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the CANDIDATE

Perspectives from an Evolving Psychoanalytic Community

The Future

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What Can Psychoanalysis Say About the Future? Or, When Is the Future?

Michael S. Garfinkle, PhD, and Donald B. Moss, MD
Co-Editors, *The Candidate*, Volume 5

We are just wondering how far the influence of psychoanalysis is going to extend over humanity as a whole and what its future fate will be!

(Stekel & London, 1933)

When psychoanalysis is caricatured, it is mocked for emphasizing the past (“tell me about your mother”) or for its technique, which seems grounded in a Victorian idiom (e.g., the use of the couch and its origins in hypnosis). If these barbs contain truth, if something in psychoanalysis is backward gazing, how can psychoanalysis comment on the future? Anxiety, although oriented to the future, tremulously anticipating the unknown, nonetheless roots such anticipation in past experience. Cure, yoked to possibility, necessarily gazes forward in time, toward what might be. How do analysts, then, think of and conceptualize what might be while simultaneously focusing on what has been? This complex question serves as the point of origin for our fifth annual issue.

As early as the 1910s, Sigmund Freud began to worry about the question of “the future” of psychoanalysis. He shaped the International Psychoanalytical Association to protect psychoanalysis from “all this nonsense [that has] nothing to do with analysis” (Freud 1914, p. 43). Consequently, exclusion and inclusion featured prominently in the subsequent development of psychoanalysis worldwide. Freud’s original group of insiders and outsiders found its analogue in the American Psychoanalytic Association’s policy of limiting training to physicians and establishing a hierarchy, with candidates at the bottom and training analysts on top. Over the past few decades, psychologists and social workers have gained entrance into the training institutes of the American Psychoanalytic Association. Other institutes began to accommodate the once disenfranchised or to develop new psychoanalytic schools eschewing any premise of hierarchical exclusivity.

Will the future continue this trend? If so, what will happen to the notions of inside and outside, privileged and subordinate? To explore the future, *The Candidate* has conducted an experiment in hastening the end of these boundaries. We have eliminated the difference between faculty and candidates on our masthead. No more “advisors,” we have decided that everyone on the masthead will be an equal member of the editorial board. In addition, this issue of *The Candidate* is co-edited by a candidate (MSG) and a faculty member (DM).

How does psychoanalysis speak and how can it speak about the future? Freud favored metaphors, like the puzzle box, the surgeon, and the train conductor. He borrowed from the discourses of literature, religion, and science to elucidate and support his arguments. Which manner of expression will best carry us forward? Will neuropsychoanalysis come to account for the way our mind works? Will deconstructed language continue to be used to reveal hidden meaning? Will psychoanalysis return to Freud’s vernacular use of *die Seele* (the soul)?

In this issue, Robert Langs warns us of the end of history and calls psychoanalysis to the task of bringing society's "death march to a halt." He prescribes an adaptive orientation to psychoanalytic researches, where investigations reveal how we have survived as a culture in order to help battle against the death anxieties we hold. In a similar vein, David Mathew describes the death of psychoanalysis as necessary in order to reinvigorate it, stating: "without our appreciation of the looming end of any given something... it is impossible to appreciate fully its existing strength or beauty, or the fact that it and its future are anchored securely in the present." Debra Neumann presents a paper focused on a technical issue, specifically that of psychoanalysis on the internet. She considers both the pitfalls and advantages of conducting analyses through this medium. In an article for "The Culture Desk," Elise Snyder follows Neumann in speaking to conducting analyses over the internet with Chinese candidate-analysands and about the work of the China American Psychoanalytic Alliance (CAPA). She argues that psychoanalysis ought to reach out to parts of the world, like China, to maintain relevance and activity. Victoria Malkin responds with caution to Snyder's enthusiasm, stating that in searching to preserve a professional future for psychoanalysts through enterprises like CAPA, we risk recapitulating Freud's missteps in his ideas of primitive others, like in his devaluation of cultures that believed in magic and other superstition.

Next, in a special feature, a group of psychoanalysts was asked to consider a paragraph each from Bion and Loewald on the future and generally on time. Sandra Buechler, Andrew Druck, Michael Eigen, Antonino Ferro, Lawrence Friedman, Gerald Gargiulo, Adrienne Harris, and Jonathan Slavin replied.

Also for "The Culture Desk," Hannah Zeavin reviews Miranda July's recent film, *The Future*, and Richard Grose reviews Mark St. Germain's play, *Freud's Last Session*, where a meeting between Freud and C. S. Lewis is dramatized and Freud's relationship to religion is drawn into question.

Finally, Jamieson Webster and Patricia Gherovici comment on the savagery of the Metropolitan Museum of Art's Alexander McQueen retrospective, *Savage Beauty*.

One cannot conclude whereof one does not know, so instead we offer Freud's words of encouragement to the practicing psychoanalyst who is concerned about his future: "You are not merely working in the service of science, by making use of the one and only opportunity for discovering the secrets of the neuroses; you are not only giving your patients the most efficacious remedy for their sufferings that is available to-day; you are contributing your share to the enlightenment of the community from which we expect to achieve the most radical prophylaxis against neurotic disorders along the indirect path of social authority" (Freud 1910, p. 151).

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Psychoanalysis and the End of the World

Robert Langs, MD

This paper points to the role psychoanalysts must play in defining the factors that are driving us to destroy our planet and ourselves. The failure to take on this critical task is explored through a comparison of Freud's and Galileo's position on the central issue in nature, physical and mental. Also presented are a comparison of the two paradigms of psychoanalysis developed by Freud and the role of death and death anxiety in Freud's and later-day choices of a basic paradigm for the field. Broader issues created by the evolved awareness of human mortality are also considered.

Introduction

The past twenty years have brought a spate of books foretelling an apocalyptic omnicide, the human-made destruction of our planet and the extinction of our species. Small wonder: We are seriously neglecting global warming, destroying ecologically vital living species and natural resources, decimating our oceans, and making huge advances in the technology of mass destruction, which has gained an alarming international reach. We appear to be crafting a real-life drama that will end with the death of both its writers and its audience.

As one of the guardians of the human psyche, psychoanalysis, which is our only in-depth, dynamic theory of the mind, has an inherent responsibility to identify the factors that are fueling this self-destructive bent and to provide us with the insights needed to call this massive death march to a halt. It seems clear, however, that mainstream psychoanalysts have not taken up this challenge and they show no inclination – or ability – to do so.

The present-day versions of Freudian psychoanalysis have largely marginalized themselves when it comes to dealing with world-class issues. They have failed to establish the field as a member of the family of sciences, even though it is, by virtue of its subject matter, a branch of biology best thought of as one of the sciences of the mind, more precisely as *the science of emotional cognition*, that is, the science devoted to how the mind operates and copes when under stress. These deficiencies speak for significant flaws in psychoanalytic theory, that is, in its basic paradigmatic position – its underlying philosophy – that greatly affects how we see ourselves, our adaptive issues, and their solutions. With that being the case, the situation seems to call for a new paradigm of the mind. It happens that one already exists, although it stands unnoticed in the shadowy history of the field. This other way of thinking about the emotion-processing mind seems to offer an approach to human psychology that can help us begin to solve, among other mysteries of the mind, why we are inclined to destroy ourselves. There are, then, at present, two competing paradigms or basic views of the human psyche, a competition in which only one of the two approaches has gained any currency even though it appears to have serious deficiencies and to be the weaker of the two choices. Surprisingly, it was Sigmund Freud, the founder of psychoanalysis, who, more than a century ago, created this problem of two paradigms. Oddly enough, he also showed us how to resolve this conflict but he did not heed his own advice.

How Galileo Sheds Light on Freud's Dilemma

Sigmund Freud is one of several world-changing scientific geniuses who, however much based on the work of others, single-handedly provided humankind with the basic frameworks or paradigms that have shaped our thinking about ourselves and the world in which we live. Galileo, Newton, and Einstein are among those who did this for our view of the physical world, while Freud did it alone for the world of human psychology. Given the existence of basic universal tendencies or archetypes, that is, evolved, consistent patterns of coping and thinking that cut across domains, we would expect to find important parallels in the development of these physical and mental world views. The paradigm-creating efforts of Galileo and Freud prove to be an especially revealing case in point. Galileo's challenge involved identifying the center of the physical universe – did it revolve around the earth or the sun? For Freud, the comparable quest was identifying the center of the psychological universe – did it revolve around internal needs or external reality? On the surface, the two questions are both similar and different, but they actually share a common subtext, that is, an identical underlying archetypal question, and in the last analysis, the two men ended up with opposite answers to this fundamental query.

Based on a series of empirical observations, early in the 17th century, Galileo, as had Copernicus before him, took exception to the prevailing paradigmatic view that the earth is immobile and at the center of the universe. This Aristotelian position claimed that supralunar bodies revolve around the earth in a series of perfect circles – the outermost being the locale of the Catholic heaven. This viewpoint was buttressed by beliefs that the sublunar world, including the earth, was made of four substances – earth, air, water, and fire – and that laws of mutability and change characterized this realm. In contrast, the supralunar realm was thought to be governed by a different set of natural laws that rendered these bodies, which were made of a single distinctive element called aether, fixed, perfect, and eternal. This geocentric paradigm was, then, a package of interrelated ideas that affirmed the existence of God and an unending afterlife; it also confirmed several biblical passages, which pictured the earth as fixed and unmoving. This explains the Catholic Church's staunch opposition and punitive response to Galileo's evidence-based heliocentric claim that the sun was the fixed body at the center of the universe, whereas the earth was one of several planets that rotated around the sun.

Remarkably, Galileo fully appreciated the deeper forces that were at work here. He offered what appears to have been the world's first valid psychoanalytic interpretation, doing so by writing in his *Dialogue Concerning the Two Chief World Systems*:

The deeper I go in considering the vanities of popular reasoning, the lighter and more foolish I find them.... Those who so greatly exalt incorruptability, inalterability, etc. are reduced to talking this way, I believe, by their great desire to go on living, and by the terror they have of death. These individuals do not reflect that if men were immortal, they themselves would have never come into the world. Such men really deserve to encounter a Medusa's head which would transmute them into statues of jasper or of diamond, and thus make them more perfect than they are. (Sobel 2000, p. 148)

Recent studies of death-related archetypes – evolved, hard-wired, universal responses to trauma and human mortality – have shown that first paradigms of nature tend to be unconsciously shaped by the need to deny death and that they implicitly tend to support the idea of human immortality (Langs 2009). The conscious but far more critical unconscious fear of death – and the two are of a very different order – are so overwhelming that they tend to create cognitive blindspots and biases that take decades and, at times, centuries of contrary evidence to overcome. Humans do not easily give up views that implicitly support the denial of strict limits to human life.

To cite but one of many examples of this trend, through his theory of gravity, Newton united the heavens and earth under a single set of laws, thereby dealing another blow to Aristotelian physics and its implicit support for the existence of God. But Newton then forged a basic paradigm of physics that theorized a clockwork universe whose perfect laws of motion enabled objects to move forward or backward in time along strictly predictable pathways – ideas that implicitly spoke for God's perfection and eternal life.

Embracing a paradigm of nature that implies human mortality overrides the evolved design of the emotion-processing mind in which the psychological denial of death is the default position. It is, then, a counter-archetypal position that goes against the natural grain of human nature. The perfections of Newtonian physics eventually were replaced by quantum physics, a paradigm fraught with uncertainties and randomness, which thereby inherently spoke against the existence of a perfect God. Quantum physics did not, however, negate the findings of Newtonian physics, which remained applicable to large bodies. Instead, it showed that there was a more fundamental paradigm that prevails on the subatomic level. This replacement of a lesser and limited model of nature by a more fundamental model plays a role in the paradigmatic shift I have proposed for psychoanalysis (Langs 2009).

The persistence with which we, as humans, adhere to paradigms that unconsciously support the idea of eternal life is reflected in an observation made by Max Planck, one of the founders of quantum physics. Regretfully, he pointed out that Newtonian physicists never accepted quantum theory despite the overwhelming evidence for its validity – they simply had to die off before the theory could take hold. Einstein, a classical physicist who contributed to the development of the quantum paradigm, summed it all up in his oft-quoted claim that God does not play dice with the universe.

Unconscious death anxiety apparently trumps confirmed observations and validated scientific findings – another testimony to death's power to distort our picture of both the universe and ourselves. Resistance to changing paradigms has been widely noted by scientists, but the role played by death anxiety in this tendency has not been appreciated. In this sense, psychoanalysis is a part of the family of sciences because the same resistances to paradigmatic change that we find in the material world have prevailed in the mental domain as well.

Freud's Two Paradigms

The story of the development of Freud's basic view of the human mind is quite unusual. His first paradigm of human psychology was uniquely counter-archetypal. Rather than

supporting the denial of death, it was a trauma-centered theory, and as such, it was certain to lead him to issues of death and human mortality. But he sustained this position for only three years when, in 1897, he inexplicably had a change of heart. Over the span of a couple of months, he renounced his trauma or seduction theory and forged a new paradigm of the mind that was centered on inner needs and wishes as the driving forces in human emotional life. This shift in basic thinking was masked by a continued recognition of trauma as an etiological factor in neuroses, but nonetheless, the roles of harmful events and death in human life and its neuroses were marginalized. He basically stopped using these issues to organize his psychoanalytic thinking and practice – a trend that has continued to this day.

Freud's paradigmatic shift from one that was reality-centered to its fantasy-centered alternative removed considerations of death and death anxiety from the center of psychoanalytic thinking. In this way, his new view essentially was a denial-of-death position. Concerns and conflicts related to sexuality preoccupied him, and death-related issues received little or no attention. (Later on, his heirs added issues regarding relatedness, innate aggression, self-needs, and the like to this list of distractions.) Whereas in 1913, Freud briefly explored the primitive fear of death in his book, *Totem and Taboo*, in later writings he denied that death exists in the unconscious and proposed that humans instinctively wish to die rather than fearing it. All in all, then, after briefly partnering with Copernicus and Galileo, Freud left their ranks and joined forces with Ptolemy and the Catholic Church.

Freud's personal unconscious death anxieties – he erroneously predicted the year of his death three times – appear to have played a significant role in his change of heart. As the biographer, Frank Sulloway (1979), pointed out, Freud's dismissal of his first paradigm was based on strikingly insubstantial reasons – namely, that he was not getting the cures he expected, that the rate of seduction reported by his patients had to be fictitious, that there is no indication of reality in the unconscious, and that the conscious mind does not allow memories of actual events to break through into awareness. These justifications were subjective and not empirically based, suggesting that they were motivated by crucial unconscious motives.

The personal context of Freud's shift in paradigms supports this contention and suggests that his change in thinking was fueled by his own unresolved, unconscious death anxieties. Evidence for this contention begins with the fact that his decision was made at the time of the first anniversary of the death of his familial father, Jakob. Recent researchers have produced a strong case for the likelihood that the most critical trauma in Freud's life involved his conception and entailed conscious and/or unconscious uncertainties on his part as to the identity of his biological father. Was it Jakob, who was much older than his wife, Amalie, or was it his half-brother, Philipp, who was about her age and lived nearby?

Freud's writings are replete with encoded/disguised stories that reflect his belief that Philipp rather than Jakob may have had, or actually did have, a role in his coming into this world. For example, in fashioning his new paradigm of psychoanalysis, Freud chose the Oedipus myth as the embodiment of the forbidden inner wishes and needs that empower human life and its emotional conflicts. But a look at the myth, which Freud took as a tale of incest, reveals that the exciting incident of the story takes place on the occasion of Oedipus's twenty-first birthday, at which time a close friend tells him that his nominal parents, the King and Queen

of Corinth, are not his biological parents. It is this information that empowers the myth and launches Oedipus on his journey as a quest to discover his true roots. It appears, then, that Freud sought to avoid, even as he revealed, the central issue of the myth – and of his life – by focusing on the single sexual element in the story. A focus on sexuality is a common defense against death and the death anxieties it evokes. Given the archetypal conscious need in all humans to avoid and deny death, Freud's new way of thinking had wide appeal to all who heard him out.

Another striking clue to Freud's personal death-related issues is reflected in the dream he had the night before Jakob's funeral. It was a dream in which he sees a sign that has two simultaneous meanings: You are requested to close the eye, the eyes. Many years later, towards the end his life, Freud wrote an overwrought, poorly grounded, final paper that many observers have seen as a kind of deathbed confession. In that piece, Freud argued that Moses, the father of the Jews, was not a Jew but an intruder.

The anniversary of his father's death appears, then, quite unconsciously, to have activated in Freud overwhelming conflicts and anxieties pertaining to his very existence, an extremely painful death-related reality that he needed to obliterate and deny as best he could. The means by which he carried out this unconsciously driven task in public was ingenious: He chose a myth that revealed the unconscious reason for his paradigm shift, but cleverly distracted attention from this revelation by insisting that the story was about incest rather than the search for personal identity. In addition, he intuitively exploited the archetypal use of sexuality to deny death in that the myth contains only one instance of incest – sexuality can indeed be a source of conflict – but also involves some ten instances of death, murder, and suicide. The story that Freud used to prove that inner needs rather than death-related realities are at the center of emotional life actually offers evidence to the contrary. The broad failure to see that this is the case is further testimony to the blindness that the fear of death causes in us as humans.

The Disconnect From Science

Psychoanalysis as first created by Freud had a ready link to biology. His trauma-focused, adaptation-centered paradigm was a page out of evolution, which is the investigation of the adaptive resources of living beings as they engage in the struggle for survival. Evolution is the cardinal subsience of biology, and one of its fundamental premises is that survival in the face of emergent environmental threats is the basic task confronting all living beings; dealing successfully with traumas using available and evolved resources is the essence of being and staying alive. Humans fall naturally under the province of this archetypal principle, but in his efforts to deny death, Freud fashioned a psychoanalysis that refuted this basic biological principle. The result has been a solipsistic, hermeneutic field of study that explores disembodied meanings rather than humankind's real-world efforts to cope with personal and collective threats to its continued existence.

Detaching psychoanalysis from biology and the archetypal principles of evolution has left a void that makes it impossible for psychoanalysis to generate the psychological insights needed to deal with the problems facing the world today. As matters now stand, the concepts and scientific methods that are common to all of biology are not part of the armamentarium of mainline psychoanalytic theoreticians and practitioners. Their focus on mental life limits them to

a lexicon of ideas related to inner needs and it offers a lens that looks far too much inwardly and far too little at the outside environment. Many critical observations and findings that are easily made using the lens crafted on the basis of Freud's first theory cannot be visualized using the lens Freud crafted for his second and currently prevailing view of the mind. The result is the absence of many concepts and ideas that are vital to a proper understanding of human life and its vicissitudes. This deficit includes, for example, a disregard for universals and archetypes; the absence of constructs related to the biological principles of adaptation; the failure to recognize that humans possess and utilize distinctly different conscious and unconscious modes of perception and coping (unconscious perception, a critical mode of experiencing incoming information and meaning, is especially neglected); a failure to appreciate the role in human life that is played by the encoding capacities of the human mind; the failure to see the centrality of death in human life; and missing the existence of three forms of death anxiety that drive much of human behavior, including our self-destructive tendencies. All that and more.

