

PhD IN PSYCHOANALYSIS
PRESENTED AT GOLDSMITHS,
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Thesis

The heritage of Freudian theoretical and clinical constructs
in contemporary psychoanalytical practice:
Epistemological conjectures and Clinical refutations

Subtitle

The significance of the Menninger Clinic in the validation
of psychoanalysis in international mental health practice
inherent to the contributions of Lacan, Fairbairn, Matte-
Blanco, Bion, Grotstein & Kernberg

THIS DOCTORAL DISSERTATION IS DEDICATED

TO: MY PARENTS, CARLOS & MARIA;

MIKAËL GULBENKIAN, LD;

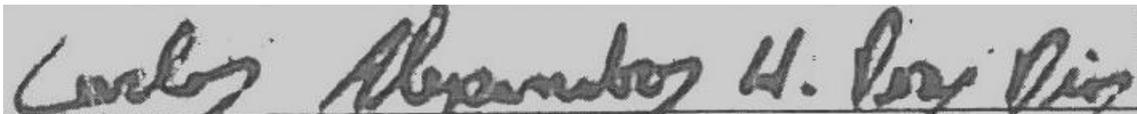
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I declare that the work presented in this PhD thesis is the result of my personal and independent investigation. Its content is original and all the consulted sources are mentioned in the thesis, the bibliography and references.

The candidate,

A handwritten signature in black ink on a light gray background. The signature reads "Carlos Alexander H. Poy Diaz" in a cursive script.

ABSTRACT

This Thesis aims to present an overview of the development to this point of psychoanalysis as a discipline –both as a theory of the mind (Freud, Lacan, Fairbairn, Bion, Matte-Blanco, Grotstein, Kernberg: theoretical prolegomena; Laplanche’s ‘secondary discourse’) and a treatment of the disorders of the mind [Freud’s clinical text such as “Dora’s Case”, my own clinical cases, and the ‘Menninger Psychotherapy Research Project’ (MPRP): practical constructs; Laplanche’s ‘primary discourse’]– and offer a prediction (in my conclusion but also in my introduction) concerning evolving psychoanalytic development over its (near) future. My focus is on the coherence of psychoanalysis as a theoretical structure –and that is the coherence of my doctoral Thesis as a whole– starting with Freud’s strenuous endeavours to maintain *the* psychoanalysis that he had single-handedly created as a unitary and unified theory, tracing then the breakdown of this effort, even in Freud’s lifetime into the burgeoning theoretical diversity or ‘pluralism’ that characterizes worldwide psychoanalysis today, and then going on to the beginning appearance of evidences –not yet widely remarked– of growing convergences from within very disparate and even seemingly very opposed theoretical perspectives, at least at the level of technical interventions and experience-near clinical theory, with implications, however, even for the level of experience-distant general (metapsychological) theory: this is how the theoretical prolegomena as a ‘secondary discourse’ relate to the practical/clinical constructs as a ‘primary discourse’. All this is done under a hermeneutic meta-interpretation (Laplanche’s ‘secondary discourse’) because I am unfolding a systematization of theories of mind interpreting them according to my clinical experience (the ‘analyst’s mind’; Laplanche’s ‘primary discourse’). Such a development, if sustained, as I anticipate (and this doctoral Thesis also tries to promote), would strengthen the credibility of psychoanalysis as a science of the mind, amenable to growth (this growth constitutes the epistemological leap from the hermeneutic categorisation to the positivist research) through empirical research (the MPRP is a heuristic example of how psychoanalytic research should be done; a positivist approach because ‘falsifiable’ research has to be positivist; being the MPRP a psychoanalytic clinical research, it is, by inherence, also a practical/clinical construct and, *paradoxically*, unfolds what Laplanche calls the ‘primary discourse’) in accordance with the canons of scientific method. My conclusion will summarize the present situation of psychoanalysis as one of increasing theoretical and practical diversity (sowing, once again, the theoretical prolegomena as a ‘secondary discourse’ with the practical/clinical constructs as a ‘primary discourse’) illustrating that the final aim of my entire dissertation is to consider in depth the impact of theoretical plurality on clinical practice and *vice versa* demonstrating that psychoanalytic theory comes after clinical work. After noting that the analyst has much more than evenly suspended attention in his mind as he works with his patient in a session, I review both older and more recent contributions on what the analyst has in his mind when working with a patient. I suggest that the subject has been addressed mainly from a single-person perspective. In this connection, and on the basis of clinical material, I attempt to show how, against the background of the ‘implicit use of explicit theories’ (Laplanche’s ‘secondary discourse’), an ongoing process of decision-making that is co-determined by the patient’s action and reaction takes place in the ‘analyst’s mind’ (Laplanche’s ‘primary discourse’). In my analysis of a session, I *introduce* the concepts of ‘theoretical reason and practical reason’, and contend that, whatever theories the analyst may have implicitly or explicitly in his mind (Laplanche’s ‘secondary discourse’), they ultimately yield to clinical/practical/deconstructive ‘reasons’ (the ‘magnetism’ that Laplanche posits between the ‘method and its object’ as a ‘primary discourse’). Pursuing the same line of thought, I describe validation in the clinical context as a single, wide-ranging, continuous process of social and linguistic co-(de)construction of the intersubjective reality between patient and analyst (this is seen not only in the MPRP but also in the ‘The Ulm Psychoanalytic Process Research Study Group’; the latter only referred briefly). This process includes mutual aspects of observation and of communicative and pragmatic validation. In conclusion, I suggest that the figure of the *craftsman* is an appropriate description of the analyst in his conception (Laplanche’s ‘primary discourse’) of his (deconstructive) clinical work, whatever the theory he may espouse (Laplanche’s ‘secondary discourse’).

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PhD in Psychoanalysis

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INTRODUCTION

Theoretical Prolegomena: a ‘secondary discourse’

Quo Vadis Psychoanalysis?

As a discipline, psychoanalysis has always been unusually preoccupied with both its status, beginning with Freud’s concern to anchor it firmly as a biologically rooted ‘natural science’, which is today one of the hotly argued controversies within the field, and also with its direction and its future as a clinical and an intellectual enterprise. Panels and articles abound on ‘the future of psychoanalysis’ but the ones that initiated the most cogent debate, in my perspective, were Wallerstein’s papers (cf., Wallerstein, 1988c, pp. 5-22; cf., Wallerstein, 1990, pp. 3-20). One major current debate is that about *our* burgeoning theoretical pluralism (each time I use *we*, *us*, or *our*, I am referring to the ‘psychoanalytic community’), and the room within that for a ‘common epistemological ground’ within psychoanalytic theories and techniques. Of course, any such effort at defending (for example in a doctorate dissertation like *this*) that commonality is a very personal **clinical** reading (my ‘primary discourse’; the clinical work is the analyst’s ‘primary discourse’; see below Laplanche, 1999) of where *we* have come from, where *we* are now and where *we* think *we* are heading, hence the title of this introduction (*Quo Vadis psychoanalysis?*).

We are, of course, familiar with both Freud’s intention and his conviction on this matter. In keeping with the nineteenth-century physio-chemical and evolutionary-biological scientific world view within which he came to intellectual maturity, psychoanalysis, in Freud’s mind, had an indubitable place as a biological science, ultimately to be anchored in the growing understanding of brain functioning, and he strove incessantly to maintain *this* psychoanalysis that he had single-handedly brought

into being (the ‘magnetism’ between the object and its method as a ‘primary discourse’; see below Laplanche, *op. cit.*) as a coherent and unified theoretical structure (as a ‘secondary discourse’, see below Laplanche, *op. cit.*), and as a ‘movement’ that guarded and maintained the integrity of that structure. In pursuit of his vision, he succeeded during his active lifetime in extruding so-called dissidents, like Stekel, Adler and Jung, and then later Rank, and almost Ferenczi, who all espoused differing or deviant views of what should best constitute psychoanalysis as a depth psychology.

To further this intent, in 1910 Freud and his followers established the International Psychoanalytical Association (IPA) at the second International Psychoanalytical Congress, held that year in Nuremberg, and two years later, in 1912, Freud created the ‘Secret Committee’ of the seven ring-holders; both of these *moves* being efforts to guarantee the stability of his central psychoanalytic doctrines against fractious divisiveness from within, and against diluting or hostile pressures from without –thus trying to ensure the enduring capacity and loyalty of those who carried the psychoanalytic imprimatur. Freud’s 1914 monograph “On the history of the psychoanalytic movement” was, combined, an historical unfolding of the development of psychoanalysis to that time, a spirited exposition of what Freud conceived to be the central unifying psychoanalytic doctrines and a detailed statement of his reasons for parting with Breuer, Stekel, Bleuler and, at greatest length, with Adler and then with Jung, as no longer to be counted as part of psychoanalysis: “I considered it necessary to form an official association because I feared the abuses to which psycho-analysis would be subjected as soon as it become popular. There should be some headquarters whose business it would be to declare: ‘All this nonsense is nothing to do with analysis; this is not psycho-analysis’” (Freud, 1914e, p. 10).

And this feeling, of being a beleaguered discipline, constantly needing to define its parameters and to protect its integrity, has been an almost constant aspect of the psychoanalytic landscape worldwide over the 20th century (and continues in 21st century) since those early beginnings, with the single major exception of the first post-Second World War decades, and then only in United States of America (in the decade of the 50’s) –a period now looked at nostalgically by many as the ‘halcyon days’. This was, of course, the period of great psychoanalytic popularity in America, and of the almost monolithic hegemony within American psychoanalysis of the ego-psychology paradigm architected by Heinz Hartmann and his many collaborators, and systematized

by David Rapaport (see below), all declared to be the direct line of descent from Freud's ego-psychology articulated in "The Ego and the Id" (cf., Freud, 1923c, pp. 12-59), and "Symptoms, Inhibitions, and Anxiety" (cf., Freud, 1926a, pp. 87-172), and then expanded by Anna Freud's landmark elaboration of the defensive functions of the Ego, "The Ego and the Mechanisms of Defence" (cf., Freud, A., 1966-1980f), an eightieth birthday presentation to her father, and Heinz Hartmann's counterpart elaboration of the adaptive functions of the ego, "Ego Psychology and the Problem of Adaptation" (cf., Hartmann, 1939; cf., Hartmann, 1950, pp. 74-96).

This was also the period of the 'capture' of American psychiatry by the psychoanalytic idea, with psychoanalysts being avidly sought by medical schools to chair their departments of psychiatry, with psychoanalysis installed, under the banner of psychodynamics, as the psychological theory of psychiatry, and with psychoanalytic psychotherapy developed as the adaptation of psychoanalytic conceptions and techniques to the clinical exigencies of the more severely ill psychiatric patients crowding the teaching hospitals and associated out-patient clinics of the academic medical centres—more severely ill, that is, than the putatively classical neurotic patients around whom the technical constructs of psychoanalysis had been originally formulated. And this was also, concomitantly, the period of the full analytic practices of those trained within the rapidly burgeoning institutes of the American Psychoanalytic Association, and of an ebullient optimism of an ever-expanding future for the practitioners of this psychoanalytic mainstream, the self-proclaimed carriers of the authentic unitary and unifying **Freudian heritage**.

But *we* also know that Freud's strenuous efforts to establish and maintain such a unitary, and consensually accepted, structure of psychoanalysis—which the American ego-psychologists long felt that they could successfully enshrine—in the end failed, with the rise within organised psychoanalysis of an alternative metapsychology and its linked differing technical constructs, that is, the Kleinian movement that would not let itself be extruded—and this actually even in Freud's lifetime.

It was in fact the Kleinians who insisted on their even more impeccable psychoanalytic credentials, with their unswerving adherence to Freud's death instinct theory as a central theoretical building block, when the Viennese, who were closer to the persona and mind of Freud, split so sharply on the value to psychoanalysis of this particular theoretical turn of Freud's. And the Kleinian movement thus remained within

the British organisational framework (and was indeed its largest component grouping), and therefore remained within the ‘house’ that Freud had created: the International Psychoanalytic Association. This particular history has been chronicled in magisterial detail, both personal and scientific, in the 1991 volume edited by King & Steiner, “The Freud-Klein Controversies, 1941-45” (see below). And though this ‘controversial discussions’ took place in the early nineteen forties, in wartime Great Britain when the central protagonists on both sides, Anna Freud and Melanie Klein, each with their strongly committed followers, were all in London, sharing in, and striving for control over, the British Psychoanalytical Society, the controversy itself originated a good deal earlier, in the latter nineteen twenties and through the nineteen thirties, when Melanie Klein was already established in London and had gained substantial support from the British analysts (together constituting the ‘English School’), and Anna Freud and her central supporters were still in Vienna (constituting the ‘Viennese School’), and when the two schools were vigorously arguing the proper theoretical and technical dimensions of the then nascent constructs that should govern the emerging arena of psychoanalytic work with children.

