

# DIVISION | REVIEW

A QUARTERLY PSYCHOANALYTIC FORUM

NO. 19 SUMMER 2019

---

DENT | Christian, Gherovici, Plotkin  
Psychoanalysis in the Barrios

I N T E R V I E W

---

B O O K R E V I E W S

---

WORDS & SEEING  
MATHES | Fried

RELATIONAL SELF  
ROTHSCHILD | Kieffer

PERVERSION TODAY  
WOLFF BERNSTEIN | Knafo & Lo Bosco

---

C O M M E N T A R Y

---

BENVENUTO |  
AUTISM & PSYCHOANALYSIS

GENGA, FLABBI, PEDICONI, TSOLAS |  
A ROUNDTABLE: HEALING AND TERMINATION

---

ALCÉE | READING THE CHANGES: FREUD'S IMPROVISATIONAL ART

---

2 0 1 9 S C H I L L I N G E R P R I Z E

---

GROSE | FROSCH

R E M I N I S C E N C E

---

P H O T O G R A P H Y

DAVID HUMPHREY

---

## Psychoanalysis in the Barrios A conversation with Loren Dent

Psychoanalysis in the Barrios: Race, Class and the Unconscious (2019) is a collection of thirteen essays explicitly on the relationship between psychoanalysis and 'the Latino population'. However, its latent meanings go far beyond that focus. How culture and history not only are read by psychoanalysis but how they in turn write the psychoanalysis that is then the frame

for that reading is one of them. The bi-directional interplay among theories, history, and practice is told in reference to the Latin American story but the lessons to be learned are for psychoanalysis in general.

This past spring, two of the Editors of the collection (Patricia Gherovici and Christopher Christian) and one of the contributors (Mariano Plotkin) had the

following conversation with Loren Dent, (Web Site Editor, DIVISION/Review).

**LD:** Please share a bit about how this collection came to be.

**CC:** The origin really was prompted by a number of very successful events that we had at the New School, co-sponsored



# CONTENTS

## INTERVIEW

- 1 Patricia Gherovici  
Christopher Christian &  
Mariano Plotkin
- The Interview on Psychoanalysis in the Barrios  
A conversation with Loren Dent

## BOOK REVIEWS

- 7 Bettina Mathes
- Critical Flicker Fusion: Psychoanalysis at the Movies  
by William Fried
- 10 Louis Rothschild
- Mutuality, recognition, and the self:  
Psychoanalytic reflections  
by Christine C. Kieffer
- 12 Jeanne Wolff Bernstein
- The Age of Perversion:  
Desire and Technology in Psychoanalysis and Culture  
by Danielle Knafo and Rocco Lo Bosco

## 2019 SCHILLINGER PRIZE WINNING ESSAY

- 16 Michael Alcée
- Reading the Changes: Freud's Improvisational Art

## REMINISCENCE

- 20 Richard B. Grose
- Allan Frosch: Portrait of a Clinician

## COMMENTARY

- 26 Sergio Benvenuto
- Autism: A Battle Lost by Psychoanalysis

## ROUND TABLE ON HEALING AND TERMINATION

- 33 Maria Gabriella Pediconi,  
Luca Flabbi,
- What Healing Has to Do with Termination:  
Endings and Interruption: Introduction
- 35 Maria Gabriella Pediconi
- Beyond Termination  
Freud and Lacan on Healing: Principles and Practice
- 38 Glauco Maria Genga
- Healing as a Problem, a Challenge, or a Solution:  
The Concepts of Freud's Psychoanalytic Technique:  
A Brief Summary
- 42 Vaia Tsolas
- The Shadowing of the Object:  
A Case of Abrupt Departure in the Analytic Process
- 45 Luca Flabbi
- What Healing Has to Do with Termination:  
Endings and Interruptions

EDITOR  
David Lichtenstein

SENIOR EDITORS  
Steven David Axelrod, J. Todd Dean, William Fried,  
William MacGillivray, Marian Margulies, Bettina  
Mathes, Henry Seiden, Manya Steinkoler

CONTRIBUTING EDITORS  
Ricardo Ainslie, Christina Biedermann,  
Chris Bonovitz, Steven Botticelli,  
Ghislaine Boulanger, Muriel Dimen,  
Patricia Gherovici, Peter Goldberg,  
Adrienne Harris, Elliott Jurist, Jane Kupersmidt,  
Paola Mieli, Donald Moss, Ronald Naso,  
Donna Orange, Robert Prince, Allan Schore,  
Robert Stolorow, Nina Thomas, Usha Tummala,  
Jamieson Webster, Lynne Zeavin

WEB SITE EDITOR  
Loren Dean

BOOK REVIEW EDITOR  
Brian Smith

PHOTOGRAPHY BY  
David Humphrey

IMAGES EDITOR  
Tim Maul

DESIGN BY  
Hannah Alderfer, HHA design, NYC

DIVISION|REVIEW  
a quarterly psychoanalytic forum published by the  
Division of Psychoanalysis (39) of the  
American Psychological Association,  
2615 Amesbury Road,  
Winston-Salem, NC 27103.

Subscription rates:  
\$25.00 per year (four issues). Individual Copies:  
\$7.50. Email requests: [divisionreview@optonline.com](mailto:divisionreview@optonline.com)  
or mail requests: Editor, Division/Review  
80 University Place #5, New York, NY 10003

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

Advertising:  
Please direct all inquiries regarding advertising,  
professional notices, and announcements to  
[divisionreview.editor@gmail.com](mailto:divisionreview.editor@gmail.com)

© Division Of Psychoanalysis (39) of the American  
Psychological Association. All rights reserved.  
Nothing in this publication may be reproduced  
without the permission of the publisher.

DIVISION|REVIEW accepts unsolicited  
manuscripts. They should be submitted by email  
to the editor: [dlichtenstein@gmail.com](mailto:dlichtenstein@gmail.com), prepared  
according to the APA publication manual, and no  
longer than 2500 words

DIVISION|REVIEW can be read online at  
[divisionreview.com](http://divisionreview.com)

ISSN 2166-3653

## Psychoanalysis in the Barrios

A conversation with Loren Dent from page 1

by the New School and Institute for Psychoanalytic Training and Research (IPTAR). One of them was a conference on Latin American contributions to psychoanalysis. And, a year later, another conference titled *Psychoanalysis in the Barrio*. The third thing that was instrumental in making us think later about the book was the documentary, *Psychoanalysis in El Barrio* [2016], which was funded by a grant from Psychoanalytic Electronic Publishing. When we premiered the documentary, we were struck by the enormous amount of enthusiasm it generated, especially from younger clinicians. I had been on the program committee at IPTAR and we had hosted a number of talks over the past couple of years, including talks by renowned speakers such as Elizabeth Dantos and George Makari. For these events, we were used to getting rooms that typically sat about 100 to 160 people.

Well, within a week of announcing the screening of *Psychoanalysis and El Barrio*, we had over-filled the capacity of 100 seats, and needed to move the premiere to the Alvin Johnson/J.M. Kaplan Hall, a beautiful, historic theatre that could accommodate 300 guests. And we still had a waitlist! All of us who participated in the screening were moved by the energy and the enthusiasm that night. There was cheering, there was

laughing and clapping—there was just an enormous amount of energy around the film and the issues that we were addressing. Following the success of the film, which since has been screened across the United States in different institutions, it seemed natural to think of developing an edited book on the subject, and Patricia was the obvious person to contact as co-editor. She agreed.

PG: I owe my participation in this project to Chris, who approached me. What convinced was a surprising experience. I have been to many psychoanalytic events and often find the tone serious, if not somber. Sometimes, we sense a fear that psychoanalysis might not survive. When we had the opening night for the documentary, it felt like a party, which is quite unusual; we had such a lively response in the audience. As Chris said, there was laughing, cheering, clapping, people were commenting out loud, and there was this very excited atmosphere, it felt like psychoanalysis had something new to offer. This made me think that perhaps it was the reverse. It was not so much that psychoanalysis had something new to say. Rather, that there was something that the barrios could bring back to psychoanalysis. Here was the inspiration for the collection. Rather than taking psychoanalysis and applying it to the barrio, our idea was to bring back some of the liveliness that we experienced in that room to the field of psychoanalysis.

## Banner Day—On the Photography of David Humphrey

I put the finishing touches on the last painting for my 2017 exhibition at Fredericks & Freiser the day before the election and had my opening the night of the inauguration. The first day of the show was declared “a day without art” in solidarity with the Women’s March happening around the country, which I attended in its New York version. Most days are a day without *my* art, but I was as appalled and traumatized as the people around me and happy to focus on the collective gesture of protest. The works in that show acquired unexpected new meanings in that context, but the political landscape also inflected how I was to develop new work. An exhibition is often a time to pause or reflect on one’s practice before beginning again, but my nausea at the turn in American politics was too fresh and disorienting to be productive.

Between my home and studio in Long Island City was a (now gone) sign and banner printer that I had imagined could be employed to make artworks if the right occasion arose. Aporia provided

that occasion, and so I emailed a snapshot from my phone to be printed five by seven feet on vinyl with grommets. I picked it up the next day on the way to my studio and thus began a yearlong adventure collaborating with, vandalizing, augmenting, or haunting photographs taken mostly during that routine Long Island City commute. Protagonists could be conjured from banal locations. Garbage, dirty snow, or construction sites could be recycled as the unexpectedly special.

Sidewalks and streets are an ever-changing ground for painting-like marks, spills, and assemblage. Gravity holds everything in place as we move over it on foot or in a vehicle. When the seen thing becomes a printed photograph, one has time to linger on all the details we presumably *saw* but sensibly forgot because our brain would explode if we didn’t. But in a painting, it is rewarding to care about each and every detail, and to care again and again. Painting on these enlarged snapshots was a way to reinhabit a recently exited past with the ability to project back

LD: The introduction of the collection speaks to the segregation of the psychotherapies across class, ethnicity, and race. Those who have trained and/or worked in community health settings are familiar with a culture of hopelessness and a dynamic that is still ubiquitous, where by Latino and Hispanic patients, among other racial and ethnic minorities, are deemed “treatment resistant,” “unanalyzable,” “concrete,” and so on. Such patients are often referred to skills groups or other symptom-focused treatments.

PG: There has been a de-politicization of the American development of psychoanalysis, because in the United States, it became a sub-medical specialty. Psychoanalysis developed as a very profitable profession. The goal that was that the psychoanalyst should make as much money as the plastic surgeon, which entailed a deviation, a forgetting of how psychoanalysis was conceived by Freud himself. In his famous speech in Hungary between the two wars, he proposed psychoanalysis for the people that should be as available as the treatment for tuberculosis. So, this particular development in the United States goes along with a certain prejudiced position, which often means that one assumes that the other, the Hispanic other, is inferior, that minorities are not equal others, and this ends up generating a process of infantilization and adaptation. This

into it or to conjure things and beings from it. Each painting here emerged from a series of improvisations or gestures. Sometimes squeezing a tube of paint onto the print and pushing it around was enough to establish contact with the photograph’s weird otherness. The oscillating process of damage and repair gives my relationship to the image a charge that I hope anticipates the way passing viewers will regard these artworks on the black and white pages of *DIVISION|Review*. Please draw on them.

David Humphrey is a New York artist who has shown nationally and internationally. He has received a Guggenheim Fellowship and the Rome Prize, among other awards. An anthology of his art writing, *Blind Handshake*, was published by Periscope Publishing in 2010. He teaches in the MFA program at Columbia and is represented by the Fredericks & Freiser Gallery in New York, NY. ■

[davidhumphreynyc.com](http://davidhumphreynyc.com)  
David Humphrey

### Psychoanalysis in the Barrios

A conversation with Loren Dent from page 3

attitude is coupled with the prevalent idea that a psychoanalysis will require certain level of sophistication that is mostly granted by income.

One of the more horrifying consequences is a naturalization or essentialization of class difference. We have to be reminded that class is the result of historical conditions. There is a tendency to transform social and material conditions into psychological features. So, the others who happen to be of dark skin and poor will be essentially different; because they're lazy, they decide to be poor. There are absurd constructions, that the poor will decide unconsciously to occupy this position, and the treatment echoes oppression. There's this clear racism in positioning treatment as a pedagogical correction, telling people what to do, that they're not mature enough, developed enough. Therapy interventions become corrective orthopedics of behavior, trying to teach them, guide them, in a way perpetrating the same model of oppression that these subjects already occupy. So, in new ways, the dominant mode of class oppression is repeated in the therapeutic model.

CC: What is being pointed out is something everyone who has been in training recognizes, this notion that because the Hispanic poor are so consumed with the demands of everyday life, they need very concrete interventions that are myopically symptom-focused. They're in need of guidance, because they're so disoriented. There's a tendency to infantilize the Latino patient affected by poverty. Often, the clinician orients himself to a concrete diagnosis, and the diagnosis takes precedence over listening to the patient. In today's market-driven practice of treatment, we have diagnoses that come paired with ready-made interventions. Panic attacks, for example, already have a treatment plan that is implied by the diagnosis that takes priority over the unique aspects of the person's life. What ensues is an avoidance of listening to the person. Alfredo Carrasquillo, who was also one of the authors in the book, points to something that I think is important: there's a kind of fear of listening to Latino patients affected by poverty, and it's not due to racism, necessarily, or xenophobia. He brings up this term, *aporophobia*: a fear of poverty. Rafael Javier has made a similar case—we need to be vigilant of this well-noted countertransference to poverty.

Consider the history of the term *ataque de nervios*. Why was the term Puerto Rican Syndrome so readily adopted by psychiatrists in the 1940s and 1950s to replace the

term *ataques*? One of the earliest writings on the subject was by Ramon Fernandez Marina, who wrote that by employing the term Puerto Rican Syndrome, psychiatrists would not investigate some of the psychotic processes that were present in their Puerto Rican patients. His point was that the term was employed in the service of an avoidance of listening in any detail to the subjective experience of these Hispanic patients. It reflects a distancing that is pervasive to this day in training, and you see it in clinical internships. It's marked by an authoritarian, psychoeducational approach that the clinicians assume, which ultimately drowns out the voice of the patient.

PG: The effect of that alienation of the other as an inferior other, who becomes an object, is also negative for the person in the position of the so-called provider of service, such as the therapist, psychoanalytically trained psychologist, or social worker. This could explain why many people in such settings experience "burnout"—they must provide a treatment following a certain set of rules, like recipes that will always produce the same result with the pressures of signing a contract. A patient with suicidal ideation has to promise that they will not commit suicide; otherwise, they will break the contract. Having to fill out such absurd treatment plans alienates not only the person asking for help, but also the provider.

What I concluded working in mental health centers was that they're located as places for social buffering. There is something ethically important to consider when we treat the other person as a subject and not as an object. In a psychoanalytic model, the person coming to us for help is considered to be a subject. And for an oppressed minority, as is the case for Latino people coming to a mental health center in the barrio, it is extremely important to be heard, to provide a position where the provider is listening, and where they can be heard.

CC: What we're talking about is what struck us then about the documentary when we showed it. The contrast that we observed was that in place of distancing, there was now a sense of familiarity, of closeness. The laughter was an expression of recognition. So, the *otherizing* that we're describing, the alienating effects of diagnoses, for example, was in stark contrast with the experience of familiarity on the night of film. And by the way, it was present in the film itself, where we were interviewing people on the street. The voices of people in the barrio was clearly put front and center, rather than the authoritative opinion of

the medical establishment. That's a flip that struck a chord and that I would say, you know, caught us by pleasant surprise. One that's in contrast to the somber note that Patricia is describing.

**LD: Something that seems to link the Latin American and North American contexts is the lingering effects of colonialism, both in a historical and material way, but also as an attitude. There is a certain European attitude, within psychoanalysis as well, that struggles with what to do with the other. Mariano, in your chapter in the book, you describe a tension that Freud and psychoanalysis have faced between a wish to be universal and having to dialogue with someone that is seemingly exterior or exotic.**

MP: Exactly, in certain places like Latin America, but also India, and in some cases the margins of Europe. Freud was in some ways a typical 19th, early 20th century intellectual with all the limitations of coming to terms with otherness. At some point, an Indian psychoanalyst sent Freud one of these little figures, an antique from India for his collection, and Freud thanked him, and said he appreciated that figure because it showed how far psychoanalysis had gone in the conquest—that's the word Freud uses—of the world. Classical figures have some value for Freud; Indian figures have a different value for Freud. But that's not something to blame Freud for. He was a product of his time. He was a very forward-looking person, but at the same time, he had the limitations of an intellectual of his age. The epistemological problem is the bottom line—how do we define psychoanalysis as opposed to something else? That's part of the richness of the book.

**LD: The history of psychoanalysis is marked by this question of what defines the discipline. Freud allowed for certain deviations in theory and practice as the price for psychoanalysis being adopted in other parts of the world.**

MP: In Latin America, as well as in the rest of the world, psychoanalysis means many things for many different people, sometimes even opposite things for different people. In Latin America, at the same time, psychoanalysis was interpreted as a tool for cultural modernization, as a tool for sexual freedom, as a tool for disciplining the population, as a new way of talking about all obsessions, like sexuality, or dreams, all of that at the same time. The problem that I sometimes have as a historian of psychoanalysis is to define

exactly what we're talking about. What is the minimum common thing that allows us to talk about the same thing? Something similar happened in the rest of the world too. If you look at Europe, in France, psychoanalysis was at the same time appropriated by right-wing and left-wing doctors and intellectuals, and they were sort of arguing one against the other. In Argentina and Brazil, we had forensic doctors who were thinking that psychoanalysis was a great tool to discipline the population.

**LD: It seems that the intrinsic angst provoked by deviations in psychoanalysis was in Freud's immediate, European environment, but was only amplified by colonial angst.**

MP: If you look at Freud's correspondence, you would find that he hardly had theoretical or clinical discussions with people who are outside of Europe or the United States. Most of the correspondence he has with Indian or Latin American psychoanalysts, or people interested in the practice of psychoanalysis, was very basic: "Thank you very much, it's great you're looking at that in your country, you're moving forward to expanding psychoanalysis." But there was very, very, very little theoretical or clinical discussion in the way he kept [in touch] with the European psychoanalysts. The only more or less theoretical discussion I found in one of Freud's letters to a Latin American correspondent was not in a letter sent to one of these famous intellectuals interested in psychoanalysis, but to a medical student, who had made some criticism of Freud, and then Freud took the time to answer him. But in general, it looks as if Freud was not taking very seriously the Latin American scenario of producing psychoanalytic theory. One of Freud's Latin American correspondents was Doctor Honorio Delgado, with whom he kept a correspondence for more than 20 years. They were friends; they were exchanging gifts, presents, and photographs and so forth. I couldn't find in the whole correspondence a single theoretical or clinical discussion. And that's interesting, because Delgado was one of the earliest biographers of Freud in any language.

CC: It's still an attitude of distancing with Latin America. In Mariano's chapter in our collection, you see a Freud not particularly interested in what Latin America can bring to psychoanalysis, but rather, how the Latin American authors give evidence to the expansion of psychoanalysis in the rest of the world. It's a sad story. What marks the difference with the student that Mariano describes in the chapter is that he

is actually engaging Freud, who then responds. I think that's what is so exceptional about that exchange.

**LD: An undercurrent of the book as well as this conversation seems to be the possibility of psychoanalysis as resistance to colonialism and other forms of oppression.**

PG: There is one common point in each of the contributions: the clear awareness that there is a strong political component in psychoanalysis, that the practice of psychoanalysis is political, whether or not you align yourself with the left or the right. It's something that was another element that we discovered when sharing our project, a certain surprise in the North American context. When we look at the history of psychoanalysis, the psychoanalysis in the Latin American development, and also psychoanalysis in the early days of Freud's group,

between World War I and World War II, there was a very strong politicization, that psychoanalysis was associated with social change. There was a very progressive stance in psychoanalytic practice that we wanted to highlight in the collection, and symptomatically, this feature has been forgotten in the United States. As Rubén Gallo's excellent book on Freud in Mexico [*Freud's Mexico: Into the Wilds of Psychoanalysis* (2010)] has shown, there is a Latin specificity to the Hispanic reception of Freudian ideas. There is a specific brand of psychoanalysis that developed in Latin America, that has to do with a specific politicization of psychoanalysis. It was not how it developed in the North American context.

MP: I'm not sure, because you're talking about a small portion of psychoanalysis. The psychoanalytic institutions in Latin America have defined themselves as being apolitical essentially. In 1980, in the worst of the



worker

military dictatorship, the president of the Argentine Psychological Association was boasting that now psychoanalysis could finally reach the larger society. Psychoanalysts who were engaged in politics were a minority and not the mainstream psychoanalysts.

Psychoanalysis expanded as never before in the dictatorships, and I'm not saying by any means that they were complicit or anything like that. A few years ago, I put out the volume called *Psychoanalysis and Politics* with [Joy Damousi] that focuses on the development of psychoanalysis and the conditions of political restriction. There were psychoanalysts who were very active in politics and tried to politicize their discipline. But the mainstream of psychoanalysis was not that. In fact, the Argentine Psychoanalytic Association refused to condemn the military dictatorship. The same thing happened in Chile and Brazil.

**PG:** But how do you account for the experience in Argentina in the 1970s, where psychoanalysts would go into shantytowns to provide psychoanalytic therapy? Many psychoanalysts before the 70s dictatorship clearly identified as Marxists. Marxist groups would also adopt a sort of Althusserian psychoanalytic discourse as a tool for social change. Social change had to be infused psychoanalytically.

**MP:** In terms of a theoretical appropriation of psychoanalysis by Marxists, which also happens in some sectors of the United States, this was not mainstream psychoanalysis; they were marginal groups. You have people who tried to articulate psychoanalysis and Marxism in Argentina and Brazil and the United States, but is that the mainstream of psychoanalysis? I wouldn't say so, although some senior analysts participated in those groups and left the psychoanalytic association in 1971.

There were psychoanalysts who were persecuted by the military, as well as lawyers and doctors, professionals. If anything, they were persecuted for the political activity, not because they were psychoanalysts. In 1977, at the very beginning of the dictatorship, the government was financing a Latin American psychoanalytic conference. The whole system of mental health during the dictatorship became psychoanalytic, if you look at the official publications.

**PG:** One argument we could make, which is mentioned in the introduction (of the book [2019]) and also by Nancy Hollander in her chapter, is that one of the spokespersons of the military in Argentina declared three enemies of Western civilization: Einstein, Marx, and Freud.

**MP:** Another top military man who was president had a daughter who was a psychologist who practiced in psychoanalysis.

**PG:** I was curious, when listening to you, to know whether you have any hypotheses as to why the word "psychoanalysis" calls up so many different and contradictory concepts, theories, and even ethical practices.

**MP:** That's a long discussion, but I guess you could make a similar argument for almost any set of ideas. What is Marxism? For a different project, I went to the Argentine Navy School and looked at what the Navy officers learned about psychology in the 60s and 70s. It was psychoanalysis. So it's very complicated.

**LD:** I want to return to the North American environment and the premise of the book, bringing the barrios back to psychoanalysis. What does this imply for American analysts regarding ethics and responsibility?

**CC:** The solution cannot simply be that in order to make analysis accessible in the barrio, I need to sacrifice my own income, although there's something to be said about that too. There is a political dimension, where something needs to change in our system such that psychoanalysis can be treated like other medical expenses, covered by insurance companies, with open access to care, as is the case in many other wealthy countries. We know that insurance companies will often limit the number of sessions a patient can have, ignoring the well-known fact that many so-called short-term treatments are really "chronic, short-term treatments," meaning that the person is constantly having treatments arbitrarily be time-limited only to cycle back into another short-term treatment.

**PG:** What I always find astonishing is the economy and management of insurance companies. They seem to forget that if suffering could be put into words, we could save additional expenses. If somebody is having a panic attack, they may be admitted to the emergency room for symptoms that could be taken as a heart attack. By talking about their suffering, they will not need to let their bodies speak on their behalf.

For me what is shocking is that in mental health clinics, psychoanalysis is excluded as an option, considered too expensive, or requires certain conditions for the person requesting the service. Of course, poor people may need help and resources for "real problems." The fact that they're coming to us for help does not mean they're not trying to do something about other type of problems elsewhere. But when they come to the

inner-city clinics, the help being offered is quite limited and segregated. To include psychoanalysis as a possibility leads to opening up more options. One interesting experience in the U.S. was the Lafargue Clinic that was opened in Harlem in the 1950s, where, influenced by the ideas of Franz Fanon, psychoanalysis was made available specifically to the African-American community. This example proves that psychoanalysis can offer something that helps in undoing the effects of social and racist oppression.

**CC:** I think there's a danger of proselytizing. That is, as the notion that psychoanalysis is coming in as missionaries to a foreign land, the barrio, and extolling the virtues of psychoanalysis, and of the experience of being appreciated, not as an object, but as a subject. There's a long history of psychoanalysis pathologizing cultural differences, such as different definitions of self and different definitions of connectedness.

So, the message can't be: "Here's how, if you adapt to psychoanalysis, you'll be saved." There's a long and painful history in Puerto Rico of that type of experience. In a recent presentation, we had someone say, "*You know, I hear you speaking, but we have real needs. This all sounds too intellectual.*" It generated a great discussion and raised the question of who the intended audience of our theories and clinical presentations was. I think it requires that we examine some basic tenets of psychoanalysis that are ill-conceived and that over-pathologize cultural norms. And by saying that, I am not saying that we need to alter psychoanalysis such that we make it more supportive, more symptom-focused, and less expressive to accommodate the poor. That's condescending. We don't need to water down psychoanalysis and make it psychodynamic therapy. But we need to bring the barrio back to psychoanalysis and allow it to inform and challenge our understanding of psychoanalysis. This includes a new understanding, for example, of different modes of relatedness and the value of interdependence. It entails appreciating the contributions that the barrio can make to psychoanalysis and rejecting something akin to a colonialist psychoanalysis coming to the rescue of poor people in the barrio. ■

## REFERENCES

- Christian, C. (Executive producer), Reichbart, R. (Executive producer), & Winograd, B. (Director and producer). (2016). *Psychoanalysis in el barrio* [Video]. United States: PEP Video Grants.
- Damousi, J. & Plotkin, M. B. (Eds.). (2012). *Psychoanalysis and politics: Histories of psychoanalysis under conditions of restricted political freedom*. New York, NY: Oxford University Press.
- Gallo, R. (2010). *Freud's Mexico: Into the wilds of psychoanalysis*. Cambridge, MA: The MIT Press.
- Gherovici, P. & Christian, C. (Eds.). (2019). *Psychoanalysis in the barrios: Race, class, and the unconscious*. Abingdon, UK: Routledge.

## Words of Seeing Bettina MATHES

1. Born in Europe in the last years of the 19th century, psychoanalysis and the moving image are siblings. So, of course, they had a complicated relationship. In 1925, Georg Wilhelm Papst prepared a pro-

Critical Flicker Fusion: Psychoanalysis at the Movies. By William Fried (Confederation of Independent Psychoanalytic Societies series on the boundaries of psychoanalysis)

duction of his silent film *Geheimnisse einer Seele* (Secrets of a Soul) collaborating with Karl Abraham (who did not live to see the movie) and Hanns Sachs as consultants.

Ten years earlier, Harvard psychologist Hugo Münsterberg had likened the cinema to Freud's theory of the mind in his now classic study *Das Lichtspiel* (The Photoplay). Meanwhile, father Freud was not amused: he famously disliked the movies, believing films had nothing to contribute to psychoanalysis and vice versa.

Starting in the 1970s, scholars like Jean-Louis Baudry, Christian Metz, Laura Mulvey (who is also a film-maker), Teresa de Lauretis and Tania Modleski began to employ psychoanalytic theory—for the most part drawing on Freud and Lacan—to explain the ways in which the cinema

produces meaning and shapes the spectator as gendered subject. Concepts such as *unconscious signifier*, *dream work*, *screen memory*, *mirror stage*, *the gaze*, *voyeurism*, *phallus*, and *fetish* were instrumental in ushering in a new kind of film criticism, concerned with naming and critiquing the powerful effects of the cinematic apparatus on the spectator's unconscious. Most recently, Winnicottian notions such as the *transitional object*, *potential space*, and *holding environment* have been used by both scholars and therapists to understand more about how spectators experience and "use" the films they watch (Sabbadini, 2011; Kuhn, 2013).

By the beginning of the new millennium the effort to uncover the cinema's manipulative 'subtext' had become formulaic and predictable. Article by article, book by book confirmed the power of the moving image to serve up 'bad objects' that controlled the viewer's unconscious, reactivated early trauma of castration, and reaffirmed outdated psychoanalytic concepts. Each study also confirmed its author's power to halt the flow of the movie, break it up into bits and pieces, insert psychoanalytic and philosophical references, and reassemble it thereby creating a new narrative—the narrative of the one who interprets, the one who knows, as it were. It was obvious: psychoanalytic film criticism had exhausted itself. Time to pause. Time to remind ourselves of what got lost in the process of dismantling a film's defenses: that most of us go to the movies (or watch films at home) to be moved (both emotionally and spatially), that watching a movie is pleasurable and, sometimes, satisfying; that we derive pleasure and gratification from moving on and through the sensuous fabric of the screen. To say it with Giuliana Bruno: "A film's spectatorship is a *practice* of space that is dwelt in," Bruno writes in her splendid *Atlas of Emotions*. And: "the realm of motion is never too far from the range of emotion." The viewer's pleasure is the surface pleasure of a traveller. And film-making is the "making of (e)motional space" (2002, p. 62, 69). In her recent *Surface* (2014) Bruno asks us to be at her side as she explores the material pleasures of visual images, as she discovers, over and over again, that the surface is rarely ever superficial.

In recent years, a growing number of psychoanalysts have been eager to analyze individual films, despite Freud's rigorous aversion to the cinema. Unlike film scholars, though, who have developed an extensive vocabulary to engage with the symbolic dimension of the *formal* and *technical* aspects of the cinema (what makes a film a film and



bags

not, say, a play), psychoanalysts, despite their best intentions, tend to focus on (linguistic) content and meaning at the expense of almost everything else that distinguishes film from literary genres like dramas, novels, short stories, and poetry. Which is somewhat surprising, given that without its “technical elements” (what is nowadays called the frame), psychoanalysis wouldn’t be any different from ordinary conversations. In his recent book, Andrea Sabbadini (2014), (founding) director of the *European Psychoanalytic Film Festival* in London, lists among the “rewarding results” of watching and writing about movies that movies may help the analyst to better understand a patient, “to illustrate a number of psychoanalytic ideas and convey a sense of what analytic work consists of” (p. xv). In writing about individual films, psychoanalysts (including himself), he states, are mostly interested in content, in “the unconscious aspects of characters and stories” (p.xv).