It appears, then, that Freud's second paradigm is a dead end when it comes to fashioning a comprehensive and workable view of the human mind. To achieve this goal, it seems clear that we must return to and update Freud's first paradigm of psychoanalysis. Doing this does not call for the rejection of the insights garnered through Freud's second paradigm, but it does mean that we must realize that Freud's psychoanalysis and that of his descendants deals with secondary issues that must give way to the centrality of trauma, death, and adaptation in human life. Given the state of the world today, there is some urgency to this call to move back to the future. But it will take considerable mastery of our individual and collective death anxieties to make this change. With this in mind, let's look now at the untold story of how, for better and worse, death came to be such a driving force in human life.

The Emergence of Death Anxiety

The death story is one of the most ironic tales in the history of living beings. It began about 100,000 years ago with the human acquisition of language. The development of this extraordinary faculty had – and has had – enormous survival value for our species. But much as the gift of life comes with the promise of death, whereas language is the basis for our most inventive thrusts, it also has fueled our most destructive bents. The story of how this came about can be roughly reconstructed as follows.

The faculty of language, which is shared in limited ways by some apes, sponsored the unique ability in us, as humans, to represent and work over challenging situations through mental representations and thereby freed us from being bound to the immediate moment and from responses that are exclusively event driven. We also became able to classify objects and develop abstract ideas, developments that extended the concrete thinking of our predecessors. Another language-based faculty was the ability to explicitly realize that each human has an identity of his or her own and that each of us is different from others who also have their own identities. Another fateful new resource involved the ability to anticipate the future and plan ahead. But with that capability came the unprecedented conscious realization that, without exception, death lay ahead for other humans and more to the point, for ourselves as well.

There are other living beings like elephants and horses that intuitively sense that death is near, but no other living entity is explicitly aware that their non-existence is inevitable. Recognizing their mortality as humans proved to be a terrifying experience and the anxieties it caused began to disrupt their cognitive and adaptive capabilities to the point where humans became excessively vulnerable to attack and destruction by competing species. The natural gift that seemed to promise the lasting survival of *Homo sapiens sapiens* soon became a threat to the continued existence of the species – perhaps the ultimate expression of the idea that there is no free lunch.

The explicit conscious awareness of human mortality constituted an unprecedented adaptive challenge and selection pressure. In contrast to other environmental threats for which there is, in most cases, a chance of survival, there was no conceivable way of surviving this particular threat and reducing the anxieties it was evoking. As a result, natural selection began to favor the reproduction of minds that were able to lessen these existential anxieties and they all shared a particular protective mechanism – the use of denial in one form or another. Having a mind that obliterated, repressed, or denied the inevitability of death soon became an evolved, universal or archetypal feature of the human mind. It was an impossible situation and the turn to denial appears to have been the best solution available. But its use has proven to be a mixed bag – it has brought a measure of relief and has increased our chances of survival, but, as seen by the way in which its use actually may be putting us on the path to extinction, it may yet be the death of us.

The denial of death comes in two basic forms. The first involves the unconscious illusion or delusion that we are not mortal but are instead immortal and will live in some form forever. This type of denial-based effort to cope with death and its evoked anxieties has had its clearest expression in the enormous number of religions that humans have crafted over the millennia, especially those that embrace a belief in eternal life. Variants of this type of denial include doctrines that speak for reincarnation and past lives, as well as non-religious beliefs in the immortality of the soul and séance-type contacts with the dead.

The second form of denial also is based on an unconscious illusion or delusion. It entails the secret belief that those who have the power to cause others to die will not die themselves. This unconscious conviction is a major cause of many unjustified individual killings and international wars. And here, too, there is an array of muted versions of this form of denial, such as the quest for extraordinary wealth and for other forms of non-violent power. It may well be that those who do not have the strength and immorality to kill others turn to mental forms of denial, which explains why religion is indeed the opiate of the masses.

These are the costly ways in which humans have tried to lessen two of the three forms of death anxiety, which have plagued them ever since they gained the gift of language – *existential death anxiety*, which is a response to the inevitability of death, and *predatory death anxiety*, a response to threats of harm or annihilation from others and from natural disasters. Because of the discombobulating effects of the awareness of death, the most intense forms of these anxieties tend to be experienced outside of awareness, unconsciously. These anxieties are, however, encoded in our dreams and other stories and can be detected by decoding these narratives in light of the traumatic, death-related triggering event that has activated them.

The third form, *predator death anxiety*, is of a different order from the other two because the threat of death comes from within rather than from outside of ourselves. It is an anxiety that is, in the main, evoked by unconscious self-perceptions of, and reactions to, the harm we cause or have caused others. Unconscious guilt and real needs for punishment play a major role in this type of death anxiety, which appears to have been selected by nature as an antidote to our strong inclination to deny death through violence against others. On the face of it, this evolved mechanism seems to have badly failed to fulfill its mission.

Changing the Future

The insights presented here were developed on the basis of what is called *the adaptive paradigm or approach*, a modern-day version of Freud's first paradigm. Rather than detailing the features of the approach, my intention has been to show that adopting this worldview will direct psychological research – characteristically, paradigms determine what needs to be researched and how it should be done – towards asking questions and seeking answers of a kind that is unheard of by second paradigm researchers. It will give us a new and promising approach to the question of why we are risking self-annihilation. These efforts are likely to begin by asking questions about humankind's quest for survival – individually and as a species. It also will direct us to explore how the awareness of death and the three forms of death anxiety it evokes play a role not only in world happenings but also in our personal lives. Lay people will no longer think of themselves primarily as needy individuals in conflict over the satisfactions and frustrations that they have endured in their lives. Death and its encumbrances will be an everyday matter that they think about and for which they turn to psychoanalysts for help – a request that these professionals will readily respond to as constructively as possible. We will have a modern-day version of a brave new world and it may well spare our personal lives much pain and suffering and save us all from human-made destruction as well. Our hope for survival lies in learning how to deal effectively with hopelessness – something denial can never give us.

I leave the final words to Freud, who, despite his own denial-based defenses and the misconceptions they fostered, always had moments when he knew the truth. In 1915's *Thoughts for the Times on War and Death*, he offered these words of wisdom:

We recall the old saying: *Si vis pacem, para bellum*. If you want to preserve peace, arm for war. (p. 300)

It would be in keeping with the times to alter it: *Si vis vitam, para mortem*. If you want to endure life, prepare yourself for death.

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Ghosting

David Mathew, PhD

Building on a reading of “On Transience” and Freud’s work on the Oedipus complex, this paper describes the necessary death of psychoanalysis. It looks at the phenomenon of visits that are arranged in a prison, which are followed by a non-appearance by the visitor. The author proposes that the state of anxiety that results is partly of the prisoner’s own making and partly designed by others who spread the word that the prisoner has been stood up. He looks at the Lacanian interpretation of aggressivity as it applies to the jilted prisoner, and argues that a sense of guilt is imposed on both the prisoner and on anyone who visits a prison. In essence, all of the above is by way of being a metaphorical representation of the author’s views on the future of psychoanalysis. He believes that via a symbolic death, the practice of psychoanalysis will be reborn.

Introduction: The *Ku* and the *Coup*

With the goal in mind of looking to the future, let us first remind ourselves of our psychoanalytic present by regarding two theories from the past. The theories are Freud’s. The first is propounded in “On Transience” (1916a), and states that without our appreciation of the looming end of any given something, without the surety of its eventual demise – its future, in other words, its inevitable death – it is impossible to appreciate fully its existing strength or beauty, or the fact that it and its future are anchored securely in the present.

The second theory is one that drove Freud’s thinking, on and off, for the better part of half a century: the theory that the action that we try to avoid will be the action that we are led to perform. This notion is such a cornerstone of psychoanalytic thinking, with particular regard to oedipal dynamics, that it is easy to take it for granted. For the purposes of this paper, however, I will not for one moment take it for granted.

But what does either theory have to do with the future of psychoanalysis? If we accept (however briefly) that psychoanalysis is concerned with sex and representation, or body and soul if one prefers, or enjoyment and knowledge if we do not like the second choice either, then it seems as though we might also accept that psychoanalysis, as an entity, contains life. Whether it is a science or a heuristic (a debate that will continue, no doubt, until the day that psychoanalysis dies), we will surely concur that if the accepted associated vocabulary concerns life (*body* and *soul* and so on), and if one of the aims of psychoanalysis is the treatment of a *person* and a corresponding improvement of the patient’s *life*, then we can take on faith the fact that it contains life.

And if something contains life, it must one day die.

Among many other writers, Mitchell (1993) has given us a clear picture of how psychoanalysis developed from Freud onward, focusing on our hopes and dreads. In years to come, books might reflect on what Mitchell and the many others had to say, especially, perhaps, during the obsequies that follow the death of psychoanalysis. Such a statement is not intended to be ironic or even of a depressive nature. In fact, precisely the opposite is the case: In order for psychoanalysis to continue to thrive in future years, it must figuratively

die (via the survival of a good, long, cancerous scandal, perhaps, that will weaken its heart and bring it to its knees), and then be “reborn.”

All beauty must die, as Freud informs us in “On Transience”; all things move towards their end. If we try to stop this from happening, the very act of protestation will paradoxically summon on a swifter demise. Then it will achieve the status of the “replacement child” (von Unwerth 2005) in the eyes of those who bring it to life. As von Unwerth explains: “The replacement child is conceived by its bereaved parents in the wake of the death of a previous child. Such a child becomes the parents’ consolation for the loss, but also the reincarnation of the predecessor, along with the hopes and dreams the first child represented” (p. 153).

The question, then, is not if psychoanalysis will survive. The question would seem to be concerned with what the picture of the discipline will look like, and how we will be reflected in its decades-long mirror. Quite possibly there will be a re-evaluation of lexical terms, including that of *psychoanalysis* itself. But why change the name? In the connected world of linguistics, Burgess (1992) shares an amusing anecdote: “In old Mandarin,” he writes, “the word *ku* designated a sort of drinking goblet with corners. When this vessel came to be made without corners it was still called *ku*, and Confucius considered this outrageous – not because the word was no longer appropriate to the thing; but because the thing no longer conformed to the word” (p. 1).

Eventually, a container by any name will change its function and its form. But before psychoanalysis must pass away (or be murdered), it must go prison. As long as we have pre-booked a visit, as is the institution’s policy, we may turn up at the correct given time and on the right date, and visit psychoanalysis *inside*.¹ And while we’re within the prison walls, we will examine the phenomenon of ghosting.

What Is Ghosting?

In the U.K., ghosting is what happens when a prisoner expects a visitor – a particular visitor at an arranged time – and the visitor does not arrive. The prisoner is led from his cell to the Visits Room... and the visitor does not arrive. This is ghosting: The prisoner, here, has been ghosted.² He sits alone in a room in which other prisoners have received their visitors and he is seen to have no one with him. At the very least, he is shamed and angry; at the very least, he has been deprived of the one thing he might have had to look forward to that day (that week, that month...) and the obvious reactions to the notion of having been abandoned are consequently (but locally) acceptable. However, what else is occurring in this situation? What happens, in such surroundings, when a planned transaction becomes an enforced *non-transaction*?

¹ No trial had been required; psychoanalysis had confessed before the crime had even been *discovered*. Freud wrote about the type in “Criminals from a Sense of Guilt” (1916b).

² For reasons none other than my own experience in male prisons, I have referred to the prisoner as *he* throughout. Similar institutional structures and psychodynamic phenomena are evident in women’s prisons, of course, and the pronoun may be classed as a generic.

Why doesn't the visitor arrive? Broadly speaking, there are probably only five categories of reasons that might explain why the visitor fails to make it to the destination:

- Sickness (the visitor's own or someone else's);
- Death (the visitor's own or someone else's);
- Legality (the visitor is advised not to visit for legal reasons, or is forbidden from doing so);
- Transport problems (a broken-down train, a missed bus, a stalled car...);
- The visitor does not want to go.

If the visitor is ill, he or she may not feel up to the arranged visit, even if it is one that he or she has looked forward to. Alternatively, the visitor might be under doctor's orders not to undertake anything physically or emotionally strenuous. Either way (it might be argued), the visitor is not sufficiently robust; the visitor is weak and "thin." The prisoner is aware of none of this, of course. The prisoner is drumming his fingers on the top of a table made of reinforced plastic, which has been nailed to the floor (in the majority of U.K. prisons). The prisoner cares little for any illness *in potential*; the visitor has failed him by not turning up. The prisoner is losing face, if he has not lost it altogether already, and in an environment in which immediate impressions really matter, this is a heavy burden to wield. "Hopes derive," writes Mitchell (1993), "from infantile impulses for oral, anal, and oedipal gratifications and triumphs. Dreads derive from fantasied punishment (particularly castration) for forbidden wishes. Hopes and dreads are transformed, through the analytic process, into rational understanding" (p. 15). However, in this situation, the hope has been crushed, the dread erected.

And ghosting has taken place. But who is the ghost? Arguably, it could be either the prisoner or the visitor. To be ghosted could be interpreted as being *visited* by a ghost (that is, someone whom no one else can see but the prisoner can "feel" via a sense of emptiness); or it could mean to be *treated* like a ghost – made to *feel* like a ghost. As a consequence of the ghosting, the criminal as a rule is either selfish or exhibits temporary selfish tendencies. Although he can blame someone or something else for a visitor's non-arrival if he can force himself to believe that the reasons are a result of legal or transport problems, he is confronted with the immediate and obvious puzzle: *Why didn't they arrive?* The gulf inherent in *not* knowing is wide and fearful; and while it might not be every prisoner who needs the visit to authenticate his own physical appearance, or even his own existence (particularly the prisoners in one of Steiner's psychic retreats [Steiner 1993]), it *is* every prisoner who will feel disgusted with the non-appearance and thereafter with himself. Apart from conceivable problems with the law or with public transport, there are the other categories of no-show to consider, and these the prisoner must heft onto his own shoulders.

Lacanian Aggressiveness

For reasons of space, let us examine in miniature some possible reactions to the ghosting. There is certainly more to it than the sense of being *stood up*, as we might put it

(on the outside). Not only do prisoners need order and routine – and, therefore, an expected visit would constitute the disruption of a routine – but a visit might be argued to be akin to a psychoanalytic session all on its own. The problem is that the prisoner has been starved of his opportunity of transference, or at best the transference is onto nothing at all, onto an absent space.

Bollas (2009) describes a fear of the self disappearing, and it might be the case that we can apply some of this theory to the situation at hand. Bollas is referring to a patient named ‘Caroline’ (described with the apostrophes around her name, rendering her both talked-about and unreal), who has strong feelings on the same kind of abandonment and solitude issues that the “victim” of ghosting would experience: “In some way I find access to myself in your presence,” she tells the intermediary analyst (before Bollas takes hold of the material). “And I don’t find it when I’m alone” (p. 64). Nor is this the extent of the patient’s remarkably self-aware proclamations. “Me alone and my unconscious,” she continues, “– this is not enough. It needs two. Otherwise my unconscious becomes dominant. My fate, that I don’t bring out something which is sticking inside me... above all when I’m alone, I won’t get it out...” (p. 67).

Bollas interprets the patient’s comments as follows: “It is a form of condensation... she seems to be saying that the reason her unconscious is dominant is that she doesn’t bring out something, a something that is sticking inside her... she cannot be alone because she would be dominated by an adhesive quality inside her which she dare not bring out (while alone) because it would overwhelm her with her own neediness (her stickiness, her adhesiveness). When she is in the presence of the other, such neediness is bearable” (p. 71). So perhaps we could argue that the prisoner who misses the visitor’s words, hand-holding, or even recriminations, is being neglected in greater ways than those that the absentee visitor would admit to.

What if the prisoner has pre-existing issues with regard to his psychic apparatus? Verhaeghe (1999, p. 42) would have us believe that “the preference of hysterics [is] for visual representation,” and from this formulation alone we might be coaxed to make some lazy diagnoses, no doubt of highly suspect accuracy. (If he wants to see someone and gets upset when he does not see this someone, he must suffer from hysteria.) Or, more in line with metapsychology, we might view the situation through a Lacanian lens. When Lacan, in 1957, dissected the symbol S to give us the symbol $\$$, he was looking to the past and to the future himself: In two distinct ways he was giving us the “barred subject” – the subject that is crucially divided, the subject that is *literally behind bars* – and we can read into this barred subject’s distress the symptoms of Lacanian alienation and even separation. With reference to the latter, the prisoner is obliged to recognize the flaws of the visitor and to apprehend a lack in this Other; the subject finds his own lack at the point that lack in the Other is perceived. By producing this lack in the Other, the prisoner/barred subject is likely to be following the course of the death drive, and unconsciously “acknowledges” the fantasy of his own death. His split is marked. His split, in its notation of the ideal of a fully present self-consciousness being impossible, has led to his capacity to tolerate frustration becoming a thwarted function. Not only is there the fear of having been

forgotten – the *omittive genocide* in Bollas's (2009) chilling construction – there also exists the anxiety that one might as well never have existed.

Add to this the fact that the prisoner has been made to fail in his ambition to pass the baton of his mental content onto another (thereby absolving himself of any future responsibility of hefting its weight) and we go some way to comprehending his rage. A visit would confirm the prisoner's wholeness, but this has been denied him. Furthermore, and to alter our references for a moment, if we accept the Fairbairnian hypothesis of the object-seeking libido (and the corresponding desire), we may appreciate the distress that the prisoner feels when the physical manifestation of his object-choice deigns not to appear. Aggression ensues, and the future appears bleak, aggression acting here, perhaps, as a substitute for sexuality – almost an *anti*-sublimation – a psychotification of an act that by definition means “being nice to one another.” Rage is blissful, and it is just as easy to project one's own self-hatred onto a ghost as it is onto a living human being, should one happen to arrive next time.

Sense of Guilt

For a prisoner with a sense of guilt (Freud 1916b), a visit is also a way of punishing himself. “When the subject is surprised by the gaze of the Other, the subject is reduced to shame,” writes Sartre (1943, p. 261). But if a sense of guilt is already in place, it will only be exacerbated by the visitor not coming. Fancifully, perhaps, if the visitor is the punitive superego made flesh, punishing the beleaguered ego/prisoner, then the visit is destructive enough; but a *planned* visit that does not materialize is even worse. The narcissist believes he *should* have been seen, but his rage is masochistic in nature. And as Lacan (1988) phrases it: “Absence is evoked in presence and presence in absence” (p. 174).