At the time there were vigorous –and, at times, contentious– exchanges of letters between Freud and Ernest Jones (a member of the favoured group of closest adherents, the ‘secret committee’ of seven ring-holders as I said above) in which Freud strongly backed his daughter Anna, and chided Jones for giving comfort and support to Melanie Klein, and there were ‘Exchange Letters’ in the mid-nineteen thirties between London and Vienna, in which Jones and Joan Rivière from London and Robert Waelder from Vienna aired the scientific differences between the two ‘schools’ (cf., King & Steiner, 1991). In the end, neither group succeeded in delegitimizing the other psychoanalytically, and an administrative compromise was effected by the British Society in which both groups, the (Anna) Freudian and the Kleinian, would exist side by side, educationally and scientifically, under the same British Society umbrella, along with a third, called the Middle Group (and in more recent years renamed the Independent Group) which did not subscribe to the strict precepts of either of the arrayed opposed forces. Each of the three groups would be free to elaborate its own governing theoretical perspective (its own metapsychology), and its own technical constructs, each one claiming, of course, to be a comprehensive and sufficient understanding of mental functioning, and a competent, fully adequate guide to the

amelioration of mental disorder. It was at this point, and still in Freud's lifetime (as I said above), that the Kleinians successfully fought off the label of dissident –and the implied threat of extrusion– and, in its place, psychoanalytic theoretical diversity, or pluralism, as *we* have come to call it, was born (cf., Wallerstein, 1988c, pp. 5-22; cf., Wallerstein, 1990, pp. 3-20; cf., Roudinesco & Plon, 1997).

With this beginning of the theoretical diversification of institutional psychoanalysis, organised within the IPA –except, as already stated, in the United States– the succeeding decades saw: the rise of Bion's extensions of Kleinian thought; of the crystallization of the British Object-Relational School grounded in Fairbairn, Winnicott and Balint emerging as the Middle Group, and therefore neither (Anna) Freudian nor Kleinian (see below); of the emerging of Lacan and his disciples mainly in France but that also disseminated to other countries [Jacques Alain-Miller (Lacan's son in law) created the World Association of Psychoanalysis as the Lacanian worldwide psychoanalytic institution]; of the hermeneutic emphasis spearheaded by Ricoeur in France and Habermas in Germany; and ultimately of 'others' still, all claiming their accepted place within the 'house' of Psychoanalysis (cf., Roudinesco & Plon, 1997).

Not a few commentators have stated their conviction that, had the deviations of Adler, Jung and even Lacan occurred within the more recent decades of an accommodating pluralism in psychoanalytic ranks, they too might now represent alternative theoretical perspectives within the framework of the IPA, not psychological movements outside it (cf., Roudinesco & Plon, 1997). And indeed, many of their central tenets, once the basis for a declared departure and extrusion, have come back to an accepted place within the main corpus of psychoanalysis, almost across the board; for example, Adler's stress, long before it was incorporated by Freud, on the aggressive drive (and concomitant sibling rivalry, masculine protest, compensatory mechanisms, etc.) and his emphasis on the centrality of ego functioning in psychic equilibration (again, before Freud), or Jung's stress on the importance of continuing adult psychological development, later elaborated into psychosocial stages across the entire life span by Erik Erikson, albeit in a different way.

And finally, even in the American Psychoanalytic Association (APsaA), where Freud's vision of a unified theoretical structure for psychoanalysis had long seemed to take root and succeed, this seeming theoretical hegemony of ego-psychology ultimately gave way, with the growth within American ranks of Heinz Kohut's self- psychology,

with its alternative theoretical constructions of the bipolar self, of ‘Tragic Man’ rather than ‘Guilty Man’, of deficit and its restoration, rather than of conflict and its resolution. And alongside Kohut, there was Margaret Mahler’s developmental emphasis, and Roy Schafer’s action language built around the agency of the self, and of course the major paradigm shift of the past three decades exploding in America outside the APsaA ranks, away from the natural science-based ego-psychology embedded in what has come to be called a ‘one-person psychology’, to the object-relational, social – and then dialectical–constructivist, and intersubjective approaches (called in ensemble the ‘relational turn’): all expressions of what has come to be called a ‘two-person psychology’ (see below; cf., Roudinesco & Plon, 1997).

This ‘relational turn’ traces its roots partly to object-relational imports from Britain, but even more solidly to its indigenous American progenitors rallying around Harry Stack Sullivan’s ‘interpersonal psychiatry’ (like Clara Thompson, Karen Horney, Erich Fromm, etc.), who, at the time, in the nineteen forties, were either extruded from the ranks of organized American psychoanalysis (the APsaA), or completely marginalised within it, in what was then the heyday of ego-psychology, but *now* being revived with all due credit, including as its first forebear, the current great revival of interest in the contributions of Sandor Ferenczi, called *now*, in some quarters, the very ‘mother’ of psychoanalysis, in an almost equal place of honour with Freud, the acknowledged father; Ferenczi, once Freud’s most cherished collaborator, himself came close to being extruded in his final days as I mentioned above (see below; cf., Roudinesco, 1997).

It is this issue of the collapse of Freud’s original unitary vision for psychoanalysis and the rise in its place of a burgeoning and, in some ways, bewildering theoretical diversity, or pluralism as *we now* call it, that Wallerstein undertook to present in his Presidential Address to the 35th International Psychoanalytical Congress in Montreal in 1987, entitled “One psychoanalysis or many?” (cf., Wallerstein, 1988c, pp. 5-22), as a topic of importance and concern to the worldwide psychoanalytic community, in the hope that a dialogue about it enhance *our* shared psychoanalytic understanding and commitment. In that Presidential Address, Wallerstein proposed that this growth in *our* theoretical diversity, by then widely acknowledged and accepted as reflecting *our* discipline’s state of affairs worldwide, even in United States, raised two fundamental questions: (1) what, in view of this ever-growing pluralism, still holds *us*

together as common adherents of a shared psychoanalytic science and profession; and (2) the corollary, what do *we* have in common that marks *us* off from other, non-psychoanalytic psychologies, for surely not every kind of psychological understanding is psychoanalytic (cf., Wallerstein, 1988c, pp. 5-22; see below)?

Wallerstein's response at that time –which subsequent analytic debate has revealed to be far from widely shared (cf., Roudinesco & Plon, 1997)– is that *our* 'common ground' is to be found in *our* experience-near clinical theory, *our* concern with anxiety and defence, with conflict and compromise, with self and object representation, with transference and countertransference, and with the like *clinical* constructs (Laplanche's 'primary discourse'; see below Laplanche, *op. cit.*) that Wallerstein posited as a 'common ground' for *our* understandings and *our* interventions across the entire array of theoretical (Laplanche's 'secondary discourse'; see below Laplanche, *op. cit.*) perspectives (cf., Wallerstein, 1988c, pp. 5-22; see below). Wallerstein argues whereas *our* diversity is to be found in *our* experience-distant *general* theories or metapsychologies, which *we* invoke to try to explain the structure and functioning of *our* minds, and how *we* think *our* **technical interventions that are guided by *our* clinical theory** (psychoanalytical theory, 'a secondary discourse', is applied after the clinical work, which is the analyst's 'primary discourse'; see below Laplanche, *op. cit.*) alter that mental functioning towards desired changes or psychic maturity or mental health –however *we* conceptualise those (cf., Wallerstein, 1988c, pp. 5-22; see below).

Towards that end, Wallerstein dubbed *our* diverse general theories, *our* metapsychologies, as nothing but *our* scientific metaphors (Laplanche's 'secondary discourse'; see below Laplanche, *op. cit.*), 'quite loosely coupled' to *our* clinical theories and observations (the 'magnetism' that Laplanche posits between the 'method and its object' as a 'primary discourse'): **"The [psychoanalytic clinical] method is one of association and cross-referencing, a deconstruction, and only at the horizon of this dissolution (*Lösung*) or analysis can another reality be sketched: what is called an unconscious fantasy. There is no point-for-point correspondence, however, no analogy or similitude between the behavioral or conscious discursive sequence from which the associations start and the fragment of an unconscious sequence which can be outlined through cross-references. So much so that any method of a hermeneutic order –the direct transposition or translation of one discourse into**

another, be that second discourse Jungian, Kleinian, Lacanian or even Freudian—is ruled out. Ultimately, the reciprocal implication of method and object consists in the fact that the former is not only adapted to the latter but oriented, magnetically attracted by it” (Laplanche, 1999, p. 63; my alterations).

As Laplanche argues, as a primary discourse ‘no analogy can be done between the behavioral or conscious discursive sequence from which the associations start and the fragment of an unconscious sequence’, but as a secondary discourse ‘scientific metaphors’, as Wallerstein posits, can be done and are done because, if not, no theoretical advance was possible. And since each of *our* metapsychologies purports to explain the whole spectrum of psychopathology, and the proper roads to its amelioration, Wallerstein defends that *we* are without warrant, at least at this stage of *our* development as a science, to claim the greater heuristic usefulness or validity of any one of *our* general theories over the others, other than by the indoctrinations and allegiances built into *us* by the happenstance of *our* individual trainings, *our* ‘differing personality dispositions’ and the explanatory predilections then carried over into *our* consulting rooms (cf., Wallerstein, 1988c, pp. 5-22).

Exactly for the reasons above mentioned by Wallerstein and also by Laplanche’s arguments as I will illustrate in the next chapter, my research agenda is an overview of the development to this point of psychoanalysis as a discipline both as a theory of the mind –formulated by Freud, Lacan, Fairbairn, Bion, Matte-Blanco, Grotstein and Kernberg: these formulations unfold my theoretical prolegomena which are this Introduction, Chapter 1 and Chapter 2, which constitutes what Laplanche (1999) calls the ‘secondary discourse’ (see above)– and a treatment of the disorders of the mind: Freud’s clinical text illustrated by Chapter 3, my own clinical cases addressed in Chapter 4 and in my Conclusion, and a clinical update on the MPRP shown in Chapter 5: these are my practical constructs, which Laplanche (see above Laplanche, *op. cit.*) calls the ‘primary discourse’–, and offer a prediction, in my Conclusion but also in this Introduction, concerning evolving psychoanalytic development over its (near) future.

My focus is on the coherence of psychoanalysis as a theoretical structure and that is the coherence of my doctoral Thesis as a whole: starting with Freud’s strenuous endeavors to maintain ‘the’ psychoanalysis that he had single-handedly

created as a unitary and unified theory, tracing then the breakdown of this effort, even in Freud's lifetime –with special emphasis on “Dora's Case” (Chapter 3) and Freud's “Interpretation of Dreams”; because ‘the interpretation of dreams is the royal road to a knowledge of the unconscious activities of the mind’ (cf., Freud, 1900b, pp. 339-621) I shall explain *it* threw the ‘dream-work’ Laplanche's definition of the psychoanalytic clinical method (Chapter 1)– into the burgeoning theoretical diversity or ‘pluralism’ that characterizes worldwide psychoanalysis today, and then going on to the beginning appearance of evidences (not yet widely remarked) of growing convergences from within very disparate and even seemingly very opposed theoretical perspectives, at least at the level of technical interventions and experience-near clinical theory, with implications, however, even for the level of experience-distant general (metapsychological) theory: how the theoretical prolegomena relate to the practical/clinical constructs. All this is done under the hermeneutic meta-interpretation (Laplanche's ‘secondary discourse’; see above Laplanche, *op. cit.*) because I am unfolding a systematization of theories of mind interpreting them according to my clinical experience (the ‘analyst's mind’; Laplanche's ‘primary discourse’; see above Laplanche, *op. cit.*). Such a development, if sustained, as I anticipate (and this doctoral Thesis also tries to promote), would strengthen the credibility of psychoanalysis as a science of the mind, amenable to growth: this growth constitutes the epistemological leap from the hermeneutic categorization to the positivist research) through empirical research: the MPRP (Chapter 5) is a heuristic example of how psychoanalytic research should be done; a positivist approach because ‘falsifiable’ research has to be positivist– in accordance with the canons of scientific method.

