and Anders and of the interaction between the two of them. Rendering the case record, his mother had wished for an abortion when pregnant with Anders, but was indecisive. Already during pregnancy she experienced her baby as difficult—someone heard her say that from the moment she felt him kicking, she knew her baby boy was “evil.” She stopped breast-feeding him after 10 months because his sucking was so “vehement and aggressive that it damaged her” (ibid.). In his mother's view, Anders was “aggressive, clinging and extremely demanding.”

The clinic's observational team describes a mother alternately drawing her little son tightly toward herself, “symbiotically,” and then pushing him aggressively away—an interaction pattern characterized by “double communication,” oscillating between sweet talking and open expression of death wishes (ibid.). Her relationship to the boy is described as “sexualizing” and as “projecting primitive aggressive and sexual fantasies, everything that she feels as dangerous and aggressive in men” (case record, cited from ibid., p.341). As for the psychiatric evaluation, Anders's mother was regarded as having weak mentalizing ability—everything was the fault of other people—and was diagnosed as functioning on a borderline level.

The psychologist assessing Anders at the age of 4, partly through the method of play therapy, reports that “Anders has become a somewhat anxious, passive child warding off contact, however with a manic defense with restless activity and a put on, averting smile” (ibid., p.42). Anders was unable to play, and was characterized as “pedantic” and “extremely orderly” (ibid., p.48). In spite of language proficiency, he lacked ability for “expressing himself emotionally” (ibid., p.46). There was a “complete lack of spontaneity and appearance of joy and pleasure” (ibid., p.46).

The report of the psychiatric clinic concluded that Anders ought to be placed in a foster home. After reading the report, Anders's father claimed custody over the boy. As his mother refused, the case was brought to the court, which decided in fa-

vor of the mother. After this verdict, Anders only occasionally visited his father and his new wife, then living in France. From when Anders was 15 years old there was no more contact between father and son. When Anders was 12, his mother got a new partner, who became a kind of stepfather to Anders, although they did not live together on a regular basis.

### Self-Identity and Splitting

Psychiatric diagnoses, on the basis of descriptive symptoms, aim at correct categorization rather than at *understanding* the individual. Indeed, there is not much to “understand,” if one conceptualizes the person's condition in terms of a biologically based illness. By contrast, a psychodynamic personality description seeks to build an understanding of the individual's psychological development and functioning—even if the condition should be psychotic. While it is ethically problematic for a psychoanalyst to speculate about unconscious dynamics—as the psychoanalyst's words have a professional authority that is different from those of a journalist or a novelist—there is a need to try to understand, and in my view the case calls for an in-depth psychodynamic understanding. In a piece written for a Norwegian journal in January 2012, I presented two psychoanalytic concepts that I found valuable in a discussion of July 22, namely, *splitting* and *personal myth* (Gullestad, 2012). Combined with access to the psychiatric assessments and Borchgrevink's interview material, I now find those concepts even more relevant in throwing light on Anders Behring Breivik's deeds.

As demonstrated by modern studies of psychological development, the formation of a separate, coherent, and positively colored self-representation is a complex process, crucially dependent on the child's emotional interaction with significant others. Whereas Freud's theory put the main emphasis on sexuality and aggression as motivational driving forces, contemporary psychoanalysis, in line with developmental research, focuses on *relational needs* (Gullestad & Killingmo, 2005). Three types of relational needs appear particularly important: *safety*, *self-affirmation*, and *intersubjectivity*. The first refers to the child's need for attachment to a “secure base” (Bowlby, 1978) that can be sought when needed. The second refers to the child's need for emotional feedback that affirms the feeling of being a self in one's own right and with value (Kohut, 1971). Such affirmation will gradually be internalized, i.e., the child can appreciate himself. Intersubjectivity refers to the need for *sharing* subjective experience—that another can understand one's feelings and thinking (Stern, 1985).

The utterly ambivalent attitude of Anders's mother, and Anders's defensive behavior, clearly points to disturbances in attachment. Also, Borchgrevink (2012) chooses attachment-disturbance as a main theoretical concept. I will particularly emphasize what seems to be a symbiotic quality of this relationship—there seems to be a lack of normal boundaries necessary for development of an authentic *separate* self. His mother's way of describing her relationship to Anders is telling in this respect: to the psychologist she said that she wanted to “peel him off herself.” She wanted to push him away, while at the same time pulling him close. After the divorce Anders slept in his mother's bed at night. His mother had made some half-hearted efforts to break this habit, but, according to the case record, it looked like she “maybe does really not want to” (Borchgrevink, 2012, p.342). Double communication, alternating between closeness and rejection, says the clinic. It would seem that the state of unclear boundaries between mother and son remained. According to the police interrogations, “for a joke,” Anders gave his mother a vibrator when her relationship with a lover ended in 2004. Interestingly, Anders did not want his mother to be present in court or to see her during the trial, stating that she is his “Achilles' heel” and the only person that can make him “emotionally unstable.”

In a thought-provoking article about July 22, the Norwegian novelist Karl Ove Knausgård (2012) also focuses on the theme of unclear boundaries. Breivik's ideological universe, with its particularly strong hatred of feminist values and its defense of the firm and simple traditional family unit of the 1950s—an absolute masculine world—is characterized by what Knausgård calls a fear of “boundlessness.” In Knausgård's reading, the same kind of fear also marks Adolf Hitler's world of ideas, as expressed in *Mein Kampf*. For both men this fear of boundlessness probably originates in a relationship to an excessive, limitless mother and an absent father. Breivik, as a consequence, has a need to protect himself against inner chaos, caused by a mother who is alternately engulfing and rejecting.

From a psychoanalytic perspective, lack of emotional feedback that affirms the child's feeling of being a separate self in his own right and the resulting fear of boundlessness will likely lead to a *splitting* of the self. Splitting means that two sides of a psychic phenomenon is kept apart, so that only one side is represented in consciousness. Splitting implies lack of ability to contain simultaneous presence of contradictory emotions, e.g., love and hate. According to Klein (1946), it is a question of keeping

good and bad object representations separate. If this does not succeed, the individual may be overwhelmed by primitive anxiety. Thus, splitting may be regarded as a defense mechanism established to protect a good inner self linked to a good inner object.

Splitting operates in an all-or-none fashion, implying that the function of the individual may swing abruptly from one extreme to the other. Splitting may affect self-representations as well as object representations. Splitting of the self typically implies self-images organized in an either-or manner: the person feels either invincible, or like “nothing,” the self oscillates between extremes. Splitting of object representations likewise implies a universe of all good vs. all bad; the experience of other people swings between idealization and devaluation. Splitting may also color perception and thinking: the world appears black and white—no shades of grey, no golden mean.

Splitting may result in formation of what Winnicott (1965) calls a “false self.” This is a self that is built to comply with the demands of other people, and where contact with authentic affects is more or less lost. Certainly, the concept of false self seems apt to characterize the bearing of Anders Behring Breivik, as described by the psychologist at the age of 4. Indeed, when reading the case record, what makes the strongest impression on me is exactly this observation of the psychologist: a 4-year-old boy lacking ability for “expressing himself emotionally,” unable to play, with a complete lack of spontaneity and an averting smile.

#### Growing Up: Oslo West in the 1980s

Disturbance in attachment, although most significant for identity development, cannot in itself explain actions like those we witnessed on July 22. Many children experience a decisive *deficit* (Killingmo, 1989) in early parent-child interaction, e.g., in the form of unclear boundaries and limits, without becoming a mass murderer. Attachment-disturbance may be a *necessary*, but certainly not a *sufficient* condition in explaining the massacre. Another important variable is the formation of a personal identity through interaction with peers and the social world. As stated before, ideological and political ideas are often developed in young adulthood, at a point of time when the young adult is expected to separate from parents and to form an independent social identity through work and choice of a partner. It seems that Anders Behring Breivik fully developed his ideological worldview, focusing on the fear of “Eurabia,” from the time when he moved back to his mother’s apartment, in 2006, when he was 27 years old. He did so after a lot of social and economic defeats.

Anders Behring Breivik grew up in a time of great social and cultural changes—Oslo West was at this moment confronted with multiculturalism for the first time. During the 1980s the subway between Oslo West and Oslo East became connected for the first time, allowing for easy transportation between different regions of

At the age of 13 Anders began identifying himself with the hip-hop milieu of Oslo East, talking their specific slang, and also becoming friends with an immigrant Pakistani boy belonging to one of the “cool” gangs, who in a way served as Anders’s “protector.” At the same time Anders started tagging, soon trying to be-



the city. This was a time of child robberies, i.e., gangs of immigrants coming from the east to rob “naïve” children living in white neighborhoods, taking their money, expensive jackets, etc. I myself at this time had children attending the same school as Breivik (my own son was robbed, as was the son of my best friends), and there were a lot of meetings between the school and the parents to discuss how to take action against the robberies. This was the context of Breivik’s adolescence.

come the toughest, most fearless in the gang. His signature was “Morg,” a name taken from a cartoon, known as the executioner with a double-headed axe used for the execution of Morg’s own people. Morg (the word sounds like “morgue”) was the first of Anders’s “doubles”—later he created different fictitious characters playing Internet games, among them Justiciary Knight Andrew Berwick, the avatar that would eventually carry out the Utoya massacre (Borchgrevink, 2012).