In a slightly different sense, everyone who spends time in a prison is seen and is watched. Prisoners are watched by officers (and, of course, by other prisoners); officers, in turn, are watched by prisoners. The sense of distrustful tension that this produces is palpable. But it does not end here. Some prisoners are watched by a relay of officers if they (the prisoners) are at risk of self-harm or suicide. Visitors are watched for their own safety and to prevent them (for example) passing contraband to prisoners. It is certainly no surprise that a sense of guilt thrives in a contemporary prison.

When I worked in one myself – a maximum security prison in the southeast of England in 2006-2007 – I felt that I was being watched on a constant basis. Of course, I *was* being watched a good deal of the time; I was on camera, partly for my own safety (although I rarely *felt* safe) and partly as an admonishment for a misdemeanor that I had yet to conceive. Sharing the sense of guilt provoked anxiety and mental pain: From all directions there were young men and staff projecting their pain into my (full) container. But did this sense of guilt go on to create anything worthwhile in me? The unblinking eyes in the cameras above me made me mindful of a respectful regimen of cigarette disposal, for example, but other than that? Other than that, the sense of guilt was unspendable, untranslatable; I could not get rid of it, destroy it, or even act (it) out. The prison authorities were the Other. They were also, in an Orwellian sense, Big Brother (Orwell 1949).

Hands Up Who Has Not Arrived!

Once it has become obvious that the visitor is not going to arrive, the visit is concluded by a representative of the third party: a prison officer. For the prisoner, therefore, there has been a build-up (arguably an *ersatz* sexual mounting of tension) but with no subsequent or concluding denouement (no allocated or anticipated minimization of tension) afterward.

This situation alone is sufficient to qualify as an insult to the prisoner's psychic apparatus; but worse is to emerge. What follows is the fact that the visitor's non-appearance becomes public knowledge. Every ghosting needs a third-party witness to authenticate what has happened (or not happened), even if this authentication takes the form of tittle-tattle and gossip injected with spite or *schadenfreude*. Most likely the vehicle is either another prisoner who was in the Visits Hall at the same time (a prisoner who had a successful visit), or a member of the prison service.

The question of why the word is put about is more problematic. Despite Goffman's assertion that prisoners are, on the whole, united against a common enemy (the officers), it is fruitless to deny that an air of sarcastic one-upmanship is abroad in a prison. By engineering a scenario in which Prisoner A can be seen to have failed in a normal activity (such as social intercourse), Prisoner B is able to feel more alive and potent, however temporarily. To facilitate this feeling of personal achievement, however, Prisoner B must be in psychic cahoots with the person who fails to arrive.

Who *is* this person who fails to arrive? If it is a fellow gang member, perhaps the prisoner fears that he has been forgotten or is *persona non grata*. If it is a lover, perhaps she is with someone else at this moment, in the throes of passion; perhaps she has been stopped from traveling by this new boyfriend. Does the non-arrival of a spouse signal the dissolution of the marriage? *Does the mother not wish to see me anymore?*

Writing in *Life Within Hidden Worlds* (Saunders 2001), Greenwood states: "Abandonment and inconsistency are two areas of concern for my patients; another is my ability to tolerate and contain not only descriptions of extreme and terrible events but also the man describing them – particularly a man who has murdered" (p. 47). As we might expect (and as we have hinted above), a prisoner will project his feelings onto *any* visitor – a psychotherapist or a gang mogul. The crux of the matter might be that the visitor must not have the freedom of the establishment. Greenwood writes:

I suspect that my lack of keys affects the way in which my patients perceive me. I believe that, seeing that I am not totally free to come and go as I please, they may well regard me almost as much of a prisoner as they are. This creates a level of uncertainty in our relationship: without the all-important means of getting about and entering and leaving the prison, I am powerless. Not only am I powerless, I am unreliable: I cannot give an absolute guarantee that a session will start on time... or even that it will take place; my

work depends totally on those employed formally by the prison. (p. 47)

A personal visitor has proved him- or herself to be just as unreliable; what can the prisoner do with no one onto whom to project this fresh and lively anxiety?

“The prison culture enables the prisoner to combat personal guilt whereby it is projected into other prisoners and prison wardens; prisoners often play on another’s feeling and fears till his anxiety breaks out in a violent outburst, and thus he is the guilty one and the rest of the prisoners are innocent,” writes Doctor (Saunders 2001, p. 58). Not only might the prisoner unconsciously “blame” his fantasy life for the fact that he has *made* this visitor not appear, he also might appreciate the opportunity to gather some fuel for future fights with fellow inmates. After all, a fight is a proof that I can see you: if I can fight you, you must exist – so must I. A fight is life-affirming, in the literal sense. We cannot deliberately *not* see each other, or un-see each other. We are here in this container, and the visitor is not. But a visitor is a reminder that I will one day leave prison, and I am not ready to leave prison so it is better that the visitor did not arrive.

Back to the Real World...

Quite possibly, the metaphor has been stretched as far as it can be; has been stretched until it twangs. Psychoanalysis has had its accusers, and for its detractors it was guilty, irrespective of the fact that the explicit nature of its crimes remained latent and repressed. (Referring to the past, detractors might focus on childhood sexuality or false memory syndrome; but these days, what horrors await?) The fact that psychoanalysis is doing time is not necessarily reason enough for us to worry about its state of mind (prisons are interesting places, and not all of the connotations are negative): The problem arrives, in a sense, when the visitor does not. Left to rot in a cell and yet remembered (even as a bad thing) might not be exactly desirable, but at least it fixes the discipline into a space in history. Arguably worse by far is the state of being ignored: remembered, not visited, and ignored.

The original title of this paper was “Ghosting” – a title that to me seemed resonant with pregnant meaning – but approximately halfway through the composition, I experienced a failure of faith. I queried who was ghost and who was ghosted. Can one *really* be haunted by a specific absence? So I tinkered with “The Future” and even with “The Future?,” but the original title beat within me like a distant drum, and I kept the ironic faith.

Perhaps we will see a re-evaluation of terminology. Perhaps, as we entertain the still-early possibilities of the technological revolution, psychoanalysis will increasingly move away from the cheap setting of an office and a chair or couch, to a more global dynamic, with analyst/analysand symbioses forged via the internet. How will the transference and the countertransference work out when mediated on a laptop screen? Will the shift be akin to the move to online distance learning (with its corresponding ratcheting-up of learner anxiety) or will psychoanalysis be more like a group discussion forum, but on the Web? With advances not only *in* technology, but also in our growing tolerances for the wildfire-spread of technology, surely the future revolves around the idea of *distance*. We are moving into the distance – and into far

futures – from Freud’s immediately intimate dyad to a group mentality, a wired-up hive mind, of people geographically far away from one another, and waiting for assistance and revivification.

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Psychoanalysis in Cyberspace

Debra A. Neumann, PhD

The internet is playing an ever increasing role in psychoanalytic practice despite practical, theoretical and political disputes regarding its merit. This paper describes some of the factors that must be considered in establishing and maintaining a psychoanalytic frame when using internet videoconferencing for treatment, and the nature of some of the issues that emerge for patient and analyst. It also examines some objections to psychoanalysis in cyberspace, poses questions to current psychoanalytic understandings of time and space, and suggests areas for future exploration.

Introduction

The internet is playing an ever increasing role in society and, not surprisingly, in psychoanalytic practice as well. In spite of disputes regarding its merit, internet analysis is currently emerging as a frontier of contemporary analytic practice.¹ One example of this trend is provided by the China American Psychoanalytic Alliance (CAPA), a nonprofit organization incorporated in 2006. CAPA's mission is to develop and promote mental health services in China by training Chinese mental health professionals in psychoanalytically-oriented psychotherapy. CAPA uses the internet extensively for instruction and supervision. In addition, CAPA strongly encourages its students in China (all of whom are mental health professionals) to undergo psychoanalytically-oriented psychotherapy or psychoanalysis during their training by means of Skype internet computer-to-computer video technology. The rationale for this unorthodox practice of psychoanalysis is that, whereas many Chinese mental health providers are interested in learning about psychoanalytic theory and treatment, there are very few analysts in China who can provide them with training or treatment.

The notion of using computers to conduct psychotherapeutic treatment is not new (Neumann 1985). In one unsuccessful early attempt, a computer program called Eliza provided Rogerian responses when a client typed in a statement concerning a problem he was having. Although the intention of making psychotherapy more accessible to the American public by means of computer applications was laudable, its actualization left much to be desired. However, the immense changes in computer technology since the 1980s and the development of the internet have offered new possibilities for applying internet videoconferencing technology to educational and therapeutic endeavors.

When, as a second-year candidate in psychoanalytic training who was eager to gain experience practicing psychoanalysis, I learned that there was a waiting list of Chinese students requesting internet psychoanalytic treatment, I volunteered to treat a patient. In consultation with a supervisor, in August 2008, I began seeing a Chinese patient three times a week using Skype internet computer-to-computer video technology. After one year, this treatment increased in frequency and depth and now entails a five-times-weekly analysis using the couch. My journey has enlightened me as to the possibilities and also some of the difficulties posed by this type of psychoanalytic treatment. In this paper, I describe and discuss some of the things I have

¹ Gabbard (2001) has drawn a parallel between the frontier of the American West and the position of cyberspace vis a vis analytic practice.

learned, specifically with reference to the establishment and maintenance of a psychoanalytic frame in cyberspace. Internet psychoanalysis is a controversial endeavor and I have chosen to focus on the frame because of its fundamental role in establishing and sustaining an analytic process.

Prerequisites to Beginning Internet Treatment

Several essential prerequisites must be met before undertaking internet psychoanalysis. First, each member of the dyad, patient and analyst, must have at their disposal sufficiently powerful technology to support this type of treatment. The memory available on one's hard drive must be sufficient (at least 2GB) and one's broadband connection must be as fast as possible (a fiber optic or high speed DSL connection is required). If memory and connection speed are not adequate on either side of the connection, the video feedback is apt to degenerate into pixels, the audio becomes indecipherable, and the likelihood of dropped calls is high. When the call quality is poor, the too frequent queries by analyst or patient – "Could you please repeat that?", "Can you see me?", "Can you hear me?" – are highly disruptive to both patient and analyst.²

A second prerequisite, when treatment is provided in a language that is non-native for at least one of the participants, is that both analyst and patient have adequate fluency in the language in which the analysis is conducted. When fluency is absent, much time is spent searching for words either in one's mind or in a dictionary. This can result in a choppiness to the flow of sessions that hinders the development of an adequate interior space for unconscious processing. (However, a colleague has shared her experience that her patient's lack of fluency in English has served to slow the process down in a way she has found helpful, as it has focused both her and her patient on clarifying what is intended, rather than proceeding on the assumption that what is intended is known and shared [K. C. MacGaffin, LCSW, personal communication, July 2011].)

A third prerequisite relates to the need to provide ethical treatment. Considerations here include mandates of the analyst's professional associations, the licensure laws regarding internet practice of the jurisdictions in which both patient and analyst live, and provisions for patient confidentiality. It is also necessary to be able to meet mandated reporting requirements, to provide local backup and emergency coverage, and to reduce the potential for harm. Among the issues to be considered is Sabin's (2010) view that psychoanalysis itself is subversive and that providing it to individuals living in countries governed by totalitarian political regimes may bring increased and unwarranted risk to the patients.

Safeguarding patient confidentiality is a paramount ethical consideration. Much work has been done to ensure that Skype computer-to-computer video connection protects the

² In an informal survey of CAPA colleagues, there was complete agreement that the quality of the internet connection directly correlates with the analyst's/therapist's sense that a significant analytic process can develop via the internet.

confidentiality of patients. Many who raise concerns about Skype's security fail to consider that there are three types of interaction, and the one used for therapy by CAPA is called computer-to-computer video connection. It differs significantly from Skype phone and Skype voice over internet protocol (VOIP) connections, both of which are less secure (Snyder 2011).

Ways of meeting the requirement to provide ethical treatment vary by profession of the therapist/analyst and by location. A full discussion of the various issues surrounding this topic is beyond the scope of this paper. In the work done by CAPA, much attention has been given to matters regarding meeting legal and ethical requirements when treating patients in China. These are described in the CAPA Ethics and Confidentiality Statement and in a handbook prepared for all CAPA members (Buckner 2011). Ethical issues are discussed regularly in online listserve forums, at winter and spring American Psychoanalytic Association (APsaA) discussion groups, and among CAPA board members.

The Psychoanalytic Frame – Past to Present

This section delineates factors involved in the creation of an external and internal treatment setting in which psychoanalytic data can emerge, be detected, and responded to. There are multiple conceptualizations of what constitutes an appropriate analytic frame. In general, the various viewpoints are tied to various theoretical orientations. To begin, I provide a brief historical overview of psychoanalytic thought related to the concept of frame.

Freud (1913), in "On Beginning the Treatment," made recommendations about the opening phase of treatment and the need to establish rules for its conduct, using chess as an analogy. Freud's recommendations included arrangements about time and money, for example, his practice of leasing frequent and regular hours (six appointments per week) to his patients and expecting payment for these hours whether or not the patient attended, the need to establish a fair fee schedule, the use of the couch, the use of free association, and following the lead of the patient as to content.

Over the course of time, these recommendations solidified into the traditional or classical conception of "the frame," which comprises fixed conditions that purport to create a therapeutic structure with clear boundaries. In the classical model of treatment, the analyst outlines the nature of the psychoanalytic frame in the first session(s) by providing the patient with a series of clearly articulated policies, or rules. Typical elements of the classical frame include regularly scheduled appointments of a fixed length (the 45-50 minute "hour") and frequent sessions that are held at a permanent place.³ The patient is to lie on a couch with the analyst sitting behind the

³ In discussing the somewhat arbitrary nature of many elements of the classical frame, Wallerstein (2009) describes several ways that the frame has changed in response to sociocultural factors. For example, Freud's original recommended frequency of six visits per week was appropriate to the culture of 19th century Vienna, where the typical workweek was six days. When psychoanalysis was imported to England and the U.S., the recommended frequency was reduced to five days to adapt to the five-day workweek of these cultures. After World War II, there was a huge demand for training analyses by returning wartime psychiatrists in the U.S. Training analysts had insufficient hours available to meet this demand, but by reducing the frequency for analytic treatment from five to four sessions weekly, the demand could be met. Currently, in many countries, frequency requirements for analytic treatment have been reduced further to three sessions per week.

patient. Sessions are to be paid for on a regular basis, communication is limited to the verbal level, the patient's role is to say whatever comes to mind, and the analyst's role is to listen, formulate and interpret the resistance and transference. It is the analyst's responsibility to maintain the frame and hold it as constant as possible. The analyst's role is to set the frame, the patient's role is to adapt to it.

The rationale offered for holding firmly to these types of rules is that they provide a clear and constant structure within which patients can become absorbed in their internal reality and the analytic process can emerge. For example, Bleger (1967) demarcates two components of psychoanalytic treatment: The first is the process, which is studied, analyzed and interpreted, and the second is the frame, by which Bleger refers to "everything else," that is, the constants within which the process takes place. From a classical viewpoint, the frame is usually in the background and must be kept stable so that the analytic process can be studied and the transference-countertransference and resistance can emerge fully and in clear relief. Prospective analysands must be able to tolerate the conditions of the classical frame.

Winnicott (1955) suggested a modification to this notion of the frame. At the 19th International Congress of Psychoanalysis in Geneva in 1955, he spoke of the analyst's need to adapt the frame to the developmental needs of the patient. Winnicott referred to the frame as the psychoanalytic setting, and included in it all aspects of the management of the treatment carried out by the analyst. He pointed out that with patients who have deficits in ego development, as well as with regressed patients, management of the setting moves to the foreground, and it becomes a more important element in the treatment than interpretation of the transference.

Although Winnicott's views differ significantly from the classical position, they share with it the common feature that the frame is set and maintained by the analyst. For the classical analyst, a patient must adapt to the analyst's frame, and if this cannot be done, the patient is deemed unsuitable for treatment. For Winnicott, the analyst sets the frame based on empathic attunement with the ego needs of the patient. Presumably, if the analyst is not able to adapt the frame to the patient's needs, the analyst is unsuitable to treat the patient. In both cases, the frame is viewed as a consistent, invariable structure, established and maintained by the analyst, which supports the treatment.

More recently, analysts from the intersubjective/relational school have challenged traditional attitudes about the nature of the frame. Bass (2007) views the frame as co-created by analyst and patient in an endeavor to establish the conditions that will make the therapy process tolerable or even possible for the patient. The frame contains elements brought both by the analyst and by the patient and reflects aspects of both of their lives and their relationship. The frame is not viewed as a series of relatively inflexible rules, but rather as a set of preferences unique to each patient-analyst pair and subject to revision throughout the course of treatment with each patient. The frame changes over time as the patient, analyst, and their relationship changes. The frame is thus viewed as an evolving system of shifting arrangements. Bromberg (2007) adds a self-state perspective to this understanding of the frame. In his view, various and differing frames are employed in every treatment in accord with varying self-states of both patient and analyst.

The relational as well as the classical and developmental views seem united in agreement that the frame (or frames) function to guarantee that patient and analyst can enter the intense inner dimension of a psychoanalytic treatment. The establishment of the external frame serves the internal psychic function of demarcating a realm of experience that differs from consensually validated “normal” external reality. This protected inner realm of psychic reality is timeless and non-local. It is a potential space for analytic work – a space in which the patient can regress as needed and in which unconscious dynamics can emerge.

Various features of this internal aspect of the frame have been highlighted. For some, such as Bleger (1967), a stable external frame facilitates the development of a symbiosis, representing an early state of merger with a mothering parent figure. Within a stable frame, the patient will be able to regress and bring into the treatment the most primitive, most non-differentiated aspects of the self. The frame thus delineates a potential magical realm, where the omnipotent, infantile self of the patient can emerge. To use the felicitous phrase of a patient of Francis Tustin (1986), the external frame provides an internal “rhythm of safety” for both analyst and analysand. The establishment of this type of frame allows the patient to feel secure and is a precondition for the development of dependence on a good object via internalization of the functions of the analyst. The patient feels safe and can use the analyst as needed.

Modell (1988) amplified Bleger’s ideas. He identified a type of transference engendered by the frame itself and differentiated it from that of the classical “transference neurosis.” Modell calls the transference derived from the reliable, relatively constant psychoanalytic setting the “dependent/containing transference.” He believes that this type of transference is continually present, that it symbolically provides the grounding for work with early deficits in the patient (for example, those related to early deprivation), and that its presence enhances and strengthens mutative interpretations regarding the transference neurosis.