I don’t dispute that movies (like other art forms) can indeed contribute to our understanding of the psychological, political, and cultural dynamics we encounter in the consulting room. Of course they do! But a film that tells a story (not all films do) tells it in a visual and auditory way. Absent from this almost exclusive focus on meaning and motivation is the consideration of form and technology as independent elements, that is to say of *how* the characters *appear* on a screen, of *how* the stories are told visually and in time. And what about films that don’t tell a story in which characters act out their unconscious fears, wishes, or complexes?

To focus on content is to interpret, to push through the visual (and auditory) surface of the film in order to uncover its “real” meaning. Plot, story, dialogue, character development, and motivation are the materials which, that is the assumption, contain the film’s secret, its *hidden truths*, as it were. While such an approach can yield fascinating insights *and* confirm the power of psychoanalytic thinking, especially if the author has a wide range of extra-filmic material to draw on (literature, drama, philosophy), it implies that the psychoanalyst-as-critic doesn’t trust the image as image, doesn’t quite believe what unfolds on the screen before his very eyes, doesn’t have a vocabulary that respects the sensuous, the superficial, and the nonverbal.

In his new book, *Critical Flicker Fusion*, William Fried is this kind of critic. Here’s how he describes his approach to the films that he included in his book:

*I think analysts would do greater justice to movies if they approached them as they do sessions, that is, as potentially coherent, internally consistent entities,*

*the underlying meanings of which can be discovered by a process of exegesis [...] that will result in an ...elucidation of the work’s themes and motifs”* (pp. xxii - xxiii)

In the preface to the book, Frederic Perlman, the editor of the series in which Fried’s book appears, presumes a “natural alliance of art and analysis [which] clearly reflects the parallel nature of their purposes—to represent otherwise hidden truths” (p. xiv).

Not surprisingly, many would disagree with Perlman that the purpose of psychoanalysis (or art) was *to represent otherwise hidden truths*; just like not every analyst (or analysand, for that matter) approaches a session as a *coherent entity* awaiting the analyst’s *exegesis* (Fried’s word for interpretation). Whether we call it a “holding environment” (Winnicott), the emergence of “the Real” (Lacan’s term for the breaking down of signification), “chora” (Kristeva’s word for preverbal experience), “the unthought known” (Bollas), or “unformulated experience” (Stern)—psychoanalysts of quite different analytic persuasions have urged us to make space for nonsense to come forth in a session. Interpretation (the analyst’s tool to assert his authority as the one who knows) is thus necessarily pushed into the background.

And then there’s transference, or rather the lack of it. In a psychoanalytic session, patient and analyst both actively create a transference relationship that goes both ways. Films invite the spectator’s projections, but characters in a movie do not develop transferences to the audience. To treat films like psychoanalytic sessions is, I think, a misleading analogy.

Finally, and importantly, and regardless of the question of whether watching a film resembles being in a session with a patient, the overemphasis on internal coherence and exegesis cannot address film as art. All (now classic) movements in the history of the cinema—German expressionism, Italian neorealism, the French *nouvelle vague*, the metaphysical films by Tarkovsky and Bergman, or the cinema of Ozu and Kurosawa—are not important because of the content matter they present. As art, the cinema has the unique ability to examine and offer an experience of the never settled relationship between sight and sound; time and space; movement and stillness; image, thought, and word. It does so not through content but through formal, technological, and stylistic choices. Thus, when Fried writes about a film by an *auteur*, Kiarostami’s *Certified Copy*, all he can offer are “general reflections that may elucidate the film without addressing its particularities” (p. 66). In the section on Ridley Scott’s *Blade Runner*,

another milestone in film history, his aim is to “comment on some of the fundamental differences between Freud’s world view and that of the neo-Freudians” (p.97).

Fried has organized his book thematically, with each chapter discussing two or more films. The chapter on “secrets” is followed by chapters on “time and death,” “love and lust,” and “human identity.” His associations with the films he discusses take author and reader far and wide: he roams the lands of poetry and drama (Shakespeare, Yeats, Coleridge, Wordsworth), philosophy (Aristotle and Blaise Pascal, among others), and history, bringing back treasures that make for an interesting, sometimes surprising reading experience. What is lacking, however, is attention to the films as films. Almost completely absent are the names of actors/actresses as well as information on the duration, color, format, projection gauge, and film material (film stock, video, digital). Likewise missing is a discussion of the respective director’s visual choices, e.g., editing, framing, camera position, color palette, sound, etc. As if it didn’t make a difference whether a film was 20 or 200 minutes long, whether it was shot on 35 mm or 16 mm, whether it employed lay actors or world famous actresses, whether it was shot in color or in black-and-white, whether it was produced for TV or the cinema, whether the spectator watched it in a movie theatre, on his home screen, or on her smart phone. Fried considers these technical aspects of film-making negligible, perhaps even trivial. His inattention is a choice, not an oversight (p.xxi). In an appendix (pp.123-128), he spells out what in his view (not everybody would agree) are the connections between filmic *mise-en-scène*, dreams, and psychoanalytic sessions. He does not, however, offer an example of how these perceived similarities might be used in a film review. Fried’s exclusive focus on content, wide-ranging and interesting as it is (Fried is a perceptive and jargon-free writer), does not “do justice” to the films included in the book. In fact, we learn nothing about the films as films, but a lot of interesting things about Fried’s literary preferences. By focusing on verbally relatable content, Fried, more than he seems to know, shares in Freud’s aversion to the cinema. He does take psychoanalysis to the movies—with eyes wide shut.

2. As a psychoanalyst, what can I offer film criticism? What kind of clinically informed psychoanalytic commentary is useful when engaging with visual images?<sup>1</sup> Images that move according to their own

1. This is not to deny the auditory dimension of the cinema. However, I don’t have the space here to also think through what we do when we put written words to sound and music.

very specific temporality, images that evoke a preverbal immediacy (their effect is instant, derived from my sense-perceptions), images that, unlike spoken or written language, are excessive and contained at the same time (they say everything at once and yet hold themselves together).

Others have asked these questions before (though not necessarily regarding film criticism). I’m thinking of Julia Kristeva, who, confronted with the paintings and frescos by Giotto, wondered whether to “insert the signs of language” into the thereness of the image required the viewer to “open out, release, and set side by side what is compact, condensed, and meshed” (1988, p.27). A “finding our way through what separates the place where I speak, reason, and understand from the one where something functions in addition to my speech: something that is more-than-speech, a meaning to which space and color have been added” (p. 27). A kind of “put[ting] back into words that from which words have withdrawn” (p. 27). I’m thinking of Susan Sontag’s passionate (and somewhat desperate) call for an “erotics of art, for a criticism that would serve the work of art, not usurp its place” (1964/1990, p.12).

For both Kristeva and Sontag, it is the “technical elements” that deserve close attention: color, rhythm, texture, temperature, tone of voice, form, genre, and style. And it is precisely in the domain of technicality that, I believe, psychoanalysis as practice has an important contribution to make to film criticism. Which is another way of saying that some analysts know more about visual images than they know.

How so?

In order to answer this question, it is necessary to first say something about how analysts (and patients) arrive at the words they put to unconscious or dissociated experience.

As psychoanalysts, we work between words and that which at the same time retreats (recoils, as it were) from language, even though created by it, *and* is amenable to it: metaphor and the unconscious. What some analysts refer to as “working in the transference,” I would describe as allowing a patient’s unconscious to take shape in me over time. (Whether we characterize it as unformulated experience, dissociated self-states, projected identifications, unconscious signifiers, or unthought known is not important for my argument.) To receive and feel texture, temperature, and tone, to be carried by its rhythm and pace, and to put (my) words to what I receive. I give a part of myself over to what cannot yet be spoken by the patient. I put my ability to feel, think, and speak at the service of the patient. And I reach for words inside

of me, hoping they will carry a charge that resonates within the analysand. In this sense, the words that I speak are metaphors, and they are both mine and not mine. This is why I speak differently with every patient. If all goes well enough, every psychoanalytic couple creates their own idiom. If things don’t go well enough (and things often don’t go well), and the analyst, for instance, over and again speaks to the patient in preconceived ideas, he sabotages the process. Freud and Dora learned this lesson the hard way. Maybe because Freud was too impatient.

The psychoanalytic process takes time, sometimes a very long time. Much of this time is spent waiting. Waiting for the patient’s unconscious to take shape in the analyst and in the space between them. Waiting for attachments to form. Waiting for a signal the analyst can catch: a sound, a silence, a gesture, a word. Waiting for an opening. And sometimes waiting for something to happen, not knowing what that something might be. Waiting to recognize repetitions, mannerisms, idiosyncrasies, and timings. Waiting not knowing how much longer to wait to be able to say words that feel true to the patient’s and the analyst’s experience. Words that touch, move, perhaps even cut. Words that make a difference. Waiting to recognize the ways in which patient and analyst unconsciously express, edit, and frame their experiences of themselves and the other.

If films are not sessions and the characters in them are not patients, how can what I have said about waiting and words be useful for the kind of film criticism that serves both the film and the viewer?

In contrast to the still image (painting, photography), films are anticipatory. They ask me to become a person-in-waiting. Before DVDs and streaming platforms were invented, which allow me to stop, rewind, or fast forward a film at any time, to watch a movie I had to go to the cinema, where once the movie had begun, I adapted to the tempo and the rhythm of the film. When I watch a movie, I’m always waiting for the next image. If I don’t check the time on my watch (or my cell phone), I have no way of knowing how long I’ve waited and how much more there is to wait for. Depending on my early experiences, cinematic waiting can be comforting or deeply frustrating (and everything in between). As psychoanalyst-at-the-movies, I can accept the necessary waiting as an invitation to register the ways in which the film carries me, and the places it takes me—if, that is, I have learned to wait.

Writing about movies, from the place of the clinical practice I have sketched, is to let myself be moved, afflicted, infected

even, by the visual (nonverbal) images that come to me, pass by me, transport me somewhere else. It is to receive the surface (because that’s all I’ve got) in an accommodating and kind way, with empathy. It is to, as Susan Sontag has asked us, first “supply a really accurate, sharp, loving description of the appearance of [the] work of art” and use that as the basis for interpreting. It is to pay attention to editing, montage, pace, framing, and color. It is to be moved by the movement on the screen—and later, sometimes a long, long while later, to be moved into words, words that can be shared in a review or an essay. Words that fit the movie and my reception of it. It is to interpret *not* what is supposedly hidden beneath the screen (what isn’t there but should be there), but to describe and analyze what becomes apparent in myself as spectator. Put in Freudian terms, I’m waiting to be taken from thing-presentation to word-presentation.<sup>2</sup>

Of course, I’m not saying that psychoanalytic theory does not have its place in the kind of film writing I’m advocating here. It does! In fact, every time I write about a movie in the way I have suggested, I contribute to psychoanalytic theory. My viewing experience and the words I come to put to it might enliven, examine, expand, and even alter theoretical concepts. Used this way, films do not illustrate or explain theory, but theory stands (or fails to stand) the test of movie goers.

I realize that my understanding of waiting in the transference is one among many ways of doing psychoanalysis. It is, I do believe, *the* version of psychoanalysis that makes a genuinely psychoanalytic (because process-based) contribution to film writing, adding our clinical sensibility to the theory- and history-oriented film criticism practiced by film scholars, art historians, and cultural critics.

Words of seeing.

#### REFERENCES

- Bruno, Giuliana (2002). *Atlas of Emotions: journeys in art, architecture and film*. New York: Verso.
- Bruno, Giuliana (2014). *Surface: matters of aesthetics, materiality and media*. Chicago & London: University of Chicago Press.
- Fried, W. (2017). *Critical flicker fusion: Psychoanalysis at the movies*. (CIPS series on the boundaries of psychoanalysis) London, England: Karnac.
- Kristeva, J. (1988). Giotto’s joy. In Norman Bryson (Ed.), *Calligram. Essays in new art history from France* (pp. 27-52). New York, NY: Cambridge University Press.
- Kuhn, A. (Ed.). (2013). *Little madnnesses: Winnicott, transitional phenomena and cultural experience*. London, UK: I.B. Tauris.
- Sabbadini, A. (2011). Cameras, mirrors and the bridge space: A Winnicottian lens on cinema. *Projections*, 5(1), 17-30.
- Sabbadini, A. (2014). *Moving images: Psychoanalytic reflections on film*. London, England: Routledge.
- Sontag, S. (1990). Against interpretation. In *Against interpretation and other essays* (pp.3-14). New York, NY: Picador. (Original work published 1964)

2. In her essay on Giotto, Kristeva (1988) makes a similar but also slightly different point.

## Mutuality, recognition, and the self Louis ROTHSCCHILD

In his book on Winnicott, Rodman (2003) also considers Bion in an adversarial Los Angeles. Specifically, Rodman considers challenges by Kleinian and Kohutian

Mutuality, recognition, and the self:  
Psychoanalytic reflections

By Christine C. Kieffer  
London, England: Karnac Books, 2014  
???pp., \$???

thought to ego psychology as responsible for local tensions that then led to a multiplicity of schools. In contrast to the divisiveness of that climate, Rodman adds that “[t]hose who were drawn to Winnicott’s work never formed into a coterie. This was the consequence of Winnicott’s own attitude” (Rodman, 2003, p.315).

The role of charisma as a cure or cause of rigidity may continue to be debated, yet differences between schools, Winnicott, and an attitude of openness all figure significantly in the work under review. Christine Kieffer’s collection of papers entitled *Mutuality, Recognition, and the Self: Psychoanalytic Reflections* centers on challenges to the limits of a school that, like any school, may at times embody the rigidity of a coterie. Here, the reader does not journey to Los Angeles, but to Chicago, the land of Kohut, where Kieffer conducts psychoanalysis with individuals and groups. Kieffer, a faculty member of the Chicago Institute of Psychoanalysis, describes a non-linear yet systematic path that has led to an assemblage of papers that traverses in order to illuminate links between object relations and self psychology. In keeping with Winnicott’s democratic attitude, Kieffer sets her sights on an inclusive and critical integration through writing under the label of *relational self psychologist*. This volume does in my opinion, succeed in its task to stand as a whole through the successful integration of divergent schools while exploring areas as diverse as intergenerational family dynamics and work with adults, children, individuals, and groups.

Although Winnicott with an open attitude is a significant part of her project, so are other object relational thinkers. Here, Kieffer works to make explicit the implicit links between the works of Guntrip and Fairbairn in Kohut’s work. These links are illustrated in her treatment of schizoid withdrawal as a conflict between fear and desire, which affords an ample way into her central argument that relational psychoanalysis may aid self psychology in work with dissociation born of narcissistic injury. Such injuries are not limited to patients, as Kieffer addresses the enabling of capacities to

work with narcissistic resistances to losing a sense of omniscience through awareness that one’s favorite theory does not succeed as a totalizing theory while being in session. This capacity to sit with uncertainty enables a felt clinical need to appreciate fluidity while standing in multiple spaces. Simply, it is no simple matter to stand in multiplicity while sitting a step behind emergent phenomena in the consulting room. With such multiplicity, the challenge of divisiveness is quickly encountered, as Kieffer writes that Kohut has been criticized for using Guntrip’s and Fairbairn’s works without proper acknowledgment. As such a claim amounts to a reworking of links that were previously obstructed, it would be helpful to her argument if Kieffer were able to cite those critics. Although Kohut may have been implicitly fond of object relations, Kieffer finds that the self-psychological tendency to consider an impasse to be an empathic failure may miss opportunities that relationally minded analysts find in cycles of rupture and repair as a part and parcel of successful treatment, and that such an orientation may tilt the frame in a manner that affords a significantly different tenor, thereby enabling work towards developing capacities that can make use of such relational experiences.

The concept of the third is of course an integral part of rupture and repair, and while Kieffer spends ample time illustrating varied relational analysts’ conceptions of thirdness, she devotes significant and particular attention to Benjamin’s process-oriented view that embodies Winnicottian conceptions of transitional space. Kieffer views Benjamin’s conception as one that facilitates a patient’s capacities in the development of a mutuality in the sense of self and other, and argues that Benjamin’s theory is most “useful for working within a selfobject theory paradigm” (p.147). Here, Kieffer maintains that Benjamin’s conception of the capacity to recognize that the other’s subjectivity is in fact independent is close to, but qualitatively different from, Kohut’s concept of a mature selfobject. Kieffer’s consideration of such granular distinctions makes for an engaging read as she considers that Benjamin illustrates the process of the development of a mature selfobject function. Kieffer highlights that mutual recognition is not a static achievement, but one of breakdown and recovery (cf. Eigen, 2012) that she notes is consistent with Fajardo’s (2001) view of analyst and patient as coupled oscillators who begin to operate regularly and rhythmically in response to each other, thus being able to discern moments of harmony and difference. Importantly,

Kieffer also highlights that in order to break out of an impasse, an analyst needs to acknowledge their contribution to the impasse, so that the patient may be able to feel such a change in the dyad.

In further regard to a practitioner’s contribution to the dyad, Kieffer turns to Faimberg’s classical and multigenerational view of countertransference (2005). Here, unarticulated narcissistic links are considered across three generations to build an alienated Oedipal resolution of intersubjective stasis due to children having been utilized for narcissistic regulation. Kieffer moves from classical theory to relational considerations of dissociation in order to compare how theorists from both schools engage countertransference textures that include “enigmatic gaps and silences” (Kieffer, 2014, p.59). Of interest here is Kieffer’s recommendation to struggling candidates to read fiction for help conducting dream work with dissociation and countertransference (cf. Bion [1992] on artists aiding dream work). There, she considers how narratives may distinguish the fetishistic use of an object in the service of stasis from a transitional object use that facilitates mobility.

In line with her consideration of flexible object use, Kieffer considers familial structures such as sibling number and extends Faimberg’s work on multigenerational dynamics (2005) by turning to experiences of immigration. Her treatment of immigration is informed by Akhtar’s treatment of nostalgia (2005), whereby an immigrant may use touchstones to aid stasis or transitions. Kieffer looks to her own Italian roots and considers how her grandfather was traumatized in the racial climate of the early twentieth century in the United States in a manner that thwarted his ambition, while his brother prospered before dying suddenly. She traces the impact of these traumas in that paternal line, in addition to the matriarchal line of her grandmother, whose spontaneity and ambition were impacted as she married Kieffer’s grandfather through an arranged marriage. The personal quality of this historicity is much more than reflections on countertransference, and the book is stronger for it. Alongside this personal history is an awareness that countertransference is overdetermined, as language is not so much a dialogism but a polylogism, where language itself is overdetermined (cf. Amati-Mehler, Argentieri, & Canestri, 1993). In the spirit of this work is an idea that what is not represented can and does return through other routes.

Helpful clinical illustrations harmonize with her theoretical and personal

writing. Kieffer writes of patient/analyst mutuality as being similar to that of parent and child, where she asks if indeed empathic attunement might well include the occasional well-timed criticism as part of mirroring. Two cases that stood out for me span age, gender, and group/individual modalities. One regards a standoff in the waiting room. The waiting room first appears in this book as a space like an analytic institute, where one may recognize that siblings are present. Yet, the waiting room may also be a place of isolated waiting. A young teenage girl with a younger autistic brother in her second year of treatment sits outside an open waiting room door for periods of extended time before crossing the threshold. One day, when time in the waiting room began to eclipse the time allotted for a session, Kieffer answered her telephone. The patient entered the consulting room to say that it was her time, not another patient’s, before returning to the waiting room. The need for a sturdy container emerged through discussions of Kieffer’s aggression in answering the phone and the patient’s experience with fragile

parents. Another patient, a midlife male five years into group therapy, moves from one of Kieffer’s groups to another, where after a few months he mentions that he believes himself to be Kieffer’s favorite patient of the former group. Here, cultivation of empathy is the lens brought to focus on being a favorite that seeks to avoid shaming in service to a differentiated awareness in order to work with narcissistic disequilibrium. In these and other cases found in this volume, Kieffer illustrates Winnicott’s observation (1989) that fear of present breakdowns signals past breakdowns that lacked a witness and that a broad concept of *après-coup* may be utilized to reconstruct agony (cf. Faimberg, 2005; Green, 2005).

Faimberg (2005) wonders how other traditions deal with *après-coup* and from which perspectives. In many respects, Kieffer may be read as an answer to Faimberg from relational-self psychology, which could well be a newer tradition. I recommend this book to anyone practicing from a self-psychology perspective, yet to stop there would be a loss. Additionally, I recommend it to anyone interested in a nu-

anced consideration of relational psychoanalysis in contact with other schools for its capacity to avoid reading boundaries between schools as signs bearing warnings against trespass. For its integrative import, the book is a breath of joyful air, and I recommend it as such. ■

### REFERENCES

- Akhtar, S. (2005). *Objects of our desire*. New York: Harmony Books.
- Amati-Mehler, J., Argentieri, S., & Canestri, J. (1993). *The babel of the unconscious: Mother tongue and foreign languages in the psychoanalytic dimension* (J. Whitelaw-Cucco, Trans.). Madison, CT: International Universities Press.
- Bion, W. R. (1992). *Cogitations*. London, England: Karnac.
- Eigen, M. (2012). *Kabbalah and psychoanalysis*. London, England: Karnac.
- Faimberg, H. (2005). *The telescoping of generations: Listening to the narcissistic links between generations*. New York, NY: Routledge.
- Fajardo, B. (2001, September). *The therapeutic alliance: Coupled oscillators in biological synchrony*. Presented at the Chicago Psychoanalytic Society, Chicago, IL.
- Green, A. (2005). *Play and reflection in Donald Winnicott’s writings: The Donald Winnicott memorial lecture* given by Andre Green. London, England: Karnac.
- Kieffer, C. C. (2014). *Mutuality, recognition, and the self: Psychoanalytic reflections*. London, England: Karnac.
- Rodman, F. R. (2003). *Winnicott: Life and work*. Cambridge, MA: Da Capo Press.
- Winnicott, D. W. (1989). The psychology of madness: A contribution from psychoanalysis. In C. Winnicott, R. Shepherd, & M. Davis (Eds.), *D. W. Winnicott: Psychoanalytic explorations* (pp.119-129). Cambridge, MA: Harvard University Press.



curbside

## The Age of Perversion: Desire and Technology

Jeanne Wolff BERNSTEIN

There could not have been a timelier book written right now than Danielle Knafo and Rocco Lo Bosco's book, *The Age of Perversion: Desire and Technology*

The Age of Perversion: Desire and Technology in Psychoanalysis and Culture

By Danielle Knafo and Rocco Lo Bosco

Routledge Press, 2017

???pp., \$???

in *Psychoanalysis and Culture*. Ever since Danielle Knafo spoke about the very same subject in Vienna last year, her sharp analysis of how technology has pervaded the most intimate human relationships and has replaced the human body with highly stylized silicone dolls or robotic devices has never left my mind. Nearly every week, I would find articles in various newspapers alerting and alarming their readers how robots were taking over our lives, be it in intimate affairs, the war, or even now in agriculture as a means of replacing migrant workers, who are no longer allowed into the USA because of Trump's immigration policies. Wherever there is a lack, loss, or danger, a life-like doll or an almost human look -a-like robot can serve as a substitute and take over the task deemed to be too threatening, both physically and emotionally, to the human body.

One powerful argument threading its way through Knafo and Lo Bosco's book is that "as we are becoming to some extent dehumanized, our objects, especially our electronic devices, are becoming increasingly humanized" (xv).

Before Knafo leads the reader into her own consulting room with her patient Jack, who suffers from intimacy problems, having been married and divorced twice, she offers a remarkable summary of various psychoanalytic theories about perversion. That first chapter alone could serve as a much-needed text to teach perversion at our institutes. It is a clever way to start her book, since one or the other theory presented in the first chapter percolates in the reader's mind as various cultures of techno-perversion; black markets for organs, guns, and drugs; and sex trafficking are elucidated in this book. Knafo's survey reaches from Stoller's theory that perversion is *mise-en-scène*, involving risk-taking and danger activities which were once experienced as being traumatic and which are now being re-enacted in powerful and dehumanizing ways towards the other—trauma being turned into pleasure—to Sheldon Bach's idea that perversion is constituted by a transformation of the other into a thing which primarily serves as a means to disavow loss.

Instead of experiencing the pain of loss, the sadist and masochist form a perverse pact to recant loss and to turn loss into a lustful act. Knafo also interjects Kernberg's theory, which focuses on "the mechanization of sex, devaluation of the other's personality, and failure to integrate aggression with love" (p.37). Closely aligned with Kernberg's idea is the contribution of Ruth Stein, who defined perversion as a power strategy used

both Kernberg's and Stein's theories lies the view that perversion "uses manipulation, domination, seduction, and psychic bribery to exploit the other" (p.38). Before Knafo shifts to the French perspectives on perversion, she also cites Thomas Ogden's thought that perversion is "a substitute for inner deadness that originates in the fantasized deadness of the parental couple." The pervert enlists others to live a lie of sexual



cement truck

to derail the other. Citing Stein, "Perversion is a dodging and outwitting of the human need for intimacy, love, for being recognized and excited" (p.37). At the core of

excitement to disavow that deadness, "the key to perversion is self-deception, the deception that one feels alive when, in fact one feels dead inside" (p.39).

For the French analysts, regardless of whether they are of the Lacanian tradition or not, they depart in their thinking from Freud's fundamental idea that "perversion is the negative of neurosis" and that "perversion," as Knafo recalls, is based upon "the operation of disavowal that denies castration" (p.38). While Joyce McDougall placed more emphasis upon the fact that "perversion is a failure to symbolize the primal scene" and "is a psychotic solution which maintains an ego identity," Lacan, quite separate from his French colleagues, yet indebted to Freud's fundamental theory about perversion, viewed perversion as a fundamental structure and not as a set of behaviors (page 42). The key element which distinguished the perverse structure from the neurotic structure for Lacan is that the pervert remains attached to being the mother's "play-thing," becoming the instrument of her excessive *jouissance*, which finds no limit in the embodiment of a paternal structure. However, unlike the psychotic, who has no awareness of a Law or a Third structure, the pervert knows about the Law, but does not want to know about it at the same time. He invents his own laws and abides by them, or as Lacan would say, he creates his own version of the father, i.e., his "*pere-version*." For Lacan in particular, and Laplanche thereafter, the overwhelming *jouissance* of the mother becomes an excessively painful, yet also joyous, experience that the child does not know how to translate into an ordinary experience. "The child," as Knafo rightly concludes, "builds its psyche out of (often failed) efforts to make sense of these 'enigmatic signifiers' through fantasy or translation" (p.47).

With this broad vocabulary of disavowal of loss, perverse pacts, manipulation, dehumanization, exploitation, inner deadness and excess *jouissance*, *mise-en-scène* and rigid scripts, Knafo brings us into her initial therapy sessions with Jack, who tells her about his girlfriend Maya, who, unlike his former wives, never fights with him, is always friendly with him, and has great sex with him. "She is a real doll," he says (p.62). When Knafo inquires further, she discovers to her utter surprise that Maya is a real doll: "she costs over 10 grand but is worth every penny" (p.63). Knafo's curiosity mounts, and she listens sensitively to Jack's past plights and current enjoyments with Maya, "who never complains or is needy" (p.65) and keeps him "constant company" (p.65); in addition, sex is better with her, since silicone dolls have stronger vaginal suction functions than real women.

Knafo's therapeutic work sends her on a mission to find out first-hand about this love doll industry, which is a multi-million-dollar market, offering a variety of

"love-dolls" made to the specifications of the customer's detailed wishes. The cheapest doll sells for \$5,009; the deluxe model, like Maya, sells for \$10,000. "A man," she writes, "can create his 'ideal woman'" and it is of course not lost on Knafo that these "Abyss Silicone Dolls" are the modern versions of the Pygmalion fantasy come true. However, one important fact of these love and sex dolls, "who fill the void of companionship," is that they are not supposed to look too human; otherwise, they risk entering into what is known as "the uncanny valley," a concept created by Masahiro Mori, a Japanese professor of robotics, who proposed the idea that human beings do develop a sense of revulsion if their robotic love objects become too life-like and resemble too closely a human being (cf. Knafo, p.67).

Mori introduced this concept, leaning upon Freud's essay "The Uncanny" (1919/1955) as he was conducting research upon the human responses to robots. He found that anthropomorphic qualities in robots provoked positive responses; as the robots appeared more human-like, people found them more appealing. But at some point of anthropomorphism, the robots become disconcerting, Mori explains:

*Recently, owing to great advances in fabrication technology, we cannot distinguish at a glance a prosthetic hand from a real one. Some models simulate wrinkles, veins, fingernails, even fingerprints. Though similar to a real hand, the prosthetic hand's color is pinker as if it had just come out of a bath.*

*One may say that the prosthetic hand has achieved a degree of resemblance to the human form, perhaps on par with false teeth. However, once we realize that the hand that looked real at first sight is artificial, we experience an eerie sensation. ... When this happens, we lose our sense of affinity, and the hand becomes uncanny. In mathematical terms, this can be represented by a negative value. Therefore, in this case, the appearance of the prosthetic hand is quite human-like, but the level of affinity is negative, thus placing the hand near the bottom of the valley. (1970/2012, p.99)*

For Jack, there still exists enough metaphoric room to create a fantasy life with his love doll Maya. He knows enough to separate reality from fantasy, he is not psychotic, Knafo assures us, and in addition to his ability to separate fantasy from reality, he knows he needs therapeutic help to address his feelings of loneliness and shame from living with a life-size doll. Most men who construct a whole family life with several life-size dolls do not seek therapy, and

Jack's very decision to do so allows Knafo to speculate that Maya may not just function as a life-like fetish, but as a possible transitional object, which would eventually allow her patient to transition out of his magical idolization with Maya. Knafo views herself, in her role as analyst, as the transitional object through whom Jack learns eventually to say good-bye to Maya, but not before he does bring the real doll (weighing 100 pounds) into Knafo's office. Knafo describes this moment very vividly:

*When he picked her up and set her on the couch next to him, I gazed at her, frankly astonished. She looked almost, but not exactly, like a beautiful woman. There she sat with a passive, frozen expression, a full grown sister of Barbie, a glistening Galatea—the archetype of womanly beauty, with her thick wild mane of auburn hair and huge, almond-shaped green eyes and plump-lipped sensual mouth. Her hands and feet were fine and delicately crafted, and her well-shaped nails were polished in hot pink... I was uncomfortable, too, because the scene felt uncanny: two of us talking about Jack's letting go of someone—this beautiful container for fantasy; a lifeboat cast upon the lovely sea of existence. (p.79)*

While Maya constitutes a "life saver" for Jack to rid him of his cold self-sufficient aloneness, for others, like Davecat, the life with a whole family of dolls remains a self-encapsulated cocoon, from within which no desire is detected to reach out anymore to other human beings. Life at work and life with his doll family are split off vertically and lead Davecat to identify himself as an "iDollator and robosexual" (p.85). He is not a patient of Knafo, but a young African-American man who lives with his three different silicone dolls at home. Each doll has a different function and also a different age. His first doll, Sidore, is 15 years old and functions as his first wife, "the Missus" (p.85). Sidore obtained a companion in a second doll when Davecat purchased Shi-chan, whom he bought so that Sidore would not feel lonely when he was away for work, "she'd have a fellow synthetic to hang out with" (p.86). A second doll also prevents Davecat from committing bigamy. "I have no intention of making any other dolls for my wife. I'm not into the bigamy thing, but of course I do have a relationship, romantic and sexual with the other dolls" (p.93). The third doll Davecat acquired is not a silicone doll but has a lighter wooden structure; she is considered to be more of a flat-mate rather than a romantic partner. Davecat has invented a life story for each of his dolls, from where they come and within which families they were born, and he had even learned Japanese to communicate

better with his first doll Sidore, who was fabricated in Japan.