When reading interviews with Anders's schoolmates (Borchgrevink, 2012), one is struck by the fact that he never became fully integrated in any group, although apparently a member of a gang—sooner or later he was somehow left behind. Indeed, it is heartbreaking to realize how he always remained—somehow—an outsider, experienced by many as somewhat strange. Maybe the self he presented to peers lacked authenticity to a degree that made normal friendships difficult?

### Personal Myths

Splitting may result in the formation of *personal myths* (Kris, 1956; Gullestad, 1995). Myths—having *metaphysical, cosmological, sociological, and psychological* functions (Campbell, 1970)—can be analyzed from anthropological, philosophical, and psychoanalytic viewpoints. Myths supply answers to certain irreducible psychological problems inherent in the biology of our species (*ibid.*). The myths of a society contain images and models that the individual can strive toward—a “range of metaphoric identities” (Bruner, 1960) serving as collective identity solutions. In accordance with its ideals, society molds the younger generation through its mythology: “myths are instruments of socialization” (Arlow, 1961, p.379).

The concept of “personal myth” was introduced by Kris (1956) to refer to an autobiography that has a defensive function and at the same time represents something cherished. In line with Freud (1932), myths, like dreams and symptoms, are pictured as compromise formations, expressing at the same time a wish and the defense against this wish. The mythical story is consoling: in a disguised manner, it expresses screen memories and central unconscious fantasies. It should be underlined that from a psychoanalytic point of view, personal myths have a wish-fulfilling function. They are distinguished by a narrative that implies a mythification and heroization of the self (Green, 1991; Gullestad, 1995). Evoking the universe of fairy tales and remarkable deeds, the logic and language of the myth correspond to the level of the child's way of thinking. Myths may contain fundamental aspects of the individual's experiential being-in-the-world, as this state is stored in an infantile form. Thus, the myth may serve as a bridge to the archaic domain of psychic reality.

A personal myth expressing “nothing is impossible for me” is analyzed in Gullestad (1995). In this case the myth implied a heroization of the self that protected against strong underlying feelings of weakness and worthlessness. Maybe Anders Behring Breivik's picture of himself as a “savior of Europe” may be regarded as a personal myth of this kind? In this perspective, the

double Justiciary Knight Andrew Berwick represents a blown-up self-image shielding against the experience of being a loser. Generally, a main function of the myth is to help with overcoming anonymity and becoming *special* (Gullestad, 2012).

Provided that “fear of boundlessness” is a correct description of Breivik's experiential world, we know from the clinical context that the response may be intense aggressive feelings: what is at stake for the child is the protection of his very self. Certainly, the formation of a personal myth may have a function in this context. A deep function of the myth concerns liberation from the figure of the mother, often experienced as seductive, engulfing, and destructive (Green, 1991; Gullestad, 1995). Through heroization of the self, the original dependency on the mother is denied. The individual liberates himself both from the part of the mother wishing to keep the child in a dependent position and from the part of him wishing to stay in this position.<sup>1</sup>

### Sadism at Utoya

Psychodynamic hypotheses of disturbances in attachment and narcissistic failure notwithstanding, the main problem in explicating July 22 is the passage from thought to action. Also, it is a question of understanding the *quality* of the aggression unfolding at Utoya. To start with the latter, one of the most conspicuous features of the killings was how machinelike Breivik appeared, like a robot. According to survivors, he was utterly calm and composed. In line with Borchgrevink, when following the trial and the documentation of the autopsies, I was struck—and shocked—by the manner in which the killings were carried through: an extraordinary amount of shots to the head against the wounded and the youths pretending to be dead—“I gave him [or her] a head shot,” Breivik repeated through the trial. It is the systematic head shots that accounts for the fact that the ratio between killed and wounded people was 2 to 1, which is an unusually high number of deaths in a massacre (Borchgrevink, 2012). Breivik also told psychiatrists that he was surprised that the sound of the head shots differed from what he knew from video games.

When following the trial and the account of the survivors, I was also struck by the icy cruelty of Breivik when faced with the helplessness of his victims: he shot them in the face at short range, while they lay in the position of a fetus, praying for their lives. Indeed, helplessness did not

trigger the usual human response of empathy—on the contrary, it seemed to trigger spitefulness. Although stating that it was “a hell” and that he himself found the killings “horrible” and “traumatizing,” Breivik's emotional response was inadequate—as we all could notice when seeing him in court. The expert psychiatrists (Husby & Sørheim, 2011) comment on Breivik's special, introverted, and frozen smile when he talked about details linked to the massacre—a smile we also repeatedly witnessed in court. To me, this smile conveys the distanced attitude of an outside observer, not affectively present in what he talks about.

In the film *American Beauty*, the colonel is a brutal man of discipline, attracted by Nazi ideology, a collector of weapons and old Nazi symbols. His attitudes and values, emphasizing honor and masculine strength, are militaristic and patriarchal, with a strong contempt for weakness. He is also extremely prejudiced and particularly provoked by homosexual men. What the film illustrates is that the colonel's homophobic attitudes are based on repression of his own homosexual longings. The tragedy of the film is elicited the moment these longings break through: the colonel kills the man who has witnessed that what he despises so intensely proves to be part of himself.

The murder in *American Beauty* is an act resulting from an affective breakthrough—what we witness is “warm” aggression. In contrast, the massacre of July 22 was the outcome of Breivik's thorough planning over several years and instrumental preparation for the moment of killing through, for example, the use of drugs and of meditation-like techniques to “de-emotionalize” (Breivik's own expression) himself—a rare discipline and self-control. Unlike the murder in the film, Breivik was, it seems, killing in cold blood—Breivik himself described that after having crossed “a border” through the first murder, he experienced the rest of the massacre like a video game. In my view, this way of displaying destructiveness may be understood as a result of a splitting mechanism: The killings are, as it were, committed by an alien, split-off self.

There is more to the aggression than cold distance, however. Survivors of Utoya also tell about excited shouting—“You will all die today, Marxists!” This kind of excitement would seem to be a sign of *pleasure* in murdering, thus indicating a *sadistic* component. Borchgrevink, also emphasizing the sadistic elements in Breivik's actions, has a specific background in studies of al-Qaeda's way of executing their victims, by decapitating them while alive. As mentioned earlier, this practice served as a model for Breivik, describing “feast-lynching” in his manifest (Borchgrevink, 2012).

1. On the unconscious level, the myth may at the same time provide an “open line” to the mother, thus offering a wish-fulfilling symbiotic relationship that brings comfort in the inescapable reality of separation. As concerns Breivik, hypotheses about unconscious dynamics of this kind would be mere speculation.



From a psychoanalytic point of view, sadism is an act of inflicting pain or humiliation that provides instinctual satisfaction (Freud, 1905), although the term is also used as a synonym for maltreatment of the object (Laplanche & Pontalis, 1967). Thus, sadism is not synonymous with aggression; rather, it is aggression and lust combined. Psychoanalysis is probably the only theory accounting for the pleasure experienced through sadistic actions, thereby highlighting the most provocative human actions, for example, children slowly and meticulously tormenting an animal, or the systematic and impious torture committed in a place like the Abu Ghraib prison.

### Ideology and Personality

As to the question about the passage from thought to action—after all, many right-wing extremists *think* like Breivik without endorsing his actions—in my view, psychology provides no definite answer. At the same time, psychological knowledge may shed some light on the topic. As is well-known from social psychological studies (Zimbardo, 2007), belonging to a group represents a mighty driving force for evil deeds. Executioners and torturers do not act as individuals, but rather as members of a collective identity. On the contrary, the killings of Utoya apparently are the work of a loner. Is there, however, a group involved in this case as well—at least an illusory one? Within the fictional world of Internet games grandiose self-images and myths may be acted out. Games like *World of Warcraft* and *Call of Duty* replace real trials of strength. Breivik's first question to his defense counsel the day after the massacre was, "How many did I kill?" The answer to the question gives the basis for imaginary heroic deeds. This pretense world also makes possible the making of a group needed for feeling connected, not through the encounter with a real "you," but through mirroring from anonymous fellow partisans, in an echo room. In this room ideology is created, which in turn serves to justify one's actions. In this perspective, terrorist actions may have their foundation in personally motivated hatred and vindictiveness, i.e., a subjective war scenario that is displaced and projected and justified with reference to a war "out there." The individual thus generates the ideology that in the next round makes actions "necessary." In this manner, the relationship between psychological motives and ideology becomes dialectical: one seeks an ideology that "fits" one's (partly unconscious) intentions; the ideology, however, is indispensable to legitimate actions. The ideology cannot only be reduced to underlying causes; it must also be analyzed on its own premises.