Arlow and Brenner (1990) provide a different view of the internal function of the external frame. They point out that the frame does not necessarily serve a symbiotic function, but rather anchors the treatment in the adult world of contractual relationships, for example, through payment of the fee and holding to a regular appointment schedule.

Chasseguet-Smirgel (1992) highlights both aspects of the internal function of the frame. She describes the situation evoked by the frame as an archaic matrix of the oedipal complex. Whereas, on the one hand, the frame guarantees the establishment of an enclave in which the patient is able to abandon himself to narcissistic regression, on the other hand, the frame presents the patient with a reality-oriented “paternal function,” opposing the wish to return to prenatal existence.

The Psychoanalytic Frame – Present to Future

This overview of the literature on the frame indicates that, irrespective of theoretical differences, there is widespread agreement that the establishment of a frame is necessary in order for an analytic, therapeutic process to occur. The question posed in this paper is whether this type of frame can be provided when using internet technology to conduct analysis or analytic therapy.

Some state that this is not possible. For example, Curtis (2007) characterizes internet treatment as conducted in an autistic space – a space that she views as limited to two-dimensional information and “artificial intelligence.” Curtis refers to Bion's concept of an analytic setting and process as one in which a patient learns from experience “within the context of two minds in the same time and space emotionally containing each other” (p. 135). In her view, when using the internet, two minds are not in the same time and space, emotional containment cannot occur, and it is not possible to detect and manage the analytic process.

Clearly, according to the temporal and spatial limits of consensual, external reality, in the world of internet treatment at a distance, analyst and patient are not meeting “in the same time and space.” There is a 12-hour time difference⁴ between my office in Bethesda, Maryland and mainland China. It is 9 am my time here in the U.S. and 9 pm or 10 pm Beijing time⁵ when my patient and I meet. (For some CAPA therapists, who meet their Chinese patients in the evening in the States, the time difference is accentuated by the fact that, at the time of the session, their patients are beginning the morning of the next day.) However, if we extend traditional notions about what constitutes time and space to the realm of psychic reality – the world of the unconscious mind – patients and their analysts interact in a setting outside the limits of physical space and linear time no matter where they are located geographically or in what time zone they reside. From this perspective, during the analytic hour patient and analyst are in the same time and space during the session, and that time and space may or may not coincide with the physical location of either party.

At the boundaries of the session, this is clearly not the case. For example, it is jarring to me when at the end of a session, at nearly 10 pm in China, my patient closes the hour saying "Good Night" or when, in an unthinking morning moment, I greet her with "Good Morning" at the start. In these situations, we are compelled to acknowledge the obvious distance between us represented by the difference in time, which during our immersion in the unconscious realm of the analytic hour has disappeared.

Sand (2007) has stated that conducting psychoanalysis in cyberspace requires the development of a “consensual hallucination.” This is the nature of the unconscious realm, where analyst and patient, whether in the same geographic location or separated by thousands of miles, are in the same time and space. The objection that internet analysis, by virtue of the technology used, can only occur in autistic space is countered by various authors who have pointed out that virtual reality itself possesses qualities that are similar to the potential space of the therapeutic relationship (Fischbein 2010, Malater 2007, Lingardi 2008). Cyberspace is described as functioning as a transitional space and easily adaptable as a play space for identity exploration and development that is free from social sanctions.

A second objection Curtis (2007) raises to using the internet for treatment is that sufficient emotional containment cannot be provided. In this regard, the possibility of frequent dropped calls and pixelated screens does make containment exceedingly difficult. On an internal

⁴ Because of Daylight Savings Time, the time difference is 12 hours from March through October and 13 hours for the remainder of the year.

⁵ The entire vast country of mainland China comprises a single time zone, “Beijing Time.”

level, a dropped call maybe akin to a fragmentation of the relationship, a Bionian “catastrophe.” In a conventional in-office treatment, one would rely on elements of the invariant or co-constructed frame and on the reliability, consistency, and emotional presence of the analyst to contain and control a regression or a crisis. If these elements are present, in addition to adequate levels of computer memory and speed of broadband connection, these types of disruption can be manageable. A non-internet, traditional treatment can tolerate disruptions, such as a UPS delivery to the office door in mid-session, so long as they are infrequent and the emotional impact on the patient and analyst is attended to.

Curtis’s (2007) third objection to the viability of internet psychoanalysis is that it is not possible for an online analyst to detect and manage the analytic process. Tuckett (2005) describes psychoanalytic treatment as requiring three analytic capacities: 1) the capacity to sense the relevant psychoanalytic data (e.g., affects, unconscious meanings); 2) the ability to conceive what is sensed; and 3) the capacity to offer interpretations based on these, as well as to sense and to conceive the effects of these interpretations. Although it is true that using the internet to provide treatment does pose challenges to both patient and analyst in sensing and managing an analytic process, certain ways of constructing the setting make it more likely that containment is possible.

Earlier I outlined several prerequisites for treatment, and if these are compromised, the treatment is not viable. Some analysts have found taking additional measures to support the frame helpful. For example, the patient’s camera can be placed so that the analyst has a profile view of the patient on the couch and the patient can easily turn to view the analyst when feeling insecure. Others attempt to compensate for the greater distance inherent in a two-dimensional relationship via screen by making extra efforts to solidify that relationship through tone of voice, or by asking the patient to process certain emotion-laden material in their native language, even though the material is not understood on a conscious level by the analyst.

These extra efforts highlight the many challenges posed by our countertransference when working with patients across cultures via the internet. In spite of these challenges, many individuals who provide psychoanalytic treatment to Chinese patients using the internet agree that it is possible, given the appropriate patient-analyst match, to create an analytic frame that provides a rhythm of safety and emotional containment sufficient to allow an analytic process to develop.

The Future

The history of psychoanalysis has been marked by controversies over the introduction of changes to the prevailing paradigm, as psychoanalysis has changed and evolved in response to encounters with new frontiers. According to the Merriam-Webster dictionary (2007), the word frontier can be used to denote two types of boundary. It can indicate both a line of division between different or opposed things, and it also can mean a new field for exploration and development. As illustrated above, offering psychotherapy and psychoanalysis via the internet expands and redefines the boundary of analytic experience. Does this practice break new ground in a constructive and creative way or does it transgress a boundary that serves a useful purpose?

Some analysts clearly believe the latter. They contend that cyberspace and psychoanalysis are cultures that are opposed to one another and reject the idea of internet psychoanalysis. Internet analysis is considered an oxymoron, or worse yet, a heresy. Some opponents find that the technology itself is not adequate to encompass an analytic process. They condemn the use of the internet for psychoanalysis, largely basing their arguments on the incompatibility of an intimate personal encounter with the distance imposed by internet contact and find the use of internet technology incomprehensible.

Although I have addressed some of these concerns in the preceding section, two additional objections will be considered here. Both are related to the belief that internet analysis is a form of heresy. The first argument made in advancing this proposition is an objection to using modern technology in psychoanalytic practice. The second concerns political considerations that fuel objections to internet treatment.

First, there is a historical precedent within psychoanalysis for the use of new technology. Berger (2005) points out that Freud used the technology of his day. He used the postal service in his analysis of Little Hans. Freud also introduced a new psychoanalytic application for an existing “technology” in his use of the couch.

Over the decades, analysts have adapted their practice to changes brought by new inventions. For example, most contemporary analysts use the digital clock to keep time. Other examples of technological applications that have brought changes to psychoanalytic practice are the telephone, cell phone, answering machine, voicemail, and even the electric light. When adapting new technology to their clinical work, analysts have needed to analyze the meanings of this. For example, Berger (2005) illustrates the way in which using digital clocks has changed our relationship to the structure of the session by fostering for analyst and patient alike a sense of exactitude we otherwise would not have.

Second, political considerations play a prominent role in the rejection of the idea of internet psychoanalysis. The use of the internet to conduct psychoanalysis is a highly charged political issue that is being debated intensely in both APsA and the International Psychoanalytical Association (IPA). As an example, Scharff (2010) gives an overview of a discussion group at the IPA conference in Chicago.⁶ The organizers of the panel and the speakers presented the view that psychoanalysis must make use of information technology, such as the telephone and the internet, both in order to adapt to the current social reality of a global economy and to meet the needs and demands of those in rural areas where psychoanalysis would not otherwise be available, the needs of business executives and the like who wish an analysis but travel too frequently to commit to meeting four or five times weekly, and the desires of young adults who have grown up with the new technology.

The panelists affirmed that use of information technology does not preclude attention to the analytic dyad, and depth work. Affective attunement, unconscious communication, an appreciation of resistance, and work with the transference and countertransference are all part of

⁶ A similar discussion occurred at the 2011 IPA meeting, after the submission deadline for this paper.

Skype analysis.⁷ They added that psychoanalysis has been responding to cultural developments from the beginning and this responsiveness has led to new and valued pathways of understanding.

Opponents argued that psychoanalysis is “chasing after technology” as an alternative to in-depth, person-to-person work and that telephone analysis/internet analysis is not analysis. An unstated resistance to the use of internet analysis has root in the truism that change brings disruption to the status quo. For example, the acceptance of the use of the internet for analysis is likely to have a large impact on training policies.

Currently, the internet is supplanting the telephone in being used for analysis for candidates who live at some distance from their analysts, provided a certain number of hours are completed in the same physical location.⁸ The IPA is currently establishing a psychoanalytic training program in China, although very few qualified analysts reside there. Chinese candidates are permitted an internet training/personal analysis after completing a specified number of hours of in-person treatment (E. Snyder, MD, personal communication, 2011). At present, a consensus seems to have emerged, at least within the IPA, that internet psychoanalysis is acceptable as a form of treatment for some candidates. Internet analyses are not at this time acceptable as control cases in most training institutes. APsaA and IPA institutes in the U.S. currently require that, for control cases, treatment must occur four times weekly in person on the couch.⁹

Conclusions

This paper has addressed some of the factors that must be considered in establishing and maintaining a psychoanalytic frame when using internet videoconferencing technology for treatment. Meeting via the internet will have unique meanings and functions for each analytic couple (Malater 2007). Using the internet as a vehicle for treatment affects the way that conscious and unconscious material is received, experienced and processed by both patient and analyst. It impacts the types of transference/countertransference that emerge, the types of defenses used, and the nature of unconscious material, such as dreams and associations. It affects the analyst’s capacity to foster a therapeutic alliance and the nature of enactments that are likely to occur.

⁷ At a recent symposium, transcripts of analytic hours with patients seen via the internet were presented along with non-internet sessions. The audience, which was blinded as to the distinction between sessions, was not able to distinguish between them (L. Fishkin, MD, personal communication, April 2011).

⁸ An example is the training program of the International Psychoanalytic Training Institute, located in Chevy Chase, Maryland, which draws candidates from more remote areas such as Panama.

⁹ The meaning of “in person” in a virtual world remains to be fully thought out. To view internet video encounters as not occurring “in person” is problematic. As I have pointed out in this paper, internet psychoanalysis presents analysts and analytic institutions with a need to re-think current notions of the nature of time, space/locale, human beings and what constitutes a personal relationship.

One area currently under exploration is the impact of the use of screens for treatment on voyeuristic, exhibitionistic fantasies in the patient and/or analyst. For example, Isaacs Russell and Neumann (personal communication, 2011) are investigating the interaction between exhibitionistic and voyeuristic fantasies, the use of internet screens for treatment, and shared parental bed child-rearing practices. Lingiardi (2008) mentions that internet treatment may evoke intrusion anxiety in analysts. Peering through a glass screen and viewing a two-dimensional patient on a couch in the patient's residence may bring up many very early and heretofore unanalyzed impulses.

Internet psychoanalysis poses questions about accepted notions as to the nature of time and space and the nature of the mind and of persons. It challenges accepted traditions, such as control case requirements that candidate-analyst and patient be located in the same geographic location. Paradoxically, a theory and therapy that has been described as subversive to cultural status quo and convention (Thompson 2002, p. 82) is at present being used by some to oppose this innovative form of practice.

Curtis (2007, p. 135) writes that the internet and cyberspace contribute vitally and importantly to our theoretical discourse about the nature of analysis, but have nothing to offer psychoanalytic practice. In this paper, I have challenged this statement and provided the perspective that internet applications in psychoanalysis are making a profound, necessary and valuable contribution to psychoanalytic thought and practice on a global level. Our phenomenological studies indicate potential positive benefits for our patients. In the next stage, empirical research will be conducted to validate these findings.

My experience using the internet to provide psychoanalytically-oriented treatment echoes the experience of many of my CAPA colleagues (Rosen 2011). In our psychoanalytic research, we have found that, when used within clearly defined parameters, internet videoconferencing technology allows sufficient contact and engagement between patient and analyst to provide effective and ethical psychoanalytic treatment.¹⁰

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¹⁰ The criteria for effective and ethical treatment have been articulated by the IPA (March 2007). They include the capacity to foster and sustain an analytic process over time. An analytic process is defined as one in which unconscious activity, mechanisms and motivations, including the transference, countertransference, unconscious affects, and latent unconscious themes, can be recognized and followed and formulations can be made to guide interventions. Progress and impasses and developmental aspects can be monitored. Ethical principles related to the practice of psychoanalysis, and in accord with the profession of the practitioner, and laws related to the particular locale of both analyst and patient, are followed.

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The Abdication of Her Royal Highness, Melancholy

Jamieson Webster, PhD, and Patricia Gherovici, PhD

Alexander McQueen's recent Metropolitan Museum of Art show, *Savage Beauty*, was one of the 10 most popular shows in the museum's history. The exhibition's amazing success cannot be explained by the media frenzy around the wedding gown worn by a future queen, Kate Middleton, from McQueen's studio, nor the story of his truncated life, nor even the contagious nature of fashion fads. Something more is at work in the show's appeal, something we would call an experience of melancholic sublime loss. Through Freud's work on the question of mourning and melancholia, as well as Lacan's recontextualization of these concepts through his theory of desire and symbolization, we situate the experience of *Savage Beauty* and its tragic underpinnings. Along the way, we compare McQueen with other infamous bereft sons, from Roland Barthes, to Hamlet, to Samuel Beckett.

Alexander McQueen's recent show, *Savage Beauty*, at the Metropolitan Museum of Art was a blockbuster. The exhibition was one of the 10 most popular shows in the museum's history and attracted 650,000 visitors, 15,000 alone in the day before it closed. *Savage Beauty's* appeal went viral. When the final days of the already extended show approached, crowds gathered, waiting for hours in the rain, in a line that emulated a fashion runway, visitors dressed in outfits that quoted McQueen's signature style. The exhibition's success cannot be explained by the media frenzy around the wedding gown worn by a future queen, Kate Middleton, from McQueen's studio, nor the tragic story of his truncated life, nor even the contagious nature of fashion fads. There seems to be something more at work in McQueen's mass appeal, something that may have to do with an experience of sublime loss that we will define better via the term "abdication." This is, to our mind, more than the beauty displayed or the personal pathos of an untimely demise.

The exhibition was overwhelming. It was worth the admiration it elicited. Many visitors commented that they had needed to catch their breath midway, as if the mixture of glory and genius had been too powerful to bear for long. The experience was pleasurable at moments, excessive at others. It stayed with you, its ostensible beauty holding its title literally – *savage!* We might characterize the show as one that moves between the adjective "savage" and the verb "ravage."

We went to *Savage Beauty* knowing that McQueen killed himself the night before his mother's funeral, that he was found dead in his wardrobe, that he took a huge overdose of drugs, slashed his wrists with a ceremonial dagger and a meat cleaver, and hanged himself. We knew that he suffered from depression. We went to see what could be seen of this person and his torments in his body of work, the old arguments about madness and genius parading in a spectacular theater. We could easily line up the culprits: sadomasochism, narcissism, depressive psychosis, fetishism, feminine idealization, rage against all auspices of home – from fashion, to nation, to gender, and the confines of the body. In short, a textural phantasmagoria of *pathos*.

Unfashionable diagnostics aside, everyone who came to see the exhibition was in a visible state of awe. McQueen's work demands this state of rapture. It seduces by offering itself as a lasting riddle. So it is not without a dose of voyeuristic fascination that one enters into this show. Its work already plays with the relation between looking and the beautiful to the point that

the whole exhibition entails a redefinition of the classical concept of the sublime. To be true, this idea would twist the usual meaning of the sublime to include the vicissitudes of the act of looking, since it questions the divide between esthetic pleasure and disorder. Perhaps, evoking the sublime, a question of the failure of sublimation also needs to be considered given the tragic death of Alexander McQueen that haunts the viewer of the exhibition.

Yet, one should resist the temptation of a purely psychobiographical interpretation. It is difficult, nevertheless, not to consider certain biographical details that are quite revealing. McQueen, unable to cope with the loss of his beloved mother, Joyce, committed suicide on the eve of her burial. The family considered postponing her funeral and burying mother and son together. After agonizing deliberations, this did not happen, mainly because of a delay caused by the police inquest on the cause his death, which was eventually confirmed as suicide. In life, McQueen and his mother had been extremely close. They appeared together in a *Guardian* interview in 2004 in which the mother asked her son: "What is your most terrifying fear?" to which he replied, "Dying before you." His mother quipped, "Thank you, son." "What makes you proud?" He responded, "You."¹ When McQueen announced the news of his mother's demise on his Twitter page, the phrase read like his own death sentence: "I'm letting my followers know my mother passed away yesterday if it she had not me nor would you RIP mumXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX..." (sic).² McQueen seemed to exhort his fans to honor and be grateful to the woman who had given birth to him, but the sentence can also mean that she still *had* this son, as if a separation between mother and child had not yet taken place. Unable to extricate himself from his mother, the fusion exacted its toll. If she no longer had him, no one would. After his suicide, one may read the message's repeated letter "x," written with no space after the word "mum," as a failed attempt at delineating what Lacan calls *objet petit a*, the unfathomable X on account of which we desire. The status of this enigmatic object may be the key to understanding why some people manage to mourn their loss and find a substitute whereas others remain inconsolable and refuse to let go of the lost object – in some cases, following it to death.

In "Mourning and Melancholia," Freud (1917) proposed that the lost object is not the same in mourning and in melancholia: "Mourning is regularly the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one's country, liberty, an ideal, and so on" (p. 234). Whereas in melancholy, "the object has not perhaps actually died, but has been lost as an object of love.... In yet other cases one feels justified in maintaining the belief that a loss of this kind has occurred, but one cannot see clearly what it is that has been lost.... This would suggest that melancholia is in some way related to an object-loss which is withdrawn from consciousness, in contradiction to mourning, in which there is nothing about the loss that is unconscious" (p. 245). For the mourner, it is the lack of the object that causes the suffering, whereas for the melancholic subject, the object of grievance is not really lost but rather maintained within the subject, buried alive in the ego, from where it remains and causes intense suffering, becoming a devouring vortex of pain. Freud sums this up with his usual eloquence: "In mourning it is the world that has become empty; in melancholia it is the ego itself" (p. 246).