My Conclusion will summarize the present situation of psychoanalysis as one of increasing theoretical and practical diversity (sowing, once again, the theoretical prolegomena with the practical/clinical constructs) illustrating that the final aim of my entire dissertation is to consider in depth the impact of clinical practice on theoretical plurality and *vice versa* because *Psychoanalytic theory comes after clinical work*. After noting that the analyst has much more than evenly suspended attention in his mind as he works with his patient in a session, I review both older and more recent contributions on what the analyst has in his mind when working with a patient. I suggest that the subject has been addressed mainly

from a single-person perspective as mentioned by Wallerstein ('differing personality dispositions'; cf., Wallerstein, 1988c, pp. 5-22). In this connection, and on the basis of clinical material, I attempt to show how, against the background of the 'implicit use of explicit theories' (Laplanche's 'secondary discourse'; see above Laplanche, *op. cit.*), an ongoing process of decision-making that is co-determined by the patient's action and reaction takes place in the 'analyst's mind' (Laplanche's 'primary discourse'; see above Laplanche, *op. cit.*). In my analysis of a session, I introduce the concepts of 'theoretical reason and practical reason', and contend that, whatever theories the analyst may have implicitly or explicitly in his mind (Laplanche's 'secondary discourse'; see above Laplanche, *op. cit.*), they ultimately yield to clinical/practical/deconstructive 'reasons' (the 'magnetism' that Laplanche posits between the 'method and its object' as a 'primary discourse'; see above Laplanche, *op. cit.*). Pursuing the same line of thought, I describe validation in the clinical context as a single, wide-ranging, continuous process of social and linguistic co-(de)construction of the intersubjective reality between patient and analyst (this is seen not only in the MPRP but also in the 'The Ulm Psychoanalytic Process Research Study Group'; the later only referred briefly). This process includes mutual aspects of observation and of communicative and pragmatic validation. In conclusion, I suggest that the figure of the *craftsman* is an appropriate description of the analyst in his conception (Laplanche's 'primary discourse'; see above Laplanche, *op. cit.*) of his (deconstructive) work, whatever the theory he may espouse (Laplanche's 'secondary discourse'; see above Laplanche, *op. cit.*).

I will defend this perspective throughout my entire Thesis because I agree completely with Laplanche (1999): **the psychoanalytic clinical method is a deconstruction of what the patient's unconscious manifests to the 'analyst's mind'**. It is because of this 'magnetism' that I defend that the analyst can only be a *craftsman* (my Conclusion) integrating the theoretical models in his mind as a 'secondary discourse' but *never* as a 'primary discourse' [(only through the ongoing process of decision-making that is co-determined by the patient's action and reaction which takes place in the 'analyst's mind' the 'primary discourse' *emerges* unfolding the analyst's conception of his (deconstructive) work; *or, in other words*, the 'magnetism between method and its object' (the unconscious fantasy)

constitutes any analyst's 'primary discourse', whatever the theory he may espouse as a 'secondary discourse'; *or*, more *objectively*, psychoanalytical theory, 'a secondary discourse', is always applied after the clinical work, which is the analyst's 'primary discourse'] as Laplanche argues (see above Laplanche, *op. cit.*). Theoretical models are hermeneutic because there is a meta-interpretation of the theory done by each analyst, and my literature review (Chapter 2) will be based entirely in this premise, but the interpretation of the unconscious manifestations is not hermeneutic exactly for the reasons mentioned (Chapter 1) by Laplanche.

I will develop throughout my Thesis this dynamic. It seems a paradox but it is not because as it is obvious from what I just said: *Psychoanalytic theory comes after clinical work* as all Freud's 'cases' illustrated and the best example of my statement is the "Interpretation of Dreams". The importance of the analysis of Freud's "The Interpretation of Dreams" and how it relates to my literature review and what this analysis contributes to the achievement of my initial research goals is demonstrated by what I say in Chapter 1 concerning the psychoanalytical clinical method: 'it was only during the 19thC, particularly after the impact caused by Comtian positivism, that the term «clinical method» was introduced in medicine specifically to name a set of social, analytical, therapeutic and propædeutic techniques. These practices did spread rapidly. By the end of the century even Freud had adopted them as the hidden epistemological structure but he abandoned it with the publication of the "Interpretation of Dreams" where he created the «psychoanalytic clinical method»'.

The key difference between the clinical method and the psychoanalytic clinical method is that in the latter there is a never-ending deconstruction "work[ing] out the dissolution [Lösung] of the dream" (Freud, 1900, 2, in Studienausgabe, p. 280; my alterations); **'the dream is the royal road to the unconscious'** and what is an *absolute* of the psychoanalytic clinical method is its deconstructive 'way' to 'follow/explore/discover' the unconscious fantasy (cf. Laplanche, *op. cit.*): 'when at the bedside (couch) of a sufferer' is an analyst where "the reciprocal implication of method and object consists in the fact that the former is not only adapted to the latter but oriented, magnetically attracted by it" (Laplanche, *op. cit.*, p. 63). **On the contrary, the clinical method is a 'way to follow when at the bedside of a sufferer' not by a deconstructing way of explore the unconscious fantasy but as a way of constructing nosological categorizations of how to explain the organic**

or conscious pathology.

Only the psychoanalytic clinical method tries to understand (verstehen), not explain (erklären), the unconscious fantasies. That is why (following Freud's own words as I will illustrate) the "Interpretation of Dreams" relate with the psychoanalytical practical/clinical constructs –hence the importance I give to it in elaborating an entire chapter (Chapter 1, which is entitled precisely 'The Psychoanalytical Clinical Method') on the foundational text of the psychoanalytic clinical method: the "Interpretation of Dreams"–, meaning, as I above-mentioned, **the "Interpretation of Dreams" is where Freud created the 'psychoanalytic clinical method': all psychoanalytic practical/clinical constructs are inherent to the psychoanalytic clinical method created by Freud in the "Interpretation of Dreams": the 'magnetism between method and its object' (the unconscious fantasy) constitutes any analyst's 'primary discourse' (see above Laplanche, *op. cit.*): all the theories that I schematize in my literature review constitute a 'secondary discourse' regarding Freud's psychoanalytic clinical method: the analyst's 'primary discourse' (see above Laplanche, *op. cit.*).**

After this clarification, in my Thesis I will also establish the scientific accuracy or truth-value interpretations in clinical work providing concrete examples (as I am doing in this introduction) of how the analyst deconstructs the clinical phenomena independently of what theoretical model he embraces: the keynote here is always how the 'analyst's mind' work: by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models.

The Freudian heritage is this never-ending dissolution (Lösung) that is psychoanalysis (and its psychoanalytic clinical method) in its essence. Freud is the first object relations theorist because object relations have, like all other schools of psychoanalytic thought (like Laplanche states; see above Laplanche, *op. cit.*), as their 'primary discourse' the deconstruction: the theoretical meta-interpretations of Freud, Fairbairn, Bion, Matte-Blanco, Lacan, Grotstein and Kernberg (Laplanche's 'secondary discourse'; see above Laplanche, *op. cit.*) constitute all clinical dissolutions inherent to the psychoanalytic clinical method. That is why I state in my literature review (Chapter 2) that all these authors follow Freud – directly or indirectly, theoretically speaking– building up a syncretic universalist

model unified exactly by the Rosetta stone of psychoanalysis: its deconstructive method. I state even more: the more the theorist differs from Freud and the more the theorist deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction.

The ‘**common ground**’ that I argue (in this Introduction, in my literature review and *unfolded* throughout my entire Thesis) is **nothing more**, as Wallerstein also recognizes (cf., Wallerstein, 1988c, pp. 5-22), **than acknowledge that there are a pluralism of hermeneutic meta-interpretations that configures the form of our ‘secondary discourse’ in my terminology** [I will use (sometimes) throughout my Thesis the term ‘in *my terminology*’ borrowing Laplanche’s terminology in order to avoid to repeat myself so often]: **they are all formalizations of the analyst’s psychic process present in the clinical session; that is why Bion’s Grid, Lacan’s mathemes and Matte Blanco’s bi-logic are so heuristic: they are the formalization of the analyst’s psychic process not as a ‘primary discourse’ but as a ‘secondary discourse’: they are epistemological tools that have only one purpose: being deconstructed by the ‘analyst’s mind’** (Laplanche’s ‘primary discourse’; see above Laplanche, *op. cit.*) **in the clinical session. That is why we call it a formalization of the psychic process: it is its form, not its content.**

In this connection, and on the basis of my own clinical material, I will attempt to show (in my Conclusion) how (repeating myself *ipsis verbis* to be absolutely clear about what are my Thesis aims), against the background of the ‘implicit use of explicit theories’ (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*), an ongoing process of decision-making that is co-determined by the patient’s action and reaction takes place in the ‘analyst’s mind’ (the analyst’s ‘primary discourse’; see above Laplanche, *op. cit.*). In my analysis of a session, I *introduce* the concepts of ‘theoretical reason and practical reason’ (**concepts that sow the theoretical prolegomena with the clinical/practical constructs**), and contend that, **whatever theories the analyst may have implicitly or explicitly in his mind (Laplanche’s ‘secondary discourse’ see above Laplanche, *op. cit.*), they ultimately yield to clinical/practical/deconstructive ‘reasons’ (the ‘magnetism’ that Laplanche posits between the ‘method and its object’ as a ‘primary discourse’; see above Laplanche, *op. cit.*).**

Pursuing the same line of thought, I describe validation in the clinical context as a single, wide-ranging, continuous process of social and linguistic co-(de)construction

of the intersubjective reality between patient and analyst: this is seen not only in the MPRP (Chapter 5) but also in the ‘The Ulm Psychoanalytic Process Research Study Group’; the later only referred briefly in my Conclusion. This process includes mutual aspects of observation and of communicative and pragmatic validation. In my Conclusion, **I also suggest that the figure of the *craftsman* is an appropriate description of the analyst in this conception of his (deconstructive) clinical work (Laplanche’s ‘primary discourse’; see above Laplanche, *op. cit.*), whatever the theory he may espouse (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*).**

Returning to Wallerstein and to explain better the ‘common ground’ problematic, the 36th International Psychoanalytical Congress in Rome in 1989, inspired by Wallerstein’s Presidential Address to the 35th International Psychoanalytical Congress in Montreal in 1987 (see above), was devoted to the topic of the ‘Common ground’, with three major plenary addresses given by analysts representing the three major regions of worldwide psychoanalytic activity, and trained and practising within three different theoretical frameworks, in order to explore in the following formal and informal discussions, through the case material they were asked to present, the areas of convergence (reflecting common ground or common understanding) and of divergence, in the way they actually conducted their clinical work. In his own Presidential Address to that Congress, entitled “Psychoanalysis: the common ground” (cf., Wallerstein, 1990, pp. 3-20), Wallerstein first reviewed the rising chorus of argument that had arisen in the intervening two years over his first Presidential Address “One Psychoanalysis or many?” (cf., Wallerstein, 1988c, pp. 5-22) of where both *our* diversity and, within that, *our* unity (*our* common ground) resided, and then he tried to demonstrate where he ‘felt’ that the presented clinical material of the three major plenary addresses sustained his initial thesis of the ‘common ground’.

Needless to say, the chorus of argument at that Congress over this issue both widened and intensified. Spirited disagreements with Wallerstein’s guiding argument were presented at that Congress on a panel immediately following his address, by Roy Schafer (1990) and by André Lussier (1991), and they are summarised in this Introduction as examples of the kinds and range of counter-arguments that Wallerstein’s views encountered then, as well as substantially in comparable ways, in the years since, hence the epistemological pertinence of this doctoral Thesis.

Schafer's passionately negative response to Wallerstein's arguments was built around what Schafer labelled as three sets of considerations. The first he called linguistic. Since *we* all use *our* words (that constitute the 'phenomenological envelopes' of *our* clinical and technical constructs; see below) within widely differing connotative contexts: "to agree that we analyse transference amounts to little more than agreeing that we use the same words for whatever it is that we do" (Schafer, 1990, p. 49). And he continues positing that: "instead of identity of meaning, there will be only family resemblances. One might have to stand very far back from individual practices to give mere family resemblances the appearance of identity and then lay claim to common ground" (Schafer, *ib.*).

Schafer's second point was what he called methodological considerations, basically that every turn within '**psychoanalytic discourse**' can give rise to differing plausible responses, of conception, of style, of choice, and that these individually idiosyncratic interaction sequences within the consulting room obliterate any possibility for common ground in the conduct of an analysis. Wallerstein's *response* to both these sets of considerations was that the conception of common ground as Wallerstein had advanced it had never laid claim to 'identity' of words, or of meanings, or of choices in what are, of course, inherently ambiguous and multi-potential situations. Wallerstein's claim was more *modest*, for 'family resemblances' indeed, so long as the family resemblances are strong enough, and consensually agreed enough, and as a comparable enough guide to understanding ('verstehen'; see below). Common ground was never intended to mean identity; it is always subject to the variations built into *our* differing personality structures and propensities (cf., Wallerstein, 1992).