It is clear from her description how well Knafo succeeded in gaining Davecat's trust for him to reveal to her his most intimate thoughts about his otherwise outwardly isolated, but inwardly extremely vivid, life. In her easy and unjudgmental access to Davecat, Knafo reminds me of the photographer Diane Arbus, whose unobtrusive approach to her subjects allowed her to take photographs of people whose worlds would otherwise remain undisclosed to the eyes of others. To learn how Davecat thinks, how he makes sense of his world, how he invests in his fantasy life, hovering constantly between his own created world and an external world, provides for a fascinating reading. In psychiatric terms, Davecat "is suffering from perversion and would be diagnosed as an agalmatophile or Pygmalion, a lover of dolls, statues, mannequins, or other stand-ins for a woman" (p.85). Unlike, however, the Austrian painter Oskar Kokoscha, who also ordered himself a doll—made out of cloth—after his dramatic break-up with Alma Mahler, or Nathaniel in E. T. A. Hoffmann's story "The Sandman," who fell in love with the ever-smiling Olympia doll, Davecat has remained living with his dolls over decades and has not destroyed them as he ages with them. In contrast, Oskar Kokoscha had a doll made, seemingly imitating the looks of Alma Mahler, but shortly after he received her and lived with her, he burnt her in total horror of himself and the lack of semblance to Alma Mahler. In contrast, life with objects is safer and more predictable for Davecat: "You always know where you are with a thing" (p.88).

"iDollators like Davecat," Knafo argues, "seek docility, consistency, compliance, peace and quiet. They avoid tension, confusion, conflict, arguments, and necessary compromise. They also avoid mutuality and reciprocity, though in fantasy, they may imagine those qualities exist" (p.102). I think the element of "fantasy" plays an important, double-edged part in this idolatory world. On one hand, it shows how a man like Davecat can make his omnipotent fantasy come true and imbue his various dolls with lives he is imagining for them, and yet, on the other hand, his way of relating to the dolls also unveils something about the powerful one-dimensional quality of human fantasy when it comes to love, as Freud already discovered in 1914, when he argued in his paper "On Narcissism" (1914/1957) that love relationships are deeply narcissistic and self-centered underneath a veneer of mutuality. Knafo argues as much when she writes,

*These new developments reveal the powerful role fantasy plays in our relationships and raises the question of how much love and sex—whether with a human, a doll, or a machine—are one-sided products of our own imaginations. Understanding our relationship to technology exposes and amplifies the limitations of human connection. (p.82)*

Jacques Lacan's theory about love addresses the one-sided and narcissistic nature of love. His definition that "Love is to give what one does not have to somebody one doesn't know" (Seminar III, p.26) points towards the necessity of acknowledging one's own lack and one's own recognition that this lack is the greatest gift one can give to another. "What we give in love," Lacan writes elsewhere, "is essentially what we do not have and when we do not have what returns to us, there is undoubtedly a repression and at the same time a revelation of the way in which we failed the person in representing his lack" (Seminar X, June 30, 1963).

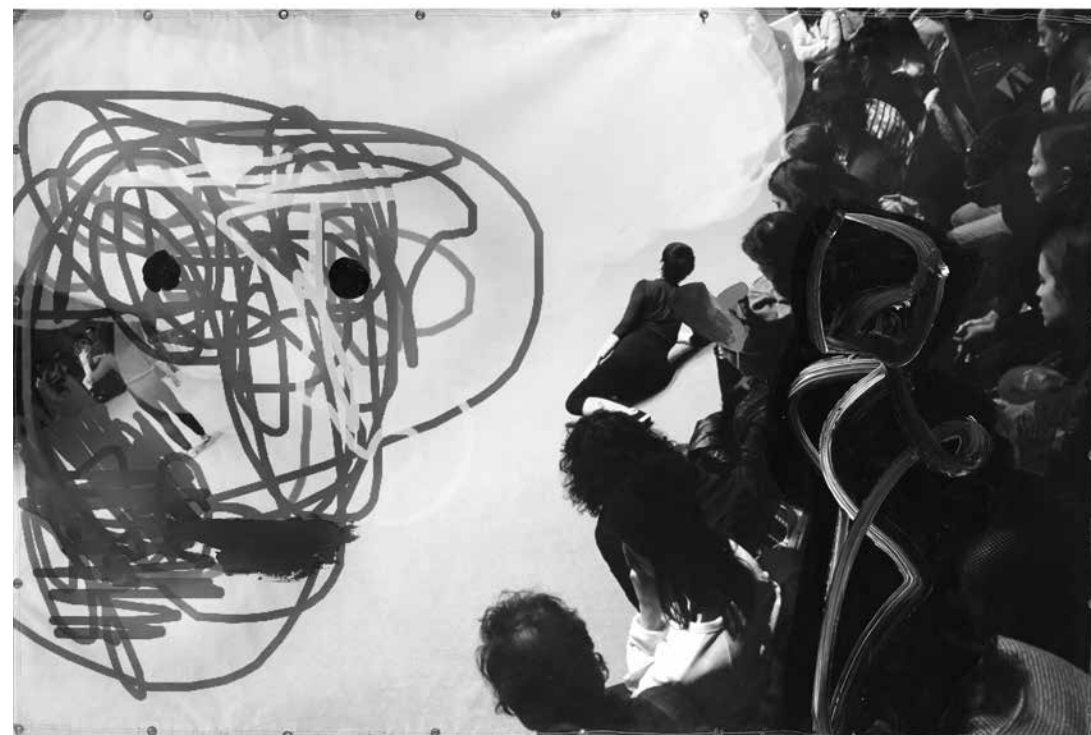
Knafo's characters, be it her patient Jack or the iDollator Davecat, live in a world galaxies away from an experience of loss, lack, and desire. Their lives are saturated with illusion, delusion, and omnipotent fantasies as a means of shielding themselves from an ordinary human life filled with suffering, loss, joys, and disappointments. Marked deeply by their own chaotic early lives, they have turned their own trauma into an endless series of lustful yet stable and seemingly predictable existences.

One may ask oneself, "Who would fault them?" Who are we (who-ever the we are) to judge them? If a life-size silicone doll

brings them happiness and fulfillment, who are we to argue otherwise? And yet, there is this whisper throughout Knafo's book that wants to appeal to the human perspective of this argument and wants to warn against the ever-expanding possibilities of AI intelligence, Abyss Silicone Love Doll products, and robotic devices.

Knafo warns mildly and sometimes more severely of the double-edged nature of perversion, which expands humanity on one hand and kills it at the same time. At one point, she poignantly asks, "Do we become divorced from our humanity or are we extending the limits of its possibilities?" (p.83).

In the subsequent chapters, Knafo describes various current developments which not only illustrate men's ever-increasing use and reliance on machines and robotic devices, but also on the increasing need of mostly women to turn themselves into machines and fashion their looks into ever more doll-like appearances. She reports on women who have their bones removed to resemble more closely a "Barbie doll"; and if women do not turn themselves into life-like dolls, they order silicone dolls not for sex, but to prolong their maternal desires. Mostly older women order fake dolls, reporting thereafter a calming effect upon their psyches—a release of oxytocin and prolactin—as they get to hold a baby once again, which they can care for at an advanced age. "Men go for sex dolls and women choose baby dolls or turn themselves into dolls" (p.143). What is common to both groups, men and women, is that they both spend an extraordinary amount of time taking care of these dolls, since the



dancers



broken bags

care, particularly of a tall ,100-pound silicone doll, takes a great deal of time and aptitude. Men living with sex dolls, or even marrying them publically so they do not die as widowers, or older women attentively caring for their silicone babies, also rely on an environment that plays along with their fantasy world, reminiscent of Christian Andersen's fairy-tale "The Emperor's New Clothes," where no one dares to point towards the falsity of the spectacle for fear of injuring the fragile psyches hiding behind these elaborate and artificial creations. I think this "playing along with an artificial, false deadening environment" also points towards an all-important feature of perversion, which holds the other captive to the perverted person, be it man or woman, since any sincere cry-outs—as that uttered by the little boy in "The Emperor's New Clothes"—would shatter their fragile souls into the very shards their love objects are made of.

Once Knafo leaves the world of dolls, she leads us into the somber channels of techno-perversions like the Dark Web, where slaves, drugs, weapons, and new identities can be bought and traded, and deaths can be ordered and executed. It is a frightful description of how the human mind has successfully created a web in a few decades through which the most cruel and dehumanizing services can be ordered under false or anonymous identities. Knafo describes here also the practice of "catfishing," where dates are arranged under false identities with women posing as men and men posing as women, leading invariably to huge disappointments once the true intent and personality behind the pretended one is revealed. Betrayal, duplicity, and humiliation seem to be an integral part of the current cyber-dating scene, making further use and abuse of the human loneliness that drives people to search for relationships on the internet in the first place. In its race against death, the human race is

now creating its own extinction through the fabrication of synthetic duplicates, the downloading of peoples' consciousnesses, and through its seemingly endless addiction to mechanical replacements and robotic attachments. I think Knafo is right to contend that our culture of narcissism has changed into a culture of perversion "where the object always trumps the subject" (p.240) and where the boundaries between humanity and technology are irrevocably intertwined and increasingly indistinguishable.

*The future might include technology that can store a person's mind and upload it to a manufactured body, create virtual selves living endlessly in virtual worlds, or code minds that may be combined into a hive mind. In a brave new technological world, individuality may become an obstacle, perhaps even a perversion or a crime. (p.247)*

Near the end of her book, Knafo asks the important and necessary question,

*Does the technological dominance of human embodiment foreclose other important ways of being human, and if so, how? ...What are we losing in all that we gain? How much room is left for the living subject in the technological frame? Where now stand imagination, intimacy and love, the soul of a person, the poetry of and music of life, the narratives of unique selves, the vital and spirited vectors of heredity and history? (p.244)*

Her question points directly to the knotty issue of imagination and fantasy, which is not lacking in this perverse world, but which has gone hay-wire, violating all limits, trespassing all borders, and seeking an endless supply of *jouissance* in an ever-expanding omnipotent orbit that no longer discriminates between a machine and the human mind. Given these horrific visions that Knafo has portrayed so vividly and convincingly throughout her book, I agree with her final conclusion that "Perhaps it might be better to keep our dolls rather than become them" (p.252). ■

#### REFERENCES

- Freud, S. (1955). The uncanny. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 17, pp.219-256). London, England: Hogarth Press. (Original work published 1919)
- Freud, S. (1957). On narcissism: An introduction. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 14, pp.67-102). London, England: Hogarth Press. (Original work published 1914)
- Knafo, D. & Lo Bosco, R. (2017). *The age of perversion: Desire and technology in psychoanalysis and culture*. Abingdon, UK: Routledge Press.
- Lacan, J. (1963/2016). *Seminar X: Anxiety*. Cambridge, UK: Polity.
- Mori, M. (2012). The uncanny valley (Karl F. Mac Dorman & Nomi Kageki, Trans.). *IEEE Robotics & Automation Magazine*, 19(2), 98-100. (Original work published 1970)



## Reading the Changes: Freud's Improvisational Art Michael ALCÉE

*"The psychoanalyst's job is to turn neurotic misery into personal suffering that is beyond category"*

Freud/Ellington Mashup

### A Jazz Art Form

Unbeknownst to himself, Freud ushers in psychoanalysis as a jazz art form. From his earliest work with Miss Lucy R. and Fraulein Elisabeth Von R. in *Studies on Hysteria* (Breuer & Freud, 2000), where he guides patients to 'concentrate' and yet openly report "faithfully whatever appeared before [their] inner eye or passed through [their] memory at the moment" (Breuer & Freud, 1995, p.145), to his primary advice to beginning therapists on evenly hovering attention (Freud & Gay, 1995), Freud champions both free association and a disciplined approach to following the dynamic changes of the psyche. His method requires and celebrates a spontaneous and improvisational receptivity to experience. In allowing patients the freedom to not worry about censoring any of their thoughts and feelings, he echoes Jazz vibraphonist Stefon Harris' keen observation (Harris, 2011) that: "There are no mistakes on the bandstand!"

According to Harris (2011), one shouldn't force or commandeer the band but rather open and flow into new territory together, with both the ensemble and soloist truly listening and expressing simultaneously. With the complementary processes of evenly hovering attention and free association, Freud's work mirrors the jazz aesthetic. His was a revolutionary movement towards mutual interplay and, to bend Sullivan's phrase (Sullivan, 1954), profoundly observant participation.

A 19th century poem by Frances Cornford (1965) sums up this lovely process best. Entitled "The Guitarist Tunes Up," we learn that this musician leans into their instrument with 'attentive courtesy':

*Not as a lordly conqueror who could  
Command both wire and wood,  
But as a man with a loved woman might,  
Inquiring with delight  
What slight essential things she had to say  
Before they started, he and she, to play.*

Jazz improvisation, like relational psychoanalysis, is a paradoxical enterprise of prepared spontaneity and disciplined freedom. It allows us to enter both into the highly technical and nuanced world of ever changing and dynamic harmonic moments, to study its complex architecture in the myriad diagnostic forms and

possibilities, and yet also brings us into the non-linear emotional experience that emerges largely unbidden moment by moment (Stern, 2017). It is at once formulated and unformulated (Stern, 2009), with its creative possibilities occurring, as Freud (Breuer & Freud, 1995) originally showed us with Fraulein Elisabeth Von R., in the spaces and gaps:

*"I would begin by getting the patient to tell me what was known to her and I would carefully note the points at which some train of thought remained obscure or some link in the causal chain seemed to be missing" (Breuer & Freud, 1995, p.139)."*



holiday glitter

As analyst Donald Kalsched (2015) points out, echoing Winnicott's notion of potential space (Winnicott, 2015), the creative moment occurs at the space between Adam's finger and the finger of G-d in Michelangelo's great rendering on the Sistine Chapel. This is also the home of jazz, which you can hear in the pregnant pauses and rests of a Miles Davis solo in the epic album *Kind of Blue* (1959).

### Beyond Category

As the mashup quote above suggests, Freud's original objective for psychoanalysis was to help transform the patient's neurotic misery into ordinary suffering. And yet, with-

out realizing it, he was helping them find, as Christopher Bollas (2015) says, their own 'personal idiom', their own special music that Duke Ellington said defies any particular genre, that which is 'beyond category' (Hasse, 1995). The point of analysis, like jazz improvisation, is to recognize and unearth old forms and create new ones through the special vehicle that is the relationship itself. We trade fours back and forth in relational psychoanalysis, become equal partners in learning how to read our own changes and listen deeply to each other, transforming our individual stories into creative works of art.

### Playing the Blues

Every patient comes into psychoanalysis to play the Blues. Whether a 12, 16 or 32 bar version or a round of multiple choruses, it's so often the melancholy found in that crushed blue note that inspires seeking an analyst to help 'read the changes.' But it doesn't stop there.

In so many of our patients, sped up by the treadmill of anxiety and worry, yet sinking in the quicksand of neurotic misery, we come across the music of Coltrane's *Giant Steps* (1974). Frenetically moving in and out of interconnected key centers and cruising at 120 beats per minute, a patient with this inner tune finds it nearly impossible to figure out how to even begin to solo on the changes—and so do we!—and doesn't have the foggiest idea how to keep up with their own relentless music. In fact, they feel like there's no other song that can be played.

At other times, patients come in with a standard set of 'Rhythm Changes' or sometimes, if they're too cool for acknowledging their own contribution to their problems, they join us with 'So What' chords, playing a modal tune that keeps them safe, but doesn't allow them to expand outside their comfort zone.

### Evenly Hovering Attention

How did Freud help us to work with these myriad forms? Not coincidentally, he started psychoanalysis off on a solid jazz footing. In 1912, Freud (Freud & Gay, 1995) developed the concept of evenly hovering attention as a method to guide physicians starting out in the relatively new practice of psychoanalysis. The simple approach was initially developed for pragmatic reasons, resolving the myriad challenges that arise in the sophisticated juggling act that constitute the therapist's main tasks: listening and interpreting. Moreover, it resolved the problem of keeping in mind and not mixing up the many details of the patient's story—names, dates, dreams, memories—and most importantly, of staying in the present flow of the patient's experience of these issues. It enabled the analyst to free him/herself

from the superhuman task of being consistently focused for many hours of the day—like driving without blinking—and strained to the point of burnout, allowing them to see multiple patients a day and without the need for notetaking.

Cognitively speaking, the suspension of attention allowed the therapist to consider a wealth of possible interpretations without a confirmation and selection bias, expanding the potential receptivity and the cognitive and emotional presence the analyst brought to the relationship. As Robert Frost (Frost & Barry, 1972) instructed poets, it enabled analysts to remember that "No surprise for the writer. No surprise for the reader."

Freud's dictum encouraged therapist to learn something new and surprising about the patient's internal life and create a disciplined format within which the therapist can actively be on guard against facile confirmations of what is already known. Donnel Stern (2017) echoes this 100 years later in his guideline for therapists to court surprise, riffing on Noble prize winning poet Symborska's notion (Symborska Baranczak, & Cavanagh, 2000) that the job of the poet is to continually say "I don't know" and keep on going.

### Multiplicity

Harry Guntrip (2018) said about Freud that as a pioneer his word was the first and not the last. While Freud laid the foundation for the improvisational art that is psychoanalysis, interpersonal relational work has truly brought this to its logical conclusion with the concept of multiplicity.

Multiplicity is the fundamental operating system of the psyche and what unites the unconscious and conscious that Freud discovered and brings it together in a model of the mind and brain. It incorporates the mind's capacity to dissociate, shift, and transport itself amongst a variety of different self-states, narratives, or as I like to think of it, different possible chord changes (i.e. Blues, Rhythm Changes, So-What Modal Changes, ii-v-I turnarounds). Bromberg (2016) notes that:

*"A flexible relationship among self-states through the use of ordinary dissociation is what allows a human being to engage the ever-shifting requirements of life's complexities with creativity and spontaneity. It is what gives a person the remarkable capacity to negotiate character and change simultaneously—to stay the same while changing" (Bromberg, 2016, p.2)."*

### Continuous Productive Unfolding

Free association was the precursor to Donnel Stern's concept of continuous productive unfolding (Stern, 2009), the impro-

visational, intersubjective, and relational equivalent of what Freud was working on from the very start. This unfolding, like jazz improvisation, is fueled by multiplicity—having a well-versed knowledge of the various chord changes in each 'self-state' or tune. The therapist learns how to put this together not just through interpretation but rather a shift in internal attitude which allows the relationship to change, enabling a new form to emerge. As Stern (2009) notes:

*"It is not the interpretations, per se, that helped, but the freedom that made the interpretations possible in the first place" (Stern, 2009, p116-117)."*

Both the therapist and patient can be the authority in 'knowing more' at some moments, being a step ahead, and yet, like good jazz players, listening intently to what they don't know yet. They are free to not know and engage both their 'expert's mind' and the Zen notion of beginner's mind and use that to fuel the next generation of clinical events (Stern, 2009). Improvisational at its core, this is what Freud didn't yet know, his model starting in a classical analytic frame but moving quite organically to a two-person intersubjective relational mode.

### Right Brain Rising

This oscillation between freedom and discipline is also rooted in the brain. Freud's notion of primary and secondary process has now been validated in neuroscientific work that examines the specialization of left and right brain functioning, and most recently, we have been seeing the ascendance of the right-brain's crucial role in creative growth and the healing of trauma. Allen Schore (2019) highlights how the implicit right-brain works largely through dream-like image, symbol, metaphor, humor, and spontaneity, and how crucial it is as the engine of therapeutic change.

Neuroscientist Antonio Damasio's recent book *The Strange Order of Things* (Damasio, 2019) eloquently showcases the way in which our 'right-brained' feeling comes first, inspiring and motivating our greatest cultural innovations and products, and that joined together with the logic and language of our left-brains becomes something truly extraordinary. Daniel Pink (2006) in *In a Whole New Mind* illustrates the 21st century's cultural sea change from a left-brained leaning computer age, to a right-brained leaning conceptual age that integrates right and left to make the best of both worlds!

In short, we have come back to Da Vinci's model of the ideal-Vitruvian man (Da Vinci, 1490)—as uniting the square of logic and left brain functioning with the circle of feeling and right brain functioning.

### Music Lessons

Bessie's Blue's by John Coltrane (1964) provides an immediately recognizable compressed musical idea. In only three notes, a focal theme (Grayson, 2002) is established that is explored, varied, and reharmonized much in the same way that occurs in therapy. The capacity of the therapist to articulate that melody—the dominant trend or relational pattern that pulls the various strands of a patient's story together (Grayson, 2002) — goes very far in clarifying to what has been troubling patients at the same time that it points in the direction to how they can move forward. Much of the time, patients are playing the notes of their issues but are not aware of the melody and cannot synthesize it into a focal theme. They bring us their own invisible lead sheet and are hoping that we will give them feedback to be able to recognize their own music.

### Reading the Changes

"How is it that we always discover new things when we are talking together?"

I was talking to jazz pianist who struggling with performance anxiety at gigs—freezing up internally when it was time for her to solo— and confused in her relationships where she tends to emotionally take a back seat yet secretly yearns to be more in the spotlight.

*"I don't know, maybe it's because we find something and fill in the spaces together. It's funny how it just seems to makes its way into our field of vision, isn't it? It's like we have this great melody that we keep reharmonizing."*

We had been talking, like many of my conservatory students, about the paradoxical benefits and costs of Olympic level training, of the expansive straitjacket that is becoming an expert in a specialty craft. We were riffing together on how being in the role is a mixed blessing, how it's not always so easy to be the golden child of the family.

She confided in me that it was being in the position of soloing and possibly taking away the focus from others was anxiety producing. After all, she knew how competitive this field was and it just felt cruel to be hogging so much. It wasn't easy being this chosen one. Like the biblical story of Joseph, she wondered if people would resent her if she shined too brightly, that maybe they would want to unseat her, that she would lose her balance and fall. Or in Joseph's case, would she be thrown into a pit?

"It's like you're only standing on one foot. And that foot is your expertise and if you don't hold it up, you will inevitably

fall and fall far." An image of Icarus's wings melting flashed through my mind.

"Well, I was one of the few pianists chosen for this program, and I don't want all the other pianists who didn't make it to feel like I was beat by this impostor. It's my job to really show them that I belong here."

"It's like you don't have room to slip, that you're not allowed to be with the fact that being so successful also sucks!"

Her eyes widened with what appeared to be the beginning of a mischievous grin.

"Yes, I said it, it sucks", and we both laughed. "I think the other foot that you're not allowed to put on the ground is the one that is free to fail and fall. Without it, though, it's no wonder you feel so wobbly at times."

Like a dream, that golden child image kept stirring in me. It was like a riff I knew wanted to be brought back into the music. Internally, I remembered some of the harmonic changes from her family story, how she had been expected to make up for a brother who fell into drugs, and a father who had left the scene because of his own addiction problem. She was holding something very important up—the mantle of success and possibility—and up until this point, we had not yet found the form for it.

My mind wandered to a picture of Ryan Seacrest. I imagined him doing something scandalous, petty, and mean, and the troll-like backlash that would inevitably crash against this polished and wholesome spokesman. I shared that I thought it would be great if he did something like this, that he deserved it!

There was a tentative delight in this. To be the devil so willingly seemed a whole new set of harmonic changes to incorporate. It was like we put in some tritone substitutions and chromatic turnarounds to take one of those stately ballads and make it dissonant and edgy.

She connected this to the feeling she sometimes had in her relationship. She felt like she so often had to play the role of the good girlfriend, the caring and thoughtful one who, like with her brother, had to be ever-ready for something awful to happen.

My mind wandered again to another work of art: Oscar Wilde's *An Ideal Husband* (Wilde, 2017). How difficult and challenging it is to be an ideal husband because of the ways in which inevitably there will be so little room for error. We began to riff on how being an ideal girlfriend made it difficult for her to try out any other possible roles, or have the freedom to be too self-interested and more assertive.

I began to hear Sarah Vaughan's version of "The Nearness of You" playing in my head (Vaughan, Eckstine, Treadwell, Monney, & Jones, 2000). I shared with her

this lovely moment in the tune where she completely reharmonizes the lyric "when you're in my arms and I feel you so close to me, all my wildest dreams come true" with chromatic substitutions. What is at once an open longing also becomes a melancholy haunting, a complicated ache. We begin to note how the possibility of moving outside the stereotyped romantic ballad into the difficulties of losing oneself in a relationship can simultaneously coexist.

She started to think about her boyfriend, and how at times, he wouldn't really take in her interests or her needs, and instead would use it as a springboard to talk about his own. It reminded her of the jazz concept of superimposition, when one plays a whole different set of chord changes over another one. When done right and with a rhythm section that is really tracking the shift, superimposition can sound really hip and interesting, like McCoy Tyner's solo on Bessie's Blues (1964). In that tune, he jumps out of the regular blues chord changes, and soars into wholly new keys, making us feel as if we are temporarily launching into space and coming back down to earth.

Unfortunately, my patient sighed, when a player is just trying to sound cool and think about themselves, it all falls apart. She began to see that when her boyfriend's narcissistic needs took over the music, they weren't truly playing together. Moreover, she began to notice how this played out both in her relationships and in her family, and how we were both recognizing and reconfiguring old forms into new possibilities. It was no wonder that we were discovering so much each session together!

### Bringing it All Together

It has been patients like this who have taught me that psychoanalysis, as Freud truly intended it, is a jazz art form. Psychoanalysis makes room for us to be the trickster like Thelonius Monk playing with syncopated dissonances, the pensive Bill Evans with his lush and sophisticated voicings, the manic Charlie Parker frantically moving in and out of his bop solos, or the soulful otherworldly John Coltrane aching with love.

It is the art that celebrates the multiplicity of self, and provides a master class in learning the infinite variety of chord changes that comprise it. For as we see above, within each self-state is a different set of possible chord changes to know, share, and enjoy, and this happens best in the mutual improvisational interplay that Freud began.

Psychoanalysis enables the patient to be both bandleader, like Ellington quarterbacking the group, to virtuoso, dropping right in as the soloist. To riff on Harry Stack Sullivan (1954), psychoanalysis's main task is to reconnect the benevolent witness and

the active participant, allowing us to both be subject and object in flexible and creative ways. As Freud had it, psychoanalysis expands our capacity to be free to love and work, to make new and original forms out of what is in our past and present, and in so doing, to be able to open up to the uncharted territory both within and before us in the improvisational moment that becomes our future. ■

### REFERENCES

- Bessie blues[CD]. (1964). Crescent.  
 Bollas, C. (2015). *Being a character: Psychoanalysis and self-experience*. London: Routledge.  
 Breuer, J., & Freud, S. (2000). *Studies on hysteria*. USA: Basic Books.  
 Bromberg, P.M. (2016). *Awakening the Dreamer: Clinical Journeys*. Mahwah, NJ: Analytic Press. doi:10.4324/9780203759981.  
 Cornford, F.D. (1965). *Collected poems*. London: Cresset Press.

Damasio, A.R. (2019). *The strange order of things: Life, feeling, and the making of cultures*. New York: Vintage Books.

Da Vinci, Leonardo (1490). *Vitruvian Man* [Pen and ink with wash over metalpoint on paper]. Gallerie dell'Accademia, Venice.

Freud, S., & Gay, P. (1995). *The Freud reader*. London: Vintage.

Frost, R. & Barry, E. (1972). *On Writing*. Place of publication not identified: Rutgers University Press.

*Giant steps*[CD]. (1976). WEA-Musik.

Grayson, P. A. (2002). Psychodynamic psychotherapy with undergraduate and graduate students. In F. W. Kaslow & J. J. Magnavita (Eds.), *Comprehensive handbook of psychotherapy: Volume 1, Psychodynamic/object relations* (pp.161-179). New York, NY: John Wiley & Sons.

Guntrip, H. (2018). *Psychoanalytic theory, therapy, and the self*. London: Routledge.

Harris, Stefon (2011). There are no mistakes on the bandstand [Video file]. Retrieved from [https://www.youtube.com/watch?v=stefon\\_harris\\_there\\_are\\_no\\_mistakes\\_on\\_the\\_bandstand/up-next?language=en](https://www.youtube.com/watch?v=stefon_harris_there_are_no_mistakes_on_the_bandstand/up-next?language=en).

Hasse, J. E. (1995). *Beyond category: The life and genius of Duke Ellington*. New York: Da Capo Press.

Kalsched, Donald (2015). *Trauma and the Soul A*

*Psycho-spiritual Approach to Human Development and Its Interruption*. Paw Prints.

*Kind of blue*[CD]. (1959). Columbia/Legacy.

Pink, D. H. (2006). *A whole new mind: How to thrive in the new conceptual age*. London: Cyan.

Schore, A. N. (2019). *Right brain psychotherapy*. New York: W. W. Norton & Company.

Stern, D. B. (2009). Partners in thought: Working with unformulated experience, dissociation, and enactment. New York, NY: Routledge.

Stern, D. B. (2017). Courting surprise. *The Interpersonal Perspective in Psychoanalysis, 1960s-1990s*, 252-253. doi:10.4324/9781315471976-2.

Sullivan, Harry Stack (1954). *The psychiatric interview*. New York: W.W. Norton.

Szymborska, W., Baranczak, S., & Cavanagh, C. (2000). *Poems, new and collected, 1957-1997*. San Diego: Harcourt Brace.

Vaughan, S., Eckstine, B., Treadwell, G., Monney, H., & Jones, Q. (2000). The nearness of you. On *Sarah Vaughan: Ken Burn jazz* [CD]. Verve.