¹ *The Guardian*, April 20, 2004.

² *The Telegraph*, February 12, 2010.

For Freud, because melancholics do not know what they have lost in the lost object, that is, they do not know what in the object caused their desire, they cannot begin the “bit by bit” psychological symbolic work of mourning. Freud describes mourning as the painful passage over the traces that belong to the object in the subject’s mind, showing that object as a desired object constructed through of a series of representations, always already bound by loss. The melancholic, however, identifies with and holds onto the lost, abandoned, or dead object in what Freud calls a “hallucinatory wishful psychosis.”

McQueen’s tragic end shares resemblances with the death of another grief-stricken son who could not continue living after losing his 84-year-old adored mother. Roland Barthes, a famous French literary critic, was devoted to his mother and lived with her all his life. The day after his mother died, he started keeping a diary of his suffering. He wrote:

The desires I had before her death (while she was sick) can no longer be fulfilled, for that would mean it is her death that allows me to fulfill them – her death might be a liberation in some sense with regard to my desires. But her death has changed me, I no longer desire what I used to desire. I must await – supposing that such a thing could happen – for a new desire to form, a desire following her death. (Barthes 2010, p. 18)

Barthes describes her loss not as the loss of a loved object but as the loss of desire itself. Unable to mourn his mother, he cannot allow a new desire to follow in the place that she has evacuated. Eerily, in his second to last entry in his mourning journal, he writes, “Nap. Dream: *exactly* her smile. Dream: complete, successful, memory” (Barthes 2010, p. 242). In the place where one might imagine that he would encounter her absence, he hallucinates, *exactly*, her smile. Complete. Roland Barthes died an absurd death at age sixty-four. After leaving a lunch with Francois Mitterand, France’s future president, Barthes walked back home without paying attention to the traffic. He was struck by a laundry van and died, less of the injuries, which altogether were not life-threatening, than from a general depression.

The destiny of the “lost object” remains crucial here. Whether it is accepted as “lost,” as in the painful process of unbinding love ties that takes place in mourning, or it is reclaimed as a gangrenous part of the ego by way of narcissistic identification, as in melancholy, one needs to keep in mind that the place of the “lost object” in fact serves as a protective screen over the abyss of the unnamable, of something impossible to imagine or comprehend, namely, what Lacan calls the Real. All lost objects (like the mother’s breast or smile) are already substitutions with respect to this empty place. In light of this, one can make sense of Lacan’s claim that, unbeknown to us, the “lost object” is the support of our castration and, thus, it represents what allows desire to continue. The possibility of replacing the object renders life possible.

Freud tells us that, for the melancholic, this loss remains unintelligible. What can be seen, he says, is the ego “overwhelmed by the object,” crushed by it, much like when we are in a state of love. It is as if the object’s impossible absence had caused it to grow too large. Here, Lacan’s distinction between the object of desire and the object that causes it (*object a*) may be helpful. This slight shift changes the idea of the work necessary in mourning. The melancholic is

not merely a subject who cannot mourn the lost object, but is someone who has kept the lost object buried alive in the ego and has, as a result of this identification, lost his desire because the cause, which made that object desirable, lost its efficiency. The melancholic is, therefore, not only a frustrated subject unable to detach from the lost object, longing for its return, but also a subject who, in the presence of the object itself, will always be disappointed with it.

Think of Hamlet's intractable moralistic scorn for Ophelia, his libido receding into the tomb of his ego after his father's death. As Darien Leader (2009) notes in his work, *The New Black: Mourning, Melancholia, and Depression*, Hamlet lets himself love Ophelia again only after he witnesses Laertes's loud expressions of grief. His grief-stricken reaction is not motivated by her suicide as much as by an identification and rivalry with Laertes's demonstration of love for his lost sister. And what better illustration of melancholic identification than the moment when Hamlet throws himself into Ophelia's grave, a gesture that makes explicit that his love remained at the level of identification with the lost object?

It was not without a lack of controversy that Lacan declared that depression was essentially moral cowardice, a sentimental sadness always too much in the grip of the death drive. Lacan was worried about the nostalgia and moral masochism inherent in melancholia. In melancholia, there is a refusal of desire, and with it, a refusal of the lack that perpetuates it. A separation, a cut, becomes necessary for life to be possible, carving out a space between oneself and one's own sadness, between oneself and this other to whom melancholics offer themselves up as an object, which is, from one angle, the work of psychoanalysis.

Nevertheless, it is precisely because of the near hallucinatory concatenation of sadness, moral masochism, beauty, pain, and pleasure, that the cut posited by Lacan as central to the psychoanalytic act is so incredibly difficult with the melancholic. For any analyst who has worked with this particular brand of *jouissance*, they know how difficult it is, the kind of gravitational pull that is exerted by this object that seems to hold the subject captive. Self-laceration, the abnegation of the melancholic, is one attempt to introduce a cut, to encounter the scene of one's desire, and one that often fails, or succeeds – to turn it around – only at its limits in the act of suicide.

Freud's and Lacan's theories of melancholia help to explain the experience of attending McQueen's show. The overall effect of his work is mesmerizing. He has "the" object and shows it to us, magnified and dressed in its gaudy guises. The beauty, and perhaps the attraction, is to render the experience of this melancholic tie in this sublime fashion, to bury you beneath it. Through his work, we tolerate (barely, at times; our breath seems to leave us midway) this deadly, sinister, claustrophobic space after which is only life, loss, and the comings and goings of desire.

In McQueen's theatrical runway shows, the model's body is delivered to us as a site of persecution, indeed of an experience at this limit, a kind of painful pleasure (*jouissance*), which can be viewed by us precisely because of the magnificence of the clothing or the setting that veils it. Think of the woman pushing her way up the runway, battered by wind and rain. Think of the model in her white canvas dress, strapped to her with only a belt mid-chest, pursued by machines that spray her as she covers her face in terror. Think of the woman whose outfit of

chains and metal acts like a prosthetic puppeteering device, encumbering her descent down a flight of stairs. You do not know if the models' facial expressions are ones of pain or pleasure, or perhaps an uncanny admixture of the two.

After having toured McQueen's show, it was not surprising that he committed suicide by hanging himself. Too many of the images play with being irrevocably tied, the presence of a deadly umbilicus to an object whose image is always on the border of life and death. Think of his Kate Moss angel hologram, more ominous than joyful. Think of his wallpaper where babies appear in a state of fragmentation, tied to figures with gas masks and to images of poisonous nature. Think of the infamous reenactment of Joel-Peter Witkin's photograph, "Sanitarium" – a woman breathing through a tube in a box filled with moths in McQueen's last show. He fascinatingly played with the infinite regress of the image, the turning round of voyeurism and exhibitionism: There, the audience was confronted with their own reflection in a series of reflective panels on boxes within boxes, eventually revealing this horrific creature at its core.

Aside from all of the beauty of this exhibition, savage or otherwise, what also lingered was something of this "false morality" in melancholia that Lacan highlights, best seen in his oscillation between helpless romanticism, techno progressivism, and a glorified nihilism – all exacting a kind of external domination. McQueen doesn't trust the desire of his viewer, nor does he trust desire itself. His show is not about the creation of an opening in desire but rather a means of turning back to the audience a *jouissance* that has bartered desire away. The tirade against fashion, which he displayed on his runway as a full garbage heap, models dragging around remnants like carcasses, his stark plaid collections that rage against his mother country, as well as the endlessly victimized women verging on the comic, are perhaps a few of the more successful examples.

But, from our perspective, much of his work felt too glib. More room for desire might have allowed his audience more of a place in relation to his work. Fashion cannot take itself too seriously, and it is really through the interval, the interplay of presence and absence, that desire is engendered. This is, for one example, Miuccia Prada's extraordinary gift: her designs are a subtle commentary on sensuality, femininity, covering and uncovering the body, always with a touch of humor.

McQueen's fashion, in its refined ingenuity, shows an evolution toward a more successful and encompassing sublimation by freeing itself more and more from what seemed gratuitous in the first attempts. It was this, McQueen the master tailor and textural genius, the recycler of worn-out images high and low, the re-inventor of the boundaries between fashion and theater, and his relentless pursuit of imaging the limits of pleasure and of bodily form, that one wanted to wrest from the grip and fixity of the death drive. You feel as if you can imagine its possibility had he lived; you feel, in the crevices of the crowds and in spite of their overblown performance of rapture, the more delicate sublimity of his work.

It would be a fashion that would read more like a text, more of an appeal than a statement. Lacan always felt that when speech was reduced to a statement or sign, no less the object itself, we were doomed to the sadistic voyeuristic complex at the heart of one's ego, something that plays its fair share in the cruelty of depression. Desire, signification, indeed,

sublimation, has to be something else, somewhere else. This still, we should add, begs the question of the show's appeal. If we were to venture an answer, it would have to be that many seem to be looking for a way to experience this foreclosed, savage, melancholic space, dressed and rendered beautiful. McQueen, in the end, refused to give up the object and thus he died with it. Unable to give up the crown, refusing to abdicate, he dies on the throne of his own creation.

To conclude, thinking of the title of this exhibition, the word "savage" brought to mind Samuel Beckett's reflections on his mother: "I am what her savage loving made me, and it is good that one of us should accept that finally" (Bair 1990, p. 263). One could add to this the title of one of his most beautiful short stories, "Enough," a story about love that grows old and drags; a love whose beauty, in a state of waning, is, finally, enough. One cannot help but link this possibility to having had enough of her, and, perhaps, to having had a psychoanalysis with Bion, the conclusion of which was to finally leave "Ireland" behind. With it, a crippling depression also left.

If Beckett's work is savage at times, it is also deeply funny and optimistic, without a trace of moralism or sentimentality. Perhaps this is, sadly, the inverse tale to that of Alexander McQueen, the possibility that comes with having cut the rope. Beckett's is a love of beauty in decline, not in an overwhelming, hypertrophied, crushing excess. Perhaps this is one way of defining the line between art and mere fashions. As Cocteau said, "Art produces ugly things which frequently become more beautiful with time. Fashion, on the other hand, produces beautiful things which always become ugly with time."³ One wishes that the beauty of the show would not have been so captious that it veiled the sadness that would lead to mourning. One wishes McQueen could have said "Enough!" in a less lethal manner. Paradoxically, however, the relationship to fashion is always predicated on the not-enough. How else could we explain the exclamation, "I have nothing to wear!" while facing an overflowing closet.

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³ *New York World Telegram & Sun* (August 21, 1960); also in *Threads: My Life Behind the Seams in the High-Stakes World of Fashion* by Joseph Abboud, 2004, p. 79.

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Editors' Introduction to the Eight Comments on Bion, Loewald and "The Future" in Psychoanalysis

Donald B. Moss, MD, and Michael S. Garfinkle, PhD

From its beginnings, psychoanalysis has been organized around the work of interpretation. The fundamental rule burdening the patient with the task of free association equally burdens the analyst with the task of interpretation. The patient works against distorting forces emanating from an imagined view of how he/she might sound. The analyst concurrently works against distorting forces emanating from an imagined view of what the patient might mean. Both, then, aspire to a severely defined present tense: a here-and-now, *hic et nunc* – the patient thus becomes an interpretable object, the analyst an interpreting subject.

The problem here, though, was that this originary psychoanalytic set-up was itself the product of distorting forces of imagination; the psychoanalytic consulting room was not, in fact, a replica of the surgical theater. No matter how the work of analyst and patient was defined, there remained an irreducible influencing subjectivity on both sides.

Subjectivity, of course, explodes all simple-minded packaging of the present tense. There is no describing the immediate present without also having to describe the mediating shadows of the past and the looming specter of the future. Like Cubist painting and modernist fiction, psychoanalysis has developed under the influence of this truth.

So, for patient and analyst alike, the task of free association and its companion task of "free" interpretation have had to undergo modification. What to do, then, with the fact that neither the past nor the future can be bracketed out of a clinically honest present tense?

Bion and Loewald have each boldly confronted this problem. Bion ratchets up the original Freudian admonition. Like a minimalist composer or color-field painter, he would have the analyst aim at an impossible reduction: without memory, without desire – without a past, without a future. Loewald, however, like a contemporary portraitist, accepts the terms of the image and implacably holds onto its implications – past and future infiltrate his every thought and, likely, his every intervention.

In this issue of *The Candidate*, organized around "The Future," we have asked eight analysts to take up the problem of the future as it has been bracketed by some words of Bion and Loewald. The future of psychoanalysis, we think, will necessarily be concerned with "the future" within psychoanalysis.

Two Passages from Bion and Loewald

In this section of *The Candidate*, “Contemporary Views: In What Tense Does the Analyst Speak?,” eight analysts were asked to address either or both of the following passages, with a particular focus on how psychoanalysts handle the question of tense and the question of a future. Questions prompting a response included: What place does forward-looking have in psychoanalysis? Ought the analyst hold an idea of what the analysand is to become? What patient and analyst will become together? Or does this way of thinking diminish the analyst’s ability to listen, to be free to help his patient?

From Bion, W.R. (1967). Notes on memory and desire. *Psychoanalytic Forum* 2(3):271-280:

“Psychoanalytic ‘observation’ is concerned neither with what has happened nor with what is going to happen, but with what is happening. Furthermore, it is not concerned with sense impressions or objects of sense. Any psychoanalyst knows depression, anxiety, fear, and other aspects of psychic reality, whether those aspects have been or can be successfully named or not. These are the psychoanalyst’s real world. Of its reality he has no doubt. Yet anxiety, to take one example, has no shape, no smell, no taste; awareness of the sensuous accompaniments of emotional experience are a hindrance to the psychoanalyst’s intuition of the reality with which he must be at one. Every session attended by the psychoanalyst must have no history and no future.”

From Loewald, H.W. (1960). On the therapeutic action of psychoanalysis. In *Papers on Psychoanalysis*, ed. H.W. Loewald. New Haven, CT: Yale University Press, 1989, pp. 221-256:

“In analysis, we bring out the true form by taking away the neurotic distortions. However, as in sculpture, we must have, if only in rudiments, an image of that which needs to be brought into its own. The patient, by revealing himself to the analyst, provides rudiments of such an image through all the distortions – an image that the analyst has to focus in his mind, thus holding it in safe keeping for the patient to whom it is mainly lost. It is this tenuous reciprocal tie which represents the germ of a new object relationship.”

Imagining the Patient's Future

Sandra Buechler, PhD

In the late 1990s, I was asked to do a consultation. The therapist of a young woman asked me to meet the patient and give my opinion as to whether or not she should remain in her current treatment or find another clinician. After more than ten years of intensive psychotherapy, the patient's eating disorder was still quite severe. I met with the patient for two sessions and wrote that "The struggle with her eating disorder had already taken her life, in that there was room for little else. I found myself immediately, deeply concerned. Every fiber of me wanted to wrestle with the self-destructive forces in her. I wanted the vibrant young woman I saw as her potential to emerge" (Buechler 1999, p. 213).

Does a vision of the patient's potential in the future have any legitimate place in the mind of the analyst? Admittedly this was just a consultation, but I think I would have had similar reactions if I worked with this patient in a long-term treatment. I "saw" her potential to be a vibrant young woman, rather than a ravaged, waiflike, sullen child. Would this vision help or hinder our work, if we had been engaged in a long-term treatment instead of a consultation?

The patient was quick to size up the situation and issue a warning. She told me she would *never* give up her eating disorder, no matter what happened with her treatment. She said she understood its costs, but added that her eating disorder was necessary to her, because it was "all she had."

My conclusion was that she should stay in her treatment. She seemed to me to be attached to her therapist, and I did not think that anything radically different would happen if she worked with someone else. In a sense, I saw a power struggle as inevitable with this patient, at this point. Was I wrong?

I imagine that Bion and Loewald would have held opposing views, if I had had the chance to discuss the case with each of them. I hear Bion advising me to let go of my vision of this patient's future and dwell in my intuitive experience of each moment with her. I hear Bion telling me to accept and know her as she is, rather than trying to change her into someone else. Bion might say that my belief that a power struggle is inevitable stems from my own efforts to change her, rather than from anything inherent in the patient. Bion might say something like, "Listen, Sandra, you need to get back into your own analysis and supervision. Why do you have to imagine her future? Try to work on your own issues, so that you can more fully enter into the patient's experience as it is, rather than as you wish it would be."

Loewald, however, would advise me differently. He might say that I should hold onto my vision of this patient's potential. After all, it must, in some sense, have come from her. But she cannot imagine herself into it yet, so I should hold it for her, until she can. In this way, I will make it possible for her to change how she relates in treatment and elsewhere.

I see merit in both viewpoints, but, ultimately, agree with Loewald. Elsewhere (Buechler 2004, 2008) I have written that it is vital for the analyst to be able to inspire hope, courage, a sense of purpose, an ability to bear grief, and other strengths. To have sufficient impact, analysis must be passionate as well as compassionate. Nietzsche (in Frankl 1985, p. 97) once remarked that “he who has a *why* to live can bear with almost any *how*.” Perhaps Bion could inspire hope and purpose without needing to have a vision of the future, but I do not think I can. As my mind’s eye “sculpted” a fully alive young woman from her half-dead counterpart in the present, my heart would hold enough hope and purpose to sustain my passionate engagement with her.

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Thoughts on Two Quotations

Andrew B. Druck, PhD

In the presented quotes, Loewald and Bion focus on two aspects of an analyst's perspective: present and future. Loewald's quote addresses how the analyst, at all moments, has to relate to the patient as he is, while keeping open a vision of what the patient can become (and not what the analyst hopes he should become). The explicit content of every statement the analyst makes helps his patient understand where he is at any given moment, and the implicit assumptions of the very same statement communicate possibility. To say "You believe x" also communicates "There are other things one could believe about x." Present reality and future possibility are communicated simultaneously through the combination of communication and metacommunication.

Can an analyst focus on one without the other? Usually not. To focus on possibility – on the future – without close attention to how the patient is at any given moment, becomes too intellectual, perhaps too inspirational and sermon-like. It rarely touches the patient's affective experience. Even more, it does not let the patient understand how he works internally from moment to moment. Therefore, the patient is not helped to understand where he is, from where he has come, and how to find his own way to his own future. Thus, an analyst must focus on a patient's present to help him find his future. Here is where Bion's quotation comes in. The analyst must momentarily "forget" his and his patient's goals, his patient's future. He must focus as much as possible on his patient's present, on his intrapsychic life (including its manifestations in the transference) in order for the patient and analyst to re-evaluate and rediscover what they hope for the patient's future (and for what is possible to achieve in that particular analysis).