Schafer's third set of considerations he properly called ideological, and these constitute, from my perspective, the heart of his argument. He put it thus: "Ideologically, the search for common ground seems to imply a generally conservative value system. It turns us away from the creative and progressive aspects of the struggles between different systems of thought and practice. I say this with all due respect to the progressive intentions of Dr. Wallerstein, but as we know, intentions and consequences are not the same" (Schafer, *op. cit.*, p. 52). And further on, Schafer made his own ideological posture explicit: "Ideologically, by placing a value on the search for specifically psychoanalytic common ground, one is implying that differences are regrettable, and one is acting on the impulse to level them. Knowingly or not, one is

then aiming for a single master text for psychoanalysis. I think that it is more truly progressive –and obviously this is *my contestable ideological preference*– to give up on the idea of a single master text and instead to *celebrate* and study our differences and to continue to grow as we have, though *unsettledness*” (Schafer, *ib.*; my alterations). All of which circles back to the very first sentence of Schafer’s article: “A search for common ground should be based on a shared understanding of why it is a good thing to do, why it should be a rewarding thing to do, and how to go about it in a sound way” (Schafer, *op. cit.*, p. 49). To Schafer this ‘why’ is set in ideological terms, a conservative stance, imputed to Wallerstein, versus a progressive stance, championed by Schafer, which latter consists of ‘celebrating’ the ‘unsettledness’ of psychoanalysis.

From my perspective, this is not an ideological battle between conservatives and progressives, or however one characterises these differing posture, but rather a scientific issue. Which way do the phenomena under scrutiny seem to fall, and can *we* devise ways to test differing perspectives empirically? Certainly it is never the intent of science to ‘celebrate’ conditions of ‘unsettledness’ but rather to attempt to understand and, if possible, to resolve them. I will give a concrete example illustrating from where probably Schafer *borrowed* his terminology and *part* of his ‘ideology’: a celebrated instance in the realm of theoretical physics is the current ‘unsettledness’ between the theory of general relativity, a theory of the very large, the laws that govern our cosmos, and the theory of quantum mechanics, a theory of the very small, the laws that govern the particles of the subatomic world. Both sets of theory are vital to the understanding of the worlds that they encompass –the very large and the very small– but they also stand in stark contradiction to each other: if either one is valid, the other is not. A whole current generation of theoretical physicists is struggling with the dilemma of this particular ‘unsettledness’. They are working with superstring theory, an effort to unite these two pillars of modern physics into a single, harmonious whole, to try then to evolve ‘TOE’: ‘theory of everything’ (cf., Greene, 1999). A discipline such as *ours*, if it is to be a science, should strive for no less, whichever way the empirical outcome falls in each individual instance being studied.

Returning to the main argument, on that same panel in Rome, André Lussier also questioned Wallerstein’s arguments (as I said above). Lussier based his perspective not on ideological (Schafer’s position) but on pragmatic grounds. It can be summed up in a single quotation: “It seems that we have no choice but to go on being one association

composed of sub-groups sharing something vital in common, but also divided by hardly reconcilable divergences. The fundamentals for some will appear subsidiary to others, which means that the *common ground* will remain a fluctuating one” (Lussier, 1991, p. 59).

Basically, Lussier’s contention was that the complexities that *we* deal with, both conceptually and technically, within psychoanalysis, as both theory and therapy, put any search for common ground beyond the possibility of practical achievement. **All that one can do is declare one’s own fundamental vision** (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*), and Lussier did just that in familiar (ego-psychological) terms: the uncovering of the unconscious, the centrality of the Oedipus complex, the fostering and resolution of the transference neurosis, the privileging of the intrapsychic over the interpersonal, the intersubjective dimension in the transference-countertransference matrix, the importance of defences and defence analysis, the frequency requirement, the need for the drive concept and the economic point of view. Lussier is, of course, well aware that **others will set their conceptual priorities differently. And my point is that these differences amongst us, and the conceptual and technical complexities within which they are embedded, cannot be advanced to preclude the scientific mission, the search to bring order and consensual understanding, that is, a shared scientific common ground – no matter how difficult the task, or how slow the progress. That, after all, defines the developmental task of science.**

In other words, what I defend is that *all this can be done* under a hermeneutic meta-interpretation (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*). Such a **development**, if sustained, as I anticipate (and this doctoral Thesis also tries to promote), would strengthen the credibility of psychoanalysis as a science of the mind, amenable to growth (this growth constitutes the epistemological leap from the hermeneutic categorization to the positivist research) through empirical research (the ‘MPRP’ is a heuristic example of how psychoanalytic research should be done; a positivist approach because ‘falsifiable’ research has to be positivist; being the MPRP a psychoanalytic clinical research, it is, by inherence, also a practical/clinical construct and, paradoxically, unfolds what Laplanche calls the ‘primary discourse’; see above Laplanche, *op. cit.*) in accordance with the canons of scientific method.

However, Arnold Richards, in a summary article reflecting on the above

mentioned Rome Congress called it: ‘a forum of starkly dichotomous viewpoints, of participants who believed that analysts must have a great deal in common, and participants who believed that analysts need have very little if anything in common’ (cf., Richards, 1992, p. 263). As between Schafer and Wallerstein, Richards said: ‘Schafer focused on the differences, whereas Wallerstein focused on the similarities’, and further that: ‘Schafer was clearly implying that the yield of Wallerstein’s effort was political rather than scientific’ (cf., Richards, *op. cit.*, p. 261) – political here, of course, meaning ideological. My perspective is that Wallerstein’s effort was scientific, not ideological, and what better arena for the play of science than in just such a contentious field as Richards describes.

Actually, the argument that I will advance is that there are currently telltale evidences of advancing convergences, conceptually and technically, among heretofore seemingly totally distinct theoretical perspectives, the different metapsychologies (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*), which Schafer would ‘celebrate’ because of the ‘unsettledness’ that they purportedly reflect.

From my perspective, the publication of Wallerstein’s edited book entitled “The Common Ground of Psychoanalysis” in 1992 brought together a full spectrum of the diverse views on this controversy over common ground. *Back then*, the only thing that seemed indubitably agreed upon by *all* was that, in a field where a central argument had long been over whether in fact it was (or could be) a unified and internally coherent body of theory, with an equally reasonably unified and internally coherent body of technical precepts flowing from the theory, *we* had now come, over the just prior decades, to a full realisation that, in this regard, Freud’s dream was not sustained, that *we* were at that juncture, and had been, indeed, for quite some time, a field marked by a clear and seemingly ever-growing pluralism of theoretical perspectives. Whether this was for better or for worse, whether it signified progress and should be celebrated or was just the fashions of change –maybe inherent in the very nature of what some have called ‘our unique science’ (cf., Harrison, 1970, pp. 125-149)– was itself a hotly argued issue.

What then have been the subsequent responses within psychoanalysis to that discourse initiated on this issue of the acknowledged diversity of *our* theoretical structures? In a long review essay on Stephen Mitchell’s 1988 book entitled “Relational Concepts in Psychoanalysis: An Integration”, in the section of their review devoted to

psychoanalytic model making, Bachant & Richards divide the constituents of what they call ‘psychoanalytic metatheories’ (cf., Bachant & Richards, 1993, p. 455) into five major groupings. The first they call the ‘common grounders’, which they identify with Wallerstein, a group which they say, rightly, espouses the concept of **clinical common ground within the diversity of theoretical approaches in psychoanalysis**.

The second group they call the advocates of a multimodal approach to the phenomena of psychoanalysis. This group, exemplified by Fred Pine, is stated to believe that the clinical phenomena discerned in *our* consulting rooms must forever be approached from within a range of four differing psychologies –of drive, of ego, of object and of self– with the psychoanalytic clinician always working within the frame of whichever set of theoretical constructs (of drive, ego, object or self) would fit most appropriately with, or illuminate most usefully, the exigent state of the patient in each shifting movement of the therapeutic interaction.

The third group is identified with Leo Rangell and his advocacy of what he calls ‘total composite psychoanalytic theory’, which he states has grown by progressive accretion upon the work of Freud and then the creators of ego-psychology –Anna Freud, Hartmann, Otto Fenichel and all the others– and that has always encompassed within its frame what the advocates of other theoretical positions, like the object-relational or the self-psychological, have chosen to split off from the main body, and then have tried to elevate into total systems, efforts, in effect, to split off parts of an organic whole, designated by Rangell as ‘mainstream’ or ‘classical’ psychoanalysis. This can, of course, be seen by the proponents of *all* other theoretical perspectives as an effort to maintain the one-time American *imperialism* that saw its own ego-psychology as the only comprehensively whole psychoanalysis, with *all* the other theoretical schools as deviant or split-off partial positions.

Bachant & Richards dub the fourth group the anti-metapsychologists, those represented in United States by *disenchanted* former adherents of David Rapaport, like George Klein, Merton Gill and Roy Schafer, who could eschew all general psychologies (metapsychologies) in psychoanalysis, casting them out by what George Klein called a ‘theorectomy’ and concentrating only on the systematic study and the empirical testing of the clinical theory, the arena within which Wallerstein had tried to establish *our* common ground.

And fifth, and last, Bachant & Richards indicate the group they call the

‘dichotomisers’, those, among whom they count Stephen Mitchell as one of the most vigorous and persuasive spokesmen, who see all *our* variant metapsychologies as falling into one of just two fundamentally different and irreconcilable camps, those based on what is called, on the one hand, drive-structural theory, built on Freud’s original structural concepts, which sees the ego as a *pleasure*-seeking organ, trying to satisfy drive pressures in ways compatible with superego demands and the constraints of external reality, and, on the other hand, object-relational theory, derived originally from the work of Fairbairn, and with antecedents back to Ferenczi, which sees the ego as an *object*-seeking organ, pursuing human relatedness.

Whatever stand *we* individually take towards each of the five groupings in this categorization of the variety of theoretical perspectives within *our* psychoanalytic universe, I am reasonably sure that *we* can *all* agree that it reflects well the *confusing* flux, as well as the intellectual ferment, in *our* collective orientation to the theoretical diversity that has pervaded, and has quite clearly expressed, much of the state of psychoanalytic theorising of the most recent decades as I will illustrate (clarifying the confusion) throughout my dissertation, especially in my literature review (Chapter 2).

But ‘pendulums do swing’ (Wallerstein’s expression concerning this problematic of the ‘common ground’; cf., Wallerstein, 1992) in ongoing developments in the world of ideas, and, I think, no less so in the system of ideas introduced to the world by Sigmund Freud. Just as a world of theoretical unity was the dominant influence in *our* field throughout most of Freud’s working lifetime, until the rise of the Kleinian movement in the nineteen twenties, that is; and just as it was followed by a world of ever increasing theoretical diversity which seems so dominant today, perhaps there are now tell-tale signs of significant convergences, at least on the clinical and technical levels, between once seemingly quite polarised perspectives, convergences that may be the harbingers of a not too far off coming together at ever higher levels of theoretic conceptualisation, perhaps ultimately at the level of an encompassing and transcending once-again unified general theory or metapsychology. These signs seem quite unobtrusive and are not often remarked as such within the cacophony of *our* contemporary psychoanalytic world, but I would like to submit that they express *our* next coming development as a field; and it is at this point that I want to set my attempt at *prophesising* the future, or at least the coming near future, of psychoanalysis as I *see* it (my literature review unfolds my *vision* of *that* future).

It seems unsurprising to me that Otto Kernberg is one of those who I think heralds the new trend that I see developing and wish to defend in this dissertation. After all, Kernberg's central lifetime theorising has consisted in the effort to forge links –contra the 'dichotomisers'– between the drive-structural and the object-relational perspectives, through advancing his views of internalised object-relationships, consisting of self-representations, object-representations and the affective valences that link them, as the fundamental building blocks out of which the structured psychic apparatus of id, ego and superego is constituted. It is within the framework of this predilection that Kernberg published an article in 1993 entitled "Convergences and divergences in contemporary psychoanalytic technique"; an article that I think has been much less remarked than is usual in his writings (cf., Kernberg, 1993a, pp. 659-673).