Wilde, O. (2017). *The importance of being earnest & other plays*. London: Macmillan Collectors Library.

Winnicott, D. W. (2016). *Through paediatrics to psycho-analysis: Collected papers*. London: Routledge, Taylor & Francis Group.



house of the composer

## Allan Frosch: Portrait of a Clinician Richard B. GROSE

This is a portrait of Allan Frosch, a psychoanalyst trained and active for years at Institute for Psychoanalytic Training and Research (IPTAR), who died on October 28, 2016 after a ten-month struggle with lung cancer. In addition to being a psychoanalyst, training analyst, and supervisor, he was twice president of IPTAR, and a highly respected teacher. His achievements as president and his record as teacher are worthy of detailed discussion but will not be treated here; rather, I will try to convey a sense of Allan Frosch, the clinician. To do this, I will look at his work with four supervisees, his reflections on psychoanalysis in his journal articles, and some moments from my five-year analytic treatment with him. To try to create a unified portrait out of these various materials, my method will be non-linear, moving freely among these three sources of information so as to invite resonances to emerge. The goal is a portrait that may convey something of the way Allan Frosch worked and what he thought about it. By the end, I hope to show from

several perspectives Allan's gift for apprehending others as they are, with reference to his thoughts about analytic love, the necessary difficulty of the analytic task, and the intensity of the analytic encounter.

This portrait will leave out his personal life, of which I know two facts only: that he was born and raised in the Bronx, and that before becoming a psychoanalyst, he was for a time an actor.

I first met Allan in 2001 as his student in the first-year development course at IPTAR, "Adolescence." I remember him mainly listening very closely to all of our questions and my being very comfortable in his class. An indication of my unconstrained feeling with him is that I once made a joke that caused an explosion of laughter in the group. In retrospect, I now think that all of the various ways our relationship evolved were in some sense forecast in that first feeling of being comfortable with him.

A candidate was being supervised by Allan on a control patient with borderline features, who tested every element of the

frame. Working with this patient was always challenging for her, as he continually pushed the candidate's internal and external limits. Eventually the patient abruptly ended the analysis, but the candidate continued to see Allan for a time, which helped her to remain analytically alive though she had been very much affected by the destructive processes in this analysis. Allan made it possible for the candidate to continue to create meaning even when the patient was aiming to destroy all meaning. The patient later resumed the treatment, whereupon the candidate returned to Allan and they continued to work together. The candidate thinks that perhaps the patient returned feeling that the candidate must have survived the destruction, which she indeed had with the help of continued supervision with Allan. She credits him with helping her work with difficult patients, with the challenging countertransference feelings that they provoke, and with learning how to use these feelings to generate meaning in analysis.



horse

At one point in their work, she felt that there was a parallel process occurring. Just as the patient sometimes felt that she couldn't see him, she began to feel that Allan couldn't see her. Although it was hard to mention this, when she did, Allan was very open and curious about the phenomenon, and supported her in expressing this feeling.

Just before starting analysis with the patient, the candidate had had a dream about him that expressed anxiety about blurring the boundaries between self and other. She didn't share the dream with Allan at first, thinking that it was about her own anxiety regarding starting analysis with this patient. Once the analysis started, the blurring of boundaries was understood as the main struggle of this patient. After the patient left treatment, the candidate shared the dream with Allan, thinking that it could be related to the patient. Allan responded with excitement and encouragement, saying that the candidate must have picked up this information from the patient unconsciously even before the analysis started. For the candidate, this was an influential moment, as it shaped her approach towards and her understanding of her dreams about her patients. She began to present her dreams in supervision (with other supervisors as well), and has found this to be a rich area of learning about patients. She also began to develop a deep interest in regarding dreams as unconscious communications from the patient, and understanding their import.

Allan Frosch published eight articles in peer-reviewed journals. Read chronologically, they reveal an organic progression of thoughts that can be seen from the titles alone. His first article is "The Preconceptual Organization of Emotion," (1995), which explores a treatment that required him to understand that the patient's emotional life was organized at pre-Oedipal and preconceptual levels. His next article, "Transference: Psychic Reality and Material Reality," (2002), discusses a similar treatment situation, but deepens his account to consider the patient's psychic reality, which becomes clearer when the treatment evokes archaic states in both parties. In "Psychic Reality and the Analytic Relationship" (2003), he continues his focus on psychic reality, expanding the account to include the very uncomfortable moments that occurred when the patient's acting out evoked in him difficult feelings, and discusses what kinds of forces the analyst can mobilize to tolerate and understand such moments. The next article, "Analyzability," (2006a), takes off from the idea of the analytic relationship to raise questions about the factors that allow a dyad to work well or not. This

is the first article that does not seem to have been prompted by an experience with a single patient; rather, here he begins to think about the implications of his clinical views for the field as a whole.

He continues to have wider implications in mind in his next article, focusing on the concept of analyzability, "The Culture of Psychoanalysis and the Concept of Analyzability," (2006b). Here he expands his account in two directions, towards a critique of psychoanalytic culture, which, as he sees it, tends to idealize technique and thereby designate difficult patients as unanalyzable, and towards a critical view of some limitations of Freud's own psyche, which also had their unfortunate effects on analytic culture. In his next article, "The Effect of Frequency and Duration of Psychoanalytic Outcome: A Moment in Time," (2011), he steps back from both clinical material and critical reflection to dwell on how he conceives of psychoanalysis. For the first time, he introduces the concept of intensity, seeing it as determining the difference between psychoanalysis and psychotherapy. Psychoanalysis is seen as an open system of (optimally) high intensity. In "Psychoanalysis: The Sacred and the Profane," (2014), he begins by demonstrating Freud's ability to play with theory and to hold opposing views on important questions and argues against the ever-present tendency in psychoanalysis to enshrine theories as sacred truths. He cites the theory of quantum mechanics, which posits that light is both a wave and a particle, as heuristic support for his argument for the ability to think of opposites together. Finally, his last article, "Warmed by the Fires of the Unconscious or Burned to a Crisp," (2016), returns to clinical material, which illustrates the conception of psychoanalysis that he had been developing in the last three articles. He evokes the passionate, loving relationship that must exist between patient and analyst for the treatment to achieve the "magic" of work together that links the present to the past but in a way that allows them to be separate in the patient's mind.

A candidate in a child psychoanalytic psychotherapy program at an institute other than IPTAR came to Allan for supervision. In their first session, the candidate presented a child case and described how he understood the family and individual dynamics of the patient. After listening, Allan looked at him and said, "That's a lot of malarkey." The candidate was shocked but became intensely interested in what he would say next. Allan then explained how he understood the case, expounding both a theory and a method that made sense. In one moment, he swept away the notions that the candidate had been using. The

candidate asked Allan where he had been trained, and without Allan's answering directly, they discussed training options. In the end, the candidate chose to be trained at IPTAR, although Allan had never encouraged or suggested that. He now credits Allan through his clinical thinking and his interest in him with helping him identify the kind of training he wanted. And the child's treatment was transformed.

After taking his class, I felt that Allan was someone I could talk to. A couple of years later I was in his office talking about something that I don't now recall, and I found myself describing a very difficult moment in my first analysis where I didn't say a word to the analyst for four days and he spoke only to end the four sessions. Allan said, "That sounds like it was traumatic." His simple observation had the effect of a well-timed and long-prepared intervention. At that moment, I was not his patient, and yet this comment caused me to see a painful memory in a new light, not as reflecting my insufficiency as a patient or the dyad's insufficiency but as arising at in part from the analyst's choices. I felt real relief from a persistent self-reproach.

Allan was without any question a Freudian, if by this we understand him to be a clinician who always rendered his clinical experiences using such Freudian categories as thing presentation, word presentation, self and object representation, psychic reality, defense, and resistance. It is worth noting, given how much he concentrated on the intense relational experience between the members of the dyad, that his language for describing clinical events was seldom Winnicottian or Kohutian. In light of this, his discussions of Freud are particularly interesting. In his first three articles, Allan cites Freud the way most authors do, beginning a discussion of a key concept with Freud's handling of it. But in his fourth article, "Analyzability," after mentioning him that way, he cites Freud's warning "that sometimes we can use theory to defend against uncomfortable emotions," that we can employ theory "to blame patients for not behaving as a theory dictates they should." (2006a, p.836) He then applies these maxims to Freud himself, specifying *Dora* (1905) and *Beyond the Pleasure Principle* (1920) as texts in which Freud uses theory in precisely this way, to distance himself from patients that made him uncomfortable. He writes, "Freud's intolerance of his own feelings (particularly those around separation and loss) influence his perception of repetition and action in analysis, even though he was well aware that they were an attempt to master overwhelming affect (Freud, 1914, 1920)" (2006a, p.837). In short, he knew they were, but wrote as if he didn't.

Allan's fifth article, "The Culture of Psychoanalysis" (2006b), deepens this view of Freud. He takes the same two works to show in greater detail how they represent Freud's refusal to accept the discomfort that comes in treating patients who do not act as the analyst would prefer they act. He writes, "psychoanalytic theory [is] a compromise formation that, like all compromise formations, has wishful, defensive, adaptive, and maladaptive aspects to it" (2006b, p.44). If theory is a compromise formation, his argument implies, then the theorist's characterological compromise formations, which are active in creating the theory, are fair game. He cites Freud's own self-characterization as a "conquistador," an intellectual conqueror, as defining a major aspect of his self-image and a distinct source of pleasure for him. He contrasts that with Freud's loss of his "two mothers": his biological mother, whose child, Julius, died during Freud's second year, who then gave birth to his sister Anna when Freud was two and a half years old, and thus could not be totally preoccupied with her first born during his earliest years; and his nanny, to whom he had transferred a lot of his early passionate attachment and who was sent to jail when Freud was three. Allan then interprets Freud's treatment of Dora with Freud's psyche in mind, that he needed her to confirm his theories of hysteria, making him into a conqueror, and when she didn't, he took his revenge by refusing to work with her when she returned and asked for help 15 months after having left treatment. Having been left by two mothers, he leaves Dora when she is uncooperative. Allan writes, "In today's terminology, this could be thought of as a transference-countertransference enactment and, for many, a potential prelude to productive analytic work" (2006b, p.45). Then, in a dense and careful argument, he shows Freud doing something similar in his theorizing in *Beyond the Pleasure Principle*: seeing the repetition compulsion not as a very difficult clinical phenomenon, but as an expression of the death instinct, and thereby, as Allan views it, escaping into a bit of pseudo-philosophizing that made him feel himself a conquistador who had plumbed the essence of life itself. Thus, in both of these works, Allan argues that intensely uncomfortable states are handled not by understanding them as a vital part of the treatment, but by avoiding them.

In "Psychoanalysis: The Sacred and the Profane" (2014), he turns from analyzing Freud's characterological difficulties to appreciating his intellectual genius. He contrasts some contemporary analysts' belief that they are "on the side of the sacred" with the "richness and complexity of Freud's thinking," which "passionately

engages the paradoxical unity and conflict of opposites" (2014, p.134). He cites two major Freud scholars, George Makari and Jean Shimek, who came to diametrically opposite conclusions regarding Freud's theory of perception, as to whether with all of our subjective needs and distortions, we can be confident that we perceive the world out there as it is: according to Makari, Freud said, no, we can't; according to Shimek, Freud said, yes, we can. Frosch's point is that they are both correct, that Freud's genius lay in being able to hold opposite views in his mind.

Without saying so explicitly in his discussions of Freud, Allan is recommending that analysts in our time would be well advised to emulate Freud's ability to contain

contradictions by allowing themselves to view Freud himself as both a brilliant theorist, many of whose insights retain their profound trenchancy, and as an unanalyzed theorist, whose neurosis distorted some of his theory.

A candidate had a control patient who was needy and demanding but also seductive, charming, and very idealizing. The combination was a heady cocktail for the candidate, resulting in frequent calls to Allan about how to respond to the latest demand or gift. He always returned calls immediately, and his answer was usually, "It's up to you, if you think you can give this to her then go ahead and we'll talk about it." This patient was a talented artist who had very poor self-regulation. It seemed to both



discarded

the candidate and Allan that the only way she could continue in treatment was to be granted considerable latitude to her desires.

The treatment came to a climax when the patient had an important exhibition opening followed by an after party. The patient very much wanted the candidate to attend both. The candidate spoke with Allan about this and they discussed the options, including the option of going to the opening but not the after party. In the end, the candidate went to both. At the opening, she was just one in the crowd, but the after party was a party, and she found herself having to glide around the question of how she knew the artist. She left with a strange feeling, not really knowing why she had chosen to go and what it had meant. In discussions with Allan, they could never quite decide if it had been a mistake, or what it actually meant. The patient, though, said that it was great to have her there. At one point, Allan went to see this artist's work to try to better understand the patient's psychic reality.

The treatment ended suddenly and painfully when there were almost simultaneous deaths in the families of both the candidate and the patient. Thus, the patient lost both her family member and her therapist (since the candidate had to miss some sessions), which produced feelings that were intolerable to the patient. She abruptly left treatment.

The then candidate is now an IPTAR member who supervises candidates. She says that her experience working with Allan was very important to her becoming the supervisor that she is. Allan's ability to take difficult situations and see the positive in them is something that she consciously benefits from in her work with supervisees.

I worked in 2008-2009 in the school program at IPTAR, where I co-lead a men's group with adolescent males, all young men of color who were attending a second-chance high school because they had been asked to leave their first high school. They all came from very tough backgrounds. Allan led a group of all those working in the school program to help us process the difficult treatment challenges inherent in dealing with the terrible life situations of those we were trying to help. In a curious way, Allan's deeply held belief in giving patients what they need made his leadership of this group less than optimal. One group member felt particularly disturbed about his work in the school, and over a too-long period of time, the discussion centered on his feelings to the exclusion of other people and considerations. Allan's attunement to the needs of one individual led to the needs of the group not being met. Many of us found the group unsatisfactory for that reason.

Allan Frosch applied psychoanalytic scrutiny to psychoanalysis itself. He did this in three ways in his eight published articles. First, as noted above, he analyzed Freud. Freud's character, for Frosch, was not sacred. It was potentially subject to the same examination as that of any other human being. The fact that Freud was largely responsible for creating the tools of intellectual inquiry used to understand character did not mean that his own was exempt. Second, he asserted that psychoanalytic theory, like all human productions, is a compromise formation, made up of wishes and defenses, constructed to make the theorist feel better about himself and his work. In so doing, he underlined the ineluctable subjectivity of psychoanalytic work, namely that it is founded on one subjectivity making therapeutic contact with another subjectivity. He mentioned the perils of the "delusion of objectivity" and he addressed the question of verifiability, once objectivity is placed in quotation marks, by saying the test of all theorizing about a patient is whether the patient is helped. Third, he subjected the culture of psychoanalysis to a critical analytic scrutiny. He talked about idealizing technique as a way of making analysts less uncomfortable about their work, especially with difficult patients. He talked about the danger of considering any psychoanalytic theory as a sacred teaching, thus causing it to die. The clear implication of these uses of psychoanalytic thinking is that psychoanalysts and psychoanalysis should not exempt themselves from the questions that psychoanalysis brings to bear on the human subject.

I had been in a long analysis, my second, that had been very productive for the first half but that for quite a few years seemed to be going nowhere. In 2011, I scheduled a consultation with Allan, during which I spent 45 minutes describing the good years and then the fallow years. He told me that the rule of thumb in these cases is to ask whether you think there is a reasonable chance that the dyad could turn the corner. I said something pessimistic about that, because I had been talking about this very question with my analyst for years. Then, the session being over, he surprised me by asking, "Would you like to set something up?" Three months later, I was his patient.

In his first three articles and in his last, Allan describes in some detail the emotional and theoretical blind alleys that he found himself in with four different patients. In "The Preconceptual Organization of Emotion" (1995), he finds himself providing completely correct interpretations to which the patient responds with confirming asso-

ciations, and yet he is forced to conclude that both of them are performing in what he comes to realize is an enactment. He had to learn that her emotions are organized at a far earlier level than he had been unwittingly assuming, and when he was able to make use of this insight, the treatment began to come together. In the second article, he talks about how the patient in the third year of treatment was reacting to her growing need for Allan with mounting panic and aggression as defenses. Her panic and her attacks caused in Allan a loss of symbolizing function, so that "my interest was in controlling what happened rather than deepening my understanding of the transference, that is, psychic reality" (2002, p.622). In his account, his countertransference played into her enactment, which took the form of running a credit check on him. He shows that they were influencing each other leading up to the enactment, and acknowledges that his countertransference was part of the picture. In other words, there is no clean separation of transference and countertransference here. Nevertheless, he is able to show that the sequence led to a deeper understanding of the pattern in which the patient was caught.

*The patient discussed in the third article (Frosch, 2003) missed a lot of sessions and was unable to reflect on why that might be. Allan's initial response was to "punish him in my thoughts for actions that made me feel uncomfortable." Allan was eventually able to see the missed sessions as an essential part of the process, but only after moving past his initial response and glimpsing the patient's psychic reality. This was structured around a feeling of being abandoned, to which he reacted by contriving to have the people in his life think about him in his absence. Towards the end of the article, Allan briefly discusses his own psychoanalysis. Not idealizing his analyst, himself, or psychoanalysis, he says that in his own treatment, "There was no magic to this. It was solid analytic technique that focused on helping me to understand the world I had constructed—my psychic reality" (2003, p.611). In his final article, he makes use of his own clinical material, briefly discussing a patient who evoked in him an archaic object such that he lost his ability to symbolize. He re-creates the subsequent moment when his intervention brought the patient real relief from a troubling fantasy that was important in her psychic reality. He then understands the loss of his symbolizing function as vital for bringing the past into the room, or as Loewald put it, providing the blood "that awakens the ghosts of the past" (2016, p.118).*

A candidate was supervised by Allan on a control patient who was always attempting to merge with her. Anything that differentiated them, a movement, a sip of water, blowing her nose, would be very upsetting. The work was very difficult for the candidate, and she often went to supervision feeling bad about her sessions. She would present the sessions of the week, Allan would ask what she thought about them, and she would usually focus on what she considered to be her mistakes. He would then speak for 10 minutes or so, addressing himself to her deeper feelings about the patient and the case. The candidate had no sense that he was trying to impress her with his interpretations; rather, he spoke to where she herself was, affectively, in the moment, as the place within herself where she did the work.

He taught her to do something similar with her patient, to speak directly to the feelings of the patient. She now sees this as a teaching that she continues to use with this and with all patients.

During this time, the candidate became pregnant and was fearful of losing the case. The patient reacted by attacking the treatment, missing sessions, threatening to leave treatment or reduce frequency. For the candidate, needing the case for graduation, the situation seemed desperate. Allan, however, pointed out that although the patient had missed many sessions and often threatened to reduce her frequency, she had not actually reduced her frequency.

In the end, the candidate and Allan crafted a statement to address the patient's anxiety, acknowledging the difficulty of being in analysis four times a week, attributing her seeming logistical reasons for reducing frequency to her response to the pregnancy, but concluding that she (the candidate) believed that a four times a week analysis was indeed what the patient needed, keeping in mind her best interests. The message was that the candidate was not rejecting the patient even though she was pregnant and even though the patient had been difficult. Her sense was that the patient heard her.

The candidate had difficulty writing up the case, and Allan suggested that she take some time off from supervision and come back when something was written. It took her two years to write the draft, and unfortunately, when she returned with it, he had to tell her that he was sick and that he wouldn't be able to focus on her paper properly, advising her to consult with another IPTAR fellow to edit her paper. After the last session, Allan sent her an email summarizing his thoughts about her as a person and an analyst. He encouraged her to enjoy the presentation of the case.

The concept of psychic reality, occurring in the titles of two of his first three articles, is central to Allan Frosch's early published work. Psychic reality, which is where everyone (patient and non-patient) lives, is a set of unconscious fantasies originating in early childhood that color the life and restrict the choices of a person. Here are three examples of patients' psychic realities, paraphrased from Allan's clinical vignettes: "My analyst is intentionally hurting me by his indifference" (2002, p.624); "Anyone whom I allow to be close to me is a threat to abandon me; therefore, I will be hard to find" (2003, p.610); "I can't bear contact with people; there is nothing I want more than contact with people" (2016, p.113). Allan describes how psychic reality can shape shift throughout life in complex ways, although it can always be inferred from looking at a person's life experience. He more than once indicates that the term "psychic reality" is preferable to the term "transference" in understanding the patient's psyche. This preference seems based on the desire to put the focus on the patient and his or her functioning, rather than on the patient's feelings for the analyst. One clear implication of psychic reality for Allan Frosch is that it denotes the structure of the patient's subjectivity, which is known only by the subjectivity of the analyst. He implies that in order to understand the psychic reality of the patient, the analyst must abandon his or her idea that the patient's psyche can be understood through any objective markers. In several of his case vignettes, it is the formulating or clarifying of the patient's psychic reality that allows Allan to regain his equanimity in the face of a disturbing transference or countertransference. This indicates from another perspective the usefulness for him of the term psychic reality. Finally, the psychic reality of the patient is the focus of the analyst's love of the patient. It is that which the analyst loves in the patient, so that when he loses that love, he has been derailed from his analytic task and must find ways to get back on track.

The concept of love grows in importance through most of these eight articles. Three different uses of love for Allan Frosch can be identified. First, and perhaps most important, is the love of the patient's psychic reality, as I just mentioned, that allows the analyst to understand it. In these papers, there are several examples of insights that are attributed to the analyst's love of and interest in the patient. Without that love, there would be no understanding. Second, it is the love and the hope that allies with it that allow the analyst to recover from the rough patches when his or her symbolic function is lost. In one case, it's the thought of the patient's psychic re-

ality that allows Allan to come out of the resistant funk he was in. Third, in his last papers, he looks at the analytic process as basically guided by mutual love. Without this mutual love, there can be no analysis. The patient gives up his neurosis for love of the analyst, and the analyst gives up his resistance for love of the patient. He even compares the love of analytic treatment to romantic love, in that the world is changed in its presence.

Even more important for Allan Frosch than the concept of love, in my opinion, is the concept of intensity. He writes, "A necessary condition for this extraordinary process [psychoanalysis] to occur is the analyst's capacity to experience the intensity of her own feelings, his own infantile primary process construction of the moment, and struggle to return to a more secondary process symbolized position" (2016, p.118). Again, this is the point of his continually showing us how he has been derailed by his powerful experience with the patient through losing his capacity to symbolize. Clearly, the reason is to show us what clinical work looks like at high intensity, fueled by the infantile primary process feelings of the moment. In his paper about the effect of frequency and duration on psychoanalytic outcome (2011), he continually argues for higher intensity treatments, meaning treatments of greater frequency, but throughout the paper, the phrase "high intensity" shimmers with this other meaning, the intensity of primary process responses to patients as they begin to re-create their primal fantasies.

Allan Frosch's vision of psychoanalysis, taken as a whole, may be seen as having two basic components. First, he makes the clinical task more perilous and less comfortable by removing the consolations of an idealized theory as well as the consolations of idealizing Freud. By doing so, he removes whatever stands between the analyst and an unprotected reception of the patient's pain, including the illusion of objectivity. And second, he points to love as the force that opens us to understanding the patient and later helps us endure and survive the moments of hopelessness and despair that can arise in a treatment based on this openness.

I was in treatment with Allan Frosch for five years, the last ten months of which were under the cloud of his cancer diagnosis. This is how he handled his illness in my sessions. Late in December 2015, Allan had canceled some appointments to learn why he was coughing so much. At the beginning of my next session, I asked him how he was. He said, "I'm ill." I asked, "Is it cancer?" He said, "Yes." "Lung cancer?" "Yes." "What stage?" "Four." He told me that he would be starting chemo and radiation soon. I asked if he would

be able to work while he had those treatments. He said the doctors were encouraging him to work. He said, "It doesn't look good but I'm still here." Later that session he said, "I guess you didn't sign up for this, did you?"

In the first few months after the diagnosis, he would intervene to point out when I defensively moved away from the topic of his health. He answered all my questions about his scans and doctors' reports. Being able to ask about anything meant that I would become anxious when I knew he was going to meet with his doctors and hear some results, but it also meant that he wasn't going to hide anything medical from me. Among other things, his openness allowed me to express my hatred for his disease and my anger at him for being in its clutches. Another consequence of his openness was that he was open to my unconscious, which on one occasion produced a dream that was so disturbing to him that



waiting

he fell asleep. In the next session, he agreed that that was what had happened.

Around the beginning of the summer, I asked about immunotherapy, and he said the doctors had held off on that because the results of the chemo and radiation were turning out to be better than originally thought. I welcomed this as permission not to think about his illness, and during the next several weeks, he didn't interrupt my concern with my own life. That ended when I again mentioned immunotherapy and he said he was going to start it soon. I understood that to mean that he was likely in the last stage of his illness, since these days, the highly experimental immunotherapy is usually the last treatment offered.

In succeeding weeks, it was difficult not knowing if the current session might be the last one. When I voiced that, he said that if he needed to end the treatment, he would try to give me as much warning as he could.

In the end it came down to a phone call of less than five minutes in which he told me that he couldn't continue and he gave me the name and number of somebody I might consider working with. I then tried to express in a couple of sentences what I thought he had given me in these five years, and he responded warmly.

During these ten months, I would sometimes ask myself: what is the point of going through this when the end is not far off and seems inevitable? But after Allan's death, when I regained some capacity for thinking, I realized that somehow, while enduring the great pain and uncertainty of this anguishing time, something had shifted within me regarding a deep-set tangle of feelings that I understood as relating to an unconscious relationship to death in my family. I now realize that Allan helped me most by staying open and connected to me even while he was in this struggle for his life. His work with me in these last ten months of his life not only helped me with that tangle of feelings, but also showed me that his devotion to psychoanalysis could make even his losing struggle with death itself a crucial part of my therapy.

After the consultation with Allan in 2011 that led to my becoming his patient was over, and after he'd made his surprising offer to "set something up," I opened the door to walk out, but instead of simply closing the door behind me, I turned and took a last look, hoping that he would give me a friendly nod. Instead, I saw that he had already risen from his seat, and was standing, three-quarters turned away, his hands on his hips, motionless, deep in contemplation, looking in the direction of the window. I think he was checking in with himself after an intense consultation. ■

#### ACKNOWLEDGEMENTS

I would like to thank the following people for sharing with me their experience of Allan Frosch: Joseph Cancelmo, Elena Visconti di Modrone, Joan Hoffenberg, Ellen Marakowitz, Tuba Tokgoz, and Keith Westerfield. I would also like to thank Ellen Marakowitz for her careful reading of a draft of this paper and Bill Fried for his many detailed editorial suggestions.

#### REFERENCES

- Frosch, A. (1995). The preconceptual organization of emotion. *Journal of the American Psychoanalytic Association*, 43, 423-447.
- Frosch, A. (2002). Transference: psychic reality and material reality. *Psychoanalytic Psychology*, 19(4), 603-633.
- Frosch, A. (2003). Psychic reality and the analytic relationship. *Psychoanalytic Review*, 90(5), 599-614.
- Frosch, A. (2006a). Analyzability. *Psychoanalytic Review*, 93(5), 836-843.
- Frosch, A. (2006b). The culture of psychoanalysis and the concept of analyzability. *Psychoanalytic Psychology*, 23(1), 43-55.
- Frosch, A. (2011). The effect of frequency and duration on psychoanalytic outcome: a moment in time. *Psychoanalytic Review*, 98(1), 11-38.
- Frosch, A. (2014). Psychoanalysis: the sacred and the profane. *American Journal of Psychoanalysis*, 74, 133-146.
- Frosch, A. (2016). Warmed by the fires of the unconscious or burned to a crisp. *American Journal of Psychoanalysis*, 76(2), 111-121.

## Autism: A Battle Lost by Psychoanalysis Sergio Benvenuto

For some time now, in many countries (including Italy and France), those who de-test psychoanalysis—organic psychiatrists, cognitivists, evolutionary psychologists—take up autism as their main argument to launch a massive attack on psychoanalysis. They say: autistic individuals, children and adults, should not be entrusted to the care of psychoanalysts because the psychoanalytic theory of autism has been proved wrong. Better to resort to other techniques, perhaps of a cognitive-behavioral type, to rehabilitation systems such as applied behavior analysis.

I must warn that my practice is that of a psychoanalyst. I believe that psychoanalytic theory is very powerful and unjustly underestimated by many psychologists and psychiatrists today. I believe this type of therapy, if carried out correctly, is a powerful system of treatment. In short, I cannot be suspected of being a Freud-eater. I do however believe that until now, psychoanalytic theories on autism have been failures. *Amicus Freudus, sed magis amica veritas.*

Those who are against psychoanalysis have chosen to focus precisely on the psychoanalysis of autism and not on other psychoanalytic approaches—for instance on neuroses, psychoses, perversions, psychopathy—because they sense that autism is the Achilles' heel of psychoanalysis. And that psychoanalysis does not adequately deal with this heel. Just as in any war, the enemy is attacked in its weakest spot.

1. The fragility of psychoanalytic theories on autism thus far developed does not so much depend on the weakness of its etiopathogenesis, as its detractors think. It is not so much a matter of what mainstream psychoanalysis invokes as the essential cause of autism, an “inhuman” mother-child relationship (the “refrigerator mother” theory, which for decades informed the explanation of autism, especially in the United States). The weakness of psychoanalytic theories consists rather in their vision of autism as such, or in their way of considering its specificity. On this point, I believe that cognitive science is ahead of psychoanalysis.

Strangely, those who intend to support the current psychoanalytic approach to autism at all costs limit themselves to attachment theory (which does indeed derive from psychoanalysis): in short, to the idea that the mother-child relationship explains everything, from schizophrenia to autism, from perversions to sociopathies. However, the great thinkers of psychoanalysis, from Freud to Lacan and M.

Klein, never advocated a similar theory: that all the “faults” of psychopathologies lie with the mother or with the first caregiver. Indeed, every subject brings his/her own contribution to the relationship, so to speak, and also to that with important adults. We are not entirely the products of our mother or of early childhood caregivers.

The psychoanalytic approach to autism rather lacks an understanding of *what* autism really is. Firstly, it is necessary to ask the question, “What is it essentially?” Now, it seems to me that a large part of psychoanalysis—starting from Bruno Bettelheim, the main exponent of the analytical theory of autism, who has been openly challenged from various sides in these last decades—confuses the “autism” of which Eugen Bleuler spoke with the autism described later by Kanner and Asperger, or with autism as we know it today. Autism for Bleuler (1911/1950) was the basic symptom of schizophrenia, or the psychotic mode of withdrawal from the world and from relations with others, but has nothing to do with what is now called the “autistic spectrum” (Wing, 1988, 1995, 1996).<sup>1</sup> In short, psychoanalysis has continued to believe that autism is a specific form of psychosis, therefore explainable the same way other psychoses can be explained (Tustin, 1972; Ballerini, 2002).