One further thought: When discussing analysis, analysts are more comfortable discussing the patient's and analyst's intrapsychic processes than the complex relationship between patient and analyst. Bion's ideas, which are concerned with facilitating an optimal analytic process, fit here more easily than Loewald's. Loewald's formulation can make some "classical" analysts uneasy because it is more directly concerned with the patient-analyst relationship and its impact on the analysis. Loewald's quote is written as he considers how an analyst has an actual impact on his patient and how this impact can be reconciled with our goal of neutrality. He deals with a vision of who the patient can become, a vision that can easily slip into wishes for a patient that involve more than hopes for more adaptive compromise formations (i.e., process goals). We want a patient to get what he desires, whether it is marriage, a successful career, a more authentic sense of self, etc. Yet, we are wary of making our goals his goals. Thus, in a funny way, Loewald and Bion arrive at a similar place, albeit from different perspectives: To help a patient achieve his future, the analyst must bracket, even "forget" for the time of a given session, his own knowledge of the patient's life and analytic context (Bion) and/or knowledge of his and the patient's goals. For both, the way towards the future is focus on the present.

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Future as Unknown Presence (Even If It Is Absent)

Michael Eigen, PhD

What is the future? It engulfs me, attracts me. I plunge into it, swim in it. How is it different from past or present? A time-monster with three heads and who knows how many feet and hands? A Hindu saying: Dream life is the present, waking life the past, dreamless sleep (void) the future.

Time so often feels timeless. Sessions sometimes drag by. Time could not go slower. Even slowness is timeless. Or they speed by. High velocity timelessness. Too fast, too slow, just right. The Goldilocks of time.

There is a sense of dropping down into oneself. Silent. Deep into invisible soil, dropping... A kind of blackout. Schreber described a kind of blackout in which world and self ceased, then reappeared in a new key, "miracled up."

To sink and sink into the future, uncreated futures of a session, uncreated time. Time as creation, future as creative moments that nourish, terrify, uplift, challenge, soften, baffle. Future as approaching womb.

Bion writes, "The real nature of psychoanalytic methodology has never been properly assessed." He has psychoanalytic intuition in mind, which seems to span time, making use of past, present, future, timelessness.

Where does one go when one sinks through the bottoms of sessions?

Where is one waiting?

An idea, a feeling, an image form. Time is back. You look at the clock. There is still forty minutes to go. You are both still there. Where did the bottom of the session go? Now that you are back, you appreciate bottomless more. Maybe if you are quiet and still enough, you can sink again and go through. Maybe if you are quiet enough, the session will find you.

Do you ever feel you are being created by the future of the session? Something without bottom or sides or top? The session is creating you?

Psychoanalytic time – how to nurture it so that it nurtures you.

The patient is everywhere. The patient is a point, now seeable, now vanishing.

You hear a cry and feel it all through life. A soundless cry that creates existence. Or as the psalm says, "I go to bed weeping and wake up laughing." A presence bottomless beyond touch touches you.

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What About the Future?

Antonino Ferro, MD

A great deal of psychoanalysis looks back on what has happened and what has been repressed or split off. In this sense, analysis resembles the long-established notion of evidence-based scientific research. The paradigm is that of Sherlock Holmes and his “patient” Watson, whereby “Elementary, my dear Watson!” is replaced with the no less famous “You told me that” The effect is to distort the communication of the patient, who sees meanings attributed to what he says that are distant and often taken from the book of meanings.

There is much less of a tendency in psychoanalysis to look instead to the future or to something new that can be created through analysis, to envisage what possible new worlds the patient will be able to inhabit if he or she is provided with new tools for thinking. If we can somehow replace the wagon trains we all know from the Westerns of the past with new vehicles like the Starship Enterprise, the questions become rather: Where will the patient go? What will he find? What will he be able to think and desire? (The same questions also apply to us.)

To put in another way: If we replace a psychoanalysis based on content (content that is split off or repressed, but taken as given) with a kind of psychoanalysis designed to develop “tools” for dreaming/thinking/feeling, what will happen? That is to say, if we look to the development of patients’ creativity, what will they find/invent for themselves?

One way of conceiving this point of view is to think of a person being forced to watch “the same old movie” (the old repetition compulsion) and suddenly finding himself, or being helped to find himself, in a multiplex cinema. He may occasionally even have heard some interference, noises from nearby rooms he did not realize were there. But actually being able to switch between these rooms and to see films he had never imagined before is no small achievement.

To put it perhaps a better way, we could say that the patient will discover his own ability as a director and learn to dream not what has been repressed or split off, but to create through his dreams – starting from the transformation of all present or past forms of sensoriality – a new, ever-expanding unconscious that will become a growing repository of memories, fantasies and film clips. An analysis that looks to the future is less like a detective story and more like a spy or sci-fi movie – in other words, those genres where we know what might happen if no one intervenes.

In narratology, our acquired set of knowledge about how a text functions is called our “encyclopedia.” A highly saturated encyclopedia prevents us from appreciating the co-construction of the text and leaves us trapped in prematurely created impasses (the extreme version of which would be that the murderer is always the butler), whereas unsaturated reference to “encyclopedias” and “possible worlds” opens up unforeseen and unexpected narratives.

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Overheard in the Elysian Fields

Reported by Lawrence Friedman

Sigmund Freud, Wilfred Bion, and Hans Loewald were having an ambrosia in a corner of the Psychoanalytic Grove.

FREUD: I warned my students against exhibiting an interest in – or a wish for – any particular material from the patient, especially at the beginning of a session. Otherwise, I said, he will use that investment to manipulate and distract you from what he doesn't want seen. Moreover, if you remain interested in previous sessions, you'll never catch up with the flow of life that he brings to the current session. I also told my students not to try to figure out a case from day to day while analyzing, although I think they found such agnosticism too hard a discipline (and frankly, so did I).

BION: That's good advice, Sigmund, but not good enough. You're a wise man, and your prohibition of ordinary memory and desire is, as far as it goes, the very definition of a non-directive therapy. It protects patients from being pigeonholed by your biases and premature beliefs. And it allows you and your patient to learn a thing or two. But one thing you *won't* learn is who the patient *is*, *unless* you make sure that when you clear your head of memory and desire, you are not just clearing away one set of words to leave room for another. You must clear away not just yesterday's session and your recent curiosity, and not even just your theories, but all the terms and images that you have accumulated, all your understandings of illness, patient types and patterns of reaction – in short, every possible kind of understanding that you might desire to apply. Only if you can shift yourself into a Buddha state where you really don't want to apply any of your understanding, but simply want to “find” your *patient*, just joining him where he is – only then will you identify the individual person rather than a bunch of abstract adjectives and impressions that flatter your understanding but shut you off from his personhood. If you really had faith in that “unconscious telephone” you write about, you would have had the courage to achieve this. You should go sit at the foot of Martin Buber over there in the Philosopher's Grove. I'm thrilled by the way he talks of “I-Thou” relationships, and denounces “I-It” relations among people. They say you were something of a Menschenkenner in your day, Sigmund, but I'm afraid Buddha consciousness is not your strong suit.

FREUD: Of course not, Mr. Bion, I had larger ambitions for discoveries about mind and culture. Until I got here, I was satisfied to leave timelessness to the Unconscious. With your limitation to the moment, I can't see how you connect your sense of the patient at one time with the same person at another time. So go ahead, Mr. Bion, and do without adjectives; scorn definable sensations; find yourself without any language at all. That's what you asked for, isn't it? No memory of language or concepts, and no desire to use them? My dear Mr. Bion, whatever did you do with your patients besides sit quietly in the lamplight and intuit?

BION: Enjoy your little laugh, Sigmund. That's what paradise is for, isn't it? Meanwhile, I'll correct your cartoon of my procedure. Behaviorally, I didn't look all that

different from you when I treated people. You may not know or care that I was the one who brought thinking back to Kleinian theory. When I felt I'd intuited the patient in his individuality, it inspired me with words for him – yes, words, like yours. Unlike you, however, I made it clear that I wasn't very attached to those words, and my manner let him see those words as misleading generalities from common language, and not a portrait of him. I was happy if patients took me as a model of how to grasp a gestalt of themselves and let it spill over into approximate, artificial and overly-public words. Because that's what thinking is. Yes, that's right, I believe in thinking. Indeed, I'm the theorist of thinking. I believe so much in thinking that I wouldn't let patented words and catch phrases substitute for it. (No offense intended.) Just because I also believe in intuition and intimacy and transformation doesn't mean that I don't believe in thinking. My patients got the idea alright. They used their words and my words to capture their unique essence.

FREUD: I'm not sure that patients are as unique as you think they are – at least not in the way you mean. If I had your foggy view of humanity, Mr. Bion, I would have stuck to the sex life of the eel. I think that we can learn from some people truths that apply to other people – even to all of mankind. I think we get better at helping people the longer we practice helping them. I think words are a part of a mature person, and their minds are intrinsically alive with the very words we use to describe them. I don't think I'm blinding myself to the patients' essence just because I "desire" to find their minds already full of the language of wishes that is similar to my own. And I'm a little worried that if you respond from vibrations of intuition rather than the articulated report of your senses, you will make stuff up – even, God forbid! – split off your own view as a better version of "psychoanalysis." You may not have meant to do it, Mr. Bion, but new arrivals tell me that you are cited in the literature more than I am. Now, I don't want to be as *ad hominem* up here as I was down there, so I won't diagnose the separation anxiety and the depression you developed from the deplorable decision of your colonial parents to send you far away to England, and I won't suggest that your abhorrence of the distance involved in objective thinking shows how damaged you were by those cool, English, child-rearing practices. But, if you can take a hint, I think you might profit from a paper I wrote on "wild analysis." Don't get me wrong: I know you don't rush in impulsively with an interpretation. But rushing in is not the only thing that will make an analysis wild.

LOEWALD: Professor, if you will permit me, you don't need to pathologize Wilfred. He is talking about an initial gestalt of a person, something grasped, not deduced. He says it has to be grasped directly, not put together out of separate descriptions of its features. It's a little like recognizing a familiar face, only in a non-sensuous, *geistliche* realm. As Wilfred reminded you, you implied something of the sort yourself when you wrote about unconscious recognition of the patient's unconscious. You might (as I have done on your behalf) extend that to an intuition of how a patient is *developing* – the healthier person who is shaping up. Then you could ask Wilfred to grant that, *in response to the patient*, the analyst's attitude and interventions over time gradually, automatically and intuitively converge on the patient's gradually actualizing potential. That's always been casually implied by references to analytic tact, defense before drive, interpreting just what's closest to consciousness, indications for termination, etc. You could say that this responsiveness to the patient's developmental potential is the feature that patient's most value in their analyst, since it gives the patient a hopeful sense of his own coherence. At the same time, your own principles should make you sympathize with Wilfred's presumption that

any kind of memory is a prejudicial desire. I, myself, believe that Wilfred's mantra about memory and desire creates a useful layer of naïvete that allows the patient a freedom to do new things. You taught us, Professor, the advantage of letting one layer of mind try to think of each session as a first meeting with a stranger. (I think it's a little like imagining a familiar word as a strange sound.) But it can never displace the accumulating sense of familiarity. Which reminds me, Wilfred, you haven't yet answered the Professor's challenge about tracking a patient over time. Don't you think you should qualify your "without memory or desire" a bit?

BION: Look, gentlemen, I didn't think I had to spell out the trivial truth that an intuition of a patient's state is not absolutely momentary. If someone took the phrase out of context and made such a bizarre fetish out of it, he couldn't identify a reaction, or trace a shift of feeling, or grasp a modicum of complexity. I gave my readers credit for more sense than that. I was chiefly asking analysts to shake out of their heads all overriding desire for intellectual mastery – the desire to find a patient amenable to one's knowledge – the wish to "make sense" of the patient by seeing him through prepared filters. I made it clear that this was my intent. Obviously I traced the patient's path as his mind moved. How patronizing it would have been to suppose that nobody understood what neurologists call working memory, and philosophers call the specious present!

LOEWALD: A bad mistake! You should never have taken common sense for granted in our profession. As a critic of saturated terms, you well know that people pigeonhole us by clichés. No matter how much I insisted that my own project was simply a description of what all interpreting analysts do, nothing could stop the dunderheads from insisting that I was exchanging interpretive psychoanalysis for parental guidance. But at least you and I can come to a partial understanding. We are probably both desiring (sorry about that) the same thing: to capture a patient's individuality. And we have the same wish (you should pardon the expression) to start up a process of mentalization, as Fonagy calls it, by exemplifying the process. Our difference has to do with the role of words in that process. You stress the inevitable falsification that attends words along the path to meaning, whereas I stress the need that truth has for words. It's a matter of emphasis. We both implicitly acknowledge the other's point. However, our different emphasis leads to a different relationship with our patients. Your kind of self-effacement probably creates a more intimate connection, and mine is a touch more distant; it has more of an objective stance blended into it – it sort of mixes I-Thou with I-It. (So my idea of defense will be different from yours.) It may be that much of our difference can be attributed to the different kinds of pathology we deal with.

FREUD: I know that there's no such thing as younger and older in eternity; we're all equally senior up here. But I did arrive first, so I think I'm entitled to the last word in this colloquy, and I want to say that I am pleased with Mr. Bion's appreciation of unconscious perception, but I worry that he will give psychoanalysis a mystical reputation. As for you, Hans, I really admire your elaboration of the temporal – process – implications of my theory. But I'm not sure you realize how emphatic we need to be about the mind's deceptiveness. People will happily ignore your subtle portrayal of the resistance, as they do Mr. Bion's allusions to that factor, and spare themselves the trouble of balancing the lovable "falling-in-with" attitude with a tough "what-are-you-up-to" attitude toward the patient that guards his potential for radical integrity. Open-ended receptiveness is vital, as Mr. Bion says, and a sense of the patient's

direction, as Hans says. But I urge both of you to remember the formidable, familiar structures of protective disguise that I worked so hard to dissect. Go talk to Paul Ricoeur in the Philosopher's Grove. He saw the almost impossible challenge I faced. When dealing with human meanings, we must not lose an objective regard for describable structures even as we open ourselves to subjective, intuitive, empathic recognition of unique meaning. Professor Ricoeur agrees with me that we cannot "know" an individual without organized sensory evidence, even though an accumulation of sensory evidence doesn't "add up" to the final meaning. He points out that you can't fit these two types of knowledge together neatly, but he thinks I got as close to doing that as anyone can. So you find me writing about unconscious communication, but also giving attention to associations and symptomatic actions. It's why I said don't focus on anything during the hour, but do look for transference resistance. It's why I wrote about patients as law-governed creatures and also as intentional persons. And that's why, although I get a secret kick out of listening to a mystical Romantic like you, Mr. Bion, I much prefer to have (just) a cigar with my dear Hans.

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Finding A Way

Gerald J. Gargiulo, PhD, FIPA

Do our expectations for ourselves as well as for our patients color the treatment? Should we have no expectations, as Bion advises? Or, should we have a rudimentary awareness of what a patient needs and work toward that goal, as Loewald suggests?

Every analyst knows that we humans are all children of desire and the inheritors of memory – I have used the term *midwives of memory* to describe what it is we do as analysts. Only to the extent that we are aware of who we are, can we, paradoxically, monitor desire and limit our projection of memory into either our own or our patients' growth. But because human beings more frequently feel each other before they cognitively know each other, Loewald's advice can be as useful as Bion's. From such a perspective, we can ask: What are the presumptive goals we have for our patients, the only goals that should inform our interventions?

Each person has to be open to the vulnerability and capacity for merger that is hidden behind the word love. Additionally, every individual has to reach a stage of growth where he or she is capable of experiencing grief with a concurrent capacity to mourn. Individuals have to be able, on enough occasions, to know that both they and their parents are the products of history and that personal emotional freedom is etched out of accepting and integrating the cold hard facts of such awareness. Without a capacity to mourn for the past, one cannot forgive the past; to the extent that we cannot forgive the past, we are, quite simply, its prisoners. To forgive is not to whitewash or forget. It has more to do with being wounded and knowing the extent of the wounds; it has more to do with grieving for what could not be and cannot be anymore. An individual becomes capable of willing the inevitable that has happened to them, in Erikson's terms. Less shadowed by the past, a person has a better chance to make the world real, by loving it. Personal, sexual, and intellectual fulfillment grow in such a love-ground; without such a ground, work becomes a task and not an experience of competence.

Both love and loss can deepen an individual's capacity to care. An analyst's capacity for care as well as his/her experience of competence is the foundation for any effective intervention, be it verbal or non-verbal. It is within this context that one learns and relearns technique with each patient. Analytic care means an analyst is willing to be lost, as Bion implies, with a patient. The task is to find a way to be less lost; the task is to be a guide out of the dark forest of pathology. Psychoanalysis fosters integration and emotional awareness, it need not remake anyone. Rather, because a patient has been intelligently and sensitively cared for, he or she can be more open to the vulnerability of love, the terrible pain of loss, the willingness to understand and, when necessary, to forgive. Psychoanalysis promises, as well, the satisfaction that comes from knowing, following Winnicott's prayer, that one is alive as one accepts that death awaits them.

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Time: Stopped, Started, Frozen, Thawed

Adrienne E. Harris, PhD

“Every session attended by the psychoanalyst must have no history and no future.”

This is Bion’s famous instruction to the analyst: work in the present moment, without reference to history and desire (Bion 1967, p. 15).

As a sentence, an invocation, a call, this sentence is charming, evocative, interesting, putting us in touch with the foundational Freudian injunction of “evenly hovering attention.” Yet, we might remember Racker’s reworking of this injunction as a call to meditative states, states of altered consciousness. And we also can evoke now Ferro’s idea of the task of analysis as one of inducing dreaming. It is a goal of analytic work to *arrive* at primary process. All these ideas seem to me exceedingly useful injunctions to analysts, pushing us to be attuned to bodies, minds, and affects and to try (never fully successfully) to entertain experiences “outside the sentence” (Barthes 1975). In all these ideas, we separate psychoanalysis from the central preoccupations in ego psychology concerning defense, adaptation, and secondary process.

But let me introduce another Bion quote to add to the complexity of Bion’s relationship to temporality. To wit:

I died on August 7th, 1917, on the Amiens-Roye Road. (Bion 1982, p. 265.)

He meant it.

So, Bion, in every waking minute, including the careful unfolding minutes of analytic sessions, is both changing, remembering, and still walking on that road, where his friend is still, in every present minute, being killed and he (Bion) not moving, or saving, or helping. And so forever, walking and dying on that road, both men. And, if so, we might say that the living man (Bion) is actually then conducting analyses from what Francoise Davoine refers to as “the bridge world,” a space between the living and the dead.