Given this background, we need to underline the connections between psychological dynamics on the one hand and the ideological world of the terrorist on the other. The feeling of being threatened by invasion as well as hatred toward an annihilating object—these seem to be themes on the psychological as well as on the ideological level. This is in sharp contrast to the first forensic report: through psychiatric "glasses" focusing on illness, there is no link between the diagnosis and Breivik's manifest—the ideological ideas are seen as delusions resulting from psychosis. In contrast, a psychoanalytic perspective opens up for comprehending *why* the mass murderer felt threatened and called on for defense and revenge. In this view, there are links between psychological explanations on the one hand and Breivik's self-understanding and values on the other. At the same time, connections to the cultural, social, and political Norway that has also formed his personality are established. In this analysis ideologies are interpreted in a dialectical movement, both through a "hermeneutics of suspicion" (Ricoeur, 1965), with a view to grasp psychological causes, and in a "teleological" frame (ibid.), with a view to the values and intentions that the individual identifies with.

### Concluding Remarks

In the eyes of Breivik, the terrorism perpetrated against the government building and the Utoya massacre carried a message: the violence should introduce a manifest and an ideology, conveying the message of a threatened Europe and the mass murderer as a savior. The killer wants us to look at him, and it is as a rescuer that he wants us to see him. However, the director does not control the stage. In an imaginary reality he might, within a relational scenario without a real "you," without friction, but not so in the real world. Here we do not control the eye of the other. One of Sartre's (1947) fictional figures says, "Hell, that is the others"—a hell because we do not control how other people see us. The terrorist wants us to perceive his actions as he himself does. For those of us trying to understand his actions, however, the explanation of the ill deeds is not to be found in his self-understanding and his ideology, which cannot be taken on face value. Philosophers have criticized psychoanalysis for its "disclosing" attitude, which does not take the person at his words but sees through the reasons given by the person himself. Confronted with horrendously extreme actions like Breivik's, a "disclosing" look is not only advisable, but also difficult to avoid. The mass murderer has staged a scene, with uniforms, medals, and specific bodily postures. He wants us to look at him in a specific way, but what we

see is someone who wants to be looked at in this specific way. Anders Behring Breivik does not have it his way! What the world notices, confronted with his ill deeds, is not what he wants us to see. What we see is unfathomable evil. ■

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# Five Points of Interplay Between Intersubjective-Systems Theory and Heidegger's Existential Philosophy, and the Clinical Attitudes They Foster

Peter N. MADURO

In recent years, Robert Stolorow (e.g., 2007, 2010, 2011) has richly cultivated the interplay between psychoanalysis, on one hand, and philosophical perspectives on the individual human being and his existential context, on the other. In particular, he has explored the conceptual links between features of intersubjective-systems theory, the name given to his and his collaborators' relational psychoanalytic framework, and Heidegger's (1927/1962) existential philosophy, or ontology, of human beings. In reviewing this literature, I will discuss five points of valuable interplay between Heidegger and the intersubjective-systems theory framework, and several corresponding attitudes that spring from them.

a person's central emotional convictions, or organizing principles. This experience subsequently structures the horizons and the contents of the person's emotional world, perception of selfhood, otherhood, and worldhood, and what can and cannot be spoken of them.

In analogous fashion, Heidegger—as existential philosopher—grants a central role to affectivity in the human being's access to and experience of his *being*. Affectivity emerges as the primordial avenue through which *being-in-the-world*—that is, the human kind of being—is disclosed to itself. Elkholly (2008) claims that, for Heidegger, it is “[t]hrough mood [that] humans gain access to their world, to themselves and to their relations with others in the world” (p.4). From within

understanding. The essential import is this: the nature of the human's very being, like the nature of his life experience, reveals itself in his emotional experiencing.

With this understanding, an analytic attitude of *respect* and *value* for our patients', and our own, affectivity is deepened perhaps even more than is already the case in contemporary psychoanalysis. Affectivity crystallizes in view as the subjective door through which existential kinship among humans can be communicated, felt, and explored. The analyst might feel *honored* by the analysand's exposure and expression of existentially disclosive affects, which may present themselves in especially frank form in cases of trauma, but which also poignantly reverberate, if in perhaps less conspicuous fashion, in analysands' experiences of the analytic relationship and its limits (e.g., endings of sessions; fees; limits in the analyst's ability or willingness to meet her patient's unmet needs).

The second point of interplay entails the possibility that, since the nature of the person's *being-in-the-world* is encoded in his affectivity, his ownership of his being—what Heidegger called “authentic existence”—is facilitated by the person's ownership of his affectivity, perhaps especially his distinctive, existentially disclosive affects.<sup>1</sup> Stolorow (2010) has shown that owned or authentic existing entails an individual person's ownership of that which is the most constitutively and inalienably “mine” in *his* existence, and of the affectivity that discloses it. Specifically, *authentic existence* entails the person's nonevasive ownership of his *being-toward-death*—the distinctive, inalienable temporal finitude of his individual being—and the existential anxiety that discloses it.

After “relationalizing” certain paradoxically nonrelational aspects of Heidegger's existential philosophy, Stolorow demonstrates that authentic *being-toward-death* necessarily also includes nonevasive *being-toward-loss*—that is, the person's ownership of the temporal finitude of his connections to others in his life, and the existential grief that discloses it. In short, a person's existential authenticity constitutively entails existential distinctness and is rooted in accepting and integrating as “mine” his *being-toward-death* and *being-toward-loss*, and the anxiety and grief that disclose them.

1. If this is true, the implications for psychoanalysis—which already possesses great expertise regarding the relational contexts that facilitate or obstruct ownership of affectivity, and the developmental impact of affect integration upon the sense of self and individuality—are profound (see especially the fourth point, below).



The first, and in many ways central, point of interplay is a *substantive* one grounded in the crucial role that both intersubjective-systems theory and Heidegger's existential philosophy ascribe to emotion—whether in the formation and contents of subjective worlds, as is the concern of psychoanalysis, or in *being-in-the-world*, as is the ontological concern of Heidegger's existential philosophy. In intersubjective-systems theory, it is lived affective and perceptual experience in the developmental system that gives form to

the Heideggerian framework, experiences of at least certain moods are thus “ontologically revelatory” (Stolorow, 2011, p.136).

In short, both the universal structures of a person's human being, and the particular structures deriving from his actual lived experience with others, organize his affectivity and are organized by it. This process occurs at differing levels of primordiality, disclosability, and accessibility. Moreover, it is in the *grip* of one's affectivity that these organizations become emotionally visible and susceptible to



Once Heidegger is relationalized in this way, Stolorow is able to draw a valuable experiential parallel between Heidegger's ontological concept of *authentic existing*, as just described, and the emotional self-experiences of ownership and individuality. He advances the following phenomenological contention for psychoanalysis: a person's intrinsic sense of ownership of his emotional life at large, and its concomitant enrichment of experiences of individualized selfhood, are enhanced by emotional integration of the "mineness" of both the distinctive existential anxiety of his own temporal finitude, and the grief that reflects the finitude of his connections to others.

I would contend further that ownership of distinctive existential anxiety and grief (and other existentially disclosive feelings [see Maduro, 2011]) appears to lead not only to enriched self-experiences of *mineness* and individuality, but also to the existential achievement of *authentic existence*. In essence, ownership of existential anxiety and grief (and other existentially disclosive affectivity) opens a door through which the person might—with the aid of his psychoanalyst—make a genuine (existential) claim on his particular *being-in-the-world* as distinctively *mine*.

Understanding this, the psychoanalyst might feel an attitude of expansive optimism that her analytic work can help her patients live their lives more authentically by facilitating the integration of their existentially revelatory affects. Her psychoanalytic practice might aspire not only toward transformation of her analysands' often unbearable and horizon-constraining personal emotional convictions, the legacies of limitations in human relationships, but toward their ownership of the affects disclosive of their *being-toward-death* and *being-toward-loss* as they are felt in their particular lives.

The third point is one of two pertinent *methodological* points of interplay between intersubjective-systems theory and Heidegger's existential philosophy. It is grounded in each discipline's use of phenomenological inquiry as the method to investigate its domain of study. Psychoanalytic phenomenology investigates, illuminates, and comes to know the subjective structures deriving from a particular person's lived experience with others. Philosophical phenomenology investigates, illuminates, and comes to know the universal structures disclosive of his *being-in-the-world*.

This third point of interplay derives from the first point discussed above, wherein the universal structures of a person's *being-in-the-world* are understood to organize, and thus be disclosed in, his affectivity. Once this is appreciated, then psychoanalytic phenomenology, and in particular introspection and empathy (see Kohut, 1959), become qualified as methods to access and illuminate not only the particular subjective legacies of the person's lived

experiencing, but also those reflective of the nature of his particular *being-in-the-world*.