In my opinion, the clinical analysis by non-analysts suggests something that is more important. That is, to put it very simply, they have understood that *autistic individuals are cognitive-behavioral subjects*. Not in the sense that an autistic person believes in today's cognitive and behavioral theories, but in the sense that the functioning of the autistic mind more or less coincides with the way behaviorists and cognitivists conceive of the mind in general. In other words: if the cognitive-behavioral theory of the human mind were universally valid, we would all be autistic. We may say that the pathology of autism is cognitive-behavioral in essence.

To say it concisely, autism, in its more or less severe forms, is a particular form of agnosia. That is, it is a kind of psychic blindness to something very particular. There are various types of agnosia.<sup>2</sup> According to cognitivists, in the case of autism, it is a blindness to recognizing the minds of others. That is, autistic individuals lack a “theory of

1. As is known, the DSM-5 also adopts the term Autism Spectrum Disorder (299.00) and places it among Neuroevolutionary Disorders, so separately from the “psychotic spectrum”.

2. I have dealt with Unilateral Spatial Neglect in particular, which is a very specific form of blindness: the subject does not see what is on the left of his field of vision, or the left side of an object in front of him (Benvenuto, 2016, 2018).

mind,” both of their own and of others. The well-known awkwardness of autistic people in relating to others shows that they do not understand what is going on in the minds of others, whereas for most of us we may say it is something immediate, which needs no special psychological insight.

One of the greatest physicists of the last century, Paul Adrien Maurice Dirac, suffered from Asperger's. Carlo Rovelli (2014) writes that:

*During a conference [by Dirac], a colleague interrupted him: “I don't understand that formula”. Dirac, after a brief pause, continued as if nothing had happened. The moderator interrupted him, asking him whether he would like to answer the question, and Dirac, sincerely amazed replied, “Question? What question? The colleague made a statement” (“I did not understand that formula” is an affirmation, not a question...). It was not arrogance: the man able to see the secrets of nature which escaped everyone did not understand implicit language, he did not understand his peers and interpreted all sentences literally.<sup>3</sup>*

In this case, Dirac did not grasp what philosophers of language call the *performative* nature of words: the fact that language is not simply a series of statements, and that indeed we *act* with language. In the above case, Dirac's colleague had *posed* a question, and when asked a question one is forced, in a certain sense, to *give* an answer; maybe even just saying one is not going to answer.

To use a distinction made by the philosophy of language, that between ‘statement’ (*énoncé*) and ‘enunciation’ (*énonciation*), we will say that an autistic person understands statements but does not grasp enunciations.

A statement is the literal sentence; an enunciation is the *subjective act* of enunciating something, the meaning of which depends on the context and on unexplained intentions. A good example of the difference between statement and enunciation is illustrated by a famous Jewish joke, told by Freud.

*Two Jewish rivals in commerce meet on a train in Poland. One asks the other where he is going, and the other answers: “To Krakow.” To which the man replies, indignant: “Why are you telling me you are going to Krakow so I will believe you are going to Warsaw, when in fact you are going to Krakow?”*

3. Graham Farmelo (2009) wrote a biography of Dirac which speaks of his autism.

This is a language game that an autistic person would certainly fail to understand. After all, the one thing the autistic person does not have access to is a sense of humor.

It must be noted that in the case of autism, mainstream psychiatry is moving from a *categorical* paradigm to a *dimensional* one. A categorical approach considers each disorder as a discontinuous category, a break with normality, and implies a binary opposition between “healthy” and “ill.” A dimensional approach instead sees everything as being more or less. Consequently, autism tends to become dimensionalized. A person can be more or less autistic, the same way one is more or less tall or short, or the same way one has a more or less high or low IQ. Thus, autism is not a pathology, the result

of an injury, but a way of being that is more or less. For this reason today we tend to talk about the *autism spectrum*, a continuous series of traits.

But if the opposite of being tall is to be short, and if the opposite of being intelligent is to be stupid, what is the opposite of autistic? As we will see, nowadays we tend to believe that the opposite of autism is the *capacity for empathy*.

2. The classical cognitive theory of autism—supposedly the autistic lacks a theory of mind (Baron-Cohen, 1988, 1989, 1991a, 1991b, 1995, 2001; Baron-Cohen, Leslie, & Frith, 1985; Baron-Cohen, Tager-Flusberg, & Cohen, 1994, 2000; Frith, 1989)—has been refuted by neuroscientists inspired by

philosophical phenomenology, in particular by Vittorio Gallese (2006a, 2006b), one of the discoverers of mirror neurons (together with a team led by Giacomo Rizzolatti).

According to these neuroscientists, we directly perceive intentions, hints, implicit messages, and metaphors of others not because we have constructed a *theory of mind* over time, as the cognitive model claims, but because we *directly perceive the subjectivity of others*. In the statement of the physicist, “I don't understand that formula”, we all *perceive*—rather than “interpret”—that a question is being expressed. In short, autism is agnosia of a very particular “object” that cognitivism cannot trace and conceptualize: of *subjectivity*, both our own and that of others. An autistic person does not perceive subjectivity, and so perceives only cognitive minds, in which the function of metaphorization is very scarce.

This situation is well described in a Hungarian film, *On Body and Soul*, by Ildikó Enyedi: the female protagonist is a well-integrated autistic woman; she works in a slaughterhouse, but has difficulty grasping the sense of desire for a man and the desire of this man, because desire is the fundamental expression of subjectivity. This is also the specificity of Temple Grandin.

Temple Grandin is perhaps the most famous autistic person in the world.<sup>4</sup> She has written many essays on autism, and is also a renowned specialist in animal husbandry (she invented a cattle slaughtering system that makes the process much less traumatic for animals), a subject she teaches in the Animal Science Department of Colorado State University. Her autobiography, published in 1986 and titled *Emergence: Labelled Autistic*, is a bestseller and has been translated into many languages (Grandin, 1986, 2006; Jackson, 2010; Sacks, 1996). A brilliant polemicist, she attacked Bettelheim's vision and supports—as do all learned autistic people—a purely neurological explanation of autism.

It should be noted that, as do many autistic people, Temple lacks erotic desire, and sexual feelings are completely incomprehensible for her. Temple is also known for having built a mobile machine that massages her, which she says gives her a sense of well-being. Her friends have always told her it is a *hugging machine*. Temple sees no sense in the sensual embrace of a man or a woman, but she does in that of a machine. However, the autistic scientist has difficulty seeing how a human and mechanical embrace might be related. Indeed, this is an eloquent example of the very nature of autistic subjectivity.

In our non-autistic experience of an embrace, also in the absence of sexual

4. For accounts of autistic people and their way of being in the world, see Williams (1992).



smoker

attraction for the person embracing us, at least three different dimensions converge. One is the physical dimension of the “massage,” which in itself is pleasant—one need only think of the various professional massage practices available today. Another dimension is signification, we may say a “symbolic” one: by embracing me, the other metaphorically includes me in him or her, becoming the place that welcomes me, “internalizing” me bodily, as if he or she were eating me with his or her arms. There is also a precise emotional dimension linked to the other: an embrace is a bodily way of feeling loved by another person. Now it seems clear that for Grandin only the first dimension of the embrace is present, the physical one, while the other two do not appear; and this allows her to replace another human being with a machine she has built. The delicate question is as follows: is such an intense and soothing enjoyment, which the autistic person draws from a mechanical massage, only physical, or does the physical experience translate an experience with another subject and an experience of signification which are both “reified?” It is as if a mother took pleasure in continually feeding her little son despite not feeling any affection or love for him: yet the pleasure of feeding him mechanically might be seen as the surrogate of an unperceived love. In this case, she would most certainly be an autistic mother.

3. Everything we have said so far should lead us to understand why autism should not be confused with psychosis. On the contrary, I would say autism is its opposite. In fact, we say subjects are psychotic—schizophrenic, paranoiac, manic-depressive—when in our opinion they attribute an excess of signification to the world, especially to the human world. That is, they see, they perceive, they mean *far more signifiers* than there actually are, and in this sense, we say they are delirious; they produce far more signifiers than what (for us) is necessary, as in a flow of ideas (disorganized speech, *Ideenflucht*).

It is commonly understood that the main pathognomonic trait of every psychosis is hearing voices. This means that for a psychotic person, the world is much more *talkative* than it is for us. In psychosis, there is always an excess of signifiers (which does not at all mean an excess of sense! Voices can be pressing, continuous, pervasive, but nonsensical). In the delusion of interpretation of paranoid subjects, we are convinced they read *too much signifier* in real events, which for us are irrelevant or casual. In short, we speak of psychosis when a subject lives in a world that is too signifying compared to “our” world, and this regardless of

whether the psychotic person finds sense in this signifying excess (as in systematized paranoid delusions) or does not find it at all, abandoning him or herself to the pure nonsense of the unbridled flow of words that do not circumscribe sense.

In contrast, the world in which autistic subjects live appears to us to be *lacking of signifier*. An autistic person sees the other and also him or herself as a series of behaviors, but has difficulty seeing a meaningful subjectivity behind them. We could indeed say that the autistic world is anti-hermeneutic; it is a purely ontic world. It is therefore not correct to say that autistic people live in a world of their own: on the contrary, they are completely absorbed by the real world, which is, however, completely devoid of any metaphorical ambiguity, of any subjective openness, and is for this reason often unbearable. It is a bare being-in-the-world, hence the horror caused by strong sensations, by certain noises, gestures... The



pooch

“bare skin” we are alluding to is our own subjectivity, which covers and somehow softens our relationship with reality, which makes external reality less brutal. In fact, it is thanks to autism that, perhaps, we can infer the sense of what we call subjectivity, a concept that is very difficult to grasp. In fact, subjectivity is not consciousness or self-consciousness (an autistic person is very conscious), nor is it *mind* in the cognitive sense. We may say that autism allows us to grasp something of our own subjectivity because of its lack or absence: that is, subjectivity is a void around which the world rotates in an orderly fashion.

We are never completely exposed to reality in its full insignificance; we always modulate it subjectively, both with our thoughts and by “reading” the thoughts and feelings of others. Subjectivity seems to be the equivalent of a film soundtrack, which conveys sense to images and therefore helps us take them in. An autistic person is



remembering the woods

not, in short, an empty fortress (*The Empty Fortress* is the title Bettelheim gave to his main book on autism [1967]): autistic subjects are indeed empty as to subjectivity, but not because they have withdrawn from the world by building a defensive barrier around themselves. If they have built such a barrier, it is anyhow secondary to the feeling of being “lost” in the world of those who are not autistic. Rather, for them the social world, the world of human relations, is incomprehensible—and therefore threatening—because they do not have the ability to “read” the subjective and signifying part of the world. This is precisely what an autistic person once said: “From an early age I felt isolated because I saw that other children were talking with their eyes. And I couldn’t understand them.”

For this reason, I would say that an autistic person is a “house with no walls”: that is, a house that is not actually there.

In the most severe cases, as is known, autistic people do not even access articulated language. However, this lacking access to language is not caused by a cognitive deficit, the inability to use symbols to the extent that they are abstract signs; the cause for this closure to language is rather the great difficulty in accessing the subjective dimension of language, the fact that speaking is not merely putting words together, but *manifesting* something subjective

through words. For autistic people language is something abstract, disconnected from subjective expression.

A common trait of autistic people is that they look not into the eyes of the person talking, but at his mouth. Also, very small “normal” children, before the age of two, already look at the eyes of adults before anything else. This difference is crucial. In our view, eyes are the “mirror of the soul” even though nothing comes out of them, and it is only subtle ocular variations that tell us what the other person is feeling; eyes refer to something immaterial, that is, to the supposed location of subjectivity, which seems to be hidden behind the eyes. The “inner opening” (*for intérieur* in French), some say. From our mouth, on the other hand, material sounds, words, come out, and an autistic person is essentially a materialist, so to speak, sensitive to what *comes out* from another’s subjectivity, not to subjectivity itself. The eyes of another person refer us to a function that mirrors our own: the other looks at me just as I look at him. A mouth, however, does not mirror anything: the other speaks, and so my mouth must stay shut. The difference lies in the assumption of the subjectivity of others.

In my opinion, it is for this reason that it is not correct to speak of autism as a “developmental disorder”: this implies that each child goes through an autistic phase,

and that an autistic person is blocked in this phase and is not able to progress. There is, however, no autistic phase in children, unless they are already autistic. Autism is a developmental disorder in the banal sense that we can say a person born blind will never develop sight. Blindness, however, is not a developmental disorder; it is caused by the absence of development of an organ or a function.

4. It is not true, Gallese claims, that an autistic person has not been able to construct a theory of mind, as is supported by cognitivists: according to them, the truth is that a person can enter into contact with others only thanks to the construction of a *theory of mind*, not thanks to the immediate intuition of the other’s subjectivity, which renders our relations with others fluid and meaningful (at least to a certain extent). An autistic person does construct theories, correct ones, on the mind, the same way we construct theories on the chemical elements of galaxies; we do not, however, speak to chemical elements, or to galaxies, and for this reason, we need scientific *theories*. It is as if the other, in the eyes of an autistic person, were an *object* of an objective investigation, not a being-with-me or a being-against-me. The other’s subjectivity does not manifest itself in what the other person says or does.

This allows us to understand why autistic people are good at math operations, sometimes better than average, or operations requiring calculation, memory, or pure logic. Signifiers in mathematics require no subjective premise. Autistic people are good with computers—and can be excellent with computers—because they have something in common with computers: neither perceives subjectivity. No one thinks that one's computer has a mind; we all know it is only a machine, even though it can talk, and it might be Siri talking. In purely formal operations, in fact, it is best not to show anything relating to our subjectivity or that of others.

It is striking that autistic people seem to like centripetal movements such as, for example, spinning a rope. Many like riding in the rotor, a spinning machine that can be found in amusement parks, in which people are pressed against the walls of a rotating cylinder. We might call this the autistic passion for the spinning top. How might we explain this passion? In my opinion, our subjectivity is like a center which, in a certain sense, structures the surrounding world like a whirl around it. It is what we mean by saying that every "I" is the center of the world. The world is ordered by subjectivity, which is first of all centralization, and allows us to rotate everything around our "I," like the Ptolemaic world. It seems that autistic people are deprived of this central subjectivity, hence a certain terror of being transported by things, of drifting away. Generally, young male (normal) children love linear transportation, like trains, cars, and planes; the centrifugal movement is eroticized. Instead, an autistic child loves centripetal movements. In fact, autistic people are afraid of being sucked into reality because they cannot give it meaning through subjective angularity. It is for this reason that when they encounter, in the world, something their mind lacks—the centripetal nature of the world—they are seduced by it. In circular and concentric shapes they see a solution to an intrinsic difficulty of theirs, relating to their being-in-the-world.

Likewise, their tendency to rock seems to be aimed at reproducing a pivot, that is, the ideal "fulcrum" that each one of us thinks we have or that perhaps we are, around which our body performs but also our thoughts. It is as if the autistic person continuously tries to re-shape, in the real world, a sense of centrality or axiality as a subject, a centrality and axiality that for us are not spatial but mental.

We must also say, however, that the neuro-phenomenological theory that views autism as lacking an empathic ability (perhaps due to dysfunctional mirror neurons, as Gallese [2006b] claims) is not enough. It is true that autism lacks empathy, but only

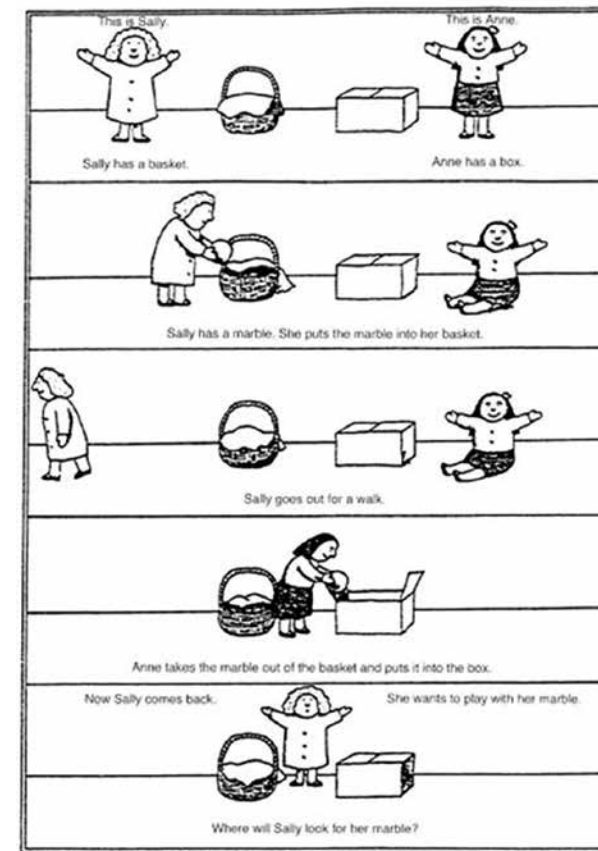
to the extent that empathy is the function, we can say the affective function, that accompanies the perception of one's own subjectivity or that of others. Those who reduce autism to a lack of empathy have difficulty in commenting on the famous Sally-Anne test (Baren-Cohen et al, 1985).

In this test, there are two girls in the same room; Sally has a basket next to her, and Anne has a box next to her. Sally puts a cube into the basket, then goes away. Meanwhile, Anne takes the cube from the basket and introduces it into her box. At a certain point, Sally comes back, and one asks the person being tested, "Where does Sally think the cube is?" It is remarkable that most normal children and even those with Down syndrome give the right answer, while the majority of autistic people (and many young children under the age of four) say that Sally will look for the cube in Anne's box. This is supposedly proof of the fact that autistic people lack a "theory of mind."

The difficulty encountered by the theory according to which autism is a lack of empathy stems from the fact that the wrong response by an autistic person does not seem to be related to an empathic relationship with the other, but to something even deeper, which I would call the primacy of the *ontological* dimension of autism, with respect to the *epistemological* dimension. What matters is *the state of things*, not *who* considers the state of things. Knowing or not knowing tends to be irrelevant to autistic individuals, because knowledge implies a gap between subjective function and extra-subjective reality. If an autistic individual were a philosopher, I bet he or she could never be Kantian: for him or her, noumena and phenomena, the thing-in-itself and the things that appear to us, must necessarily coincide. Autism is embodied realism. Thus, the lack of empathy of the autistic subject is a consequence of the fact that he or she not only does not perceive the subjectivity of others, but also lacks perception of his or her own subjectivity.

In other words, autism, thanks to the conspicuous absence characterizing it—the absence of a perception of subjectivity—can conversely provide us with a precious image of what we have termed subjectivity, something which both of the philosophies prevailing today, cognitivism and phenomenology, struggle to conceptualize. Cognitivism deals only with the mind, which is essentially a cognitive mind, and therefore cannot see subjectivity, which is an occurrence located beyond the mind. Phenomenology instead reduces subjectivity to something integrated with our being-in-the-world, always situated in the relationship with other subjects, but never described as such. Perhaps it is here, then, that psychoanalysts should get to

work, because psychoanalysis is a research program that deals with subjectivity—even though psychoanalysis itself has many problems in describing it. Hence autism, precisely because it lacks this *quid*, allows us to better



Sally-Anne test

grasp the essence of this *quid*. Around which psychoanalysis does not cease to revolve.

5. Unfortunately, however, it does not seem to me that analysts have, for the most part, grasped the specificity of autism, its being agnosia of subjectivity. Some even hypothesize an autistic phase in child development (Rey-Flaud, 2008), which, however, appears to me to be entirely fanciful.

For this reason, I cannot agree with the campaign that various analysts in various countries are launching against the non-psychoanalytic approach to autism. It is a whining attitude, and ultimately one bound to fail—indeed, when one assumes a defensive attitude, one is also confessing one's weaknesses. At its peak in the 1960s and 1970s, psychoanalysis did not defend itself; it attacked; this is how it was able to call into question traditional psychiatry, psychiatry in asylums, and purely nosological psychiatry. Psychoanalysis should indeed concentrate on what other research has clarified, completely reformulating its hypotheses on autism according to a possible line of research I will describe.

The defense strategies of psychoanalysts aim at a clear opposition between two etiopathogenetic theories: on the one hand, the "relationship with adults (especially the mother)" theory; on the other, the "organic

cerebral constitution" theory. This rigid opposition—we may call it "*relationship versus state of the brain*"—is however a trap, and psychoanalysis should be careful not to fall into it. Let's imagine the discovery is made that certain organic (cerebral) predispositions are needed to develop hysteria: would this *ipso facto* falsify all that psychoanalysis has said and elaborated on hysteria? Not at all. Everything we speak of in terms of psychic language can, at least in theory, be given a cerebral equivalent; the fact is that these two languages are incommensurable, but not incompatible. Proper psychoanalysis has never rejected *a priori* constitutional factors or cerebral predispositions: the point is what the subject—and those around him or her—will make of these predispositions. Indeed, some organic predispositions and subjective stories are so inter-



parent and child

twined and blended that one cannot trace a clear distinction between "relationship" and "state of the brain." I do not at all rule out that a certain relationship established by a mother with her autistic son may be an essential

factor in the evolution of autism; but precisely because of this, the problem I pose here is not etiopathogenetic, but of essence.

Behind this "relational" conversion of psychoanalysis—which is a modernized form of the old opposition "soul versus body", with the difference that today the soul is an inter-soul—there is an assumption, in many cases explicit: that psychoanalytic therapy is a sort of second appeal to maternity, that the analyst is a second mother, this time a good enough one, who will allow the subject to undergo the evolution that the first mother, not good enough, has hindered. Since the therapy is, in this view, a second *maternage*, it is therefore necessary that the cause (but in fact the fault) of autism is of the first (real) mother. All of this is, however, a huge simplification. I do not believe that analytical re-

constructions, and even less analytical therapies, are simple corollaries of an etiological theory. A psychoanalytic therapy is above all an ethical option, a certain way of addressing inhibitions, symptoms, and anxieties.

6. In fact, if everything I have just said is correct, autistic patients represent a difficult problem for psychoanalysts, especially for those who intend to operate therapeutically with them. For the simple reason that, if autism is a form of agnosia of one's own subjectivity and that of others, the unavoidable conclusion is that the autistic person practically has no unconscious, at least not the kind the psychoanalyst grasps in neuroses, perversions, and psychoses. We can say that whereas with psychoses the unconscious makes itself manifest, that is, the subject is submerged by his or her own unconscious, in autism, on the contrary, the subject seems to be lacking all unconscious. The autistic person would need a much greater degree of unconscious to enter into a meaningful relationship of exchange with others, to the extent that our ability to understand others is rooted in our unconscious. Freud (1933/1964) described the psychoanalytic work in analogy with the Zuiderzee in the Netherlands, as the act of filling the sea of the unconscious with land; in the case of autism, however, we have too much dry land, and what would be needed is a drastic irrigation of the Es. The Freudian unconscious is a surplus of signifiers (and impulses) that our ego (the part of subjectivity that controls and organizes) cannot control, use, take in. According to Freud, the unconscious is not made up only of repressed drives: these impulses are continuously signified, and the ego—a human being's rational and cognitive functions—is often threatened with being submerged by this *plus* of signification, which makes us *signifying bodies*. The ego is also enriched by these impulses, which make it creative if it manages to direct them. In autistic people, the opposite happens: their subjectivity is impoverished by a *minus* of signification. This certainly does not mean that they lack affections and emotions, which in fact may be so strong as to become overwhelming. The point is that autistic emotionality is poor in subjective signification; it is made up of emotions without an "I." Of course, autistic people express joy, fear, anger, etc., but they are not in tune with social expectations. In fact, it is with social emotions that autistic people appear to be incompetent, because social emotions imply the recognition of the subjectivity of others, and the fact that one's subjectivity is recognized by others. Hence, the way they often feel like they are "animals," not in the sense that they are driven by bestial inclinations, but in the sense that they do not feel fully human—they are somewhere in between animals and computers; they skip humanity.

Autistic subjects do not experience feelings such as modesty, shame, or guilt. They do not understand the reasons behind social taboos and therefore cannot understand the social hypocrisy that regulates our relationships. Hence all of their blunders. Many have



certainly learned in a very formal way how to behave in public; some learn to live in society so well that their diversity is hardly noticeable. For instance, they know that if one is presented to a child one must say, "What a nice child!" It is also true, however, that if this child is horrible and malformed, one must not be "hypocritical"; it would be a mistake to say to the child or the parents, "What a nice child!" And this is exactly what autistic people tend to do. They do not understand that social hypocrisy needs limitations; otherwise it exposes itself as such.

Autistic individuals are not able to deceive, nor do they try to impress others. They never manipulate, they never get involved in gossip. They have no sense of ownership, they feel no envy, and they like to give. In short, they lack all the range of affections, perhaps even contemptible ones, that make our being-with-the-others meaningful.

This does not imply that they do not feel compassion for the suffering of people or animals. Grandin, for example, felt sorry for pigs: she cried while taking them to the slaughterhouse. Autistic compassion is, however, lacking *empathy*, as we have said. Which is not the same as feeling sympathy for others, or pity for them: empathy is to feel that the suffering of others is also mine. We feel compassion for another when this other suffers harm, while, I would say, we empathize with the very existence of the other. It is the existence of another person that moves us, even when nothing terrible has happened to this other. We can therefore say that the autistic subject is certainly capable of compassion—it might even be possible to sympathize with an object—but not of empathy. This is the thesis of Gallese (2006b): because of a (probable) deficiency of mirror neurons, autistic people are incapable of empathy. I have, however, already said that in my opinion this lack of empathy is the corollary of a deeper agnosia.

7. According to psychoanalysis, the unconscious is not constituted by emotions, which are always conscious. The unconscious is a network of significations that make certain emotions possible in certain situations. The unconscious is the other side of our relationship with others in that they are recognized as subjects—Lacan would say that for the subject it is the Other—a condition underlying the fact that in turn, other subjects may recognize me as subject. The mutual recognition between subjects as "subjects", the possibility of weaving subjective meaning, is the basis of all psychoanalytic work.

But how then to cure an autistic person with psychoanalysis? The analyst, also when not interpreting, makes everything the patient says resound metaphorically, so it means something different from what he

or she is saying or doing literally: the analyst brings out the significant plethora of the subject. This is commonly described as "listening with a third ear." This third ear is the ability to consider things that do not appear meaningful as significant things that seem to have a flat, literal meaning. Indeed, this is not possible with autistic people because they cannot listen with this third ear: they see the human world, including themselves, as significantly poor. Dirac did not grasp the enunciation of a question in the statement of his colleague; he only grasped the description of a fact, because for him it was difficult to see the interrogative signification. In his view, his colleague was *describing* his mind; he was not *showing* his question, that is, his desire to better understand.

Does this mean that only cognitive-behavioral interventions with autistic people are possible? Probably not. I believe that certain mothers and fathers, despite the fact that they have been spoken badly about by psychoanalysts, instinctively know how to find surrogates, prostheses of subjectivity, we might say, that allow their autistic children to understand a little of the subjectivity of others, and their own. It is probable that Grandin's mother was very good not at "healing" her daughter—it is very unlikely that one can recover from autism, the way one cannot "heal" from being a dwarf or a giant—but at compensating for her deficiencies to the point that her daughter became a famous personality and writer. Whatever analysts think they might do, they should start from recognizing the true specificity of autism: its lacking an unconscious. Is it possible to graft a certain amount of unconscious into someone else?

I am not able to advise analysts who would like to attempt to treat autism. I do, however, believe that they will be able to achieve something only by overturning the traditional analytical listening strategy. The analyst cannot *listen* to the unconscious of an autistic person because it is missing (not completely, we may say the unconscious is frozen): the analyst should rather *talk to him or her*, in order to strengthen the abilities of the autistic person to perceive the subjectivity of others. What an analyst should do with autistic people is not so much listen, but speak.

Here too, the opposition with psychosis is decisive. With psychotics, we tend not to interpret at all, because—as we have said—psychotics already interpret too much: they super-signify the world. If one interprets delusions, the risk is to fuel them; it is like throwing oil on a fire. Many analytical interpretations are in fact viewed as persecutory by psychotics, because for them words are always acts. With autistic subjects, analysts—who by behaving in such a way would be doing the opposite of what they always do—should be active, and expose the autistic subjects to experiences which may spark the beginning of

a recognition of something that purely cognitive beings such as themselves do not perceive: our human subjectivity as meaningful. The fact is that what counts is not only what we say, but also what, by means of what we say or do not say, shows itself. And what shows itself is one's own subjectivity, which can never be reduced to what is *said*. ■

REFERENCES

Ballerini, A. (2002). *Patologia di un eremitaggio. Uno studio sull'autismo schizofrenico*. Turin, Italy: Bollati Boringhieri.

Baron-Cohen, S. (1988). Social and pragmatic deficits in autism: Cognitive or affective? *Journal of Autism and Developmental Disorders*, 18, 379-402.

Baron-Cohen, S. (1989). Joint-attention deficits in autism: towards a cognitive analysis. *Development and Psychopathology*, 1, 185-89.

Baron-Cohen, S. (1991a). The development of a theory of mind in autism: deviance and delay? *Psychiatric Clinics of North America*, 14(1), 33-51.

Baron-Cohen, S. (1991b). The theory of mind deficit in autism: how specific is it? *British Journal of Developmental Psychology*, 9, 301-14.

Baron-Cohen, S. (1995). *Mind blindness: An essay on autism and theory of mind*. Cambridge, MA: MIT Press.

Baron-Cohen, S. (2001). The autism spectrum quotient (AQ): Evidence from Asperger syndrome/high functioning autism, males and females, scientists and mathematicians. *Journal of Autism and Developmental Disorders*, 31, 5-17.

Baron-Cohen, S., Leslie, A. M., & Frith, U. (1985). Does the autistic child have a 'theory of mind'? *Cognition*, 21, 37-46.

Baron-Cohen, S., Tager-Flusberg, H., & Cohen, D. J. (Eds.). (1994). *Understanding other minds: Perspectives from autism*. New York, NY: Oxford University Press.

Baron-Cohen, S., Tager-Flusberg, H., & Cohen, D. J. (Eds.). (2000). *Understanding other minds: Perspectives from developmental cognitive neuroscience*, 2nd ed. New York, NY: Oxford University Press.

Benvenuto, S. (2018, April 7). Neglect. Riflessioni tra filosofia e neuroscienze. Retrieved from <http://www.sergiobenvenuto.it/meditare/articolo.php?ID=140>.