Looked at from this biographical perspective, then, working with no history and no future is actually at base the work of a traumatized analyst, a person working with time suspended, usefully and tragically. This might be so even if our traumas are significantly less acute than Bion’s.

Here is another Bion notion. Patients and analysts are working always at the edge of the abyss, the terror at the moments of transition.

James Grotstein, Bion's analysand, thinks that Bion remained stymied, stuck, hopelessly lost in the wake of the death of that beloved friend in 1917. Grotstein (1998) ends his discussion of Bion's memoir with this comment:

Someone once said that Bion was "miles behind his face." I take this to mean that he was withdrawn, lonely, and unreached. (p. 613)

If you are a psychoanalyst caught up in this way of seeing the task or problem of analysis, history is necessary but history is an albatross.

Loewald (1980) said:

In analysis, we bring out the true form by taking away the neurotic distortions. However, as in sculpture, we must have, if only in rudiments, an image of that which needs to be brought into its own. The patient, by revealing himself to the analyst, provides rudiments of such an image through all the distortions – an image that the analyst has to focus in his mind, thus holding it in safe keeping for the patient to whom it is mainly lost. It is this tenuous reciprocal tie which represents the germ of a new object relationship. (p. 226)

Considered antiphonally, in these quotations, Bion and Loewald speak across two radically different experiences of temporality. Time reduced to a nanosecond, perhaps that nanosecond just before catastrophe, just before the bad thing happens. Desire and history are condensed in hypertext, but also there is a present absence. That is Bion.

Loewald allows us to imagine the expansion of mental freedom as an expansion into temporality. His view (secretly Heideggerian) sets the analyst as poised on the horizon, holding what is to come, what is imagined/longed for and held in mind, an expansion into the future that will, of course, remake the past, but allow also a more poised placement of life and psyche in the moment, the present, the here and now. What a relief. How peaceful. How peacetime.

And in a wonderful meditation on time, Loewald reminds us that transference is set in the near future. The Bionian moment of suspended about-to-be horror, from which you do not recover.

Thinking of these two quotes: Bion has my heart and Loewald my mind. I cherish all those psychoanalytic figures reeling out of the First World War. They remade psychoanalytic ideas about mind, about damage, about treatment. The world, the "influencing machine" of war and modernity, hit very, very hard, destroying and remaking. We are still trying to learn from these figures – Bion, Ferenczi, and Tausk, among others.

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“Shelter from the Storm”?¹ Comment on Passages by Bion and Loewald

Jonathan H. Slavin, PhD, ABPP

There is something bewitching in these passages from two of the most profound 20th century contributors to psychoanalysis. Each one prompts us to think, “Yes, surely, this is the way it should be.” Even in the real world of clinical practice by ordinary mortals, wouldn’t we want to aspire to what Bion and Loewald beckon? To be the analyst who can attune simply to our mind’s experience as we sit with our patients, without goals, desire, or as Freud put it, “therapeutic ambition”? Or, to be able to hold, as if “in trust,” a vision of who the patient can be, of her “true self” until she can retrieve it and take ownership of it?

Yet, as the editors’ pairing implies, are these positions irreconcilable? Perhaps so, in some specific way. But more essentially, I believe that each of these passages attempts to locate a fundamental principle and point of departure about how analysts might provide their patients with the best of themselves in their ability to apprehend them (albeit with different views of how to get there). In this sense, each formulation is a powerful and admirable reach for a very delicate kind of neutrality.

But, in my view, each of these perspectives also show the flaws that time and new understanding may reveal in the once revolutionary thoughts of another era. Foremost among these is the question of the impact of the individuality of the patient on the analyst, on the process, and on the very foundations of analysts’ *a priori* efforts to securely anchor their positions and contain their own individuality. As we naturally – and defensively – search for ways to seek shelter from the maelstrom of feelings and urgencies headed right towards us, is it nevertheless not for the analyst to be powerfully touched, moved, even derailed, and molded in a way that requires relinquishing of our preferred positions? In a way that demands learning?

Indeed, in Loewald’s idea that the patient provides the analyst with the “rudiments” of the true self that are obscured by neurotic distortions, there is a glimpse of learning from the patient. Still, it is the analyst whose mooring is secure, and who holds, and knows, the true interest of the patient.

Surely, no one expects classic texts, no matter how profound, to be able to capture perspectives that were hardly discernible when those were written. But in psychoanalysis, do we too frequently address the great thinkers of the past as if they were contemporaries, as if not much has happened since they wrote?

In my view, we need to learn the best of analytic ideas, but we do not serve ourselves and our patients well if we allow these to arrest our own thinking in our appreciation of the jewels that were discovered and articulated so beautifully... decades ago.

¹ “Shelter from the Storm” is a song title in *Blood on the Tracks*, Bob Dylan, released [1975](#) (source: Wikipedia).

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I Don't Have a Crystal Ball

Elise Snyder, MD

Possible reasons for the decline in interest in psychoanalysis from the 1960s to the present day are multiple: psychopharmacologic drugs, changes in patient attitudes deriving from the use of medication, the rise of health maintenance organizations, the increasing feminization of the profession, the decline of insurance coverage for analysis, and possible changes in the interests of people who might today be analytic patients. The psychotherapy training program of the China American Psychoanalytic Alliance is briefly discussed and the rising interest in psychoanalysis in China. The paper concludes with a discussion of Skype analyses and how they can provide analysis to people in underserved areas and the possibility that psychoanalytic candidates in America could find good patients in China.

Introduction

I don't have a crystal ball, but perhaps my age and many long years of involvement with the American Psychoanalytic Association (APsaA) and psychoanalysis will permit me a glimpse of the future – what it may hold and what we can do to make it a better place for analysis, patients and analysts. First, I will discuss what may have happened to psychoanalysis since the 1960s. Then, I will describe the China American Psychoanalytic Alliance (CAPA) and what it is doing in China and how. And then I will discuss both the cultural and technological relevance of CAPA's work for candidates.

I was trained in the 1950s and early 1960s when analysis was “the only game in town.” The top 10% of medical school graduates became psychiatrists. Almost all of them tried to become analysts (this was before the lawsuit, so analysis was a medical profession). Many of us had full psychoanalytic practices and waiting lists as soon as we opened our offices. But for a number of years, times have been bad for analysts and analysis. The current economic crisis does not help. *What happened?*

Why Has Psychoanalysis Fallen Into Disfavor?

One possibility: Psychopharmacologic drugs promised a quick fix for all mental disorders (and have proven a disappointment for the disorders psychoanalysts are concerned with). As medical schools opened to women, health maintenance organizations (HMOs) became more acceptable. Women wanted to have children and care for them. Employment at HMOs helped make that possible. Women were willing to put up with restrictions that *macho* male physicians would not have accepted. (I am certainly not suggesting that medical schools close their doors to women.)

Another possibility: Following on the heels of HMOs were the insurance companies. At first, some covered analyses. Time/Life Corporation's insurance was one. Many bright young people flocked to New York City and worked there at menial positions so that they could be in analysis. Pfizer's insurance policy also covered analysis. Many top executives and their families were in analysis (ironic, isn't it?). Once I spoke for two hours with the medical director of a major insurance company, explaining what analysis was so that they would cover one of my patients. A year later, he sent his daughter to me for an analysis. Gradually the insurance

companies reduced their coverage, despite good data from Germany that, if analysis was covered, visits to other doctors dropped off so much that analysis paid for itself. Lost days at work were also reduced – a benefit to society.

Yet another possibility: Some people blame psychoanalytic organizations for exclusionary attitudes, noisy infighting, etc. Although this may explain the dearth of candidates at some institutes, it does not explain the dearth of patients. Analysis requires a certain kind of person: introspective, able to delay, fascinated by the mind. Things move faster today. Is your smartphone next to you as you read this? Did you just text a friend? Back in the “good ol’ days,” being in analysis was so important that people often waited two years for an opening; junior professors taught summer school to pay for analysis; young psychiatrists moonlighted; housewives got evening sales jobs. I do not think this happens now. People then were fascinated by analysis. Also, in certain intellectual venues, “being in analysis” had a certain cachet (e.g., Woody Allen). I don’t know why this changed. Maybe the fad is over. Maybe the number of possible analysands is the same, but now there are many less expensive and less intensive “talking therapists” who siphon patients away from analysis. I also think there were fewer things that people did for amusement then. There was relatively little TV; it felt immoral to go to the movies more than once a week. People read novels – and analysis is like a novel in which you are the hero or heroine. I think today people talk less to one another and think less about themselves.

What Is CAPA and What Is It Doing?

CAPA was incorporated as a non-profit in 2006. We teach psychodynamic psychotherapy in China via video-conferencing software. CAPA has more than 350 members, two-thirds of whom are analysts and one-third psychodynamic psychotherapists, mainly Americans. Five percent of our members are candidates, including one board member. CAPA’s training program is similar to the psychotherapy training programs of APsaA institutes: four hours of class each week for thirty weeks a year; a theory course, a technique course, and a continuous case seminar. Each student has one hour each week of individual supervision. We have just begun a two-year advanced training program for our best students. CAPA did not arrive in China like the gunboats on the Yangtze and decide to organize (and impose) training and treatment programs. After we arranged some treatments and supervisions privately, we were besieged by Chinese mental health professionals who requested an organized psychotherapy-training program. I approached every APsaA institute (more than 40) and asked them to organize a training program. They each said, “What a wonderful idea!!! NO!!” So we did it ourselves. There are now four first-year classes, four second-year classes, two intermediate classes and two advanced classes, each with about 10 students. Each year, we have twice as many applicants as we can accept.

CAPA also offers low-fee analyses and psychotherapies for our students. Now, more than 50 people are in 3-5 sessions/week analysis and another 55 people in 1-2 sessions/week psychotherapy. We have long waiting lists. Our students are Chinese mental health professionals: psychiatrists, psychologists, MD/PhDs, and counselors. Social work does not really exist as a profession in China. Counselors are similar to social workers. Often they work in student health services. The government pours money into student health services at all levels

of education. These services are often better staffed and more sophisticated than ones I have seen in the U.S. (For example, all major universities are required to do psychological testing on all entering students. The 10% judged most at risk are offered psychotherapy. About 5% of each entering class is trained as student-to-student counselors.)

Culture and Technology

I am often asked whether cultural differences preclude or make analysis difficult. Chinese friends know far more about 21st century America than American friends know about China. Most people who ask these questions are Westerners, people who consider Western culture the default position for human beings. Even well-educated Americans have a view of China that is more than 30 years old (from the time of the Cultural Revolution) or 2500 years old (from the time of Confucius). In contrast, when Chinese people think of American culture, they do not proclaim the Puritan ethic or the “melting pot” as its essence. Americans suffer from a kind of xenophobia. At CAPA meetings, there have been many discussions of this topic. The consensus is that, although cultural differences assuredly exist, they do not complicate treatment (Snyder 2010). The Chinese people whom we treat – urban, middle-class mental health professionals – are not very different from urban, middle-class people in America. There is, however, one big difference: more of them are interested in being analyzed than similar people here. In this respect, they are like the New Yorkers of the 1960s and 1970s. There is thus an enormous opportunity for candidates and young analysts in America, an opportunity to use the new technology and to treat patients not unlike themselves.

Historically, institutes have been very slow to accept innovation, newer technologies or new ways of approaching analysis. It may be difficult to believe, but accepting insurance money was believed to contaminate the analytic process and candidates at many institutes were forbidden to do so. Luckily or sadly, we don't have that problem now. Conversion of a patient from psychotherapy to psychoanalysis also was anathema. Now many institutes give courses in just that. Today, more and more analysts are using Skype for treatment. Computer-to-computer Skype, unlike telephone, email, chat or other telecommunication modes, is secure (Snyder 2010). CAPA has probably had more experience with Skype analyses than any other group in the world. Two prominent research groups are about to study Skype analyses. On several occasions, senior analysts have presented process notes from Skype analyses to colleagues – without mentioning that these were Skype analyses or that the patients were in China. When the facts were revealed, people were very startled.

What does a Skype analysis look like? Most often, the patient enters the room where the computer is already turned on. He greets the analyst. Unlike a local analysis where the first word is usually “Hello,” in a Skype analysis, the first words are usually, “Do you hear me? Do you see me?” The patient lies down on the couch with the computer screen and camera positioned on a table behind his head. The analyst sees the top of his head and his arms waving in the air, just as in a local analysis. If the patient wonders whether his analyst has fallen asleep, he turns around and looks at the screen. When both parties have adequate computers and internet access, communication usually proceeds without any glitches.

Skype analyses have several advantages. Analysis can continue when either patient or analyst is traveling. If the patient moves away, the analysis need not be terminated. There are licensure issues if the patient moves to another state where the person providing treatment is not licensed. Since there is no licensure for psychotherapy or psychoanalysis in China, the malpractice carrier of APsaA (Frenkel and Company) covers it. Skype also enables people in underserved parts of the world – rural America, South America, Eastern Europe, and most especially China – to have access to psychoanalytic treatment.

I think, however, that the greatest boon of Skype analysis is for young analysts. Many cannot get enough cases to graduate. Many young (also middle-aged) graduates cannot find enough cases for certification and later for immersion. What is most important for analysts is to analyze. Most young analysts today have analyzed very few cases. (When I applied for certification two years after I graduated, I sent in write-ups of 10 cases.) Doing analysis is enormously exciting. Even if young analysts are willing to accept very low fees, they still may not find analytic cases. Clearly, doing analysis is not a way to earn a living. But it is a way to hone your skills and to do what I think is one of the most gratifying things imaginable. I urge you to consult with your institutes about improving your skills by analyzing Skype cases or join CAPA and treat excellent Chinese patients in intensive psychotherapy.

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Reflections on the Other and Where Our Future Lies: Commentary on Elise Snyder

Victoria Malkin, PhD

Elise Snyder has single-handedly and with much determination built up an enterprise that for many would be unthinkable. Her enthusiasm is admirable and has now led to the creation of the China American Psychoanalytic Alliance (CAPA), an organization that provides training services, including teaching and low-fee analyses, to the expanding mental health professions of China. (The field of mental health was marginalized and vilified during the Chinese Great Leap Forward when mental health problems were akin to disloyalty [Lee 1999]). The enthusiasm, curiosity and desire for analytic treatment Snyder has encountered among her colleagues in China leads her to the somewhat melancholic proclamation: "...they are like the New Yorkers of the 1960s and 1970s." Snyder remembers this as a time where demand for our knowledge was insatiable. Our success was memorialized as we garnered standing among the intelligentsia of our own worlds. We were penned into Philip Roth's literary confessionals and oversaw Woody Allen's development as he tackled his own neurotic living. China provides us anew with an opportunity to feel relevant and, quelling any anxiety that differences are too great to allow for understanding, Snyder reassures us that we will even "treat patients not unlike" ourselves. With the dearth of potential analysands in our surroundings and its implications for our training, Snyder highlights this as a unique opportunity for candidates.

Although working with as large and varied a population as possible would, I hope, be rewarding for all of us, I find myself cautious in the face of this effort. Turning to China to compensate the dwindling commitments here seems an illusionary trade (in all senses of the word). And although it may be part of a humanitarian enthusiasm, it then leads me to question why it becomes easier (or perhaps more gratifying) to advocate for pro bono work halfway around the world than for those in need on our own doorstep, as economic disparities strangle communities at home. Certainly I am intrigued by the possibility of practicing in as many varied and different environments as possible. And surely it will only be by doing so that we will be challenged to show how the profession and its ideas are open and adaptable, as opposed to resistant to change and locked into preserving its past. Nevertheless, I find myself wondering what we are actually doing when we deliver our psyche onto Skype and send it to China as we offer our services (analytic or supervisory) halfway around the world?

Are the Chinese like us or not, asks Snyder. Surely the answer here cannot be yes or no, but yes and no. This is not a new debate for analysts. It dates back to our beginnings when Freud himself made forays into questions of the "primitive," who, for him, was always to be the Other. His modern psychoanalytic subject, the enlightened rational man, was trapped in his failed striving and traumatic beginnings (both individual and collective) but could be salvaged. For Freud, if we cannot have what we want, if we must mourn what we have lost, we can at least be consoled with our sublimations, with our art and science, with an imagined future that might be better than the past. Rationality was man's hopeful ending to a personal and collective history of loss and suffering. This new subject was not only intrinsic to the origins and practice of

psychoanalysis but was also necessary for the consolidation of the rational scientific subject: the cosmopolitan who, even when propelled by forces unknown to him, still contained and controlled the irrational enough to allow him to aspire for progress. In tandem with this fascination in our potential for future progress, our colonial missions multiplied and thrived and we became even more embroiled with an Other, but one who now not only lay unknown in dreams and primary process but who appeared in Africa and the Orient. This was not just the era that gave birth to the modern psychoanalytic subject but also to a universal one as well. The history of our field is rarely taught to us in training this way, where classes on “the history of psychoanalysis” tend to refer to the schisms within the field and focus on the establishment of this or that alternative faction or institute. Reference to an Other, particularly an Other whose differences could actually threaten our assured understanding of psychological growth and what is normal, is most often represented in our history as the arrival of the homosexual. A moment when “they” finally interrupted our complacency enough to challenge our orthodoxy and its mistaken forays into understanding those who were just not enough like us when it came to sex and desire.

What of the rest, the Others who never set foot in our consulting rooms, or who were treated as incomplete or unfinished versions of ourselves? This problem of difference seems written out of our theoretical development and remains peripheral. What does one make of their absence? If we relegate them to the periphery, we reproduce the situation confronted by those psychiatrists who journeyed to the colonies with the daunting task of deeming what was mad in places where normal had no valence. It was these men, the colonial psychiatrists and psychologists, many of whom were analytically oriented, who first confronted this same question that Snyder asks us to consider here. They also tried to make the strange familiar – although in a different era with different concerns – often struggling to find a language to describe the unknown. Certainly, psychoanalytically inspired doctors were frequently the progressives, battling against racist ideologies that, by using frontal lobe and brain size differences, framed the European’s progress as one of biological success and social Darwinism. However, their psychoanalytically inspired explanations now argued for a universal subject that left them without a conceptual language for the Other. They remained obliged to organize difference through the hierarchy of developmental stages, looking at the Other with our own tropes and idioms, reducing what was entirely alien as either psychopathology or incomplete development: Magic, healing, spirit possession, all were reduced to stages of development, delusional thinking or overly dependent personalities (Anderson et al. 2011). The African mind, a particular challenge, was a mind in arrested development; incomplete socialization had locked it into perpetual adolescence. Unable to enjoy autonomy, the African remained bound in the collective. Never forced into a reality principle, he was continually gratified sexually and thus blocked from successful sublimation and the development of the modern inquiring mind, condemned to primitive primary process (Vaughan 1991). So, while advocating for the universality of its subject, psychoanalysis became locked into a discourse of difference of its own making: a hierarchy of sophistication where the European remained on top. Even the elite natives, those who sought out analysis in the colonial context, hoping it would put them on the path towards accepted citizenship and global belonging, bringing them closer to the modern European cosmopolitan, still remained stuck, now condemned to a position of no longer native and yet still not really European (Anderson et al. 2011). Thus, they were inaugurated into the impossibility of subjectivity under colonial conditions: in essence, the first postmodern, fragmented,

conflicted and with multiple selves as impossible to weave together as the conditions of ambivalence and complexity that colonialism fostered.