Psychoanalytic phenomenological inquiry always occurs with an eye to relational contextuality (see the fifth point, below), and thus also distinguishes itself from philosophical phenomenology by exploring and illuminating the particular relational and world contexts in which a person's affective structures move to the foreground of his experience of self-other-world. Phenomenological inquiry—the bread and butter of the psychoanalytic effort to illuminate and understand personal experiencing—thereby becomes a royal road into the particular person's constitutively relational, prereflective (or unformulated) affective structures, both ontological (a priori) and particular (a posteriori). Psychoanalysis's special epistemological capacity here is of unique value when one aspect or another of the analysand's existential finitude shines forth in his unique life situation. In such situations, psychoanalysis emerges as a profoundly probative and illuminating existential human practice.

With respect to attitudes here, if psychoanalysis is in part a method of knowing existentially disclosive feelings, then the psychoanalyst might feel special methodological pride in her investigations into emotional worlds. She might feel awe in the capacity of her phenomenological investigations to access the primordial configurations of her analysands', and her own, particular *beings-in-the-world*. At the same time, she might feel an attitude of humility, openness, and patience during her emotional exploration of the unique and complex situatedness of her analysands' existentially disclosive feelings. She would also have an attitude of readiness for powerful surprise.

The fourth point, and second *methodological* point, of interplay (again grounded in the first point) entails the understanding that, just as the prereflective emotional convictions that derive from lived experience with others are susceptible to therapeutic illumination, reflective examination, and integration into the sense of self as "mine," so too are the prereflective universals of his *being-in-the-world* susceptible to illumination, reflective (philosophical) examination, and integration into the sense of self as "mine." In these ways, the nature of a person's *being-in-the-world* is revealed to be accessible to the psychoanalytic method of phenomenological exploration and illumination not only as investigative process, but also as therapeutic process.

As existential therapy, psychoanalytic phenomenology can help integrate the universals of an analysand's affectivity into individualized self-experience and reflective awareness within which he might examine,

understand, and claim them as *mine*. In this, the psychoanalyst would feel an attitude of excitement, rich potential, and importance in the transformative and existential potency of her methodology and practice as it facilitates patients' coming to better understand their personal experience of *being-in-the-world*.

The fifth and final point of interplay is a mixed substantive and methodological point that integrates the other four points and adds one dimension. It entails the appreciation that psychoanalysis's specialized knowledge of the relational contextuality of owned, and disowned, affectivity suggests that psychoanalysis has something immensely valuable to offer back to Heidegger's existential philosophy. That "something" consists primarily in knowledge that (a) it is others' emotional attunement, understanding, and holding of existentially disclosive moods that enables a person to attempt to live authentically in the grip of his distinctive *being*, and (b) especially where the person is thrown into traumatizing developmental contexts, it is through psychoanalytic practice, including transference and resistance analysis, that authentic existence can become practical and realized in the life of the individual person.

Here, psychoanalysis presents its relational contextualism, its understanding of the intersubjective systems in which a person comes either to bear or flee from the affects disclosive of his particular *being-in-the-world* (perhaps especially *being-toward-death* and *being-toward-loss*), and offers it to Heideggerian ontology in order to illuminate the therapeutic conditions under which a person's existential authenticity, or *ownership of his existence*, can be rendered, embodied, and lived.

In this interdisciplinary gesture and gift, the psychoanalyst can feel epistemological and moral pride in his phenomenological contextualism as both a theory and practice that gives back to philosophy—and by extension to human knowledge and being at large—significant substantive and methodological wisdom. ■

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# An Interview with Arietta Slade

Jennifer DURHAM-FOWLER

## Introduction and Background

Dr. Arietta Slade was originally trained as a psychoanalytically oriented clinician. During the course of her graduate and post-doctoral training, she became intrigued by the clinical relevance of empirical and theoretical work in the area of child development, particularly attachment theory. She has been researching, writing about, and teaching attachment for 30 years. She is currently on

she found the intersection of psychoanalysis and developmental theory to be compelling, and now describes her thinking as a “hybrid” of these two fields: “I couldn’t imagine learning about language learning independent of the context in which you first speak. Your first communication is in the context of a very intense love/hate relationship. Meaning making and cognitive learning take place in an emotional context.” Meanwhile, analytic

toral research. Ainsworth’s ideas made intuitive sense to her: “I immediately realized that when she talked about anxiety, she didn’t mean anxiety about your impulses, she meant anxiety about not being taken care of.” This departure from traditional analytic thinking was “revolutionary” for her.

In 1985, Slade was introduced to Mary Main’s work, and soon thereafter was trained in the Adult Attachment Interview (AAI). She recalled, “Bowlby was persona non grata in the analytic world at that time.” However, his theory was completely in accord with Slade’s beliefs about development, namely, the idea that “early experience shapes everything.” Attachment theory was in keeping with a dynamic way of thinking, but was also rooted in empirical research in child development. She found that attachment categories (e.g., avoidant, ambivalent, disorganized) helped her organize her thinking when listening to a patient or when observing a child’s behavior.

Main’s ideas came to life when Slade took the AAI herself while training to use the instrument. She describes this as a “transformational moment.” The AAI helped her “listen for the struggle when a person is trying to make the story of her childhood line up with the memories that are flooding them during the interview.” In the process of being interviewed, Slade noticed this struggle in herself.

Over the years, Slade went on to conduct her own attachment research. Much of her written work involves applying findings from attachment research to clinical work with both children and adults.

## Links Between Attachment Research and Clinical Work

According to Slade, “Bowlby’s core idea is that in order to survive, the helpless infant forms attachments, and that forming of attachments is provoked on the one hand by the wish to be related, but on the other, the wish to find safety...The pivotal idea here is that infants, from birth, are able to detect threat, and they adapt themselves so that they don’t feel threatened. Attachment is really about the management of threat, and this idea is supported in neuroscience today” (as an example, she mentioned LeDoux’s work on the regulation of fear).

Specific insights gleaned from attachment research have influenced Slade’s clinical work throughout her career. In particular, she says she has found the category of disorganized attachment to be a clinically useful category: “There are certain phenomena that occur when people are disorganized that will occur in the clinical situation and in a person’s relationships to other people.” Knowing the attachment literature broadens the way she



the faculty of the clinical psychology doctoral program at The City College of New York, is codirector of the Minding the Baby program at the Yale Child Study Center, and has a private practice in Connecticut.

Slade recalls psychoanalysis being part of her “worldview” from an early age; her parents were both in psychoanalysis, and analytic ideas were part and parcel of the world she inhabited. Once in college, she began to study normal child development, particularly the works of Piaget. She recalls that “at the time the worlds of analysis and normal child development were very separate.” Nonetheless,

thinkers such as Melanie Klein had ideas that Slade found clinically useful, but these ideas were not anchored in developmental theory and research.

An important turning point in the development of her analytic-developmental “hybrid” identity came when she was first introduced to attachment theory. The clinical relevance of attachment research caught her attention and inspired her to learn about the research techniques that had sprung from Bowlby’s clinical writings. In 1980 she learned Mary Ainsworth’s “strange situation,” and incorporated it into her postdoc-

sees the patient and alerts her to certain phenomena in patients' narratives. For example, as Slade sees it, the core of disorganized attachment is fear. Disorganized people display what Mary Main calls "lapses of monitoring" in which they stop monitoring their speech, get lost in time, use strange, archaic speech forms, and their thoughts become incoherent. In Slade's work, hearing these kinds of lapses alerts her to the patient's experience of fear.

A specific example can be found in her chapter, "Disorganized Mother, Disorganized Child" (Slade, 2007). The patient described in this chapter had a conscious experience of rage; however, the psychiatrist's attempts to interpret the rage resulted in the patient feeling shamed. The concept of disorganized attachment helped Slade cue in to the fear that lay beneath the patient's rage. "When you talk to patients about fear, it's much more compassionate. From an analytic perspective, you could say that you need to talk to the patient about her anger, but our primary goal is...to speak to people in a way that they can be helped by it."

A similar phenomenon can be observed in patients with avoidant attachment styles. According to Slade, "when [avoidant people] feel needy, they move away because their history in relationships is to be rejected, and their inclination is to go the other way." This is very different from the traditional analytic understanding of resistance. "If you read Freud on resistance, it's really all about aggression—fighting to protect your space and your goods, etc. Not fighting against shame and fear, which is more the attachment theory perspective. It's a different relationship to a patient." Using an attachment framework, when the patient becomes avoidant in a session, the therapist understands that this must have been a moment in which the patient did not feel safe. She may ask herself and the patient, "What was it that triggered that lack of safety?"

In addition, the research of social psychologists such as Phil Shaver and Michael Mikulincer has contributed to Slade's understanding of avoidant patients. These researchers, building from Main's and Ainsworth's core findings on attachment, have created a number of observable markers of avoidant attachment and have elaborated the way avoidant people think. For Slade, these findings have helped her understand "how avoidant people shut out all kinds of information and how this manifests itself."