Benvenuto, S. (2016). Neglect. *Lette Internationale*, 112, Frühjahr 2016, 122-125.

Bettelheim, B. (1967). *The empty fortress: Infantile autism and the birth of the self*. New York, NY: Free Press.

Bleuler, E. (1950). *Dementia praecox or the group of schizophrenias* (Joseph Zinkin, Trans.). Oxford, England: International Universities Press. (Original work published 1911)

Farmelo, G. (2009). *The strangest man: The hidden life of Paul Dirac, quantum genius*. London, England: Faber & Faber.

Frith, U. (1989). *Autism: Explaining the enigma*. Oxford, England: Basil Blackwell.

Freud, S. (1964). New introductory lectures on psycho-analysis. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 22, p.175). London, England: Hogarth Press. (Original work published 1933)

Gallese, V. (2006a). La molteplicità condivisa. Dai neuroni mirror all'intersoggettività. In S. Mistura (Ed.), *Autismo. L'umanità nascosta*. Turin, Italy: Einaudi.

Gallese, V. (2006b). Intentional attunement: Mirror neurons, inter-subjectivity, and autism. In G. B. La Sala, P. Fagandini, V. Iori, F. Monti, & I. Blickstein (Eds.), *Coming into the world: A dialogue between medical and human sciences* (pp. 45-64). Berlin, Germany: Walter de Gruyter.

Grandin, T. (1986). *Emergence: Labeled autistic*. Novato, CA: Arena Press.

Grandin, T. (2006). *Thinking in pictures*. New York, NY: Vintage.

Jackson, M. (Director). (2010). *Temple Grandin* [TV movie]. USA: HBO Films.

Rey-Flaud, H. (2008). *L'enfant qui s'est arrêté au seuil du langage*. Paris, France: Aubier.

Rovelli, C. (2014). *La realtà non è come appare*. Milan, Italy: Raffaello Cortina.

Sacks, O. (1996). An anthropologist on Marx. In *An anthropologist on Mars*. New York, NY: Vintage.

Tustin, F. (1972). *Autism and childhood psychosis*. London, England: The Hogarth Press.

Williams, D. (1992). *Nobody nowhere*. London, England: Doubleday.

Wing, L. (Ed.). (1988). *Aspects of autism: Biological research*. London, England: Gaskell.

Wing, L. (1995). *Autistic spectrum disorders: An aid to diagnosis*. London, England: National Autistic Society.

Wing, L. (1996). *The autistic spectrum: A guide for parents and professionals*. London, England: Constable.

# What Healing Has to Do with Termination: Endings and Interruptions

Glauco MARIA GENGA, Luca FLABBI, Maria Gabriella PEDICONI and Vaia TSOLAS

## Introduction

*Maria Gabriella Pediconi and Luca Flabbi*

Healing is a medical word, and in Freud's era, the world of medicine prevailed, so no one should be surprised that he took that word from medicine and brought it into his new science of psychoanalysis.

Thanks to psychoanalysis, the word "healing" gained two new meanings:

■ Whereas healing in medicine implied the restoration of lost health, in psychoanalysis, it was not only the *recovery* of lost well-being—healing didn't consist merely in the reactivation of a previous state—but in the new science of psychoanalytic healing, inhibitions, symptoms, and anxiety abate, giving way to "getting better" and the discovery of well-being, often for the first time.

■ Healing in psychoanalysis also indicates a new subjective condition, gained through the process of reformed thinking and with the discovery of new potentiality. Now, the healed person surprises himself while he benefits even from his pathological experience, thus avoiding falling victim to it.

According to Freud, the ego can once more become "master of the house" after crossing a crucial intersection, at least to the extent that you "learn first to know yourself! Then you will understand why you were bound to fall ill; and perhaps, you will avoid falling ill in future" (1917/1955, p.143). The turning point of the analytic process is to bring the patient to the border of a crossroad, from where he can distinguish the road of satisfaction and the opposite road of "pathological reactions."

Indeed, "analysis does not set out to make pathological reactions impossible, but to give the patient's ego *freedom* to decide one way or the other" (Freud, 1923/1961, p.50).<sup>1</sup>

It is not the enigma, the misleading crossroad of the Sphinx, in which Oedipus collapses,<sup>2</sup> but rather the crossroad of "freedom" that is the judgment by which the patient gains access to the competent distinction between moving in a direction of well-being or acting according to pathological behavior.

Unfortunately, after Freud, the term *healing* suffered a strong devaluation. Here, we mention only the main aspects of its decline.

As noted above, medicine keeps the word healing, but reduces it to one of its meanings: the restoration of a previous and lost condition, to a time when an illness was absent. This restoration generally happens via the chemical actions of drugs along with the increasingly sophisticated findings of the medical profession. The recovery is the time for this restoration.

In the psychoanalytic field, the term *healing* has experienced a stable decline. Some authors define the word to mean recovery, but this meaning seems to cast a shadow on the analytic path: it becomes a long and pathetic convalescence. During recovery, the subject finds himself like a dismayed spectator, de-attributed for the eventual restoration of his own renewed functioning, of his own renewed well-being.

Other authors have explicitly become detractors of the term "healing." Umberto Galimberti (2011), philosopher and columnist, impressively summarized this position by writing: "The psychoanalyst, after having read the last page of his psychoanalytic novels, came back to his consulting room not at all discouraged. He was merely convinced that psychoanalysis is not useful in order to heal but in order to feel more alive, more able to take part in a big range of emotions, including mourning, compassion, in addition to enthusiasm, passion, joy..."

This not far from the change regarding healing traced by Sandler and Dreher (1996) in *What Do Psychoanalysts Want?* They claim that healing was once the Freudian aim, but nowadays psychoanalysis simply consists of

1. The German word was *Freiheit*. Freud himself gives emphasis to this word within the sentence.  
2. The Sphinx's riddle was: "What is the creature that walks on four legs in the morning, two legs at noon, and three in the evening?" The hero Oedipus gave the answer, "Man," causing the Sphinx's death. Apparently he won, but at the same time he fixes the definition of mankind with the happenings of pure nature. By way of this fixation, he becomes affected by a "logic blindness," a secondary naivety that brings him to the tragic end of the definitive blindness.



preacher

helping the patient to combine comprehension, realization, and acceptance of himself.

Psychoanalysis suffers a sort of *performance anxiety*, imported from psychology and the hard sciences, which keeps a lot of psychoanalysts in check by asking: What are the results of treatment? What is their efficacy? How can you measure their efficacy? These questions, unfortunately, have a tendency to consistently contaminate psychoanalytic literature as well as the thoughts of analysts (Leuzinger-Bohleber & Target, 2002).

In popular culture, healing is mainly found among publications dedicated to motivational techniques and the so-called “positive thinking.” Within them, the term *healing* is confused with vitalism, optimism, spiritualism, auto-suggestion, and auto-con-viction—healing becomes the synonym of a measure of self-acceptance gained through a range of techniques, including meditation and self-help. We propose that this use of the term healing is confusing, appealing to the same uncritical beliefs analyzed by anthropologists in the study of ancestral religions. It is also sustained by that part of psychology dedicated to self-help techniques, such as tools developed to improve self-esteem.

In this contribution, our purpose is to regain the meaning of the word *healing* within psychoanalysis, to place it on the side of the subject who re-empowers himself. In this way, healing remains the same word—and the same concept—that acquired its complete form thanks to Freud.

We propose that an analysis has three possible outcomes: termination, interruptions, or departure. We see these outcomes as products resulting from the work jointly done by analyst and analysand. We endeavor to define these outcomes in the first contribution.

In our work, we gather and locate the legacy of Freud in four main concepts that Freud was the first to recognize fully:

1) The sane and normal human being is endowed with full and competent authority, i.e., the ability to think.

2) The science of psychopathology is the science studying the infringement of this competence.

3) Finding and correcting the error that led to this infringement is work done by the analysand's intellect; by so doing, the analysand reinstates her competence, enriched by the “act of correction.”

4) The choice between the somewhat hypothetical notion of sane (normal, healthy, healed) and its opposite (perverse) is a crossroad: either one or the other. This crossroad was described by Freud as follows: “Analysis does not set out to make pathological reactions impossible, but to give the patient's ego freedom to decide one way or the other” (1923/1961, p. 50). The core process of psychoanalysis is to conduct the analysand to the

crossroad where she can recapture her own freedom of thought.<sup>3</sup>

We also invoke the legacy of Jacques Lacan, as later developed by Giacomo B. Contri, in the following concepts:

1). We define the *subject* as the individual endowed with the competence to judge her investments with the objective of the satisfaction.

2). We posit the necessity of the *other* as an indispensable partner in reaching satisfaction.

3). We define the other as another subject also endowed with the same competence.

4). We affirm that the roles of subject and

3. We are using the terms normal and sane interchangeably to define similar concepts developed by Freud when he recognized that the definition of normality, however challenging it might be, is one he could never renounce. Freud stated, for example, in *Thomas Woodrow Wilson: A Psychological Study*. “In spite of the vagueness of these concepts and the uncertainty of the fundamental principles upon which judgement is based, we cannot in practical life do without the distinction between normal and pathological” (Freud & Bullitt, 1966, p. xvi). He also recognized that full normality may be unattainable, but yet he did not see this empirical fact as a reason to drop the concept or give up the work to try to attain it. For example, in “Analysis Terminable and Intermittent” (1937/1964), he wrote, “The ego, if we are to be able to make such a ... pact with it, must be a normal one. But a normal ego of this sort is, like normality in general, an ideal fiction. The abnormal ego, which is unserviceable for our purposes is unfortunately no fiction. Every normal person, in fact, is only normal on average.”

other are interchangeable and dynamic, i.e., that two partners engaged in a fruitful relationship continuously move between the two positions.

Starting from the common base of this double legacy, the four authors of this publication have worked together to elaborate on termination and healing, including clinical examples and links to concepts and themes from other social sciences. ■

REFERENCES

Freud, S. (1955). A difficulty in the path of psycho-analysis. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 17, pp. 135-144). London, England: Hogarth Press. (Original work published 1917)

Freud, S. (1961). The ego and the id. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 19, pp.1-66). London, England: Hogarth Press. (Original work published 1923)

Freud, S. (1964). Analysis terminable and intermittent. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 23, pp.209-254). London, England: Hogarth Press. (Original work published 1937)

Freud, S. & Bullitt, W. C. (1966). *Thomas Woodrow Wilson: A psychological study*. Boston, MA: Houghton Mifflin.

Galimberti, U. (2011). *I miti del nostro tempo*. Milan, Italy: Feltrinelli. p.144.

Leuzinger-Bohleber, M. & Target, M. (2002). *Outcomes of psychoanalytic treatment*. London, England: Whurr Publishers.

Sandler, J. & Dreher, A. U. (1996). *What do psychoanalysts want? The problem of aims in psychoanalytic therapy*. East Sussex, England: Routledge.



reaching

# Beyond Termination

## Freud and Lacan on Healing: Principles and Practice Maria Gabriella PEDICONI<sup>4</sup>

*Our healings are healings by love*  
—Sigmund Freud<sup>5</sup>

### Turning Points

**Patient's turning point.** When a patient decides to start analytic treatment, she is at a delicate moment of her life. It is a turning point: not the first, but a decisive one. When a patient nears the end of treatment, she finds a new turning point. This should be an end that brings new beginnings.

In this case, we recognize the healing process as the goal of the analysis. It is the point of arrival of two distinct works: on the one hand, the working through of the patient; on the other hand, the floating attention of the analyst. Such healing is a process based on two asymmetric positions and elaborations. Contrary to medical treatment, healing in the psychoanalytic treatment is never the effect of a direct intervention of the practitioner on the patient; it is never a one-directional procedure.

**Freud's turning point.** Freud describes his own turning point from medicine to psychoanalysis at the beginning of his career: “I took the opportunity of asking her, too, why she had gastric pains and where they came from... Her answer, which she gave rather grudgingly, was that she did not know. I requested her to remember it by tomorrow. She then said in a definitely grumbling tone that I was not to keep on asking her where this and that came from, but to let her tell me what she had to say. I fell in with this, and she went on without any preamble” (Freud, 1893/1955, pp.62-63).<sup>6</sup>

Friedman (1994) and Gabbard (1995) claim that Freud was brilliant in obeying his patients and in transforming this obedience into a real norm, the fundamental norm of psychoanalysis.

**Psychoanalyst's turning point.** Contri (1994) asserts that the turning point also

4. Maria Gabriella Pediconi is a Research Professor of Dynamic Psychology at the University of Urbino and Psychoanalyst of the *Società Amici del Pensiero 'Sigmund Freud'* of Milan. A version of this paper was delivered at the 36th Annual Spring Meeting of the APA Division of Psychoanalysis (39): “Hot & Bothered. Coming Together Without Falling Apart” in Atlanta, Georgia, USA, on April 7, 2016. The panel, entitled “What Healing Has To Do with Termination? Endings and Interruptions,” also involved V. Tsolas (New York), G. M. Genga (Milan), and L. Flabbi (Washington, D.C.).

5. Our translation from Freud (1973, p. 118). Italian translation by Ada Cinato, based on a German manuscript edited by Herman Nunberg and Ernst Federn. Freud pronounced the quoted sentence during the session of January 30, 1907. There is also an English edition of the manuscript (Nunberg & Federn, 1962).

6. Very impressively, Neville Symington refers nowadays the same turning point at the beginning of treatment. “Most patients come with a particular complaint...Yet, after a few weeks of conversation with the psychoanalyst, it becomes clear that these are just the ‘cover story’. None of these people know why they are consulting the psychoanalyst...There is a distress, but at the heart of it is a cloudy darkness. I do not know the wherefore of my distress” (Symington, 2006, p. 5). Regarding the close relationship between the ending and the beginning of therapeutic process, see also Schlesinger (2014).

exists for the analyst. It happens when the analyst realizes that he cannot do the good [of the patient] even if he knows it does exist.

Freud was startled by the healing he observed in his first patients. He witnessed not only the remission of symptoms, but also an incipient change in the way in which the patients' thinking was pursuing satisfaction. Spurred by these observations, Freud revolutionized the method of treatment by privileging words in a *talking cure*. After Freud, every psychoanalyst repeats the same discovery, echoing both the continuity and the originality of psychoanalysis. It consists of a couple of favorable limitations:

■ Psychoanalysis does not eliminate the disease, but produces the conditions for a new freedom of the patient.

■ The psychoanalyst cannot “give” healing to the patient, neither directly nor strategically; however, the patient cannot access healing without the partnership with the analyst.

As psychoanalysts, our definition of the termination of an analysis is not to be interpreted as the abrupt passage from disease to health; it is never like an on-off mechanism, never as moving from dark to light, or as crossing from bottom to top. It is a matter of transforming some given pathological conditions into a different convenient output. The working-through process that is favored, predisposed, magnified by the analytical work is the act through which the analysand starts a renewed constructive process.

### On the Threshold of Termination

Termination is a chronological term. In the affective world of human beings, termination rarely corresponds to a good outcome for a given experience, especially if the experience was complicated or distressing. But termination can be a good outcome when it introduces a solution with satisfaction. It remains a bad outcome when it involves a suspension with pain or anguish. Similarly, the endpoint of analysis is not synonymous with healing; we can find terminations without healing, terminations as interruptions, and even terminations that are false healing. By way of three clinical sketches, I will now describe these three possible configurations of the treatment's end: *termination, interruptions, departure*.

**Termination: The ego at a turning point.** He has been coming willingly to the psychoanalytic sessions for more than ten years. Tormented by a compulsion for seeing children with naked chests, he prefers duties and avoids pleasure. The analysis has allowed him to keep a good job as a specialized technician, to arrange a good daily life as a single man with a good social life and occasional

respected contacts with his parents and relatives. But the fear of women continues. It is a creeping and distressing fear, it is relentless and seems impossible to bend.

Over the years, he has learned from his own dreams that his obsession with children camouflages an escape from the women of his family—his mother and his grandmother. Since his early childhood, these women have continuously tagged the physical thinness of the patient. Effectively, his mother has always remained the woman of his life, a forbidden woman. Now he recognizes that some women—colleagues and friends—get close to him and appreciate him. But an unreasonable anguish prohibits him from allowing any of these women to have a place in his life.

Regularly, the obsessions present themselves, fake and bizarre variables: the patient persists in using them as a refuge. But it is a misleading refuge. He has dreamt many times of his own wedding; he is ready, but in the end, a detail stops him on the threshold of the church or at the door of the restaurant: a creased shirt, a broken car, the delay of a relative. After years of treatment, the ego is at a delicate turning point: he can take the new way, only glimpsed but not yet known, or carry on the distorted illusion of his obsessions. The analyst is aware that the termination is close, but she cannot take the right—but not mandatory—way instead of him.

**Interruptions: The consumption of stop-and-go.** At the beginning of the analysis, she was convinced she was bipolar; she usually introduced herself to everyone by means of this definition. Many troubled sessions were dedicated to organizing her own story: the mourning for her mother, who died too early when she was at university; her fury against her father, who had kept her mother's illness hidden; and the ambivalence for her brother, who was addicted to psychiatric drugs.

She has learned to find refuge in religious hallucinations each time she neared something significant in her analysis. But this analyst was different from any other she had ever seen—she was not comforting, she did not justify her illness. On the contrary, more than once she said, “Today you are talking nonsense, we'll see what happens next time.”

After the hallucinations came depression, then fury, then hatred against the analyst and, finally, the breakdown of treatment. Like a model, the sequence repeated the same series several times. After the first interruptions, she attempted suicide and was in a psychiatric hospital for some weeks. Then, treatment resumed and she had a brief period of almost normal daily life. But very soon,

the forced sequence of events repeated itself again. However, in the third interruption one detail was different: she omitted the payment of the last session. The missed payment became the subtle line of suspension, linking the before and after of the breakdown: she has to go back and face the analyst if she wants to pay for the session. She is the only one who can make this decision. She finally has her feelings about the treatment and the analyst under her own control. But insomnia and fury marked the gloominess of daily life after the interruptions. The treatment restarted, again and again, seven times.

She has now arrived to confess her addiction to the hallucinations—likening them to a homemade drug—and to recognize her fury as an escape mechanism. She has begun an affective relationship with a partner, who also helps her in her professional life. But the conflicting model carries on, both with the client and with the analyst, although without a real breakdown.

How is it possible that the analyst doesn't look for revenge? How can she maintain her professional attitude despite the continued provocations? The patient wants to be like her analyst, she would even like to be her analyst's analyst. It is an illustration of the stop-and-go of idealization and denial, of the running after each other. Here, the idealization takes the place of the turning point: the patient puts the analyst in the place of a wishful object, the same loved object that continues to produce the unbearable scandal. If termination is possible in this case, it must involve the end of the idealization.

**Departure: The logical hate of disowning.** She was close to the end of her university studies, but stuck, unable to pass the last exams necessary to complete her degree. Overwhelmed by anguish, but very convinced about her treatment, she insisted on beginning before completing her degree. She fiercely wanted this analyst and not another: finally, she has found the right professional, who will be able to understand and correct the numerous errors of the other physicians, psychologists, and psychiatrists she has seen so far.

The other professionals were not able to understand who she was, but this analyst will know her, deeply. She has been an *ignored adolescent*—that was the persistent hidden feeling; she has been the *girlfriend competed for*—she had the compulsion of holding contemporary affective relationships; overall, she has been the *neglected child* in a family-tribe in which everyone was in conflict with each other. Even the children have to follow the adults' hate and not the games of their peers.

The analyst must understand her immediately, emphatically, magically. The an-

alyst must see her thoughts almost without words. The analyst must even recognize what inner turmoil occupied her mind until the coaction of self-mutilation. The analyst must solve the anguish that blocked her at the last exams. The analyst must...

But the first sessions were terrible: there was nothing magical, the silence was a prison, the analyst was not a fairy, the memories were unbearable, like the pins with which she injured herself when she was a little more than a child. Everything was different from what she has imagined and the analyst was disappointing, she will not forget her! She has been hoping for them and now she has to learn that fairies do not exist. Session by session, the resentment increased, the couch became explosive, the method was dangerous; she did not want to speak, but she was not able to stop the treatment.

She stayed there like a silent pin, injuring the session, injuring the analyst by silence. She was disowning her treatment, her own desire, her own hope. One day she did not come, and she never came back again. The analyst does not know if the patient's desire will be disowned forever, but now she feels seduced and abandoned, almost poisoned by a negative therapeutic reaction overflowing from an unmotivated and inaccessible hate. The analyst cannot do anything with this final refusal. Both the analyst and the treatment are destroyed by disowning.

Each of the outcomes we have just defined may take place at the end of an analysis, may "terminate" (in the sense of "end of the line") an analysis. But in each case, the results will be very different in terms of well-being, love, work, and social life.

**Lacan's Impasse on the Border of Healing**

Both Freud and Lacan describe psychosis as such a case of *false healing*: when the aesthetic refuge in the alienated world happens, the reality is lost forever. Within his work "On Narcissism", Freud (1914/1957) describes the severe cases in which *being healed* coincides with the creation of an insuperable obstacle against the ending of the analysis.<sup>7</sup> The psychotic escapes into a crazed healing; psychosis develops a permanent resistance against termination.

When termination is possible, in what transformation does it consist? Termination is marked by the *fall of object a*. But the clear definition of object a remains almost impossible to see, because it is realized by its own fall.

Following the work of Giacomo B.

7. "It is otherwise with the paraphrenic. He seems really to have withdrawn his libido from people and things in the external world...the process seems to be a secondary one and to be part of an *attempt at recovery*, designed to lead the libido back to objects." Within the linked footnote, Freud invites: "In connection with this see my discussion of 'the end of world' in the analysis of Senatspräsident Schreber" (Freud, 1914/1957, p. 74; our emphasis).

Contri,<sup>8</sup> we characterize the object a as *objection in general*. It is not only the real objection motivated by the external reality, but also the imaginary and symbolic objections.

According to Lacan, the object a consists of the indefinable and irreparable gap between psychic reality and external reality. It is like a checkmate; it is never a fruitful outcome. It is a gap that behaves as a permanent threat, as a sword on the head of the ego. The same threat produces the instigating power of the super-ego, as dangerous as the controlling super-ego itself.

It is Lacan's *impasse*, a sort of hesitation, taking place right at the border of healing:

■ In *Radiophonie* (1970), Lacan jokes with the verb "*guérir*" (to heal) by means of the homophone "*gai-rîre*" (gaily laughing). But healing is never a joke.

■ In "The Mirror Stage as Formative of the *I* Function", he concludes: "In the subject to subject recourse we preserve, psychoanalysis can accompany the patient to the ecstatic limit of the '*Thou art that*,' where the cipher of his mortal destiny is revealed to him, but it is not in our sole power as practitioners to bring him to the point where the true journey begins."<sup>9</sup> Unlike the analyst giving "the patient's ego *freedom* to decide one way or the other" (Freud, 1923/1961), here Lacan describes an impassable analyst, a neutral spectator of the troubles of his patient.

If Lacan remains impassable at the end of the patient's treatment, it is because he knows that the fall of object a also concerns the analyst himself: the representative embodiment of the falling object a hangs over his head. The analyst survived the fall of the shadow of the object, but he remained injured by the discovery of the separation that Lacan called between *Moi* and *Je*. It is the coexistence of the ego and of the subject of the unconscious.<sup>10</sup> This is a point for which Contri found the possibility to resolve his sense of an ambiguity in the work of Lacan. When the ego discovers again its consistency, it is again the *I*: the genuine subject, the subject of a sentence as understood by standard grammar, a subject until then blocked in the images or semblant (the *Moi* and *Je*) of a mere barred subject.

The termination produces a new ana-

8. Giacomo B. Contri is the founder and current President of the *Società Amici del Pensiero Sigmund Freud* (Milan, Italy). He is the most important scholar of Lacan in Italy and has translated into Italian Lacan's *Écrits* (J. Lacan, *Scritti*, Einaudi: Torino, 1974).

9. Jacques Lacan (1966/2006a, p. 81). The "Thou art that" is a concentrated sentence that can open a lot of paths. Some of them will be good, some will be wrong. Here it is a turning point, challenging both the patient and the analyst.

10. Marie-Christine Laznik (2016) refers to the Lacanian conception of psychic apparatus: it consists of two focal points, which don't contrast. They are the ego and the subject of the unconscious. The analyst draws the work of classic analytic treatment like a process of break up of alienated ego in favor of the subject of the unconscious.

lyzed subject, brought about by transforming the original identifications with the *Nom du Pere* in a new creation beyond the known models of the mind; a creation in permanent waiting for a subject who is not to be a pure *semblant*.<sup>11</sup>

How can object a fall, then? Do we have to conclude that healing is impossible in Lacan's thought?

Lacan leaves open a last possibility when he puts forward the concept of the "psychoanalyst's desire."<sup>12</sup> What is this? It is none other than the same desire we find in the pleasure principle realized by the reality principle, without ignoring the psychopathological experience. A new partnership can now host a new happening. Such healing—and the end of the treatment going with it—means both the analyst and the patient regain access to a way of thinking that is new, but recovers a competence that was already present at the beginning of everyone's life. It is the pleasure principle present in the newborn, deciding what she does and does not like.

According to Freud (1973; emphasis his), we consider the healing process not only as a recovery process. "We force the patient to abandon the resistances for their *love towards us*. Our healings are healings by love."

Indeed, the analyst—as well as the patient—is able to realize when their partnership hosts a new happening and when it does not. Each of them can describe the benefits of the treatment. They are not merely a recovery, but the invention of something new. If termination is only a chronological line in which the ending concerns the setting, the healing concerns only the ego. The subject, who finds the actual himself session by session during the treatment, is finally able to personalize again the production of satisfaction: she restarts the creation of love and social ties, the main components of civilization beyond the conformism of the super-ego.

Neville Symington (2006) is very close to the Freudian claims when he writes, "When a discrete piece of knowledge is suddenly seen fitting into a wider unified pattern—the mind is illuminated with a

11. According to Lacan, *Pere* (Father) is a *Nom* (Name) that requires being recognized and approved by faith. It is a symbolic operation that runs through history and systematizes the life of individuals, trapping desires in the identification with the *Pere* and its *Nom* (Kantza, 2008). According to Contri (2004), the attempt to define *semblant* runs through Lacan's entire oeuvre. Lacan's ambition is well described by the title of his 1971 Seminar, *Discours qui ne serait pas du semblant*. That is a *discours* that is not merely fiction-function but that could become logical, real and subjective instead of functional, imitative and directed. Perverse lives of fiction-function, *semblant par excellence*.

12. Lacan (1966/2006b) asks, "What then can the analyst's desire be? What can the treatment to which the analyst devotes himself be?...What is the aim [*fin*] of analysis beyond therapeutics? It is impossible not to distinguish the two, when the point is to create an analyst. For, as I have said, without going into the mainspring of transference, it is ultimately the analyst's desire that operates in psychoanalysis."

healing light." What this sentence is doing is what any other psychoanalyst should be doing: repeating, recapitulating, and updating psychoanalysis.

In the end, healing, when it happens, is never grandiose. Instead, it is a process: step by step, surprising, accessible, prudent, and industrious; both for the analyst and for the patient. ■

REFERENCES

Contri, G. B. (1994). *Il pensiero di natura* [Thoughts of nature] (p. 291). Milan, Italy: Sipiel.  
 Contri, G. B. (2004). *Lacan in Freud*. [http://avvz2.operacomuni.giacomcontri.it/wp-content/uploads/2004\\_...](http://avvz2.operacomuni.giacomcontri.it/wp-content/uploads/2004_...)  
 Friedman, L. (1994, May). *Ferrum, ignis and medicina: Return to the crucible*. Plenary address, annual meeting of the American Psychoanalytic Association, Philadelphia, PA.  
 Freud, S. (1955). Frau Emmy von N, case histories from studies on hysteria. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 2, pp.48-105). London, England: Hogarth Press. (Original work published 1893)  
 Freud, S. (1957). On narcissism: An introduction. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 14, pp. 67-102). London, England: Hogarth Press. (Original work published 1914)  
 Freud, S. (1961). The ego and the id. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 19, pp.1-66). London,

England: Hogarth Press. (Original work published 1923)  
 Freud, S. (1973). *Dibattiti della Società psicoanalitica di Vienna (1906-1908)* [Debates of the Italian psychoanalytic society (1906-1908)] (A. Cinato, Trans.). Turin, Italy: Bollati Boringhieri.  
 Gabbard, G. O. (1995). The early history of boundary violations in psychoanalysis. *Journal of the American Psychoanalytic Association*, 43, 1115-1136.  
 Kantza, G. (2008). *Il Nome-del-Padre nella psicoanalisi* [The name of the father in psychoanalysis]. Freud, Jung, Lacan. Milan, Italy: Ares.  
 Lacan, J. (1970). *Radiophonie* [Radiophony]. Paris, France: Le Seuil.  
 Lacan, J. (2006a). The mirror stage as formative of the *I* function. In B. Fink (Trans.), *Écrits: The first complete edition in English* (p.81). New York, NY: W.W. Norton & Co. (Original work published 1966)  
 Lacan, J. (2006b). On Freud's "Trieb" and the psychoanalyst's desire. In B. Fink (Trans.), *Écrits: The first complete edition in English* (pp.722-725). New York, NY: W.W. Norton & Co. (Original work published 1966)  
 Laznik, M.-C. (2016). Lacan e l'autismo [Lacan and autism]. *Rivista di Psicoanalisi*, LXII, 3.  
 Nunberg, H. & Federn, E. (Eds.). (1962). *Minutes of the Vienna Psychoanalytic Society* (M. Nunberg, Trans.). New York, NY: International University Press.  
 Schlesinger, H. J. (2014). *Endings and beginnings: On terminating psychotherapy and psychoanalysis*. New York, NY: Routledge.  
 Symington, N. (2006). *A healing conversation: How healing happens*. London, England: Karnak.



helen's drawing

# Healing as a Problem, a Challenge, or a Solution: The Concepts of Freud's Psychoanalytic Technique: A Brief Summary

Glauco Maria GENGA<sup>13</sup>

I would like to start by recalling the title of our round table, and saying that, in proposing this topic, the four of us decided to “take the bull by the horns.” What am I calling the “bull?” The theme itself of *healing in psychoanalysis*. I prefer to call it this way, instead of *psychoanalytic healing*: healing can never be separated or divided, according to professional fields. It is such, or it is not at all.