Some of this goes back to a debate about the role of “culture.” If we understand culture as only sublimation, as something produced to manage unruly and unwelcome ideas and contain them, albeit sometimes into something greater than their parts, such as a with a great painting or religion, we limit its wonder. Culture provides humanity with a kaleidoscope of options to organize life in meaningful ways; as Obeyesekere (1985) has argued, culture enables meaning along with the possibility of transformation of powerful affective experiences. Cultural symbols take private meanings and allow people to transform suffering into something else. Culture, therefore, gives and makes meaning; it cannot be reduced to our meaning. The native as the Other was mostly a reflection of our own fears and anxieties, an attempt to fit into our language something of a different size, reminding us how much is lost in translation.

But what does this have to do with China in the 21st century? Is our colonial venture a distant past irrelevant to our current journeys, with the crucial difference now that we simply know better? Or as we are increasingly confronted with an Other, both far away and at home, do we require a more sophisticated debate on what this transformed interface might mean? This is not just the Other of Emmanuel Levinas, the stranger to whom we must be open and who demands our ethical stance; it is the Other who should humble us and ask us to ask more of ourselves, but also who must *force us to change*. The Other, whether it is the Chinese or neuroscience, is not a knowledge system to prop up our findings, to serve as our defense against our decline, but is a force to revolutionize our thinking.

So as we expand our horizons, and before locating our decline in the rise of managed care and insurance companies, we might begin by being humbled at how many potential patients have voted with their feet, many leaving behind our consulting rooms, many others never crossing the threshold to begin with. Whereas the minorities, the gays, the Other, so to speak, rarely dropped in, they still looked for healing; not to psychoanalysis but in the towering Babel of cures that surround us. If Snyder can chastise psychoanalysis for its decline, it is because she knows we cannot assume or wait for people to come to us; metaphorically, we must go to them. But this asks us not to transform the Other into a weaker version of ourselves to enable us to be more confident and competent. Will we only ask how to understand the Confucian ideal of filial piety, now transformed by capital development (Yan et al. 2011)? Or will we let it direct us and force us to question where we have been wrong in the relationship of autonomy to dependence, self to individual, for example, among other things? Psychoanalysis has a unique and enviable position to knowledge, placed in intimate relationship with the Other; perhaps it has been too intimate, too much to bear or even think about, an embarrassment of riches almost. If we can heed the lesson of our colonial past, and recognize the value of a postcolonial future, it would be by embracing difference and being able to hold it in our mind without having to tame it and make it familiar. Let it expand our ideas and grow our theories. Working in China would not be about us teaching them, but about them showing us how mistaken we are.

Candidates today are in a strange place. We are dazzled by an array of therapeutic cultures, and yet as subscribers to its origins, we are tagged as an anachronism. It is as if our beloved horse cannot get past the finish line. From life coaches to Feldenkrais, cranial

osteopathy to Rolfing, we are dumped in a basket of cures from which we wish to separate and yet are asked to compete. While the elite Chinese, dazzled by capital and traumatized by their own holocaust of the Cultural Revolution, seek out Dr. Freud (as so elegantly described by Evan Osnos [2011] in *The New Yorker*), elites in midtown flock to acupuncture and other forms of body work to manage their stressed out minds by connecting to their overworked and overregulated bodies. More than a little irony that as the Chinese seek to psychologize, Westerners wish to somatize, to return to their body in the search for mental health. Perhaps we all have something to gain in this global marketplace of ideas, therapeutics and suffering, but if psychoanalysis is to continue into a future, it will be by remembering that we have something to learn from our past mistakes and our future travels, and that we do have something to stand up and value (not defend). That is, as long as we accept that it too must change; in fact, its change will be its strength and perhaps even its savior.

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Theater Review

***Freud's Last Session.* (Drama, 2010). New World Stages, 340 West 50th Street. Starring Martin Rayner and Mark H. Dold. Directed by Tyler Marchant.**

Reviewed by Richard B. Grose, PhD

In *Freud's Last Session*, Mark St. Germain imagines a 90-minute conversation between Sigmund Freud and C.S. Lewis on the morning of September 3, 1939, the day on which Britain declared war on Germany, that is, the third day of World War II, and, as we know, 19 days before Freud had himself put to sleep forever. St. Germain has taken much of his material for the play from the book by Dr. Armand M. Nicholi, Jr., *The Question of God*, which counterpoises Freud's and Lewis's sharply divergent views on religion and human values. To some extent, the play remains a debate between this passionate believer and this passionate non-believer on such "eternal questions" as whether a belief in God is justified.

Let us begin with the excellent production, ably directed by Tyler Marchant and featuring Martin Rayner as Freud and Mark H. Dold as Lewis. They created their roles in 2009 and until recently were the only actors to play them (productions are now underway or being planned in several U.S. cities and in other countries). Dold gives us the 40-year-old Lewis as an Oxford academic who, though initially wary, quickly enters into the combative intimacy that Freud invites. Dold conveys a very British combination of diffidence and courage. Rayner gives us an 83-year-old Freud who is warm, reflective, funny, and unsparing of himself and others. He expects no pity for his terminal illness, and he permits the conversation to go into very sensitive, painful areas of his interlocutor's – and then of his own. Rayner's Freud is a man of volcanic emotions that he must keep in check. In St. Germain's characterization, as realized by Rayner, Freud is a great man who also has very human weaknesses. .

Freud has invited Lewis to stop by because, as he says, "I want to learn why a man of your intellect, one who shared my convictions, could suddenly abandon truth and embrace an insidious lie." Before his religious conversion, Lewis had agreed with Freud that belief in God was infantile, but after it, he believed that Jesus Christ was the son of God. As an invitation to a serious dialogue, the words just quoted might seem to leave a lot to be desired, and yet such is the rapport that has already been established between these two men that they go on to have a candid and intimate exchange.

Both are well equipped for their conversation. Lewis knows Freud's work well and Freud is well versed in the Bible. Beyond that, they have a shared love of European high culture. Their shared culture is emphasized early on when Freud says that he has enjoyed Lewis's recent article on *Paradise Lost*, his (Freud's) "favorite book." One of the great pleasures of this play is to see how a shared culture, which prominently includes a shared love of truth-seeking, can bind two men even over the abyss that yawns between their ideas.

The conversation is a deadly serious contest of minds, but we sense immediately their readiness to open up to each other. Both men early on disclose their unhappy relationships with their fathers. Lewis tells Freud in detail about his conversion experience, although he knows that

Freud will be neither impressed nor pleased. As they present their intellectual positions to each other, each is forced to concede an uncomfortable point here and there. Freud must acknowledge that Jesus Christ, even if his claim to divinity is questioned, cannot be said to be delusional in any other aspect of his life. Lewis must acknowledge that he cannot understand how God permits undeserved suffering. Thus, each can rely to some extent on the other's dedication to an ideal of truth-seeking.

The contest qua conversation is informed by psychoanalysis in several ways. Freud's couch is prominently there on stage, a focus of good-natured joking at the beginning, and a place of rest and refuge for Freud after his medical emergency. Both men make reflective comments on their conversation from time to time, bringing out a latent meaning of what has just been said. But more generally, their talk reflects what Philip Rieff and others have called the psychoanalytic "ethic of honesty." Under its influence, both men reveal highly intimate facts about themselves.

Towards the end of the conversation, this search for truth under the ethic of honesty becomes personal and nasty. Freud shares his intention to kill himself before the cancer does, thus disclosing to Lewis what, in the play, neither his wife nor daughter knows. Lewis is sharply critical of Freud's suicide plan. The subject of sex comes up. Lewis asks Freud if, given his views on sexual freedom, he has been monogamous. St. Germain has Freud pass over the question in silence. Freud then openly retaliates by inquiring into Lewis's sexual life, bringing him to the point of halting the inquiry. Thereupon Lewis, on the offensive, inquires into Anna's marital status and personal analysis, leading Freud into apparent embarrassment.

The contest culminates in reciprocal devastating attacks. Lewis says that Freud is without joy and afraid to feel his emotions at all. Freud calls Lewis a coward for clinging to religious belief. At this emotional and intellectual climax of the play, Freud has a medical emergency with his prosthesis, and the two interlocutors are frantically busy for several minutes with the removal, cleaning, and reinsertion of "the monster."

As soon as that emergency is resolved, they hear the drone of airplanes and are momentarily afraid of being bombed. Throughout the play, we are aware that their intellectual combat is paralleled by a world war. Early on, a tense standoff had been interrupted by Prime Minister Neville Chamberlain's radio address, declaring war on Germany.

This time, after this fear of bombing is allayed, both men truthfully disclose that they were frightened. This moment is moving because each had previously interpreted the other's fear as undermining his intellectual position, that is, Lewis's God could not protect him from it; Freud's readiness to die could not protect him. The human admission of fear of their common enemy reconnects them.

They are then able to say reconciling things to each other. It is time to end the conversation, and both want it to be on a respectful note. After the vicious exchange they have just had, the absence of attack now represents the reassertion of what binds them. The psychoanalytic analogy would be to the calm of an analytic dyad's "real relationship" reasserted after a tumultuous transference storm.

By the end, each has been exposed to devastating attack by the other. There is a sense of both emerging intact but shaken. The intellectual contest has been a draw. The two men are spent and it is time to part. Freud, exhausted by his prosthesis emergency, unceremoniously says, "Please. Go." Lewis refuses to leave until someone else has arrived. When Anna's arrival is imminent, they shake hands, Freud saying, "One of us is a fool. If you are right, you'll be able to tell me so. But if I am right, neither of us will ever know." Then they are really about to part, but Freud insists on telling a final joke, one that hinges on a surprising invitation that is issued for one purpose but ends up serving another.

This final joke subtly indicates that *Freud's Last Session* is ultimately about an ambiguous invitation. Why did Freud invite Lewis to meet with him? This question hangs over the play and gives it a content that goes beyond that of the book that inspired it. Although on one level the play reflects the book in presenting dramatically the strengths and weaknesses of each man's views, on a deeper level the play is about Freud's character as it is revealed in his invitation to Lewis. Lewis's motivation in accepting the invitation is clear enough – he is curious to meet the great man. But what is Freud's in issuing it? Is it to inveigh against religion, again, for a couple of hours? We might agree with Lewis when he says, "I've never met a non-believer who spent so much effort trying to debunk the existence of God. If I were a psychoanalyst, these endless protests would intrigue me."

Mark St. Germain has here imagined a conversation in which Freud establishes a shared culture with Lewis, initiates an intense dialogue based on psychoanalytic honesty in the course of which he reveals one of his most intimate secrets, namely, that he is planning to control the time of his death, exchanges deeply wounding personal insults with his invited visitor, and finishes with a good joke that they both enjoy. What complexity of motivation we are here presented with in Freud! In that very complexity, the play persuades us of the truth of this imagined Sigmund Freud. St. Germain has raised the question: What did Freud want?, inviting us to share Lewis's wonderment at Freud's "endless protests" against religion. He has given us a Freud who, with all of his self-knowledge, seems not to be aware of how much he is attracted to the very thing he is so repelled by. The charged relationship with Lewis, vibrating with both attraction and repulsion, puts us in mind of the charged relationships with men that marked Sigmund Freud's long life, especially with Breuer, Fliess, and Jung. Exiting the theater, we cannot help but think that we have just seen acted on stage something of the complex emotions that underlay Freud's tumultuous relationship with C.G. Jung in particular. In so bringing Freud to life, Mark St. Germain has indeed intrigued us.

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What Comes After July? What Came Before? Reflections on *The Future*, a Film by Miranda July

Hannah Zeavin

To take up *The Future*, I begin with the past.

When I've thought about my work and my body, together or separately, I've thought about women. I learned early that I was a woman and a poet and that there were going to be very few models offered to me. Sappho, the ever present yet ever vacant, Anne Waldman, Diane Di Prima, Emily Dickinson, and H.D. I was urged, however, to write like Louise Glick, Jorie Graham and Denise Levertov. I read these women in poetry class. I did not sit with them, though, so they did not instruct me in personhood. They just figured peripherally in something else – call it “work.”

This changed when I went to study poetry away from high school, although I was just sixteen. This was six years ago. Suddenly there were women poets in front of me, talking. There were more of them than there were of men. I wanted to be near them.

After their readings, I would go up to them and say that hearing them was ambiguously important to me. Not knowing why, but just knowing.

Now I have a language and an idea about why. But then, I just wanted to begin a conversation. I wanted lineage. Not paper lineage, an enfleshed lineage.

Men find theirs through the mythic social contract – women do not. Lineage – outside the institution, outside the family, and functioning as some of both – became part of my work.

It is a way to call up, to defer, to mention, to improve upon those before and those after; to create community where none was given. And in forging a series of communities, lineage provides the tools for much of the work of life, constructing a past, a present, and yes, a future, one that includes both politics and poetry.

Miranda July has always been a curious member of that lineage. I remember the reviews of her popular works, the film *Me and You and Everyone We Know* (2005) and her collection of stories *No One Belongs Here More Than You* (2008). Often, I feel defensive of July; the reviews focus on her essential femaleness. The reviews stated that her works are a near-parody of the indie model of art production. That they were so close to collapsing in on themselves that one wished they would; that they were so close to failing as art objects that the aggravated moviegoer thought that maybe, if they only had more integrity, they'd just crumble, eliminating the distinction between what they are and what they parody. I'd read, too, that July is a model feminist artist, winning unparalleled critical acclaim. I'd also been told that her works were bathetic, twee, and maddening. The language around her work, then, is polarized, sometimes adoring, but often negative.

When I interact with that work – anticipating it, seeing it, looking back on it, I always want to defend her, but I’m never sure I can. In deciding to interact with her latest work, *The Future*, I felt that the range of feeling I could have toward it was not great; I wanted and needed to like it. If I at least tepidly liked the work, then I, unlike the *New York Times* or the *New Yorker*, would not have to write her off. July could still be in the running, a candidate for my lineage, as a rare being: a successful, female, artist.

I entered *The Future* hoping to do just that – commit to her and her fantastical moves, engage with her and be engaged.

As the film opened, my partner and I immediately felt we might need to leave: the opening sequence is of a purring, bizarre, talking cat named Paw-Paw (voiced by July). The initial scene unfolded like a fey omen.

I endured it.

Then, as *The Future* progressed, I began to see the film as a mirror held to one of my potential futures: another fey omen. We meet the protagonists, two thirty-year-olds named Jason (Hamish Linklater) and Sophie (July). They sit on a couch, using matching MacBooks and debate over who will move first to get Sophie some water. In “the future,” neither has to move, though. They give each other superpowers. Jason can stop time, Sophie can teleport things to herself.

The trick of *The Future* is that there isn’t a future circumscribed into the film. The film itself never interacts with its own temporality. It moves forward by halting. The film uses the fantastic (the ability to stop time, the two-minute life-cycle of Sophie’s friends) and the banal (a 60-year-old marriage, a mid-life crisis) as its mechanism for discussing its own real movements.

Here, we’re presented with a sense of time that resonates with a psychoanalytic one: any effort toward the linear is cancelled by the joining of past, present and future – simultaneously remembering, enacting, transforming and repeating – over and over and all at once.

Paw-Paw wonders, “How long is 30 days?” and so do Sophie and Jason. Sophie and Jason can only pick up Paw-Paw from the vet in one month, and the humans realize that after those 30 days, they might have years with the cat. And then, they realize that soon they will be 40, which is basically 50, and so on. The future, indeed.

With this crisis looming, Jason and Sophie decide together that they must radicalize and seize their potential before it is too late. Sophie throws away her security blanket yellow shirt. They shut off the internet. Sophie, the dancer, sets out to do 30 dances in 30 days. Jason, who thought he would be smarter, quits his IT job and begins selling trees in order to save the environment. Sophie has an affair with a man she doesn’t know well. The man, a single father, lives in the suburbs and owns his own business. Jason learns about marriage from a man that he meets while knocking on doors. The man, who must be in his 80s, shows Jason his collection of

dirty limericks that he has written for his wife. Sophie believes she is “wild”; Jason learns that he and Sophie are just “in the middle of [their] beginning.”

This is Act One.

In Act Two, the temporality of *The Future* goes wild. Jason and Sophie’s superpowers from the opening of the film return. Sophie decides to tell Jason about the affair. She wakes him up in the middle of the night, and is about to disclose her indiscretion when Jason decides to freeze time. He does not want to know what is already obvious – that his girlfriend has been sleeping with a stranger.

In frozen time, Jason speaks with the moon. The moon tells Jason that time is still passing, that, in fact, he is reaching the end of the 30 days. In reality, time is still unfolding. We watch Sophie move out and into the suburbs. We watch her new boyfriend’s daughter bury herself up to her neck in the backyard, and then we watch Sophie bathe her. Sophie goes to work and her friends come in pregnant, then with small children, then grown children, and then just the children who tell her that the friends have passed. Jason and Sophie are right: “Forty is basically 50. And then after 50, the rest is just loose change.”

Yet, Sophie’s power has returned too. As time progresses in her reality, her yellow shirt climbs out of its symbolic dumpster. It crosses all of L.A. to where Sophie lives with her new boyfriend and his daughter. It comes through a window and engulfs her.

Jason, convinced by the moon, restores time. He runs to pick up Paw-Paw, only to find out that the cat has been euthanized. Sophie returns for Paw-Paw as well, also too late. The cat gone, Sophie returns to Jason, if just for a night.

Immediately after I left the theater, the film began to fade from memory. I had been utterly entranced by the film, yet minutes later, I could not recall Sophie’s name. A few days later, I could remember the music, but barely the ending. *The Future* did not leave apparent traces on me – every new stimulus further cleared and removed the minute particulars (cat, yellow shirt, brown curly hair) from my recall.

In thinking about it, its original power comes back, as if it, along with time, is again suddenly unfrozen. As if we all – Jason, Sophie, Miranda July, and me – listen to the moon.

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