In addition, Slade believes the AAI, although most often used in research, is a clinically useful tool. For example, Mary Main identified narrative markers that tell us something about patients' defenses. "For instance, when someone slips into the second person...those kinds of slips, or those narrative moments when you lapse into jargon, that person has stopped making meaning,"

### Relationship Between Psychoanalysis and Research

Slade describes a long-standing ambivalence about research among psychoanalysts: "Classical analysis defined the unconscious as being our darker side, a primitive expression that has to be tamed. Many analytic theories, like Freud's hydraulic theory, have no basis in science. There is still a bias in analytic training that you really need to be conversant with clinical theories, and that research is 'over there.'"

These days, Slade finds that although analysts are more open to hearing about research, it is rarely incorporated into analytic

other prevailing theories of human behavior and the human mind."

### Conclusion

Arietta Slade is a distinctive example of a dynamic psychotherapist whose practice has been critically informed by empirical research. She is quick to point out that there is no one research finding or set of findings that dictates how she works with patients; however, her work is deeply informed by a theory that she sees as being firmly grounded in science. In addition, her adeptness with research tools, such as the AAI and the "strange situation," affects how she observes,



training. Among analytically oriented clinicians, she often encounters the attitude that "research is research and clinical is clinical." She notes that psychoanalysts, starting with Freud, have taken the position that "[w]e understand something particular about human beings that is different from the way anyone else understands human beings." Although Slade believes this to be true, "it does not mean that this particular way of understanding human beings does not interface with

assesses, and listens to patients. She believes it would be useful for attachment theory and research to be more part of the "analytic mainstream," and integrated into the training of young clinicians. ■

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# "The Earth is evil": On Lars von Trier's *Melancholia* Sergio BENVENUTO

Annihilating flatters something obscure, something original in us. It is not by erecting but by pulverizing that we may divine the secret satisfactions of a god. Whence the lure of destruction and the illusions it provokes among the frenzied of any era.

E. M. Cioran,  
*De l'inconvénient d'être né*

## Speaking Like an Idiot

There can be no serious discussion on *Melancholia* without recalling that, on occasion of the film's premiere at the Cannes Film Festival (May 2011), Lars von Trier gave an interview that appalled a good part of the world. Taking advantage of the presence of international journalists, Lars, who is part Jewish, made anti-Semitic and pro-Nazi statements, which resulted in his being banned from the festival and his film being rejected by some distributors. In short, there is not much more he could have done to ruin his career and reputation. Had it not been for his outburst, *Melancholia* could have won the Palme d'Or. The jury's awarding of the Best Actress Award to Kristen Dunst was meant, arguably, to make up for this. Someone as intelligent as von Trier could not but have expected such reactions.

Yet, the film he sought to sabotage with his statements reflects his own conduct: in a matter of a few hours, one of the protagonists destroys all she had socially achieved. And, like his heroine, Lars sought to have himself banished. His scandalous interview was itself an integral part of the film, and provides us with a key to further understanding it.

Lars's outburst also recalls an episode from *Idioterne* (*The Idiots*, 1998), the only film in which he scrupulously complied with the rules laid out in DOGMA 95, the 1995 excessive cinematographic manifesto he cosigned with Thomas Vinterberg. The film follows a group of young men and women as they wander about Denmark, behaving on occasion as though they were mentally retarded. The group's leader, Stoffer, states the ethical aim of a game that, at first, appears to be no more than a students' prank: each of them must bring out the "inner idiot" hidden within. Yet, Stoffer's mission shows its limits when he asks his friends to "play the idiot" not in some anonymous public place, but in familiar, work or home, surroundings. In such contexts, no one dares howling like an idiot. None but one.

The group had co-opted a woman met during one of their forays. Sweet and quiet

Karen seems very distant from the libertine ways of these fake imbeciles. When Stoffer asks each of them to "play the idiot" in familiar surroundings, Karen goes home.

There, we discover that she had recently lost her son, and that, haunted by her sorrow, she had run away from home—she had then met with the group of "idiots" during her aimless wandering. A few shots depict her household clearly: a grim atmosphere, cold-hearted parents who despise her. In the midst of their family dinner, the enveloping silence is broken by the senseless scream of the idiot. A relative slaps Karen. Eventually, we understand: the scream of the idiot is an acute, unacceptable expression of human sorrow, of that *mal de vivre* that befuddles us. The sequence of Karen's homecoming is an especially touching cinematic moment.

The actress who plays Karen, Bodil Jørgensen, unknown outside Denmark, received various international awards because of that final scene. Many of von Trier's actresses have received awards at Cannes, including Björk in 2000, Gainsbourg in 2010, and Dunst in 2011. Even if one detests von Trier, it must be admitted that this legend of cinema succeeds in eliciting from his actresses a sort of hubris, an astonishing feminine excess, as if a woman were banging into the walls of the earth.

At Cannes, Lars, like Karen, was inviting the whole world to slap him in the face. He sought to destroy his reputation by screaming like an idiot.

## A Grand Failure

Von Trier lives in a country—Denmark—that, according to the World Happiness Report, enjoys the highest well-being in the world. Along with the other Scandinavian countries, Denmark achieved top rankings in quality of life, per capita earnings income, democratic liberties, social services, environmental awareness, level of culture, etc. Denmark is a healthy corner of our planet. And it is from such an impeccable country that Lars's radically tragic cinema is delivered to us. Many people have told me that they avoid his films, because although they appreciate them aesthetically, they are the cause of too much suffering for themselves; they surpass the limit beyond which tragic pleasure deteriorates in pure suffering.

*Melancholia* seems to confirm that turning point in von Trier's cinema, which we first noted in *The Antichrist*. His early films, albeit bizarre, were *well constructed*, and had a more or less linear storyline; they were like parables, a little evangelic and a little Brechtian, in the wake of Brecht's "didactic

dramas." Yet, in his recent films, this form is falling apart; the story line is patchy, the film is poorly constructed. This is because the very deconstruction of life is becoming his principal theme.

Someone referred to *Melancholia* as a grandiose failure. There is a certain stylistic grandiosity to some of Lars's films, which seems to express the massive failure of his heroes. They share the destiny, so to speak, of the film itself.

*Melancholia* seems to be made of two different films. The protagonists are two sisters, Justine (Dunst) and Claire (Gainsbourg). These two French names can be interpreted as Justice and Clarity; Justine is the name of the larger-than-life victim in de Sade's novels, object of all possible atrocities (and whose sister, Juliette, is the perpetrator of all kinds of atrocities). Even here, the two sisters are very different from one another. Justine, who at first glance seems a brilliant woman, a winner, quickly reveals herself to be totally self-destructive, a superloser. Claire, neither a winner nor a loser—seemingly an "average" woman—lives with her husband and young son in a magnificent and austere countryside mansion, overlooking a breath-taking Scandinavian archipelago; it seems as if this terrace were open to the solemn spectacle of the planet. Most of the film takes place here.

Even before the opening credits, there is a series of disconnected sequences that—as we will later understand—epitomize the meaning of the film. This prologue, like the brief summaries that used to appear in books at the beginning of every chapter, is one of von Trier's favorite techniques; like Brecht and Godard, he is fond of dividing his films into chapters. This prelude finishes with the planet Melancholia entering Earth's atmosphere, much like a spermatozoa penetrating an egg; in this case, not to generate life but to annihilate it. Following the prologue and the opening credits, we have the first part of the film, which is called "Justine," followed by the second, "Claire"—however, the two sisters are protagonists in both parts.

The first half of the film focuses on Justine's wedding reception; she has just married a sweet, but ordinary, young man. The event, organized by Claire, takes place in the house-palace she inhabits with her husband, a rich but incredibly miserly man with a passion for astronomy. Justine appears to have reached the pinnacle of success: she is art director of an important advertising agency, and bride of a rich and handsome young man. Yet, this wedding reception will result in the complete



destruction of her success: by the end of the evening, the newlyweds will separate forever, and Justine will renounce her enviable career. In her path to self-destruction, she vainly seeks help from her parents. Absorbed by their own fervors, both of them are deaf to her needs.

In the second part we meet Justine again, but this time she is mute, in a sort of catatonic state, unable to look after herself—a human wreck. The film now focuses on a small family nucleus: Claire, Justine (“adopted” by her sister), the stingy husband, Claire’s young son, and their servant. This part seems to bear no relationship to the theme of the first. Yet, the destruction which in the first half only involved Justine’s life will now become a cosmic one: a wandering planet, Melancholia, luminous and blue like the daytime ocean, is approaching Earth and will engage it in a cosmic Dance of Death. Many believe that Melancholia will only pass close to the Earth without making a head-on collision; in the end, though, the two planets do collide, like the prologue had already shown—real tragic plays in ancient Greece were never surprising, the finale was always already known. And when Claire’s miserly husband finally realizes that there is no hope for Earth, he cowardly commits suicide by an overdose of lethal pills. John dies on the sly, leaving his family alone to face the apocalypse. The final scene shows the two sisters and the child together, holding hands, facing the catastrophic impact. Darkness.