## About Healing and Normality in Psychoanalysis

I find it important what Francesco Conrotto (2000), an Italian psychoanalyst, writes about healing: The word *healing* is not frequently used in contemporary psychoanalysis. [Conrotto] would even say that it is surrounded by an air of embarrassment, as if the word itself revealed a naivety, evoking a suspect of *naïveté* that everybody wants to keep away. The progressive overshadowing of the concept of *psychoanalytic healing*, until its almost complete oblivion, began in the 1970s, when the therapeutic optimism started to run out. This optimism had characterized the decades from the 1940s to the 1960s, which followed the pessimism of the last years of Freud's life.... We carefully avoid using this concept and, even more, the word *healing*, with everyone colluding, in fact, in making use of the most anodyne and intellectually more presentable term, *transformation*.

I agree with him: *transformation* or *change* is much more generic words than healing.<sup>14</sup>

In this regard, I will recall here the very relevant theme of the 29<sup>th</sup> International Psychoanalytical Association Congress (London, 1975): “Changes in Psychoanalytic Practice and Experience: Theoretical, Technical and Social Implications.” Since then, the trend has been a watering down of psychoanalytic discoveries into mainstream psychology. In the last few decades, many scholars and psychoanalysts have observed this decline.

I refer to Conrotto (2000, p.63) again: In Freud's works, you do not find an equal

reluctance towards the word *healing*—indeed, it is used repeatedly and at different times during the development of his theory.

In fact, Freud (1937/1964) writes about the Wolf Man, “I have found the history of this patient's *recovery* scarcely less interesting than that of his illness.” (My emphasis.)

Is healing a problem? If yes, is it a problem for the patient or for the analyst? And why? What we do every day behind the couch, session after session, is not at all a small task. The examination of the theme of healing goes hand in hand with asking ourselves what the “norm” means. Here, for obvious reasons of space, I must limit myself to a brief overview, as the subject is immense.

Psychiatrists do not put any hope or confidence in the fact that their patients could really heal. Their training—without any element of psychoanalysis—makes them incapable of realizing the *work of thought* done by each of their patients. I am persuaded that this is a stigma affecting the field of psychiatry as a whole.

Any psychiatrist believes that the diagnosis regards only the patient, never himself. This is independent of whatever diagnostic classification he uses (and there have been several over more than a century of history). In a certain sense, he relinquishes the problem, he is not interested in investigating whether he is suffering or has suffered from some form of mental illness. The mere fact of having studied mental illnesses protects him, at least in part, from discovering that he himself may be ill. This is unique only to psychopathology: any orthopedist or eye specialist would admit that a fracture or scoliosis or a bone tumor or myopia could happen to him too.

The phenomenon has very deep roots. It is instructive to recall here what Karl Jaspers writes in his fundamental work *General Psychopathology* (1913/1997). In a chapter devoted to the aims and limits of psychotherapy, a short paragraph is entitled “The question: what is the cure?”:

*With every kind of therapy there is a tacit understanding that everyone knows what cure means. There is usually no problem so far as somatic illnesses are concerned but in the case of neuroses and personal disorders (psychopathies), the situation is different. Cure becomes linked inseparably with what we call faith, general philosophical outlook or personal morality although the relationship is a highly ambiguous one (containing both truth and falsehood). It is a pure fiction to believe that the doctor only confines*

*himself to what has been thought healthy and objectively desirable by philosophy and religion.* (Vol. II, p.802)

It is a passage in a sense disarming, but it does also show merit for this great author, who made history in European psychiatry. He does not avoid the issue, while every psychiatric study and manual today submits it to a sort of censorship.

Two remarks:

1. In the English edition, in the first sentence of the mentioned paragraph, the word *healing* was replaced with the word *cure*.<sup>15</sup>

2. Jaspers (1913/1997) argues that giving a definition of healing is not easy when it comes to neuroses or other forms of psychopathology:

*What does the patient want to achieve when he goes to a psychiatrist? What does the doctor see as his treatment-goal? “Health” in some undefined sense. But for one person “health” means an unthinking, optimistic, steady equilibrium through life, for another it means an awareness of God's constant presence and a feeling of peace and confidence, trust in the world and the future; while a third person believes himself healthy when all the unhappiness of his life, the activities which he dislikes, all that is wrong in his situation, is covered up by deceptive ideals and fictitious explanations.*

This line of thinking has led many authors, especially those belonging to the phenomenological school, to argue that every patient is entitled to a private understanding of what healing is. This is currently the claim of many support groups of psychiatric patients. The result is that many patients today are left to themselves, or they are considered dangerous, and they are imprisoned in totalitarian institutions.<sup>16</sup>

In the most recent scientific literature, Frances (2013) ask the question, “What is

13. The decline of the term *healing* within the psychoanalytic field is also dealt with by my colleague's contribution. See in this volume: M. G. Pediconi, “Beyond Termination. Freud and Lacan on Healing: Principles and Practice.”

14. In this regard, I remember a scene I witnessed during my internship as a medical student in a psychiatric clinic. A hospitalized patient had opened the drain of water in the hospital's public toilet and—he had started drinking from it with a cup! He repeated this action continually. I called a psychiatrist who worked in that department, but he answered: “If he likes doing it...” Breaking the chain of chronicity and starting a healing process often seem almost impossible.

normal and what is not?” He is stimulated to go back to this fundamental question by his criticism of the DSM-5, which he sees as excessively influenced by drug and health insurance companies' priorities, leading to a “psychiatric diagnosis [that] has gone too far, too quickly, changing too fast.”<sup>17</sup> In the quest to answer this fundamental question, he interrogates various fields of knowledge around the definition of normality. He rightly points out that the term *norm* anciently indicated a carpenter's setsquare (Frances, 2013; Battaglia, 1981). But if he had emphasized this meaning of the term, he would have found it closer to the legal definition of normality than to the usual statistical one. A legal definition is a definition based on comparisons with respect to a *fattispecie* or legal precedent, exactly like the carpenter bases his construction on comparisons with a setsquare. The statistical definition, instead, does not involve any judgment, but only entails identifying the event with the highest frequency. If Frances had followed the legal definition of normality, he would have found the inflation of false diagnoses in psychiatry even more troubling.

Perplexingly, Frances says that in Freud's work, the concept of normality is absent. If Freud may have not written extensively about what normality is, it is because the distinction between normal and pathological is always present in all of his writing, and with each contribution, it is refined and refocused. A lot of the psychoanalyst's work, from the beginning to the termination of an analytic treatment, is precisely about this distinction, a work as meticulous as “splitting hairs.”

Now I will focus on the relationship between the end of the analysis and healing, treated from the point of view of the theory of technique.

## The Road to Healing, That is, the Psychic Work

Freud's term *working-through* is crucially important. It is worth recalling what it means: it means *working*. We know that in every phenomenon of psychic life the subject really works:

- in the dream-work
- in the work of mourning
- in the symptom, which is a compromise-formation
- in the production of a slip
- even in the inhibition, fixation, and resistance, we can find forms of psychic work<sup>18</sup>

17. It is appropriate to mention here Freud's severe judgment (1937/1964) about Otto Rank's attempt “to adapt the tempo of analytic therapy to the haste of American life.”

18. G. B. Contri (1987), founder and President of the *Società Amici del Pensiero 'Sigmund Freud'* (Italy), to which I belong, focused on a *work against* the Unconscious, as well as on a *work with* the Unconscious.

Each patient coming to our consulting rooms is invited, since the first interview, to *work*: first, to identify and report her symptoms, sincerely and unreservedly; then, from the couch, to follow her *free associations*, which means not to remain fixated on her symptoms.<sup>19</sup>

The psychoanalyst is working, too:

- by maintaining his suspended attention
- by providing his interpretations
- by proposing those interventions that Freud called *constructions*

The analyst has to know how to distinguish between symptoms, inhibitions, and anxiety. Freud (1926/1959) identified that precisely the set of these three elements makes up each form of psychopathology.

In dealing with them, Freud pays special attention to the fact that the patient has a representation of himself facing situations that appear as dangers. But are these real dangers, or only part of the imagination? A danger can have a dual source: it may arise either from the external reality or from the psychic reality of the subject. A characteristic of neurosis is to represent a danger where there is none. This leads to the question: Where does the sense of danger experienced by the patient in analysis come from?

The patient can represent or perceive even healing as a danger. How can this happen, if healing goes hand in hand with the recovery of valid and solid defenses?

*It happens when the defenses are taken over by the repression* (Freud, 1925/1961b).

The answer to the question—how can it be that healing is treated as a danger?—determines if the goal of the analysis is fulfilled. Answering it requires the analyst to be able to identify and recognize the signals of healing.

Is the therapist willing to gather the signals of healing coming from the patient? Or does he feel the patient's success as a threat to abandon the therapy?

One of my patients told me about his own experience from the couch. While he was in college, he was very disturbed by his symptoms. They were causing him much delay in completing his studies. It was taking him ten years to graduate from college in math and science. He had therefore embarked on a treatment (a group therapy, in fact) during the course of those years. But after his graduation, he was told by the therapist that he was wrong to graduate before the end of the treatment. This reproach

19. We could say that more than fifty years ago, Freud wrote in a sense about the “bearable lightness of talking.” This is very different from *The Unbearable Lightness of Being*, the title of the famous novel by Milan Kundera.

left him confused. The memory comes back now, from the couch, after many years. That therapist's reproach was wrong; a success in achieving a certain goal—in this case graduation from college—should always be considered a positive sign. How can a success in the patient's life be contrary to the therapy itself?<sup>20</sup>

## Freud's Intriguing Question: “What is A Danger?”

In “Inhibitions, Symptoms and Anxiety” (1926/1959), Freud asks: “What is a danger?”

In this work, Freud focuses on the psychological definition of the concept of danger, trying to identify the elements that enable a subject to sense a danger. Freud shows how we need a new theoretical point of reference for our orientation. He does this by disputing Otto Rank's (1924) theories about the anguish of birth.

Freud states:

*In the act of birth there is a real danger to life. We know what this means objectively; but in a psychological sense it says nothing at all to us. We cannot possibly suppose that the fetus has any sort of knowledge that there is a possibility of its life being destroyed....What elements in all this are signs of a danger-situation?* (1926/1959)

In Freud's words,

*The reason why the infant in arms wants to perceive the presence of his mother is only because he already knows by experience that she satisfies all his needs without delay....It is the absence of the mother that is now the danger.* (1926/1959)

The mother, or whoever cares for the child, thus becomes the first *object of love* for the baby. And about the *loss of object* as a determinant of anxiety, Freud takes another step:

*All we need to do is a slight modification: it is no longer a matter of feeling the want for or of actually losing the object itself, but of losing the object's love....Loss of love plays the same part in hysteria as the threat of castration does in phobias and as the fear of the super-ego does in obsessional neurosis.* (1926/1959)

20. The analyst always supports the patient's successes, even when this implies major readjustments of the sessions. An example is a patient deciding to move abroad for work or study. This will certainly lead to new agreements on timing and frequency of the sessions, but it must not be regarded as a breakdown or an interruption.

This passage makes a statement about several phenomena that are surprising and otherwise inexplicable. Among them, the negative therapeutic reaction, which belongs to the resistance.

We know that the horse runs faster when the stable is near. Although the animal is tired, its pace is guided by the instinct to reach the food and to secure the rest it will find at the stable. When it senses the stable near, its speed increases. But it is not the same for a human being, for whom the approaching of the goal requires a bigger exercise of individual skills, which is an increased amount of psychic work leading to satisfaction. In the absence of an *instinct*, the chance to experience satisfaction is only a matter of *drive* (the Freudian term is *Trieb*<sup>21</sup>).

In the analytic situation, the *fundamental norm* we propose to the patient allows her to retrace the paths already used for her motions, i.e. the *defenses* already tested in the past to cope with her needs.

These defenses, however, resulted in a certain dose of repression<sup>22</sup> of dangers in early childhood: the loss of the mother's, or parents', or caregivers' love. Now, the same risk presents itself as the danger of the loss of the analyst's love.

The *free associations* create a delicate situation, especially for the analyst himself<sup>23</sup>, who, as Saraval (1988) describes, hides himself as a person to reappear as a character, who is everyone and no one, "answering" through a mirror, thus allowing the emergence of a relationship where past and present blend together *with an emotional intensity that has no equal in life*.

According to Freud (1914/1958b, p.139-140), the patient "will by himself form such an attachment and link the doctor up with one of the *imagos* of the people by whom he was accustomed to be treated with affection."

It may happen that the patient finds himself entangled in a representation of the relationship with the analyst, in which the

21. About the translation of *Trieb*, see Laplanche and Pontalis (2006, p.214). Freud uses the word *Instinkt* to indicate a law of behavior present in the nature of animal species: it is a law established by biological inheritance and identical in all individuals of the same species. In contrast, Freud (1915/1957, pp.121-122) defines the word *drive* as "a need for work imposed on the psychic apparatus" by the organism, and as a "measure of the demand made upon the mind for work in consequence of its connection with the body". Thus, the concept of *drive* implies psychic work. Famously, James Strachey in the *Standard Edition* (1966, pp.xxiv-xxv) preferred to translate *Trieb* with *Instinkt*, essentially obliterating this important distinction articulated by Freud in the original German.

22. Repression, or removal: about the translation of *Verdrängung*, see Laplanche and Pontalis (2006, p.390).

23. The term *neutrality* does not appear in the Freudian vocabulary. It was introduced by James Strachey in the *Standard Edition*. He used it in 1924 to translate the German word *Indifferenz*, used by Freud in "Observations on Transference-Love" (1915/1958a, p.157). Joan Riviere had earlier proposed the term *indifference* to translate the same word. The translation that appears in the Italian edition has *impassività* (Freud, 1977, p.367). Anna Freud did not use the term *neutrality*, but she nevertheless helped to build the concept, referring to the "opaque mirror" metaphor.



angry girl

idealization of the latter leads him to want to be *totally equal* to him. This is "being in love" (the Freudian *Verliebtheit*)<sup>24</sup>. The analyst, once he has noticed this, must not support this misunderstanding.

### Two Short Examples from My Clinical Practice: An Obsessive Patient and a Hysterical Patient

The first case is one of a young patient who had started the analysis because of a strong inhibition in his love life, and because of the desire to become an analyst himself.

Later, he reported from the couch an image that had tormented him at the beginning of the analysis. He was afraid to proceed with free associations, because he imagined that this would have led to a

24. Freud, "Group Psychology and the Analysis of the Ego" (1921/1955), Chapter VIII, *Being in Love and Hypnosis*, p.111 and following. The SE uses "being in love" to translate the German word "*Verliebtheit*" (GW, v. 13, p.122 and following). Furthermore, the Freudian concept of "being in love" is also present in Lacan, particularly in his word pun "*en-amoration* is *haine-amoration*" (1972-73): it makes hate and being in love coincide.

strong confrontation with the analyst. This idea provoked a strong anguish, like, he said, as if he were driving a car and suddenly he was in front of a moving obstacle, initially confused, but then increasingly clear: another car, identical to his, was coming towards him, so that braking became almost impossible. He explained that the danger (the crash) later proved inconsistent and just a figment of his imagination. He envisioned that the confrontation could be only a thin reflective film, entirely misleading, which he needed to puncture and pass through in order for the danger to become obsolete and the road ahead to become once again free and viable; a trap, in fact, characteristic of the obsessive personality.

Here is a striking example of danger; it seems as if it were coming from external reality, while it was nothing like that at all. The analyst, for his part, never encouraged the collision or the duel. He limited his interventions so as not to be found as the patient's enemy. Otherwise, he would have been blocked by the patient's resistance.

Through the analyst's silence, the interruption remained a mere figment, and this patient could go on, finish the analysis, and become an analyst himself.

The second example deals with hysterical neurosis (a diagnostic category that we analysts should never give up). In this case, the same difficulty presents itself in a completely different way.



animal hero

We know that hysteria is characterized by the presence of physical symptoms, sometimes changing over time, and all without organic source. Another trait of hysteria is the ability to disappoint the other, including the analyst, or not to come to an appointment after having scheduled it. "Wait for me, but I'm not coming"<sup>25</sup>: this can be considered a typical sentence, or the same slogan of every hysterical subject: his or her manifesto.

It was usual for a young woman I was analyzing to not to come to her sessions every now and then. Her parents had sep-

25. I am translating in this way the sentence "Aspettami, io non vengo," used several times by G.B. Contri during his lectures.

arated many years before and her father lived alone. When her mother died, she became owner of her apartment, severed a romantic relationship, and resigned from her workplace. I encouraged her to look for a new job, but she remained indifferent. She left the house less and less, spending many hours in front of the mirror, scratching her face and then claiming to be unrepresentable,

while her face was completely normal and she also had a graceful appearance. She was avoiding leaving the house as much as possible, on the pretext of wanting to avoid the danger of meeting her father, who had never hurt her.

Over the years, her absences from the sessions increased; sometimes she telephoned me after a few days to ask me for a new appointment, but then she did not show up. *Stop and go*.

Finally, I told her that in acting this way it was better for her not to continue the treatment as she would not yield any result. She then began to show up at my office without an appointment, demanding my attention with pretexts.

Eventually, I wrote her a letter, in which I recalled that her analysis was already over and she was now facing a crossroads: either continue in her isolation and her obstinacy; or turn the page, taking care of herself, of her house, and of her relationships, also looking for a new job. I would not have accepted further threats.

I have not heard from her since then, and I think that this treatment, with such an unusual outcome, was successful in its own way.

### Conclusions

I would like to end by quoting the Italian psychoanalyst G. B. Contri (1994), who brilliantly observed that in the mental illness, healing, as long as it has not already occurred, is not perceived as an asset, but as an evil. In illness, there is no desire to heal. This suggests the desire of healing is a novelty brought into being by the psychoanalytic technique.

We can say that every healing process has problematic aspects. The brilliant title of Freud's essay, "The Economic Problem of Masochism" (1924/1961a), can lead us

to think that healing too is an economic problem for every individual. But this is true only within the psychopathology. In fact, from the "economic point of view," the healing is not the problem, but rather the solution. We can say that every analyst is a real partisan of healing and offers herself to the patients, giving them a lift from neurosis to healing. ■

### REFERENCES

Battaglia, S. (1981). *Grande dizionario della lingua italiana* [Great dictionary of the Italian language]. Turin, Italy: UTET.

Conrotto, F. (2000). Trasformazione del criterio di "guarigione psicoanalitica" nel pensiero di Freud [Transformation of the criterion of "psychoanalytic healing" in Freud's thought]. In *Analisi curabile e incurabile. Sulla guarigione psicoanalitica* [Curable and incurable analysis. On psychoanalytic healing] (M. Balsamo, Ed.), pp. 61-63. Milan, Italy: FrancoAngeli.

Contri, G. B. (1987). *Lexicon psicoanalitico e enciclopedia* [Psychoanalytic lexicon and encyclopedia]. Milan, Italy: Sic Edizioni.

Contri, G. B. (1994). Il bene dell'analista [The good of the analyst]. In *Da inconscio a inconscio* [From unconscious to unconscious] (S. Gindro, Ed.). Naples, Italy: Alfredo Guida.

Frances, A. (2013). *Saving normal: An insider's revolt against out-of-control psychiatric diagnosis, DSM-5, Big Pharma, and the medicalization of ordinary life*. New York, NY: William Morrow.

Freud, S. (1955). Group psychology and the analysis of the ego. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 18, pp.65-144). London, England: Hogarth Press. (Original work published 1921)

Freud, S. (1957). Instincts and their vicissitudes. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 14, pp.109-140). London, England: Hogarth Press. (Original work published 1915)

Freud, S. (1958a). Observations on transference-love. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 12, pp.157-171). London, England: Hogarth Press. (Original work published 1915)

Freud, S. (1958b). Remembering, repeating and working-through. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 12, pp.145-156). London, England: Hogarth Press. (Original work published 1914)

Freud, S. (1959). Inhibitions, symptoms and anxiety. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 20, pp.75-176). London, England: Hogarth Press. (Original work published 1926)

Freud, S. (1961a). The economic problem of masochism. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 19, pp.155-170). London, England: Hogarth Press. (Original work published 1924)

Freud, S. (1961b). Negation. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 19, pp.233-240). London, England: Hogarth Press. (Original work published 1925)

Freud, S. (1964). Analysis terminable and interminable. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 23, pp.209-254). London, England: Hogarth Press. (Original work published 1937)

Freud, S. (1977). *Opere di Sigmund Freud* [Works of Sigmund Freud] Vol. 7 (C. Musatti, Ed. & R. Colomi, Trans.). Turin, Italy: Bollati Boringhieri.

Jaspers, K. (1997). *General psychopathology* (J. Hoenig & M. W. Hamilton, Trans.). Baltimore, MD and London, England: The Johns Hopkins University Press. (Original work published 1913)

Lacan, J. (1972-1973). *Le seminaire, livre XX, encore, 1972-1973*. Paris, France: Editions du Seuil.

Laplanche, J. & Pontalis, J. B. (2006). *The language of psycho-analysis*. London, England: Karnac Books.

Rank, O. (1924). *Das Trauma der Geburt* [The trauma of birth]. Leipzig, Germany: Internationaler Psychoanalytischer Verlag.

Saraval, A. (1988). La tecnica classica e la sua evoluzione [The classical technique and its evolution]. In A. A. Semi (Ed.), *Trattato di psicoanalisi* [Treaty of psychoanalysis]. Milan, Italy: Raffaello Cortina.

Strachey, J. (1966). Notes on some technical terms whose translation calls for comment. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 1, pp.xxiv-xxv). London, England: Hogarth Press.

\*\*\*The notation "GW, v. 13, p. 122 and following" is used in the footnotes but never explained.\*\*\*

## The Shadowing of the Object: A Case of Abrupt Departure in the Analytic Process

Vaia TSOLAS

When Persephone came to see me, I knew I was dealing with a goddess. Her last name betrayed her background and family history. I was curious, though, to meet the person behind the name and public image. To my surprise, she entered my office not as a goddess, but rather as a scared animal, who had to survey and conquer new territory, as if being threatened to be devoured by a lioness.

She told me about her ambivalent separation from a long-term boyfriend whom she could not completely leave behind, opting instead to come and go between her mother's house and his. She spoke of needing my help to find her own inner place, her own "home," where she could finally begin the life she imagined for herself. Panic and depression were her long-term companions in life. She had something to say about the origin of these feelings. She sobbed when she spoke about not getting enough from her mother and about her self-hatred in comparing herself to sisters favored by her parents.

Her gaze was intense, and I felt relieved when Persephone began to use the couch after our initial consultations. "I like the couch because I can look inward instead of responding to you," she said.

She was eager to start analysis, to dig into herself to find what made her run away from the sense of her own being, her creativity, and her "vocation" in life. As a painter, she felt embarrassed about her paintings when she compared her art to that of her father, a celebrated film director. She told me her family members were all successful artists; she was the one who failed, remaining small, pathetic, and lost. Despite family wealth and fame that gained her access to the best schools, her sense of herself remained incurable.

Persephone described her boyfriend as her mirror image from whom she wanted to run away, but to whom she returned, unable to escape.

In Greek mythology, Persephone is kidnapped by the lord of the underworld, Hades. Her mother, Demeter, wants her back and retaliates by keeping the crops from growing, thus forcing Zeus to intervene. Persephone also fights Hades by refusing to eat, but she can't resist pomegranate. Eating food from the underworld binds you to living there. The six seeds she eats translate into six months of living with Hades and away from her mother, months that are made colder by Demeter's mourning.

"Every day, I am thinking of how to get away from this relationship. It is not about if...it is about when. What else? It was nice going to Boston. We were doing a show a day. It was fun to see us making people happy. It is a great component of my life and I felt grateful. One of the other painters told me that when she makes a mistake, she goes, 'Oh! My god I have learned something.' It is not about fearing that she exposed herself. But I go, 'Oh my god! I just exposed myself.'

"I had a dream last night that there were grasshoppers in my tea. I woke up, and I thought I should make a tea, and there were grasshoppers in there. I am happy it is May. The beginning of a new month. A new sea-

son. I am sorry, I am lost in my head. I was thinking of my schedule and the possibility of a new painting. And thinking of where to go next. I was thinking of the light being beautiful and it is not cold out. All the new possibilities. I would like to share my studio. It will be nice to have someone else to share space with me. What I think about this...is worrying.

"Can you give me a trigger word?"

"You would like a grasshopper in your tea," I repeated.

"You have the keys, and I can work with whatever you give me. I don't want to



spaceman

be here a year from now and to have this be the same, nothing having been changed. My friend K. was in analysis and she is still fighting with her own demons. She is destructive, neurotic. I love being a painter. I know I am with my boyfriend because he deeply loves me. And allows me to feel loved. The problem with us is that I don't love him. I don't feel he can take care of me the way I want to be taken care of. There is a roughness to him. It makes me feel unsafe. I use all these big words. I wonder how you hear this. And I am not asking you. But you have experience in hearing this. Because you are so good in hearing. I want away from him. That is my gut instinct. I don't like him. It is awful."

Persephone wanted to get away from Hades as fast as she could, and return to the heavenly feelings of reunion with an ideal version of herself/mother, a mother/self who felt too lofty to get a grasp of, or to hold on to for long enough. During the first three months, she invested me with qualities of this idealized mother. "You are my backbone," she said. "I know you will be there when I am about to fall." However, her memories of her own mother were the opposite. "She was too depressed or too preoccupied with her own life and my father to take care of me."

She described her mother as lacking in herself this backbone that she envisioned me to have. Her mother was painted as talented and successful, but nonetheless weak, submissive, and deferential when it came to her father, a dominant and moody man who needed her mother's slavery to his whims in order to feel whole himself. But this was not the whole story. Her sisters got the best of her parents, she said, and by the time Persephone was born, there was not much goodness left for her; it was like her parents were too old, too worn out, leaving her a broken mirror in which to reflect on herself.

Lacan (1948/2006) writes,

*What I have called the mirror stage is interesting in that it manifests the affective dynamism by which the subject originally identifies himself with the visual Gestalt of his own body: in relation to the still very profound lack of co-ordination of his own motility, it represents an ideal of unity. (1948/2006)*

This ideal of unity comes from the mother's gaze. Persephone's mirroring in her mother's gaze seemed to be far from being a source of idealization and cohesion. It was as if it was shadowed by the mother's own fragmented mirror, through which the mother aspired to seek repair and self-rejec-

tion in the idealization of her phallic husband. Persephone came to receive through this mirror the maternal projection and identification of self-hatred and abjection.

Persephone was desperate to find in me the unifying image that would allow her to love herself for the first time. However, when I left for summer vacation after our first three months of work, Persephone, to her surprise, fell into depression, insomnia, and difficulty working and functioning. She decided to enter couples therapy in the hope of fixing her boyfriend instead.

The only resistance is the resistance of the analyst, Lacan states. I was duped by being invested with the qualities of an ideal other, so it took me by surprise when Persephone resumed analysis after the break and appeared indifferent to my return. I felt displaced by the couples therapist and abruptly dropped.

I was quick to interpret how difficult the break must have felt, and referred to a childhood memory—she refused to come out of her room when her mother would ask her to join them when the father came back from his trips. In retrospect, my reaching for an explanation, as well as my later increase in the frequency of my analytic interpretations, might have protected me from the narcissistic displacement of being the one.

Persephone started skipping sessions, coming late or coming an hour early. She seemed impatient that analysis could take this long before she felt better. Her boyfriend was not changing quickly enough either. She decided that this time, she needed to find her own place for real. She looked in three different areas, one close to her yoga teacher, one close to her couples therapist, and one close to me. In the countertransference, my feeling that I was just one of the three, competing to be the special one, was so loud that I had to wonder about her competition with her sisters for her father's affection. One day, enraged by her boyfriend, she asked me if it was OK with me that she does yoga to release some of that aggression. Before I could even think to respond, Persephone was on the floor practicing her yoga poses.

"Sorry to get it out in your office," she announced, as she sobbed when she finally managed to get herself to the couch. She then talked about meeting her boyfriend the previous night and about his being both drunk and intolerable. But this was not all she felt enraged about. "Nothing is working!"

"This is the theme of my life," she said. I felt sad for her but disconnected. I couldn't hear her associations, as I was working too hard to understand what she was trying to say.

"I liked it," she said referring to her yoga earlier. "It helped me."

"You apologized," I murmured.

"I did? I didn't remember...I am angry for a lot of reasons. He is not the boyfriend I want. I don't feel he is helping me in my life. Any suggestions to clear my mind before I go to my work today?" she asked. She continued talking about how ineffective she feels. I said that it is much the same here, that she gives too much, but takes little back, and that makes her angry and guilty.

She disagreed that she didn't get enough from me, but spoke instead of being aggressive and bossy. It is precisely because she is ineffective that she gets more bossy.

"Am I giving you mixed messages?" she asked. "I am angry that I am going to be alone with no family."

Lacan, in associating aggression and narcissism, states that

*It is the ego as an imaginary function of the self, as a unity of the subject alienated from itself, of the ego as that in which the subject can recognize itself at first only in abolishing the alter ego of the ego, which as such develops the very distinct dimension of aggression that is called from now on: aggressivity. (1948/2006)*

Lacan builds further on Freud's theory of aggression and self-destructiveness by asserting that aggressivity is an inner conflict between the subject and his own ego.

Persephone felt suicidal in the following sessions. She also felt like she would be a coward for killing herself in a violent way. She wanted to do it peacefully and politely. She told her mother over lunch about her plans of euthanasia. She asked for one last time to meet with everyone in her family to get what she lacked her entire life. In this conversation, she realized with pain what she always knew but denied; that the answer to her question to the other, "Can you afford losing me?", was quite ambivalent. She wept, but still her feelings of failure and inadequacy could not be washed away. She started missing sessions, and the question she had posed to her mother had come into the transference. It was difficult for her to get to my office, she said, and also she had many more important things to do, thus communicating to me the pain of being ignored and not prioritized. "I want to see outside my own brain. I want to feel less lost," she emphasized in these ambivalent comings and goings to my office.

I responded aggressively, becoming more interpretive to her and to this ambivalent engagement to her analysis; I interpreted her maternal transference to me

as the devalued object as well as the transference of the parental couple, where I was either the inadequate dependent wife or the unsatisfied critical phallic father or the lost, abandoned part of herself. The more I continued and increased my interpretations, the more empty-headed Persephone felt. In this chain of reactivity, I had tasted the pomegranate seeds of Hades and was bound to join the familial ghosts.

It took me by surprise when Persephone told me that she was going on a trip abroad because her sister had offered Persephone her own apartment for a month.

"I can taste her life for a month. Why not? I am not doing anything important here anyway," she told me.

It sounded as if Persephone had two choices at that moment; stay in her analysis, "looking at the pile of shit inside her," as she said, or leaving that pile with me and inhabiting someone's life, especially that of one of her sisters, whom she had greatly envied for her entire life. It was just a break from herself, she said, turning a deaf ear to my annoyance that leaving herself behind was only illusory. She promised to come back, because I always had been and would continue to be her backbone.