Taking as his starting point, not the general theories of psychoanalysis (*our* widely divergent metapsychologies), nor even the clinical theories, the more experience-near level at which Wallerstein had pitched his concerns (see above), but rather the 'principles of *technique*' that actually flow from *our* conceptual positions, **Kernberg identified and elaborated some eleven major areas where he could point to actual growing convergences in technical interventions coming from clearly distinct, and even seemingly opposite, theoretical positions. He also identified some seven areas of persisting divergences, but this shorter list seems much less weighty, and, concerning some of them, he could even see signs of the coming resolution of the distinctions, or their relegation to an historical past, but no longer current issues. In each instance of convergence or continuing divergence, Kernberg clearly indicated which theoretical perspectives are involved, and in what way their technical implementations and even in places their higher-level explanatory frameworks are moving closely together.**

To give the *flavour* of Kernberg's exposition, I quote from his highly condensed summary paragraphs: "A broad survey of the psychoanalytic field reveals both convergences and divergences in technique. **The major convergences include earlier interpretation of the transference, increased focus on transference analysis, as well as growing attention to countertransference analysis and increasing concern with the risk of 'indoctrinating' patients. Greater emphasis is found on character defences and the unconscious meanings of the 'here-and-now'.** Also noted are trends

towards translating unconscious conflicts into object relations terminology, as well as toward **considering a multiplicity of royal roads to the unconscious**. Regarding divergences, significant controversies continue regarding reconstruction and the recovery of preverbal experience, **drawing the lines between psychoanalytic psychotherapy and psychoanalysis, the role of empathy, and the relation of historical to narrative truth**” (Kernberg, 1993a, p. 670; my bold). Regarding this last sentence, adding to the above mentioned reasons, Kernberg’s statement constitutes one more (and major) reason for me to address the ‘Menninger Psychotherapy Research Project’ (Chapter 5), which unfolds exactly the dynamic that Kernberg refers to: ‘drawing the lines between psychoanalytic psychotherapy and psychoanalysis’.

It is this overview by Kernberg that I think reflects the still not so widely noticed, or acknowledged, current ‘swing of the pendulum’ (Wallerstein’s expression; see above) *back* towards increasing commonality, certainly at the level of *our* technical interventions in *our* consulting rooms (Laplanche’s ‘primary discourse’; see above Laplanche, *op. cit.*), and more commonality than I think many in *our* field are ready to admit, at the level of experience-near clinical theories (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*), linked closely enough by canons of inference to the technical activities that flow from them (the ‘magnetism’ that Laplanche posits between the ‘method and its object’ as a ‘primary discourse’; see below Laplanche, *op. cit.*). And perhaps, incrementally and ultimately, **if** this trend prevails, *we* will be able to build from an increasingly firm base of clinical theory, to painstakingly fashion a more truly unified and scientific broader theoretical structure that could then take its proper place as a full partner within the whole array of human sciences.

At least that is my *vision*, but it is a *vision* far from widely shared at this point. The influential 1983 book by Greenberg & Mitchell entitled “Object Relations in Psychoanalytic Theory”, traced the historical development of what they call the ‘relational/structure model’ within and out of Freud’s ‘drive/structure model’, and culminated in their declaration, on philosophical as well as psychological grounds, of the fundamental incompatibility of the two models –very much contra the converging directions just quoted from Kernberg, and also against Kernberg’s own efforts to create an amalgam, consisting of relational approaches centred on internalised object relations as providing the building blocks for the creation of the traditional psychic structures.

Greenberg & Mitchell in their book trace the historical unfolding of

metapsychology theory, beginning of course with Freud, and then contrapuntally, the development of the differing ‘interpersonal psychoanalysis’ of Harry Stack Sullivan [Sullivan always called it ‘interpersonal psychiatry’ (cf., Roudinesco & Plon, 1997; see above)] and his followers, followed by the ‘alternative theorists’ (Melanie Klein, W. R. D. Fairbairn, Michael Balint, John Bowlby, D. W. Winnicott and Harry Guntrip), and then what they call ‘accommodationist theorists’ (Heinz Hartmann, Margaret Mahler, Edith Jacobson and Otto Kernberg), and then the ‘mixed model’ theorists (where they place Heinz Kohut and Joseph Sandler, but, from my perspective, they should also have more properly placed Kernberg based in their very own assessment of him), all this then culminates in a final chapter called ‘A deeper divergence’. As it is obvious from Greenberg & Mitchell’s *categorisation* one might say that they focus on the divergences and that I, in this doctorate dissertation, focus on the similarities (the same argument was used, respectively, towards Schafer and Wallerstein as I illustrated above).

To this argument I *simply* answer (once again to be absolutely clear) that my doctorate dissertation will demonstrate that **psychoanalytic theory comes after clinical work (as all Freud’s ‘cases’ illustrated) and the best example of my statement is the “Interpretation of Dreams” (see below). In this Thesis I will establish the scientific accuracy or truth-value interpretations in clinical work providing concrete examples (as I am doing in this introduction) of how the analyst deconstructs the clinical phenomena independently of what theoretical model he embraces: the keynote here is always how the ‘analyst’s mind’ work (Laplanche’s ‘primary discourse’; see above Laplanche, *op. cit.*): by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models. The Freudian heritage (hence, the title of my Thesis) is this never-ending dissolution (*Lösung*) that is psychoanalysis (and its psychoanalytic clinical method) in its essence (see above Laplanche, *op. cit.*). Freud is the first object relations theorist because object relations have, like all other schools of psychoanalytic thought, as their ‘primary discourse’ the deconstruction (like Laplanche states; see above Laplanche, *op. cit.*): the theoretical meta-interpretations of Freud, Fairbairn, Bion, Matte-Blanco and Lacan (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*) constitute all clinical dissolutions inherent to the psychoanalytic clinical method. That is why I state in my literature review (see below) that all these authors follow Freud –directly or**

indirectly, theoretically speaking— building up a syncretic universalist model unified exactly by the Rosetta stone of psychoanalysis: its deconstructive method. I state even more: the more the theorist differs from Freud and the more the theorist deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction.

The ‘common ground’ that I am arguing in this introduction (and will be systematized in my literature review) is nothing more, as Wallerstein (1992) also recognizes, than acknowledge that there are a pluralism of hermeneutic meta-interpretations that configures the form of *our* ‘secondary discourse’ (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*): they are all formalizations of the analyst’s psychic process present in the clinical session; that is why Bion’s Grid; Lacan’s mathemes and Matte Blanco’s bi-logic are so heuristic: they are the formalization of the analyst’s psychic process not as a ‘primary discourse’ (Laplanche’s ‘primary discourse’; see above Laplanche, *op. cit.*) but as a ‘secondary discourse’ (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*): they are epistemological tools that have only one purpose: being deconstructed by the ‘analyst’s mind’ (Laplanche’s ‘primary discourse’; see above Laplanche, *op. cit.*) in the clinical session. That is why *we* call it a formalization of the psychic process: it is its form, not its content.

In this connection, and on the basis of my own clinical material, I will attempt to show (in my conclusion) how, against the background of the ‘implicit use of explicit theories’ (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*), an ongoing process of decision-making that is co-determined by the patient’s action and reaction takes place in the ‘analyst’s mind’ (the analyst’s ‘primary discourse’; see above Laplanche, *op. cit.*). In my analysis of a session, I *introduce* the concepts of ‘theoretical reason and practical reason’ (concepts that sow the theoretical prolegomena with the clinical/practical constructs), and contend that, whatever theories the analyst may have implicitly or explicitly in his mind (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*), they ultimately yield to clinical/practical/deconstructive ‘reasons’ (the ‘magnetism’ that Laplanche posits between the ‘method and its object’ as a ‘primary discourse’; see above Laplanche, *op. cit.*). Pursuing the same line of thought, I describe validation in the clinical context as a single, wide-ranging, continuous process of social and

linguistic co-(de)construction of the intersubjective reality between patient and analyst (this is seen not only in the MPRP (Chapter 7) but also in the ‘The Ulm Psychoanalytic Process Research Study Group’; the later only referred briefly in my conclusion). This process includes mutual aspects of observation and of communicative and pragmatic validation. In conclusion, I suggest that the figure of the *craftsman* is an appropriate description of the analyst in this conception of his (deconstructive) work (Laplanche’s ‘primary discourse’; see above Laplanche, *op. cit.*), whatever the theory he may espouse (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*).

Therefore, my doctoral Thesis is neither opposite or in favour of Greenberg & Mitchell *categorisation* of what *is* psychoanalysis; my argument is just *different* because it is focused not in a *simple* ‘common ground’ but on an **effective** ‘secondary discourse’ (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*) that any **valid** theory constitutes (in my literature review I also explain, not arbitrarily in the beginning with the example of Grünbaum, and later on following Bion, what are the criteria that *construct* a valid theory).

Returning to Greenberg & Mitchell, in the above mentioned (final) chapter ‘A deeper divergence’ they unequivocally declare their position: “Placing the divergence of psychoanalytic models which we have traced throughout this volume within the larger context of the divergence of theories about human nature throughout the Western philosophical tradition sheds light both on the durability of the models within psychoanalysis and on the difficulties encountered by those who have tried to combine them” (Greenberg & Mitchell, 1983, p. 403). This derives from the fact that they draw ‘on two of the most fundamental and compelling approaches to human experience’, that we are ‘inescapably individual creatures’, and at the same time ‘inescapably social creatures’ (cf., Greenberg & Mitchell, *ib.*).

This is the ‘paradox’ that they say some have attempted to encompass by a ‘mixed model’ approach. But ‘model mixing is unstable because the underlying premises upon which the two models are based are fundamentally incompatible. The drive model and the relational model rest on different visions, and each is a complete account’ (cf., Greenberg & Mitchell, *ib.*). This declaration is made even more flat-footedly a little further on: “The drive model and the relational model are [each] complete and comprehensive accounts of the human experience. The premises upon

which they rest constitute two incompatible visions of life, of the basic nature of human experience [...] these premises are not subject to empirical verification [...]. [The criteria on which such theories can be judged] like scope, simplicity, and fruitfulness cannot be determined in any science universally or with pure objectivity [...]. [It depends] on the evaluator's own values and presuppositions [...]. [Ultimately] the evaluation of psychoanalytic theories is a matter of personal choice [...] Does the theory speak to you?" (Greenberg & Mitchell, 1983, pp. 406-407; my alterations).

Though both Greenberg & Mitchell have subsequently each retreated somewhat from the absoluteness of this total dichotomisation and rather extreme *vision* of the psychoanalytic landscape (Greenberg much more so than Mitchell; cf., Greenberg, 2001), their volume had a profound impact in defining and crystallizing the 'relational turn' that has played so major a role in what has been widely declared a paradigm shift in psychoanalysis (specially in United States), a growing acknowledgement of the major evolution of the now very prominent 'two-body-psychology' tracing its origins to Harry Stack Sullivan and his collaborators, and its precursors beyond that to Ferenczi, alongside the traditional ego-psychology, dubbed now a 'one-person psychology' with many of those trained classically within it now shifting emphasis in two-body directions –Gill, McLaughlin, Renik, Jacobs, Poland, Boesky and Chused prominently among them. Wallerstein labelled these shifting new alliances as 'the new American psychoanalysis' in an article entitled exactly with this expression (cf., Wallerstein, 1998, pp. 1021-1043).

Nonetheless, the defining impact of the Greenberg & Mitchell book in counterposing two main emphases in psychoanalysis, the one tracing its descent from Freud and the other more from Ferenczi –if not necessarily two 'fundamentally irreconcilable' camps– has been to offer an alternative direction to *current* psychoanalytic theorising that Wallerstein (cf., Wallerstein, *op. cit.*) proffered in drawing upon Kernberg's 1993 above mentioned paper (cf., Kernberg, 1993a, pp. 659-673) on convergences (and divergences). And this seems to have affected Kernberg's overview as well, since in an article entitled "Recent developments in the technical approaches of English-language psychoanalytic schools" (cf., Kernberg, 2001a, pp. 519-547), his emphasis *is* on two major and differing crystallisations of psychoanalytic theorising very much in accord with the original Greenberg & Mitchell distinctions, but with a capital (and central to me as I will illustrate in my literature review) difference

of, alongside the two, placing a ‘third way’: the **‘French Psychoanalytic approach’** (cf., Kernberg, 2001a, pp. 534-537).

In Kernberg’s article –dealing with ‘recent developments’– he describes modern psychoanalysis as coalescing into two major contemporary currents. One, he calls the ‘contemporary psychoanalytic mainstream’ (cf., Kernberg, *ib.*), and this mainstream he sees as a coming together of the modern Kleinians, the contemporary Freudians [that is, the ego-psychologists in their own modern transformation; for a full description of the evolution and the transformations of modern ego-psychology Wallerstein’s 2002 article constitutes a succinct and extremely clear assessment (cf., Wallerstein, 2002a, pp. 135-169)], and the British Independents (or British object-relational grouping) all sparked by the growing mutual influencing, and even amalgamations in technical implementation, of converging understandings within the British Society; the second current Kernberg calls the ‘intersubjectivist-interpersonal-self psychology’ movement (cf., Kernberg, *ib.*).