#### Marriage with Thanatos

The task of *interpreting* works of art is usually annoying. Films like *Melancholia*, precisely because they are badly constructed, cannot be enmeshed in the discipline of key signifiers, be they anthropocultural, psychoanalytic, Marxist, psychiatric, mystic, feminist, etc. If we forsake universal keys, we may recognize a certain, opaque idiosyncrasy in the author’s choices. For example, why are some famous paintings insistently mentioned in the film, especially the *Hunters in the Snow* by Peter Brueghel the Elder? Could it simply be because von Trier particularly likes them?

And why does the prelude of Wagner’s *Tristan and Isolde* recur so obsessively? It is perhaps because Wagner is the composer who gave sublime form to the fall of the gods? Evidently, for Lars, that prelude evokes the end of the world.

Yet, in the film we can grasp a nearly obvious central thread: both parts stage the undoing of everything, an absolute deconstruction. Here comes Thanatos, the Freudian death drive, the fragmentation of organic wholes into inorganic elements, the very shattering of life and meaning.

The film, so much deformed, stages a hyperbolic tragedy: the end of all life in the cosmos. Justine had already set in motion this process by destroying her marriage and career in a matter of hours. Yet, of the five characters in the second half of the film, she is the one who eventually proves to be the wisest; she speaks and acts like a Stoic or Epicurean philosopher. Lars has made it clear that he is Justine. “My analyst,” he has said, “told me that melancholics will usually be more level-headed than ordinary people in a disastrous situation, partly because they can say ‘What did I tell you?’ But also because they have nothing to lose. And that was the germ of *Melancholia*” (Thorsen, n.d.).

Indeed, the melancholic person—referred to by present-day psychiatry as a “major depressed patient”—is someone who has lost all *hope*. Of the three theological virtues, *fides*, *spes*, and *caritas*, the first two are extraneous to him. Yet, the lack of the two highest virtues inscribes him in the field of the third, noble one: *caritas*. Back then, this virtue stood for love. The end of the world can be read as an allegory for the end of all hope (*spes*), after which all that remains is love.

The beauty of Justine is the beauty of death. And, in a most pre-Raphaelite scene, a completely naked Justine bathes in the blinding light of the planet Melancholia. She sunbathes in the light of death.

The “crazy” Justine is endowed with a secret knowledge. She guesses the precise number of beans in the jar, and knows already that Melancholia will collide with Earth, destroying it. At the beginning of the film, we see electricity rising from her fingertips, which contrasts with a slow and inexorable falling of dead birds from the sky. In another scene, she strives to move forward but is held back by branches and liana; stuck in her depression, a surplus of energy is restrained by an outrageous impediment. Justine is like Cassandra, the daughter of Priam and Hecuba. Cassandra’s prophecies were always catastrophic, as they always involved the destruction of Troy; yet, even if people had trusted her, things would not have changed. The Greeks believed that one’s fate could not be altered, and knowledge of the truth would serve no purpose. Thus, it was better for the Trojans to ignore her; in short, it was better for them to delude themselves. Like Cassandra, Justine predicts the catastrophe, but Claire and

John, the stingy but optimistic husband, choose not to believe her. Here, von Trier is certainly reproducing an ancient motif of Western thought dating back to Aristotle: *the melancholic person knows*, which is why he dedicates himself to science and mathematics; his madness is the flip side of an excessive misanthropic lucidity.

Through Justine, Lars seems to give substance to a profound conviction shared by the majority of depressed people, namely, that they see the world as it really is, while others, carefree and distracted, do not. Reality has a certain wickedness to it; life is a useless passion, there is no reason why we live and proliferate. Will, Schopenhauer would say, forces us to live, to enjoy, and to suffer, but this Will is meaningless. The moody nihilism of the depressed exudes a sense of metaphysics: there is nothing in the world that is worth the trouble of doing it.

So it is that the melancholic Justine, who has nothing else to lose because she has already lost everything, consoles her sister, who is unable to accept the end, saying to her, “The Earth is evil.” Human beings, life, they are just errors to be erased.

And, little by little, as the cosmic catastrophe approaches, Justine becomes more and more steadfast, firm, and lucid—a “steel-breaker,” as her nephew calls her—while her “normal” sister is falling apart. In the end, the “madwoman” will give courage and strength to Claire and her child. With hope gone, what remains is the nearly invulnerable triangle of love. The beauty of Justine is the beauty of death. And, in a most pre-Raphaelite scene, a completely naked Justine bathes in the blinding light of the planet Melancholia. She sunbathes in the light of death.

When Claire’s son shows to Justine Internet sites that predict the catastrophic effects of Melancholia, Claire scolds him for frightening his prostrate aunt. But Justine says she cannot possibly be frightened “by *my* planet.” Justine sees Melancholia as *her* planet, and this will set in motion the only thing that can free her: the destruction of all life.

#### The End of the Opus

Unless we, too, are depressed, how can we possibly digest this encomium of absolute death recited by the film? How can we enjoy the end of everything performed before our eyes? If we think that, in any case, art creates connections, if we think that art is the instrument of Eros, a question must be asked: why are we so powerfully seduced by those artistic agonizing creations that, insistently, signify the notion that the end of everything is the best that can happen to us?

Nevertheless, we are always already greedy of catastrophic spectacles. From time to time, of course, we seek distraction in more uplifting, even thrilling, works. However, what we consider the highest expressions of our civilization, the Greek tragedies and those of Shakespeare, did not usually end very well. Greek tragedies were stories whose conclusion was already known; there was no suspense, the audience would hope for no happy ending. And so resounded the cavernous voice of the tragic actor who—in *Oedipus in Colonus*—cries: “It would be better not to be born!” And yet, we take pleasure in tragic downfalls, even when the deadly descent is astronomical, as is the case in *Melancholia*. Von Trier provokes his audiences when he declares: “You claim to have nobly tragic hearts. Well, let’s see if you can endure this film!”

But one may argue that if Justine is quasi-Lars, then *Melancholia* belongs to a long-standing tradition of autobiographical novels where the protagonist-author lets himself die—e.g., Goethe’s *The Sorrows of Young Werther*, Thomas Mann’s *Buddenbrook*, Malcolm Lowry’s *Under the Volcano*, Mordecai Richler’s *Barney’s Version*, and so on. The writer who dies—one may say—exorcises his death through his character; by “killing” his “double,” he allows himself to survive, as if death in effigy could magically save him from his real death. The author thus derives satisfaction from surviving, through his work, his own disappearance; by representing it, he “overcomes” it.

The end of the film, which exalts the spectacular end of everything, reminds us of a different finale, that of Italo Svevo’s *Confessions of Zeno*—a classic of 20th-century Italian literature. At the outbreak of WWI, Zeno is a middle-aged man, serene in the comfort of his decently mediocre life. Zeno is not excessively troubled by the war, and the novel ends as follows:

*Perhaps, through an unheard-of catastrophe produced by devices, we will return to health. When poison gases no longer suffice, an ordinary man, in the secrecy of a room in this world, will invent an incomparable explosive, compared to which the explosives currently in existence will be considered harmless toys. And another man, also ordinary, but a bit sicker than others, will steal this explosive and will climb up at the center of the earth, to set it on the spot where it can have the maximum effect. There will be an enormous explosion that no one will hear, and the earth, once again a nebula, will wander through the heavens, freed of parasites and sickness. (Svevo, 2001, p.437)*

Svevo’s end of the world is the work of a man “like anybody else,” but

“sick”—and, maybe, he is sick because he is like everybody else. Conversely, the end imagined by von Trier comes from outer space. Nonetheless, both works end with the explosion of the earth, which does not frighten the protagonist; on the contrary, this is what they wish for themselves. The difference is that Svevo’s novel, dealing with the death of all hope, does not offer any flower of mourning out of a futile, and extreme, *caritas*. We can suppose that Svevo’s cosmic end is the final undoing of a resilient knot of rage; when we are prey to uncontrollable anger, we scream, “I’m going to explode with rage!” Both in Svevo and Zeno, an unpayable credit has accumulated behind their veil of elegant irony; a credit calculated in rancor against humanity. As previously mentioned, von Trier’s planetary end looks like the deadly and disastrous version of a fecundation process. When Justine says she does not fear *Melancholia* because the latter is *her* planet, it is as if she were saying, “This is my husband.” *Melancholia* is the spermatozoa of death.