Upon her return, Persephone called to announce that she was taking a break to try some alternatives to analysis. A few years later, she called me again to ask for a psychopharm referral. Is she still searching for a new idealized maternal shell to carry herself? Knowing her, she probably is. What was the danger she was running away from? The Hades of her internal deadness she came to encounter in the mirroring of her analysis; the toxicity of the maternal hatred being reactivated in the transference-countertransference paradigm; her sense of having annihilated me with her envy and aggression? Any of the above, all of the above? I could not say.

But if there is one thing I can say with certainty, it is what Persephone told me: "I would like to step out of my script. It is rebirth that I am looking to find." As Julia Kristeva suggests in her book *Powers of Horror* (1980/1982), "I spit myself out, I abject myself within the same motion through which 'I' claim to establish myself."

Persephone's premature termination of one year of analytic work was a matter of life and death, and that, Persephone was clear about.

In retrospect, I followed Persephone's life-death struggle in the countertransference and was kidnapped by the shadow of the meek mother, who cannot protect her daughter from the overpowering Hades. I defended against this shadow by increasing analytic interpretations after the summer break. Were these enactments that contrib-

uted to the early termination, or do I underestimate transference by taking blame for the early termination?

In cathecting and decathecting the object in the narcissistic transference, and in her alterations between manic activity and melancholic states, Persephone's attempts to expel the shadow of the object

represented her unconscious loyalty to the death-bearing identification with the primary object.

Why does Persephone eat those seeds when she knows full well the tragic consequences? The eating of the seeds is the repetition of termination, in which she gives birth to herself by destroying the object



puddle

into me spoke so she could free herself and love herself for the first time. Her comings and goings, her missing sessions, all these repetitive mini-terminations in the analytic process revealed how relentlessly the repetition compulsion's overriding of the pleasure principle led to premature termination.

In sum, the danger that she was running from in the transference was the dual annihilation of self and object, a danger that

without whose love she cannot live. In her abrupt termination, the taste of those seeds frightened me and prompted me to join her in the countertransference. ■

REFERENCES

Kristeva, J. (1982). *Powers of horror* (L. S. Roudiez, Trans.). New York, NY: Columbia University Press. (Original work published 1980)  
 Lacan, J. (2006). *Aggressiveness in psychoanalysis*. In B. Fink (Trans.), *Écrits: The first complete edition in English* (pp.82-101). New York, NY: W.W. Norton & Co. (Original work published 1948)

## What Healing Has to Do with Termination: Endings and Interruptions

Luca FLABBI

### Introduction

In this panel discussion, we are proposing that any analysis can lead to three possible outcomes:

1) *Termination*: The on-going process constituted by **steps forward** in the healing process continuing after regular sessions with the analyst have stopped.

2) *Interruptions*: The erratic departures and returns expressing an ambivalent **stop-and-go**.

3) *Departure*: The abrupt abandonment of the analysis, stating a **disowning** of the work done.

Furthermore, by outcomes, we mean that they take place at the end of the analysis: they are the *products* of an analysis, resulting from the work done jointly by analyst and analysand.

### The Fundamental Question

These three definitions raise a fundamental question: why choose (2) or (3) when the **convenience** of (1) is **clear**?

But what do I mean by *convenience*? In what respect do the criteria conclude that termination is more convenient than interruptions or departure?

I propose a criterion based on *economic efficiency*: (1) is convenient with respect to (2) and (3) because it makes a much better (i.e., a much more efficient) use of the resources invested by the individual (or subject, or, in this particular application, the analyst and the analysand).

Equivalently, we can state that (2) and (3) are a massive waste of resources, whereas the resources invested in an analysis are significant, and they include the financial commitments necessary to finance it, the time allocated to the sessions, and all of the acts and thoughts necessary to its development and elaboration.

All of these resources could have been used more productively elsewhere if the outcomes at the end of the analysis are continuous and ambivalent *stop-and-go* or the *disowning* of the work done.

Attaining *steps forward* in the healing process is the objective of any analysis (of any life, really), and they are an unlimited source of satisfaction and pleasure. Only a termination, as opposed to interruptions and departure, is leveraging on the analytical process in order to make a step forward in the healing process.

The opposite also holds; any experience of satisfaction, any fulfillment of pleasure becomes a *step forward* in the healing process.

Starting and engaging in an analysis means *investing resources*, resources which mainly (and at least) include:

1) **Time Investment**: How many activities involve a substantial weekly time investment? Not too many: professional engagements, a few life passions, our most important relationships.

2) **Financial Investment**: How many activities involve a monetary investment with the potential of requiring major life changes? Again, very few are extremely important and significant for our life. The possible life changes implied by the monetary investment in the analytical process are an important part of the work conducted during an analysis. We know that when they are not present because the analysand is solidly well-off, we miss an opportunity.<sup>26</sup>

3) **Thought Investment**: Thinking—or, better, recuperating the act of thinking we were born with—is the main act that the analytical setting is attempting to favor. All of the elements of the analytical setting are organized in order to favor thoughts, to predispose to the act of thinking. Since thoughts are our most precious (as in unique and inestimable) resource, deciding to invest them in the analytical process is the ultimate commitment in the healing process.

Given this massive investment, it would be illogical to engage in it if not for an important and valuable result. If the result is not reached, we end up with a variety of outcomes, outcomes that can all be characterized by a common element: *failure*.

I use failure as a dynamic concept. A given act may be judged a failure in the moment the outcome is realized. However, nothing prevents the same act from being used as input in a renewed process leading later on to a new outcome that may turn out to be a success.

Failure of the investment in the ana-

26. Ideally, it would be useful to have a variation in prices able to favor this opportunity. A price such that the individual has the opportunity to consider significant, but still feasible, life changes.

lytical process is not fundamentally different from the failure of a financial or capital (physical or human) investment. The only difference is that the successful (or not) outcome of the analytical process is fully dependent on our individual competence, while the success of a financial or capital investment may occasionally be determined by external circumstances.

Failure of a financial investment, or of an entrepreneurial activity, does not mean you are *finished*. It does not mean all the resources have been *wasted*. It simply means that the *output* is significantly lower than the *input*. This ratio, or proportionality, or accounting exercise applies to a financial investment just as it applies to the investment in time, money, and thoughts required by engaging in an analysis. The simple accounting exercise of comparing inputs (time, money, thoughts) with outputs (steps forward, stop and go, disowning) is the main exercise required in judging the termination of analysis. It is also extremely useful to restart the healing process in case of failure. The ability and willingness to do it is an unmistakable sign of effective working-through and of openness to healing.

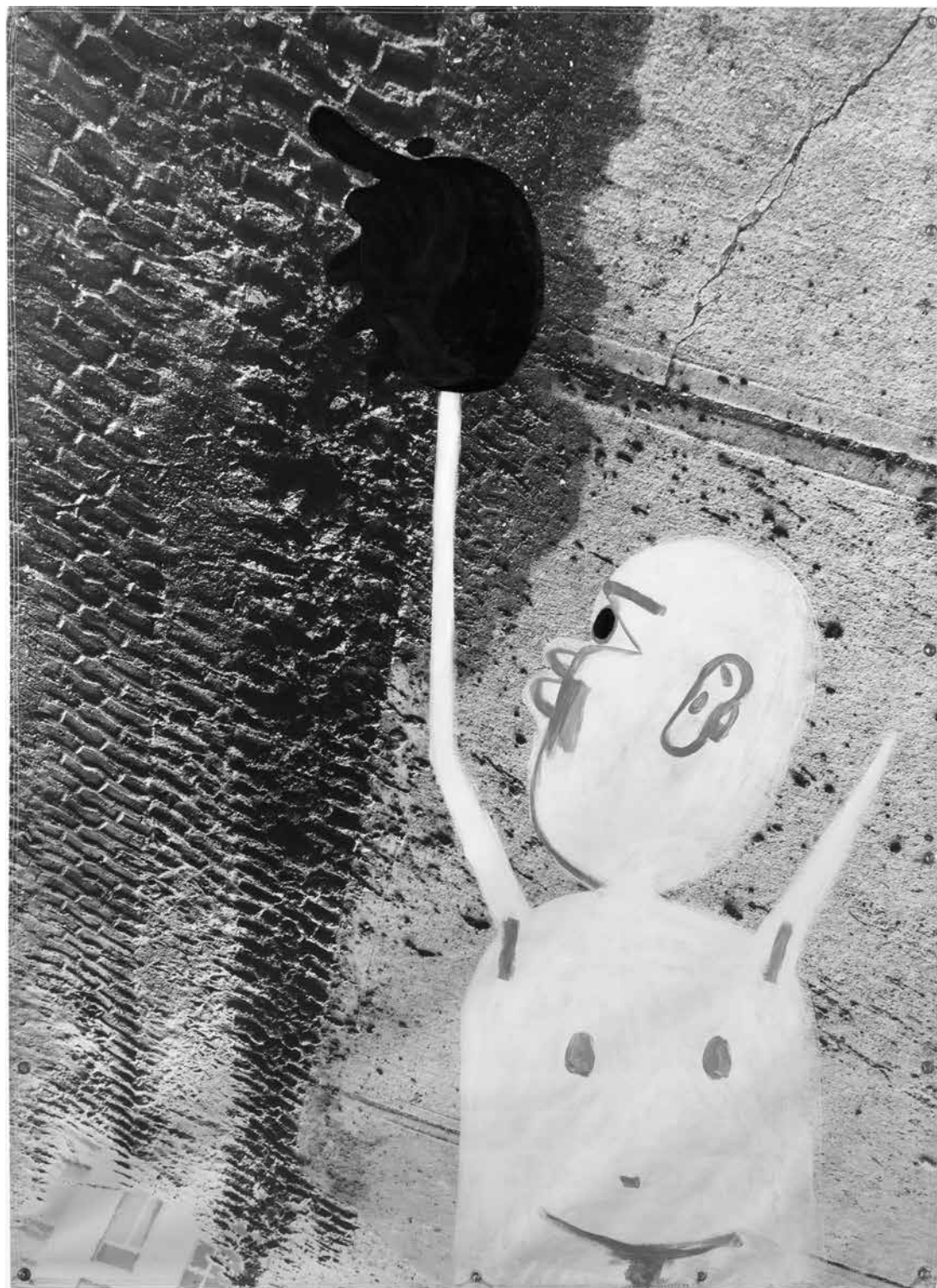
### The Benefit of Termination

The other panelists' contributions on technique and on clinical cases have already provided useful material to answer the fundamental question of why (1) is preferable to (2) and (3).

In the rest of my contribution, I want to elaborate further on why the termination of an analysis is convenient. Defining the termination's convenience also provides a definition of the termination itself.

If one clear sign of healing is the ability and willingness to compare inputs and outputs (to compare *investments* and *returns*, if you want to use the language of a financial or capital investment), then the same proportionality can be used to describe the termination of an analysis in relation to the healing process.

This definition of termination emphasizes, among other things, that the end of an analysis is not to be interpreted as the realization of a duality, a duality based on the attempt of switching from one sphere or state (pathology) to another (sanity). Termination does not consist of switching a mechanism on and off, of moving from a dark side to a light one, of crossing from a bottom to a top. Termination denotes the commitment to continue transforming a given input to a different output. The working-through process,



tread

which is favored, predisposed, magnified by the analytical work, is the act through which the analysand starts a renewed process, a process we should be correct to identify as a *production process*.

The healing process of the step forward and the ineffective and inefficient process of the stop-and-go and of the disowning are *all* production processes. They are just *different* production processes, i.e., they generate different outputs when given the same amount and combination of inputs.

The *termination* of an analysis registers the moment in which the individual is able to recognize whether the input she is in-

vesting in any daily activity generates an output that made the investment worth it. Of course, this does not mean that every daily investment will be successful, but it does mean that she is now able to assess, to *judge*, when they are.

The erratic departures and returns of the *stop and go*, instead, make it very difficult to identify the quantity and quality of the output, because they do not allow the investment to complete its production process. As a result, the judgment is blurred and it is proportionally difficult to assess. Blurring and confusion will, in turn, provide fertile new material for the doubts,

repetitions, and vicious cycles characterizing the ambivalent stop-and-go.

There is only one more damaging (more inefficient, less logically consistent, closer to failure) outcome than this ambivalent stop-and-go: it is the *disowning* of the entire process realized in outcome (3).

*Disowning* means negating that a production process ever took place. Admitting that a production process is taking place is equivalent to admitting that valuable resources are invested. Admitting that valuable resources are invested requires the analysand (or, really, any individual engaging in disowning the possibility of personal satisfaction) to answer where those resources went and why they were devoted to such an activity. But providing such an answer is equivalent to admitting, judging, recognizing that those specific meetings conforming to the analytical setting are producing something, and this is exactly what must be negated to reach the abrupt departure described in outcome (3).

Judging a production process by comparing input and output is all that is required to open the possibility of healing. This act of judgment is a straightforward act, accessible to anyone. It is a judgment that requires nothing more than the individual competence provided to any individual from birth. The same subject that provides and combines the input and that experiences the outputs is also the subject better qualified to judge them. The competence required to invest inputs in order to produce outputs is the same

competence required to judge the production process itself. There is no authority "external" to the subject that can (or should) do that. When that happens, and the subject believes it, both processes (production and judgment) are interrupted and frustrated.

Can we identify the foundational and common elements of a successful production process? Yes, and they have been at the center of the psychoanalytical quest from its inception. They can be summarized in two items:<sup>27</sup>

27. Both Freud and Lacan are obvious references. Here, I am referring in particular to the elaboration proposed by Contri (2006), where the "indispensable" of the second statement is logically derived from a fundamental law common to all human beings since birth.

1). *Excitement* (or libido)

2). The *other* as an indispensable partner in reaching satisfaction, where the other simply denotes another subject also endowed with the competence of judging and assessing a production process

Recapitulating these two items is exactly what the analytical process is designed to do: reinstating the faith in the possibility and reality of excitement and proposing the analyst as a partner among (potentially) many partners. A partner that will continue

to be a partner after the termination of the analysis. If at the end of the analysis, the analysand and the analyst do not continue their lives as partners (i.e., as common contributors to a production function generating satisfaction for both of them), then we have reached outcomes (2) and (3) and not outcome (1).<sup>28</sup>

A partner is not an image, a fiction, a ghost, a *semblant*. A partner works in the production process, and we can show ev-

28. In this sense, I would claim that the psychoanalyst is not a professional as the MD (or the lawyer, the economist, the car mechanic) is a professional. There is no professional of the individual competence. The analytical process is a relationship between *two* individual competences; a relationship that, when it is productive, never ends.



wolf and friend

idence of her contribution as a valuable and indispensable input. Showing evidence does not mean looking for the causation or the deterministic and probabilistic necessity studied in the natural sciences or experienced in technological processes. It means recapitulating the act of judgment implemented by the individual competence.

The act of judgment is not an algorithm used to evaluate the output of a chemical reaction or the return of a financial investment; it is an appeal to our primordial competence of deciding what contributes to our own satisfaction and pleasure.

#### Psychoanalysis and Social Sciences

This different judgment is what sets psychoanalysis apart from other social sciences. All social sciences pose the same question, and it is the question posed by the psychoanalysis itself: no science focusing on human behavior can avoid it or dispose with it. It is the question of what it means to be an individual human being.

In psychoanalysis, the competence to answer this question is traced back to the individual herself, to her individual competence. In most other social sciences, it is linked to some external authority, which is supposed to have a higher degree of competence than the individual herself does.

Following the formalization proposed so far, it is this external authority that is supposedly able to compute (pending the availability of the right amount of information) the differential between input and output, and it can therefore assess the success of the production process. In this sense, we can say that the individual of other social sciences is fully *calculable*. This property has the convenient implication of providing systematic and comparable empirical evidence. In many social sciences, this evidence can then be organized in a statistical structure, which formalizes observed regularities. This operation is, by definition, not implementable in psychoanalysis.

Economics is an example among the social sciences where the calculable individual is in evident display. The interesting feature of human behavior in economics is that each individual acting and choosing in the economy (the economic *agent*) behaves not only as a calculable individual, but also as someone able to implement the calculation herself.<sup>29</sup>

How and to what degree economic agents are able to implement the calculation depends on certain factors such as the amount of information available, the structure of the market, and the presence of constraints. This is the focus of much recent research in the field.

29. This approach dates back to the Marginal Revolution of the late 19th century, which has become the mainstream approach in economics since the mid-20th century.



For example, the application of game theory to economics enriches the calculating mechanism by including strategic behavior. The recent development of behavioral economics challenges some of the main predictions of the behavior just described but without, in my view, abandoning the calculable-agent approach. The central tenet that the calculable individual is a description and a theory of human behavior able to generate aggregate and specific outcomes is not in doubt.

If this *calculable* and calculating agent is the model of human behavior, then the three definitions of possible outcomes of an analysis that we have presented do not have much value.

In economics, every agent is trying to reach outcome (1) (*Termination*), and if sometimes we register outcomes that are observationally equivalent to (2) (*Interruptions*) and (3) (*Departure*), it is just because

the calculation mechanism has some "error." An error that is not generated by a conflict, a contradiction, or a different judgment, but by a mistake of the algorithm, like a bug in a line of computer code.

Conversely, psychoanalysis has at its core the understanding that the *freedom* of individual judgment is of the utmost importance. Psychopathology is neither an error nor a bug, but a road taken by a subject potentially free to choose and judge. Reestablishing and supporting this freedom to choose *any* road is the only objective of psychoanalysis. If the social science of psychoanalysis (or a given psychoanalyst working with a specific subject) may provide some evidence that one road leads to psychopathology while another does not, still it cannot convince anyone about the road to be taken; nor can it take for granted (as economics does) that a free and fully informed agent will choose the more convenient option.

Freud (1923/1961, p.50) was very clear on this point: "Analysis does not set out to make pathological reactions impossible, but to give the patient's ego *freedom* to decide one way or another."

Reinstating the freedom to judge in light of our own personal satisfaction, no other social science has this ambition. That is why the termination (outcome (1)) of an analysis is a conclusion, but not the end. It is the conclusion of one production process, but not the end of the process through which the subject produces. The termination of the analysis does not produce a static output, but a new dynamic input to be used in future successful production processes. ■

REFERENCES

- Contri, G. B. (2006). *Il pensiero di natura* [Thoughts of nature] (p. 291). Milan, Italy: Sic.
- Freud, S. (1961). The ego and the id. In J. Strachey (Ed. and Trans.), *Standard edition* (Vol. 19, pp.1-66). London, England: Hogarth Press. (Original work published 1923)



Green Thing



roadwork

Now Available from . . .

**IPBooks.net**



IPBOOKS.net  
International Psychoanalytic Books

(For international shipping rates,  
please write to: [psypsa@aol.com](mailto:psypsa@aol.com))



Edited by Anita Weinreb Katz & Arlene Kramer Richards  
***Psychoanalysis in Fashion***

"In *Psychoanalysis in Fashion*, the editors have assembled a series of riveting essays that span a broad range of connections between the unconscious mind and its expression in the dressing and adornment of the self. Fashion trends, hairdos, jewelry, and even cross-dressing are all fair game for the book's bold expositions and intriguing ideas. Conscious and unconscious fantasies play large roles in dressing up, which itself shapes, expresses, and even conceals portions of identity. Ultimately, we are shown how we banish the animal body while cloaking ourselves in cultural glory."

—Danielle Knafo, PhD, author of *Dancing with the Unconscious* and *The Age of Perversion*



Jeffrey Berman & Paul Mosher

***Off the Tracks: Cautionary Tales About the Derailing of Mental Health Care***  
Vol. 1: *Sexual and Nonsexual Boundary Violations*

Vol. 2: *Scientology, Alien Abduction, False Memories, Psychoanalysis on Trial, Black Psychiatry, Bizarre Surgery, Lobotomy, and the Siren Call of Psychopharmacology*

"Psychoanalysis has been plagued by errant and abusive practitioners since its inception. . . . Berman and Mosher have traced the history of sexual boundary violations in great detail. Their meticulous research into appalling cases of analyst misconduct in the consulting room (and elsewhere) makes for a fascinating and chilling read. . . . We are all vulnerable to self-deception. . . . psychoanalysts and psychotherapists should read this book, which is the most thorough history of analysis going awry that has ever been published. I highly recommend it."

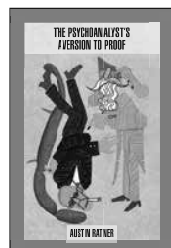
—Glen O. Gabbard, MD



Sarah Boxer

***Mother May I? A Post-Floydian Folly***

*Mother May I?* is the sequel Boxer's comic in the *Floyd Archives*. In this hilarious and terrifying riff on the works and lives of the child psychoanalysts Melanie Klein and D.W. Winnicott, Dr. Floyd's abandoned patients take a turn with Melanin Klein, a small black sheep who adores talking about ta-tas and widdlers. Klein is joined by her three little kids—Melittle Klein, a bitter kitten, Little Hans, a rambunctious bunny, and Squiggle Piggie, a pig whose tail creates expressive pictures when pulled. *Mother May I?*, a comic with footnotes, is for those who wonder whatever happened to psychoanalysis after Freud was gone, for those still working out things with their mothers, and for those who appreciate a comic romp with a dark edge.

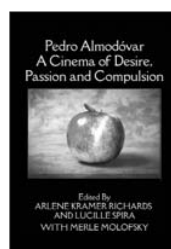


Austin Ratner

***The Psychoanalyst's Aversion to Proof***

"An important, serious and timely treatment of the major problem confronting psychoanalysis today, *The Psychoanalyst's Aversion to Proof* could help determine the future direction of American psychiatry and mental science. The book is compellingly readable and direct but simultaneously scholarly and edifying—impeccably well researched in relation to the historical facts it reviews and the philosophical arguments it marshals—and it culminates in impressively realistic conclusions and practical recommendations."

—Mark Solms, PhD, Science Director of the American Psychoanalytic Association



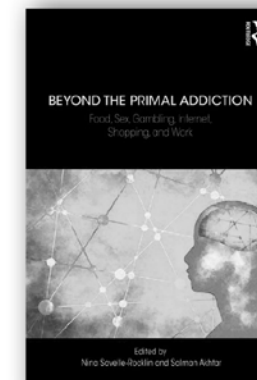
Edited by Arlene Kramer Richards & Lucille Spira with Merle Molofsky

***Pedro Almodóvar: A Cinema of Desire, Passion and Compulsion***

"It has often been said that watching movies is the poor man's psychoanalysis. The films of Pedro Almodóvar can be viewed as a direct descent into the unconscious. In this outstanding collection of psychoanalytic essays, the contributors take the reader on a journey through gender ambiguity, raw sexuality, death, desire, passion, violence and the mystery of what it means to be human. The link between dreams and the cinema is nowhere more compelling than in the work of Almodóvar, and readers of this superb new volume may feel they have emerged from a kaleidoscopic dream, richer and wiser as a result of the experience."

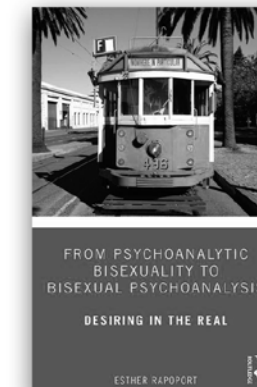
—Glen Gabbard, MD, author of *The Psychology of the Sopranos*

# New Titles in Psychoanalysis from Routledge Mental Health



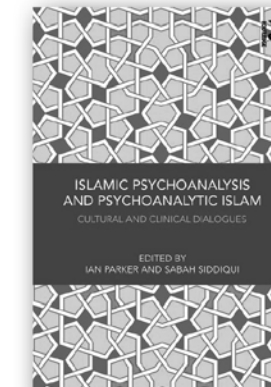
**Beyond The Primal  
Addiction**

Food, Sex, Gambling,  
Internet, Shopping, and Work  
Edited by Nina Savelle-Rocklin,  
Salman Akhtar



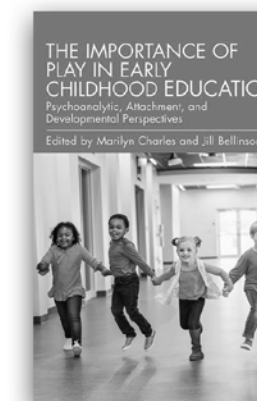
**From Psychoanalytic  
Bisexuality to Bisexual  
Psychoanalysis**

Desiring the Real  
By Esther Rapoport



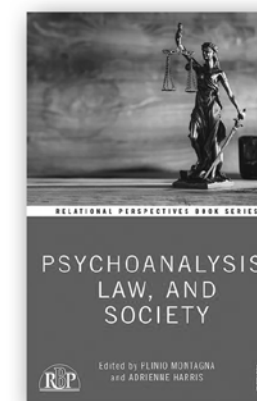
**Islamic Psychoanalysis and  
Psychoanalytic Islam**

Cultural and Clinical Dialogues  
Edited by Ian Parker, Sabah Siddiqui



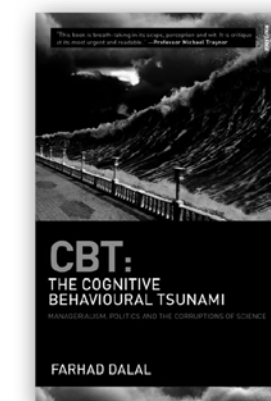
**The Importance of Play in  
Early Childhood Education**

Psychoanalytic, Attachment,  
and Developmental  
Perspectives  
Edited by Marilyn Charles, Jill  
Bellinson



**Psychoanalysis, Law, and  
Society**

Edited by Plinio Montagna,  
Adrienne Harris  
*Relational Perspectives Book  
Series*



**CBT: The Cognitive  
Behavioral Tsunami**

Managerialism, Politics and  
the Corruptions of Science  
By Farhad Dalal

**Routledge**  
Taylor & Francis Group

Routledge... think about it  
[www.routledge.com](http://www.routledge.com)

## DIVISION|REVIEW

American Psychological Assoc.  
750 First Street, NE  
Washington D.C. 20002-4242

Forwarding Services Requested

NON-PROFIT ORG.  
U.S. POSTAGE  
PAID  
Washington, D.C.  
Permit No. 6348

### NOTES ON CONTRIBUTORS

**Michael Alc e**, Ph.D. is a clinical psychologist in private practice in Tarrytown, NY and also serves as Mental Health Coordinator at Manhattan School of Music. A two-time TEDx speaker, podcast host ('Live Life Creatively'), and Psychology Today blogger, he loves to write and speak about the link between the creativity and psychotherapy. Find him at [drmichaelalcee.com](http://drmichaelalcee.com).

**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). He is a contributor to cultural journals such as *T los*, *Lettre Internationale* (French, Spanish, Hungarian, Rumanian, German and Italian editions), *Texte, RISS*, *Journal for Lacanian Studies*, *L' volution psychiatrique*.

**Jeanne Wolff Bernstein** is a past president and faculty member at The Psychoanalytic Institute of Northern California (PINC) and currently a guest professor at The Sigmund Freud University in Vienna. She was the 2008 Fulbright Visiting scholar at the Freud Museum and Private Foundation in Vienna, Austria. She has published widely on psychoanalysis and the arts, and just wrote the entry on Lacan for the newly issued Textbook of Psychoanalysis. [jeanne.wolffbernstein@gmail.com](mailto:jeanne.wolffbernstein@gmail.com)

**Chris Christian** is a psychologist and psychoanalyst in practice in New York. He is on the Faculty of the Institute for Psychoanalytic Education, affiliated with NYU School of Medicine; and a Training and Supervising Analyst, and Dean at IPTAR. Dr. Christian is the Editor-in-Chief of Psychoanalytic Psychology, the official Journal of Division 39 of the American Psychological Association. He is on the editorial board of the Journal of the American Psychoanalytic Association.

**Loren Dent** is the Web Site Editor for DIVISION/Review. He is a psychologist and psychoanalyst in practice in New York.

**Luca Flabbi**, PhD is an Associate Professor at the University of North Carolina-Chapel Hill and a regular member of the board of the psychoanalytic society Societ  Amici del Pensiero - Sigmund Freud (SAP), based in Milan, Italy

**Glauco Maria Genga**, MD, is a psychiatrist, consultant to the Italian Air Force and senior psychoanalyst, member of Societ  Amici del Pensiero 'Sigmund Freud', Milan, Italy.

**Patricia Gherovici**, is a psychoanalyst and analytic supervisor. She is co-founder and director of the Philadelphia Lacan Group and Associate Faculty, Psychoanalytic Studies Minor, University of Pennsylvania (PSYS), Honorary Member at IPTAR the Institute for Psychoanalytic Training and Research in New York City, and Founding Member of Das Unbehagen.

**Bettina Mathes**, Dr. phil. is a psychoanalyst in private practice, writer, and translator. She has published extensively on psychoanalysis, film and gender. Latest publications "All My Toys Are Dead. Chantal Akerman's No Home Movie" (International Forum of Psychoanalysis, 2019); and a new translation of Sabina Spielrein's "Destruction as the Cause of Becoming", in: Pamela Cooper-White, Felicity Brock Kelcourse: Sabina Spielrein and the Beginnings of Psychoanalysis, Routledge 2019. She lives and works in Granada, Spain. contact: [mathesbettina@gmail.com](mailto:mathesbettina@gmail.com)

**Maria Gabriella Pediconi** is a researcher and professor of dynamic psychology at the University of Urbino, and a psychoanalyst of Societ  Amici del Pensiero "Sigmund Freud" of Milan, Italy.

**Mariano Ben Plotkin** has a PhD in History from the University of California, Berkeley. He is currently a senior researcher at the National Council of Scientific Research (Argentina) and Professor of History at the Universidad Nacional de Tres de Febrero. Before that, he taught at Harvard University, Colby College and Boston University. He published extensively on the history of psychoanalysis, particularly in Argentina and Brazil. His books include: *Freud in the Pampas* (Stanford University Press, 2001)

Louis Rothschild is a clinical psychologist in Providence, R.I. He maintains a private practice specializing in psychoanalytic psychotherapy in addition to providing supervision, writing articles and book reviews, and occasionally reviewing manuscripts. Presently, his scholarly focus is centered on rapprochement between fathers and sons where he has penned separate book chapters in three edited volumes.

**Vaia Tsolas**, PhD is a clinical psychologist and a psychoanalyst on the faculty at Columbia University, Psychoanalytic Center and Albert Einstein College of Medicine, teaching Freud and Lacan. She is also the director of Rose Hill Psychological Services. Her latest book, co-edited with Christine Anzieu-Premmereur, "A psychoanalytic exploration of the Body in Today world" was published in 2017.