Kernberg then presents some ten shared characteristics of what he calls the ‘contemporary psychoanalytic mainstream’. These are: (1) **an early systematic interpretation of the transference;** (2) **a totalistic concept of the countertransference, with an emphasis on countertransference analysis;** (3) **systematic character analysis;** (4) **a sharp focus on unconscious enactments;** (5) **an emphasis on affective dominance;** (6) **a predominance of models of internalised object relationships;** (7) **technical neutrality [with the elaboration of what he calls a ‘three-person model’: by a ‘three-person model’, Kernberg means a consideration of (1) the intrapsychic state of the patient; (2) the interactional, or interpersonal, relationship between patient and analyst; and (3) the analyst, in his stance of ‘technical neutrality’ reflecting back to the patient his overview of the relationship between (1) and (2)];** (8) **a multiplicity of royal roads to the unconscious;** (9) **a concerned avoidance of the indoctrination of patients;** and (10) **an increased questioning of linear models of human development** (cf., Kernberg, *ib.*).

Kernberg next defines five shared characteristics of what he calls the ‘intersubjectivist-interpersonal-self psychology’ current: (1) **a constructivist approach to the transference as opposed to the traditional objectivist approach;** (2) **a rejection of technical neutrality as both illusory and predicated on hidden**

authoritarianism; (3) a deficit model of early development; (4) a de-emphasis of the drives; and (5) the conception of the therapy as a new object relationship (implicitly linked to the once discredited Alexandrian notion of the ‘corrective emotional experience’). And for many of these listings, Kernberg indicates the basis for his categorisation: for example, in the statement of the first described characteristic of the ‘contemporary psychoanalytic mainstream’, the early systematic interpretation of the transference, he offers, as evidence of the confluence of Freudian ego-psychology, modern Kleinianism and the British Independent Group, citations from Betty Joseph, Joseph and Anne-Marie Sandler and Merton Gill (cf., Kernberg, *ib.*).

And then Kernberg puts in a ‘third way’: the ‘French psychoanalytic approach’ –alongside with the other two– and this approach is actually elaborated into fourteen characteristics as follows: (1) a focus on the analytic method rather than analytic technique; (2) a strong focus on the linguistic aspects of analytic communication; (3) a sparing use of explicit transference interpretation; (4) bypassing the ego resistances; (5) direct interpretation of deep, symbolised, unconscious conflict; (6) simultaneous consideration of somatisations and enactments; (7) avoidance of the realities of daily life; (8) interpretation of presymbolic psychosomatic expressions; (9) analysis of the symbolic function of the father/analyst as the carrier of presumed knowledge; (10) a focus on archaic sexuality; (11) a strong emphasis on the function of ‘après coup’; (12) a ‘progressive’ vector of future-directed interpretation; (13) acceptance of the irreducible earliest transference, derived from mother’s enigmatic and eroticised messages; and (14) emphasis on analysis of preconscious fantasy (cf., Kernberg, *ib.*).

At first blush this overview by Kernberg seems a retreat from his earlier 1993 article that I quoted as an example of the beginning ‘swing of the pendulum’ (borrowing Wallerstein’s expression once again; see above) towards documenting the convergences in technical activities of adherents of disparate theoretical perspectives in psychoanalysis. And there are indeed some serious and contentious conceptual and technical differences between what Kernberg calls the ‘contemporary psychoanalytic mainstream’ and the ‘intersubjectivist-interpersonal-self psychology’ schools, to leave the ‘French psychoanalytic approach’ aside for a moment, as, for example, over the place and continued use of concepts of neutrality, abstinence and objectivity as psychoanalytic desiderata in the ‘mainstream’ –as at least goals, if never as fully

achieved realities— as against their abandonment in favour of declared authenticity (and often spontaneity) of interaction, including appropriately judicious self-disclosure in the relational grouping.

On the other hand, I think that *all* those who would be grouped as ‘intersubjectivist, interpersonalist, self psychologist’, would strongly subscribe –perhaps even more so– to a goodly number of the characteristics Kernberg ascribes to the ‘mainstream’, that is, countertransference analysis, focus on unconscious enactments, on centrality of affects, on internalised object relationships, on questioning linear developmental models, etc.

What I am suggesting is that *hidden* within the two major contemporary psychoanalytic currents (or groupings) into which Kernberg *now* separates (at least) the English-speaking psychoanalytic *worlds*, are many of exactly the same kinds of convergences from seemingly very different theoretical perspectives that I think Kernberg started to adumbrate in the earlier 1993 paper. What I will develop throughout my Thesis is not an *update* on Kernberg’s views, but illustrate that **the convergences and even the divergences that Kernberg heuristically categorised are all inherent to** (once again I will repeat my central argument because it sows the coherence of my doctoral Thesis as a whole: I will repeat *it* several times throughout my dissertation exactly for this reason; sometimes I repeat the *full* argument; sometimes, like now, a *part* of the *full* argument because I sow *it* with what is being defended in each specific moment) **how the analyst deconstructs the clinical phenomena independently of what theoretical model he embraces: the keynote here is always how the ‘analyst’s mind’ work (Laplanche’s ‘primary discourse’; see above Laplanche, *op. cit.*): by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models.**

The Freudian heritage (hence, the title of my Thesis) is this never-ending dissolution (*Lösung*) that is psychoanalysis (and its psychoanalytic clinical method) in its essence (see below Laplanche, *op. cit.*). Freud is the first object relations theorist because object relations have, like all other schools of psychoanalytic thought (as the above mentioned by Kernberg), as their ‘primary discourse’ the deconstruction (like Laplanche states; see above Laplanche, *op. cit.*): the theoretical meta-interpretations of Freud, Fairbairn, Bion, Matte-Blanco and Lacan (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*) constitute

all clinical dissolutions inherent to the psychoanalytic clinical method. That is why I state in my literature review (see below) that all these authors follow Freud – directly or indirectly, theoretically speaking– building up a syncretic universalist model unified exactly by the Rosetta stone of psychoanalysis: its deconstructive method. I state even more: the more the theorist differs from Freud and the more the theorist deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction.

The ‘common ground’ that I am arguing in this introduction (and will be systematized in my literature review) is nothing more, as Wallerstein (1992) also recognizes, than acknowledge that there are a pluralism of hermeneutic meta-interpretations that configures the form of *our* ‘secondary discourse’ (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*): they are all formalizations of the analyst’s psychic process present in the clinical session; that is why Bion’s Grid; Lacan’s mathemes and Matte Blanco’s bi-logic are so heuristic: they are the formalization of the analyst’s psychic process not as a ‘primary discourse’ (Laplanche’s ‘primary discourse’; see above Laplanche, *op. cit.*) but as a ‘secondary discourse’ (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*): they are epistemological tools that have only one purpose: being deconstructed by the ‘analyst’s mind’ (Laplanche’s ‘primary discourse’; see above Laplanche, *op. cit.*) in the clinical session. That is why *we* call it a formalization of the psychic process: it is its form, not its content.

And exactly in this context I return to Kernberg’s argument: the inclusion of ‘the French psychoanalytic approach’ (mainly Lacanian) alongside the two major contemporary psychoanalytic currents: the ‘contemporary psychoanalytic mainstream’ and the ‘intersubjectivist-interpersonal-self psychology’ current (Bion and Matte Blanco *belong* to the ‘contemporary psychoanalytic mainstream’). This inclusion could be read as Kernberg’s effort to juxtapose francophone to anglophone analytic thinking in order to lay the basis for the consideration of discernible convergences between these major analytic traditions, that have been so significantly isolated from one another, in part because of the language barrier, in part because of the different philosophical traditions (this is one of the major reasons why I develop, in my literature review, Foucault’s and Bataille’s philosophical contributions to Lacan’s psychoanalytic theory) in which they are rooted. Parenthetically, just as the Kleinians were the first of the departures from the

ego-psychological development (in which Freud's Viennese followers were taking analytic work in Britain and in America), who refused to be extruded from organised psychoanalysis and even claimed a truer descent from Freud's own work, in embracing his death instinct theory as central to their theorising, so have the Lacanians and those influenced by them been a later deviation from many of Freud's propositions, yet also claiming a truer adherence to Freud's original drive theory and to the continuing centrality of infantile/archaic sexuality. Indeed, these are the *facts* and my argument, concerning this *status quo*, reinforces each theoretical position *per se*: **the more the theorist differs from Freud and the more the theorist deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction.** Of course all schools of psychoanalytic thought have their 'roots' and theories are built upon *something* as I have been demonstrating **threw Kernberg's (and my own) arguments.** As I said above, *mutatis mutandis*, my argument is just *different* because it is focused not in a *simple* 'common ground' but on an **effective** 'secondary discourse' (Laplanche's 'secondary discourse'; see above Laplanche, *op. cit.*) that any **valid** theory constitutes (in my literature review I also explain, not arbitrarily in the beginning with the example of Grünbaum, and later on following Bion, what are the criteria that *construct* a valid psychoanalytic theory).

In this connection and returning to the dynamic inherent to Kernberg's reflection it is not arbitrarily that almost simultaneously with Kernberg's 2001 article in the *Psychoanalytic Quarterly*, Robert White published an article in the *Journal of the American Psychoanalytical Association*, entitled "The Interpersonal and Freudian traditions" (2001), with the subtitle "Convergences and divergences" that Kernberg had used in his title in 1993. The thrust of White's article is very much in the same direction as Kernberg's of 1993 –what Wallerstein had called the beginning 'swing of the pendulum' (see above) away from the previous ever-growing pluralism. White sets an illuminating historical context and offers a provocative analogy. He properly places the original splitting of the two traditions in United States (the interpersonal and the 'Freudian') within 'the psychoanalytic wars in New York City in the early 1940s' (cf., White, 2001, p. 427).

It was in 1941 that Karen Horney and her followers (Clara Thompson, Erich Fromm, etc.) felt that they had to leave the New York Institute and, in the confusing flux of the ensuing decade, they established their own dissident institute, entered into

alliance with Harry Stack Sullivan's simultaneous creation of an indigenous 'interpersonal psychiatry' (see above), and then themselves split into several separate institute groupings, with some distinct differences, **but an overall living within an interpersonal relational framework**, some (Horney) with a more socio-cultural content, some (Fromm) with a Marxian-economic content, etc. (cf., White, 2001, pp. 427-455).

What is germane in the context of this article is that for several decades the two traditions, the Freudian and the interpersonal, ignored each other quite thoroughly, and were to a significant degree even ignorant of each other; the one (the mainstream Freudian) was organised within the American Psychoanalytical Association as the official representative within the United States of the International Psychoanalytical Association, and the other grew in a group of independent institutes, mostly in New York and Washington, with some of its adherents sitting uneasily, but in a marginalised way, within the American Psychoanalytical Association (cf., White, *ib.*).

Here White makes an analogy with the British experience. He says: "Modern interpersonal thinking is a fusion of Sullivanian thought and European psychoanalysis [only one stream of it] as mediated by Ferenczi and Thompson. What the Kleinians did in England in the 1940s and 1950s, the interpersonalists did simultaneously and independently in the United States" (White, 2001, pp. 428-429).

But here, the analogy breaks down in part. For, while the British, after getting past the contention and the rancour of the 'Controversial Discussions' in the early 1940s, were able to fashion the famous 'gentlemen's agreement' (cf., King & Steiner, 1991; see below) and create an institutional framework within which they could live together and influence each other in ways that have led over the decades to **major comings together** –in ways which I will discuss further on in this Introduction– the two American traditions lived independently, side by side, with the dominant American Freudian mainstream thoroughly ignoring the other, and the recently growing mutual acknowledgement and discourse has come decades later. This difference, from my perspective, has been a consequence of the existence from the beginning within Britain of a large Middle Group (now called the Independent Group; see below), which declared itself neither Kleinian nor Freudian, though willing to borrow from each, and offering itself always as a **meeting ground** and a potential mediating group. There was never an American counterpart.

Returning to White and in accordance with White's account, *now* there are convergences in America of these two major traditions, and that I think, again in accord with White, that these may well be more significant than the differences that Kernberg points to in his article appearing simultaneously with White's. As White puts it: "I hope to show here that within each tradition there is at least as much difference and dissent as there is between traditions and that moreover, there is now considerable overlap between the traditions [...]. We are now seeing the beginning of a real exchange of ideas. There are journals now that solicit articles from both traditions, a CD-ROM that includes journals from both, and speakers who regularly cross the divide at national meetings" (White, 2001, p. 429).

I would state this same idea in less organisational terms, that so many of the tenets of what is now called 'two-personal psychology', the focus on the interactional and intersubjective quality of the analytic encounter, with its emphasis on the subjectivity (countertransference in the broader sense) of the analyst as a major contributor to the co-creation of the transference-countertransference matrix, and with the serious modification (if not the abandonment) of the analyst's posture as objective outside observer and epistemic arbiter of reality, etc., have *infiltrated* widely into the classical or traditional Freudian perspective. Witness in this context the contributions of Gill, McLaughlin, Renik, Jacobs, Poland, Boesky and Chused (see above), all trained within the classical tradition.