Not by coincidence, the film poster was clearly inspired by John Everett Millais’s painting *Ophelia*. In the painting as well as in the cinematographic sequence, a drowning woman, young and beautifully dressed, lies on the surface of a stream. Both Ophelia and Justine hold flowers in their hands, which they had been picking up and are now dispersing on the water’s surface. Von Trier’s representation of Justine shows her in her bridal dress; it is a frontal portrait. Basically, Justine marries death—a word that, in Germanic languages, is masculine. Death (in Danish, Død) is the handsome groom of the beauty. Two contrasting ceremonies, wedding and funeral, are here reunited. We are invited by von Trier to Mr. Death’s wedding. Yet, he concedes us the extreme consolation of love.

### Extroverted Melancholia

Von Trier, whose life has been affected by mental crisis, knows psychiatry as well as psychoanalysis. He has been undergoing treatment for a lifetime, although apparently with little therapeutic outcomes (but with good artistic results). If he has chosen the title *Melancholia*, it is because he intended to make a film on melancholia—now known as “major depressive disorder”—also in a psychiatric sense. This, however, has not simply resulted in the portrayal of Justine’s mental breakdown.

The depressed melancholic reproaches himself for all sorts of failures, sins, and flaws, so much so that he ends up considering himself the most abject being on the planet. Freud’s analysis of the melancholic subject, in his *Mourning and Melancholia*

(1915), deals with concepts that are at the same time straightforward and incredibly complex. Melancholia, the psychotic depression, would be a kind of mourning, the reaction to the loss of something valuable to the subject—a person, an ideal, or a cherished object. The melancholic does not blame the precious, lost object: the shadow of this missing object is projected onto the Self, which thus becomes the object itself, loved and hated at the same time. In a nutshell, raging against himself, the melancholic becomes a substitute for the object that has let him down. Because, according to Freud, the beloved object, which has betrayed or disappointed the subject, was never an object in the first place—that is, something completely separated from the subject—but something of *his own*: his ideal; what he would have liked to be, or to have, so as to *be* in the magnificent appearing of the world.

Justine’s melancholia is no textbook case, since in the first part of the film she does not get mad at herself, but at others. At some point in her life, she feels the compelling need to destroy all of the relationships she had built, both amorous and social. Nowadays psychiatry tends to classify this kind of melancholic subject as “borderline.” Sometimes, as soon as they realize something they had dreamed of, they suddenly destroy these achievements of theirs, in a glorious dance with death. Yet, I prefer to call this subject an *extrovert destructive melancholic*—by untying social and amorous bonds, he destroys himself. Or, better, he reduces himself to the minimality of being-only-himself—or, as we see at the end of the film, to the minimalism of loving his closest blood relatives.

It is as if, in the perspective of a spiritual decease whose metaphorical representation is an astronomical death, what really counts are our closest, nearest affections, the familiar ones, the only bonds that *Melancholia* cannot destroy.

*Melancholia* depicts the end of all living things. But where does this joyous feast for everybody’s destruction, and even self-destruction, derive from? It is hard to give an answer. This is the big mystery of Thanatos’s path, which, from the ancient times of Athens on, continues to seduce and, paradoxically, console us. ■

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# (Waiting to Happen) Bettina MATHES

It is generally understood that the reality principle involves the individual in anger and reactive destruction, but my thesis is that the destruction plays its part in making the reality, placing the object outside of the self. For this to happen, favourable conditions are necessary.

"The Use of an Object and Relating Through Identification," D. W. Winnicott

Lars von Trier's *Melancholia* is the kind of film critics love: enigmatic, stunning, beautiful, self-conscious, and rich in philosophical, historical, and cinematic references. *Melancholia* makes us write. As if to say, "No, no—the Earth has not been destroyed. I know you, Melancholia; I interpret you; I own you. Subject and Object, Here and There." An escape of sorts, if you will. Critics tend to be impatient—that's their job.

But what about the longing for disaster and catastrophe? The wish that there was no escape? *To disappear completely*. What about the pleasure derived from waiting (and wishing) for the end of the world—quietly, in the dark, unobserved in the company of strangers? The cinema is one of the few spaces left in our culture where waiting is not considered a waste of time or money. (A psychoanalyst's office is another.) When we watch a film, we're waiting for things to happen. To watch *Melancholia* is to sit with two sisters, a boy, and a horse as they await the inescapable. "The Earth is evil, no one will miss it." We also watch people who cannot wait, who escape: the father, the groom, the husband-scientist. We watch and we wait.

How different it is to write. When I write, I'm making things happen—word by word, sentence by sentence. Writing is the day to the cinema's night, a flight from waiting. Let's pretend I'm writing this essay in the dark, in the privacy of a sold-out movie theater. Let's pretend I'm waiting, still. *There, there*.

## The Wedding

where time is money, and the bride is swimming upstream,  
where toasts and tag lines are next,  
where sometimes I hate you so much, and that was two hours ago,  
where zero is the degree of art,  
where I am all the beans that you choose not to count,  
where eighteen holes make a golf course,  
...we're drowning by numbers.

I'm slowing you down, so slow you arrive late for your own wedding. *Sorry*. I make you make everybody wait. I make sure they will lose their patience with you. What is this about, they wonder. And perhaps you wonder too: why I weigh you down, and wear you out? Your white wedding dress—so light, so bright—feels like a schlep. Why I make you smile, and smile, and smile until your face goes numb. It's the happiest day of your life and all I want you to look forward to is death.

## The Waiting

when escape is not an option,  
when death is weightless and destruction beautiful,  
when the hunters don't return,  
when buildings bring out the worst in us,  
when you see with your eyes closed,  
when every object casts two shadows,  
...we're waiting to happen.

*Where have you been?* You've been hiding behind the sun far too long. So green...and lonely. But you found me. Heaven brought you here. To me. I'm your bride, you know that. Bathing in your cool light at night, naked. Being exposed never felt so right. Melancholia and Earth: a cosmic love affair only one of us can survive. You. That's how I want it. Tell me that you want it too. You know that I know things. Internal nebula. I see you coming!

## The Writing

As I step out of the theater into the busy streets of downtown Manhattan, I feel cleansed, healed. I've destroyed the Earth, and the Earth has survived! Not all is lost. There are other worlds out there. Cinema, the magic cave!

Once again, I am ready for words.

It is only in recent years that I have become able to wait and wait for the natural evolution of the transference arising out of the patient's growing trust in the psychoanalytic technique and setting, and to avoid breaking up this natural process by making interpretations....If only we can wait, the patient arrives at understanding creatively and with immense joy, and I now enjoy this joy more than I used to enjoy the sense of having been clever.

"The Use of an Object and Relating Through Identification," D. W. Winnicott

To the memory of Rainer Apel.

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# Mysterious Tears: A Poem by Rose McLarney Henry M. SEIDEN

“Gather”

Some springs, apples bloom too soon.  
The trees have grown here for a hundred years, and are still quick  
to trust that the frost has finished. Some springs,  
pink petals turn black. Those summers, the orchards are empty  
and quiet. No reason for the bees to come.

Other summers, red apples beat hearty in the trees, golden apples  
glow in sheer skin. Their weight breaks branches,  
the ground rolls with apples, and you fall in fruit.

You could say, I have been foolish. You could say, I have been fooled.  
You could say, Some years, there are apples.

Perhaps like me you’ve had the experience of listening to a poet read and finding yourself in tears without knowing exactly why you’re crying. Or of reading a poem on the page and being deeply moved and only afterward working out for yourself what it is that moves you. For me, Rose McLarney’s “Gather” is such a poem.

McLarney is a poet whose name I hadn’t known until I stumbled on her work in a poetry blog I subscribe to. She writes out of her rural North Carolina dailiness—out of experience on the surface of it that is a long way from my own urban life.

But while her metaphors may be local they are also universal—as here in “Gather.” I may be a city boy but I have gone apple picking. I know what an astonishing place an orchard can be at harvest time; I know what it is “to fall in fruit.” This would seem to me to be the first condition of poetry—the evocation of rich and recognizable experiencing.

By rich experiencing I mean not just the lovely image of apples weighing down and breaking the branches, the fallen ones covering the ground, but the larger concatenation of meanings—the abundance and overabundance, the excitement of plenty beyond plenty, the taste and smell of ripe apples, the sense that there are more here than one could ever eat, the sense, too, that this is a recurring miracle, a gift to be “gathered.” And, of course, the still larger sense that this is a lucky gift and by no means inevitable—as with rosebuds, to be gathered “while ye may.” Some summers, “the orchards are empty and quiet.”

Of course, “Gather” isn’t only about apples and their seasons—a phenomenon no matter how beautifully described not likely to bring one to tears. It can be said that while the *content* of a poem (here, the orchard in bad times and in good) may be one thing, the *subject* of the poem may be something else. By the last stanza we are given to understand that the poet is talking less about the trees being “quick to trust” than about her own seasons of being fooled and of foolish-

ness, and less about sometimes barren orchards than about times in her own life when she came up empty.

Rose McLarney is a writing teacher and a poet of some sophistication. She teaches in the highly regarded writing program at Warren Wilson College in North Carolina. This is not a naïve farm girl’s meditation, no primitivist painting of the orchard at harvest time. This is a poet in the act of interpreting her own history. Indeed, the poem is situated in the act of interpretation! She sees her life (in this recollection) as a series of chancy harvests. Note, too, the language: “You *could* say” (my emphasis). Interpretations are conditional, efforts at persuasion that recognize that other interpretations are possible—as we psychodynamic interpreters know well. The best interpretations offer empathic consolation even when they address a difficult memory—that we know too.

McLarney’s inner interpretive dialogue becomes ours. It is we—because we are also “you”—who are now invited to consider the seasons in our own lives, our own seasons of foolishness and emptiness, but then our own seasons of fullness too.

Good interpretations signal truth, of course. But more: interpretations have a *performative* function—they do something, they don’t just say something. And that performative quality can be powerful indeed. Something is done to us; we’re touched. Thinking follows.

And poetic interpretations—those that depend on a well chosen metaphor or an image or a series of images or a good story—have a way of doing what they do before we even grasp the logic of the language they do it with, before we know exactly what it is that’s being done to us. When (as poets, as clinicians, as readers, as patients) we work this way, it can bring us to tears. ■

1. “Gather” is in Rose McLarney, *The Always Broken Plates of Mountains*, published by Four Ways Press, 2012, and is reprinted by permission.

# Birth of the Committee on Humanities and Psychoanalysis Spyros D. ORFANOS

It may have started in Athens, Greece, in 2007 or Madrid, Spain, in 2011. I can't remember exactly. Frank Summers and I were talking with enthusiasm about philosophy, poetry, music, and politics. It was the kind of enthusiasm that hinted of the revolutionary. The conversations also reminded me about what I love to talk about with psychoanalysts when I am not talking about the clinical.

Months pass, maybe years, and I get a call from the newly minted president-elect Frank to meet him for lunch in Santa Fe, New Mexico. There he tells me about his wish for a bold presidential initiative. He wants a task force on it and he wants me to chair it. I remind him that I have not been involved in Division 39 organizational affairs in over a decade and such an initiative needs someone savvy about the current state of the organization. He tells me not to worry. He tells me I have enough savvy. Yet, I still worry. I remember back in 1999 when I was president of the Division and I had a lot of organizational savvy. My initiatives on education were received well but had a short life span. I was so naïve then.

Over southwestern sandwiches we discuss Plato, Heidegger, Lorca, scientism, and the siege of the self in our culture. I know I'm talking to the right man. I agree to what Frank proposes because I feel the matter worthy. He did not have to work hard at convincing me. I liked his Chicago optimism. I love the humanities even though I have no special qualifications. I like taking actions that even indirectly nurture the living values and aesthetics of the humanities and psychoanalysis.

And so it came to be that at its summer meeting in August 2012 the Board of Directors (BoD) agreed to form a Task Force on the Humanities and Psychoanalysis with yours truly as chair. The esteemed, creative, and organizationally savvy Dana Castellano, Marilyn Charles, Heather-Any Indelicato, Henry Seiden, and Frank Summers (ex-officio) joined the Task Force and we went to work—thinking, talking, conducting surveys (N=451), interpreting surveys, etc. At the winter meeting of January 2013 the BoD accepted the final report of the Task Force. A motion was unanimously passed authorizing the creation of a new committee. The priority of the Humanities and Psychoanalysis Committee (HPC) is to advance the creation, communication, and cross-fertilization of knowledge in the humanities and psychoanalysis to the mutual benefit of both domains and to improve application of such for Division

members. The humanities were defined as scholarship encompassing philosophy, literature and languages, the arts, history, and also biography and theology. We figured we would outmaneuver the psychoanalytic police by avoiding definitions of psychoanalysis.

From my vantage point all of the above work is the "Before the Beginning" phase. We are off to a great start. The actual "Creation" phase is now about to take place. All of the former Task Force members are on the HPC. But we will be shortly adding more members. The first action of the new committee will be to devise a strategic plan. This is not poetry or philosophy, but it is practical.

For over one hundred years psychoanalysis has relied on mythology, literature, and philosophy to generate some of its most

compelling ideas. Recent developments in science, such as those in neuroscience, have been dazzling and have dominated the field. But while it is important to explain what goes on in the brain when one is blinking, I tend to be more interested in what goes on inside the mind and between minds when one is winking. Can we successfully reinstate the dominant role of the humanities in psychoanalysis? I am not sure that is the question. I feel that perhaps the better question is: "Can we bring a certain balance among the humanities, natural science, social science, and psychoanalysis?" This question may help us better understand our clinical and scholarly selves in this peculiar and beautiful thing we do called psychoanalysis.

I welcome your comments and/or questions. Please direct them to Spyros D. Orfanos at [spyrosdorfanos@gmail.com](mailto:spyrosdorfanos@gmail.com). ■

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## NOTES ON CONTRIBUTORS

Sergio Benvenuto is a researcher in psychology and philosophy at the National Research Council (CNR) in Rome, Italy, and a psychoanalyst, president of ISAP (Institute for Advanced Studies in Psychoanalysis). His books include *La gelosia* (Bologna: Il Mulino, 2011).

J. Todd Dean is a psychiatrist and psychoanalyst in St. Louis, MO, and a founding member of the St. Louis Lacan Study Group.

Jennifer Durham-Fowler, PhD, is on faculty in the Department of Psychiatry at Albany Medical College. She serves on the Research and the Early Career committees of Division 39, and is a member of the Executive Committee of the Western Massachusetts and Albany Association for Psychoanalytic Psychology.

Barbara Gerson is Associate Professor in the School/Clinical Child Psychology Program at Ferkauf Graduate School of Psychology, Yeshiva University, Bronx, NY, and a faculty member in the Advanced Specialization in Couple and Family Therapy at the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis. She is editor of *The therapist as a person: Life crises, life choices, life experiences and their effects on treatment*, NY: Analytic Press, 1996 (2001), and practices in Manhattan and Westchester with children, adolescents, adults, and couples.

Robert M. Gordon, PhD ABPP is a Diplomate of Clinical Psychology and a Diplomate of Psychoanalysis in Psychology, as well as Fellow of APA, and served on the governing council of the American Psychological Association. He was president of the Pennsylvania Psychological Association and received its Distinguished Service Award. He has a private practice in Allentown, PA.

Dr. Oren Gozlan, C. Psych., ABPP, Clinical Psychologist & Psychoanalyst, is Chair, Section on Sexuality, International Forum for Psychoanalytic Education and Treasurer, Psychoanalysis in Psychology Section, American Board of Professional Psychology. He is Director of Clinical Training, Professor of Psychology and Psychoanalysis, Adler Graduate Professional School.

Siri Erika Gullestad is professor of clinical psychology at the Department of Psychology, University of Oslo, Norway, where she is the leader of Clinic for Dynamic Psychotherapy. Gullestad is a training and supervising analyst of the IPA. She is former president of the Norwegian Psychoanalytic Society, and former Head of Department of Department of Psychology.

Peter N. Maduro, JD, PsyD, is a member and on faculty at the Institute of Contemporary

Psychoanalysis in West Los Angeles. He has a private practice in clinical and forensic psychology, and psychoanalysis in Santa Monica and South Pasadena, California.

Bettina Mathes, PhD is a Manhattan-based writer and culture critic. She is the author of numerous books and essays including most recently *Psychoanalysis Interruptus* (Psychoanalysis, Culture & Society 2011); her book *Verschleierte Wirklichkeit* (Veiled Reality) won the Prize "Best Book in the Humanities" in 2008. She teaches at The School of Visual Arts.

Batya R. Monder, iMSW, BCD, is a supervising and training analyst at the Contemporary Freudian Society (CFS) and is a member of the Institute for Psychoanalytic Training and Research (IPTAR). She teaches in the Psychotherapy Program of CFS, is a member of the Scientific Committee, co-chairs the Difficult Case Conference, is a member of the IPA Committee on Aging, and maintains a private practice in Manhattan.

Spyros D. Orfanos, PhD, ABPP, is Clinic Director at the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis. He is in independent practice in NYC and Montclair, NJ, treating infants, children, adolescents, and adults.

Annie Reiner, PhD, PsyD, LCSW, is a member and assistant faculty member of The Psychoanalytic Center Of California (PCC), and a fellow of the International Psychoanalytic Association (IPA). Her work has been influenced by the ideas of Wilfred Bion, with whom she studied in the mid-1970s. Dr. Reiner is in private practice in Beverly Hills, CA.

Henry Seiden, PhD, ABPP, is a regular contributor to this review and maintains a private practice in Queens, NY.

Anthony F. Tasso, PhD, ABPP, is Assistant Professor of Psychology & Counseling, Fairleigh Dickinson University; New Jersey & New York licensed psychologist in private practice, Morristown, New Jersey.