And witness on the *other* side, the retreat by both Greenberg and by Mitchell from the categorical posture of their (see above) 1983 joint volume declaring the fundamental irreconcilability of Freud's original drive-structural paradigm and the newer relational paradigm which they then represented and espoused. For their *more current* positions on these issues I make reference to Greenberg's 2001 article, "The analyst's participation: a new look", which speaks to the excesses of relational psychoanalysis when taken to its logical extremes –which historically Greenberg sees as a corrective, or rather over-corrective, response to the prior extremes of ego-psychological psychoanalysis when pursued to *its* extremes (cf., Greenberg, 2001, pp. 359-381), and to Mitchell & Black's "Freud and Beyond: A History of Modern Psychoanalytic Thought" (1995) in which the final two chapters on *current* controversies in theory and then in technique offer a balanced portrayal of the **many interpenetrations and imbrications of the two perspectives coming from opposite**

directions, the classical Freudian and the relational, in their nuanced consideration of each of the listed ‘controversies’, on the role of actual trauma versus fantasy elaboration in the creation of psychopathology, or of consideration of past versus present, or interpretation versus relationship factors in the amelioration of psychopathology, etc. (cf., Mitchell & Black, 1995).

And there are still other significant markers of these converging trends. Glen Gabbard, in a 1995 article entitled “Countertransference: the emerging common ground”, focused on the constantly enlarging place of the countertransference in the centre of analytic theorising and clinical scrutiny as what he called ‘the emerging common ground’ (hence, the title of the article). There he took the central Kleinian conception of projective identification, as articulated originally by Melanie Klein as an intrapsychic fantasy, and then enlarged interpersonally by Wilfred Bion (and others; see below my literature review), and now more fully and subtly evolved by Betty Joseph (and many others; see below my literature review) and brought it into conjunction with the conception of countertransference enactments as articulated by those ego-psychology-trained American analysts moving in the interpersonal and interactional direction (Ted Jacobs and James McLaughlin and again many others; see above); and along the way, bringing in Joseph Sandler’s (1976) role responsiveness conception as a close enough version of Kleinian projective identification in Freudian clothing (cf., Sandler, 1976, pp. 43-47). All this Gabbard sees as a **growing Kleinian-Freudian consensus on the interactions within the transference-countertransference matrix as a ‘joint creation’, with shifting emphases oscillating between the major emphasis on the contribution of the patient (the original Kleinian position) and on the contribution of the analyst (the recent Freudian position)** (cf., Gabbard, 1995, pp. 475-485).

From my perspective, *once again*, after this argument is even more explicit that **the convergences that Gabbard illustrated are all inherent to how the analyst deconstructs –*threw* countertransference– the clinical phenomena *presented* –*threw* transference– by the patient independently of what theoretical model the analyst embraces: the keynote here is always how the ‘analyst’s mind’ work (Laplanche’s ‘primary discourse’; see above Laplanche, *op. cit.*): by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models.**

Indeed, the psychoanalytic clinical method is a deconstruction of what the patient's unconscious manifests to the 'analyst's mind'. It is because of this 'magnetism' (see above Laplanche, *op. cit.*) that I defend that the analyst can only be a *craftsman* (my Conclusion) integrating the theoretical models in his mind as a 'secondary discourse' but *never* as a 'primary discourse' [(only threw the ongoing process of decision-making that is co-determined by the patient's action and reaction which takes place in the 'analyst's mind' the 'primary discourse' *emerges* unfolding the analyst's conception of his (deconstructive) work; *or, in other words*, the 'magnetism between method and its object' (the unconscious fantasy) constitutes any analyst's 'primary discourse', whatever the theory he may espouse as a 'secondary discourse'; *or, more objectively*, psychoanalytical theory, 'a secondary discourse', is always applied after the clinical work, which is the analyst's 'primary discourse'] as Laplanche argues (see above Laplanche, *op. cit.*).

Returning to Gabbard, from my understanding, Gabbard's arguments are another documentation and example of arenas of convergence between once seemingly antipodal (meta)psychological perspectives, and it is only one among an array of such *indicators*, albeit a most important one. Further on in this Introduction, I will indicate other emerging Kleinian-Freudian rapprochements ramifying within the British Psychoanalytical Society –the long-time uneasy container of the three, above mentioned, disparate analytic metapsychologies– itself.

And, as a last citation across this narrowing gap that I am describing, witness the 1994 book by Merton Gill, once one of the major systematisers of ego-psychological metapsychology (cf., Gill, 1963; cf., Rapaport & Gill, 1959, pp. 153-162), who subsequently renounced it completely in a 1976 benchmark article entitled "Metapsychology is not psychology" (cf., Gill, 1976, pp. 71-105), becoming then one of the staunchest advocates of the two-person relational turn in analysis, turning increasingly to the major relational journal ("Contemporary Psychoanalysis"), for the placement of his contributions to theory and practice. In his 1994 book entitled "Psychoanalysis in Transition: A Personal View" [it's not arbitrarily that this title sows, literally and semantically, with my 'personal view' concerning the basic tenets of this doctorate dissertation, specially the 'analyst's mind' dynamic: the psychoanalytic clinical method is a deconstruction of what the patient's unconscious manifests to the 'analyst's mind'. It is because of this 'magnetism' (see above Laplanche, *op. cit.*) that I

defend that the analyst can only be a *craftsman* (my Conclusion) integrating the theoretical models in his mind as a ‘secondary discourse’ but *never* as a ‘primary discourse’ (only through the ongoing process of decision-making that is co-determined by the patient’s action and reaction which takes place in the ‘analyst’s mind’ the ‘primary discourse’ *emerges* unfolding the analyst’s conception of his (deconstructive) work)], summing up his finally crystallised views on these issues on which he had done such a thorough about-face, Gill has a chapter, “One-person and two-person psychology”, where he makes the following sequential assertions: “As criticism of mainstream psychoanalysis has grown with more and more emphasis on object relations, there has been what many would regard as an overshooting of the mark, with a replacement of a one-person view of the analytic situation by a two-personal view. As balance is being restored, the question becomes, are both one- and two-person psychologies necessary, and if so, how are they related?” (Gill, 1994, p. 33).

This is followed after several pages of consideration of this question with: “If we ask whether human psychology involves more than a relationship with other people, the answer seems obvious. Important though relationships with other people are, there is much more to life than that. That the analytic situation involves two people may be a factor in overvaluing the role of relations with people as the alleged core of psychic life. That relationships with people are intrapsychically represented may also be a factor in undervaluing other aspects of the human psyche. Intertwining issues of relationships with persons with all other aspects of psychological functioning may be yet another factor in the failure to recognise these other aspects. And yet another possibility: because psychopathology is so often a matter of relationships, other aspects of human functioning may be overlooked” (Gill, *op. cit.*, pp. 39-40).

And in summation of this section of that chapter, Gill concludes. “For the time being, I assert only that psychoanalysis needs both one-person and two-person psychologies [...]. It is important to note that this discussion of one-person and two-person psychologies has been with regard to the ***theories of the analytic situation***. In actual practice, analysts have always, to **varying degrees**, pragmatically worked in both one-person and two-person contexts” (Gill, *op. cit.*, p. 40; my alterations).

Indeed, the ‘varying degrees’ that Gill heuristically speaks about constitute exactly the main argument of this doctoral Thesis, but these ‘varying degrees’ are not only ‘pragmatically worked in both one-person and two-person contexts’; these

'varying degrees' are pragmatically worked in all psychoanalytic 'contexts' because these 'varying degrees' constitute the essence of the psychoanalytic clinical method, which is a deconstruction of what the patient's unconscious manifests to the 'analyst's mind'. It is because of this 'magnetism' (see above Laplanche, *op. cit.*) that I defend that the analyst can only be a *craftsman* (my Conclusion) integrating the theoretical models in his mind as a 'secondary discourse' but *never* as a 'primary discourse' [(only through the ongoing process of decision-making that is co-determined by the patient's action and reaction which takes place in the 'analyst's mind' the 'primary discourse' *emerges* unfolding the analyst's conception of his (deconstructive) work; *or*, in *other words*, the 'magnetism between method and its object' (the unconscious fantasy) constitutes any analyst's 'primary discourse', whatever the theory he may espouse as a 'secondary discourse'; *or*, more *objectively*, psychoanalytical theory, 'a secondary discourse', is always applied after the clinical work, which is the analyst's 'primary discourse'] as Laplanche argues (see above Laplanche, *op. cit.*).

And Kernberg illustrates *exactly* how psychoanalytical theory, 'a secondary discourse', is always applied (unfolding Gill's 'varying degrees') after the clinical work, which is the analyst's 'primary discourse' as Laplanche argues. Kernberg states, in the above mentioned article of 1993, that: 'first there is a general tendency toward earlier interpretation of the transference, and an increased focus on transference analysis in all psychoanalytic approaches except, *probably*, the Lacanian (regarding this *exception* I agree with *it* but below Kernberg himself states the convergences between the Lacanian and others school of thought). The heightened stress on the transference is moving the technique of ego psychology, for example, closer to that of object-relations theory. There seems to be less emphasis on dreams, on the recovery of concrete memories, on external reality, and more on both early and systematic analysis of the unconscious meanings of transference developments' (cf., Kernberg, 1993b, pp. 45-62).

And he adds: 'then there is a move toward concentrating on the analysis of character defences instead of the analysis of the unconscious meanings of particular symptoms, experiences, or memories. Here, it is as if Kleinian technique were moving in the direction of ego psychology. That character pathology and severe personality disorders are becoming increasingly prevalent indications for

psychoanalytic treatment, may be contributing to this trend, but so is the growing awareness that analysis of verbal contents that bypass character structures often leads to intellectualization and pseudo-insight. Further, there is an increasing focus on unconscious meanings in the «here-and-now», as a crucial precondition for significant analysis of the «there-and-then» –which Sandler & Sandler have described as the «present unconscious» and the «past unconscious» (cf., Sandler & Sandler, 1987, pp. 331-341). This tendency is of course linked to an increasing concentration on the analysis of unconscious meanings of the transference. In this regard, *we* seem to be moving toward a broader concept of countertransference (see above). Countertransference as a significant factor for the analyst’s internal exploration as a preparatory step to transference interpretation, and consideration of intimate links between transference and countertransference developments characterize object-relations theories, ego psychology, self psychology, and interpersonal psychoanalysis (see above)’ (cf., Kernberg, *ib.*).

And he states the main ‘concern’: “I detect an increasing concern over ‘indoctrinating’ the patient with the analyst’s theories, and an awareness that patients, as part of transference developments, tend to talk in the analyst’s language, and that this fosters intellectualized reconstructions of the past while feeding into character resistances. In this connection, there is a general tendency to interpret genetic antecedents more cautiously, a tendency particularly dramatic in the Kleinian school’s shift away from the interpretation of assumed earliest determinants of intrapsychic conflicts” (Kernberg, *op. cit.*, p. 53).

He continues his argument defending that: ‘linear concepts of development – the linear sequence from oral to anal to genital and oedipal conflicts, in contrast to highly individual sequences of condensed oedipal and pre-oedipal structures– are being questioned increasingly so that the analysis of transference paradigms operates with an oscillation between analyses of highly condensed structures incorporating disparate aspects of the past and analyses of a particular line of development that temporarily emerges within those condensed structures. This development, perhaps most strongly accentuated among Lacanians but characteristic of non-Lacanian French psychoanalysis as well, also focuses on the structural aspects and developmental consequences of early oedipalization, the archaic Oedipus. Then there is a growing consensus regarding the dyadic nature of

earliest psychic development as opposed to the traditional assumption of an autistic period, and a corresponding closer attention to the implications of this early development for psychic structure and psychoanalytic technique' (cf., Kernberg, *op. cit.*, pp. 45-62).

Finally, in a highly heuristic way, Kernberg's argues that: **“there is a tendency to apply stricter and more precise modifications of psychoanalytic technique to the psychotherapies, a tendency to question the traditionally subtle or not so subtle demeaning of psychoanalytic psychotherapies that are less than the «pure gold» of standard psychoanalytic technique, and less fear that the development of such innovations in method will harm the methodological «purity» of standard psychoanalysis”** (Kernberg, *op. cit.*, p. 54; my alterations).

Returning to Gill's arguments, *in spite* of Gill circumscribe the 'varying degrees' *only* to 'one-person and two-person contexts' he *still* describes throughout the 1994 book (one year after Kernberg's benchmark article and two years after Wallerstein's book concerning the 'common ground'; see above) many kinds of situations in which analysts, alternately, or concomitantly, intervene within a one-person and a two-person conceptualisation. It is this final embracing of a 'both/and' instead of an 'either/on' (Wallerstein's expressions, cf., Wallerstein, 1992) position that has been far less remarked about Gill than the quoting of his more familiarly noted prior positions at the seeming extremes of the two poles, the earlier allegiance to one-person, intrapsychic conceptions and the later espousal of two-person, interpersonal (interpsychic) conceptions.

This espousal of a 'both/and', integrative and transcending, posture in relation to many issues in psychoanalytic theorising is certainly in accordance: (1) with Wallerstein's (1988c, 1990, 1992) *founding* perspective concerning the 'common ground' (see above); (2) with Kernberg's (1993a, 1993b, 2001) understanding of the 'common ground' as I just illustrated; with White's (2001) accounts following (almost) Kernberg's stream of thought (see above); (3) with Greenberg's 2001 article, "The analyst's participation: a new look", which speaks to the excesses of relational psychoanalysis when taken to its logical extremes (see above); (4) with Mitchell & Black's "Freud and Beyond: A History of Modern Psychoanalytic Thought" (1995) in which the final two chapters on *current* controversies in theory and then in technique offer a balanced portrayal of the many interpenetrations and imbrications of the two

perspectives coming from opposite directions, the classical Freudian and the relational, in their nuanced consideration of each of the listed ‘controversies’ (see above); (5) with Glen Gabbard’s 1995 article entitled “Countertransference: the emerging common ground” –Kernberg is the author that articulate more schools of psychoanalytic thought, specially the one that all the authors just mentioned leave aside: **‘Lacanian and non-Lacanian French psychoanalysis’** (in the 1993’s articles, specially the 1993b’s article, and in the *narrowest* 2001’s article as above mentioned); (6) and, *finally*, with my own argument, based (in its essence) on Laplanche (1999).

My argument is *different* from the authors above mentioned because it is focused not in a *simple* ‘common ground’ (though this conceptual framework greatly *helps me* to be more clear about my research agenda) but on an **effective ‘secondary discourse’** (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*) that any **valid** psychoanalytic theory constitutes (in my literature review I also explain, not arbitrarily in the beginning with the example of Grünbaum, and later on following Bion, what are the criteria that *construct* a valid theory), *or*, in *other words*, **the ‘common ground’ that I am arguing in this introduction (and will be systematized in my literature review) is nothing more, as Wallerstein (1992) also recognizes, than acknowledge that there are a pluralism of hermeneutic meta-interpretations that configures the form of our ‘secondary discourse’ (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*): I argue that the analyst can only be a *craftsman* (my Conclusion) integrating the theoretical models in his mind as a ‘secondary discourse’ but *never* as a ‘primary discourse’ (see above Laplanche, *op. cit.*): only threw the ongoing process of decision-making that is co-determined by the patient’s action and reaction which takes place in the ‘analyst’s mind’ the ‘primary discourse’ *emerges* unfolding the analyst’s conception of his (deconstructive) work; *or*, in *other words*, the ‘magnetism between method and its object’ (the unconscious fantasy) constitutes any analyst’s ‘primary discourse’, whatever the theory he may espouse as a ‘secondary discourse’; *or*, more *objectively*, psychoanalytical theory, ‘a secondary discourse’, is always applied after the clinical work, which is the analyst’s ‘primary discourse’ as Laplanche argues (see above Laplanche, *op. cit.*).**

Starting the conclusion of this Introduction, as I said previously, the above mentioned espousal of a ‘both/and’, integrative and transcending, posture in relation to

many issues in psychoanalytic theorising constitute crisscrossing trends that have been played out not only on one side of the Atlantic. I mentioned earlier White's (2001) statement that made an analogy between the events in United States to those taking place over a longer time-span within the British Psychoanalytical Society. The deep shift over several decades of Kleinian writing from a focus on early deep interpretation of underlying archaic fantasies with little attention to defences and resistances, and from body-part and part-object centred interpretations, and with an avoidance of attention to inherent countertransference involvement, to what is now called 'Modern Kleinian' conceptualising in terms of the immediate 'here-and-now' of the analytic interaction, with a focus on what the analysand is trying to evoke in the analyst and how this impacts upon and influences the countertransferential responses of the analyst, with a dropping away of the *old* language of part-objects and whole objects, of body parts and cannibalistic imagery, has been extensively documented. And it brings a whole contemporary generation of British Kleinians (Brenman, Britton, Feldman, O'Shaughnessy, Steiner and, of course, Betty Joseph and Bott Spillius, and many others; see below my literature review) into **far greater accord in clinical behaviour and technical implementation with the converging clinical and technical trends from both the American contemporary ego-psychological position (now renamed, in many quarters, conflict and compromise formation theory) and the now ascendant relational (interpersonal, dialectical constructivist, etc.) theorising, than would have been at all conceivable just two or three decades back** (cf., Spillius, 1988; cf., Schafer, 1997b; cf., Roudinesco & Plon, 1997).

All this has in fact led Kernberg to declare: "All of these developments moved Kleinian analysis in the direction of ego-psychology, without explicit acknowledgement of this shift" (Kernberg, 2001, p. 523). And, further on, after discussing 'recent' modifying trends arising out of their ongoing mutually interactive **discourse** in each of the three British Society theoretical groupings, he sates: "The general consolidation of what I have described as the psychoanalytic mainstream has gradually brought the three traditional currents of the British Psychoanalytical Society closer, to the extent that, in my experience, **when hearing clinical presentations by British analysts, it is no longer easy to differentiate those with a contemporary Kleinian background, an independent background, or a contemporary Freudian background**" (Kernberg, *op. cit.*, p. 532; my alterations).

And Kernberg credits Schafer's 1997 book, "The Contemporary Kleinians of London", with conveying to a North American audience a careful, critical, yet obviously sympathetic, exploration of key contributions from modern British Kleinians, and says of this: "A new mainstream of **analytic techniques** within the English-language analytic community seems to be evolving" (Kernberg, *op. cit.*, p. 525; my alteration).

From the *other* side, to trace the concomitant developments within the British Contemporary Freudian camp, I have selected, to conclude my Introduction's argument, the 'completed life work' of Joseph Sandler (1987), who stood all his career at the intersection of the just mentioned three major theoretical perspectives, living in, perhaps often uneasy, harmony within the British Psychoanalytical Society, the Freudian, the Kleinian, and between them, the predominantly object-relational grouping, first articulated by Fairbairn, Balint and Winnicott, known originally as the Middle Group, but *now* renamed the Independent Group (as I said above), presumably because of its lack of an avowed coherent unifying perspective such as *they feel* marks their Freudian and Kleinian confreres.

Within this diversity –and often contentious– in the British array, Sandler, almost single-handedly, over his lifetime represented a harmonising role, pressing towards an **ecumenical synchronisation** that led Peter Fonagy to characterise him in a "New York Times" obituary as the leader of a 'quiet revolution in psychoanalytical thought'. An instance familiar to *us* all is Sandler's 1976 role responsiveness paper that did so much to bring the Kleinian concept of projective identification –though not by that name– into general acceptance and its current widespread employment, now by that name, in the rest of the psychoanalytical *world* (cf., Sandler, 1976, pp. 43-47). Let me on this context briefly outline the overall thrust of Sandler's life work in order to demonstrate why I consider him such an outstanding exemplar of what I think is the still embryonic, but I predict, cumulatively growing, trend towards the *new* convergences that I see as the successor to *our* present era of **psychoanalytic pluralism of hermeneutic meta-interpretations that configures the form of *our* 'secondary discourse'** (Laplanche's 'secondary discourse'; see above Laplanche, *op. cit.*).

Sandler actually began this labour early in his career, and at a time of ever-increasing proliferation of psychoanalytical theoretical perspectives, in his capacity for more than two decades (1958-1979) as Director of the Index Project at the Hampstead

Child Therapy Clinic (now renamed the Anna Freud Centre). This was the launching pad for his systematic and truly groundbreaking studies into the **logical structure of our bodies of psychoanalytic concepts, and the ‘goodness of fit’ of these concepts to the data of the psychoanalytic treatments at the Anna Freud Centre, data that were highlighted by the empirical application of the concepts to the indexing of the data.** By constantly exploring the degree of congruence, or conversely, of discrepancy, between the Index categories that embody the working concepts of our psychoanalytical theories, and the clinical data from the ongoing cases at the Anna Freud Centre, that were to be indexed in accord with those categories, Sandler, and his several collaborators, again and again exposed a full range of semantic, definitional and conceptual problems of our science –and clarified, in often fundamental ways, such concepts as superego, ego ideal, ideal self, pain, trauma, strain, sublimation, projective identification, object relationships, transference; the list is seemingly endless (cf., Sandler, 1987).

Through this prodigious array of **conceptual clarifications**, a guiding intellectual thread clearly emerged, the incremental transformation of the traditional drive-structural psychoanalytical paradigm, based on the economics and dynamics of drives and energies, into a more object-relational model, the economics and dynamics of fluctuating feeling states embedded in internalised objects relationships, and reflecting the full human feeling range from anxiety, depression and pain to well-being and safety. And, yet, quite oppositely from the ‘dichotomisers’ above mentioned by Bachant & Richards (1993), who posit fundamentally irreconcilable drive-structural and object-relational metapsychologies, Sandler’s evolving transformation of the so-called ‘classical’ Freudian psychoanalysis into a depth psychology which adapts to changes in feeling states, was accomplished stepwise without ever losing the vital linkages to issues of instinctual gratification and frustration, which are after all so centrally important, as the ego balances its conditions of danger and safety, and adaptively regulates its shifting feeling states. In this sense, **Sandler’s contributions constituted a profound effort at theoretical integration promoting valid hermeneutic meta-interpretations that configures the form of an effective ‘secondary discourse’** (see above Laplanche, *op. cit.*).

Clearly, Sandler’s transformative theory building was, as I have indicated, strongly influenced by his professional placement within the British Psychoanalytical

Society, where, ever since the famous ‘Controversial Discussions’ of the early nineteen forties, the three distinct theoretical schools (the Kleinian, the Freudian, and the object-relational or Independent Group) have existed and taught side by side, with constantly interacting scientific **discourse** and, inevitably, mutual **clarification** and influence. But Sandler was also individually a distinct and **major bridging voice in the convergences and growing areas of rapprochement that currently mark the once polemically separate theoretical perspectives that characterised the psychoanalytic landscape in Great Britain, and all over**, not so long ago –a shining exemplar of exactly the growing trend that Kernberg so comprehensively presaged in his 1993 articles, and that others have since added to as I illustrated above.

And thus, Sandler, who never tried to develop a distinctive school or movement of his own within psychoanalysis, has indeed emerged (quite unobtrusively) rather as one of the architects of the **new integrations, promoting valid hermeneutic meta-interpretations that configures the form of an effective ‘secondary discourse’** (see above Laplanche, *op. cit.*), that I think are beginning to mark the vibrant psychoanalysis of *today*, and that point hopefully to its future.

This, of course, is exactly what I think Fonagy had in mind in offering the phrase defining Sandler as a prime leader in a ‘quiet revolution’ in psychoanalytical thought. And, to conclude, I have to add Kernberg (1993a, 1993b, 2001a) as a *partner in arms* with Sandler in these endeavours. From my perspective, as above mentioned, even more so because: **if the ten shared characteristics** of what he calls the ‘contemporary psychoanalytic mainstream’; **the five shared characteristics** of what he calls the ‘intersubjectivist-interpersonal-self psychology’ current; **and the fourteen shared characteristics of** what he calls **the ‘French psychoanalytic approach’ –alongside with the above two– don’t constitute new integrations**, not as a *simple* ‘common ground’, but as promoting valid hermeneutic meta-interpretations that configures the form of an effective ‘secondary discourse’ (see above Laplanche, *op. cit.*), **I don’t know how one can say that psychoanalytic theory comes after clinical work.**

Because I think, as above mentioned many times, that **psychoanalytic theory comes after clinical work** in this Thesis I will establish the scientific accuracy or truth-value interpretations in clinical work providing concrete examples (as I did in this introduction) of how the analyst deconstructs the clinical phenomena independently of what theoretical model he embraces: the keynote

here is always how the ‘analyst’s mind’ work (Laplanche’s ‘primary discourse’; see above Laplanche, *op. cit.*): by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models. The Freudian heritage (hence, the title of my Thesis) is this never-ending dissolution (*Lösung*) that is psychoanalysis (and its psychoanalytic clinical method) in its essence (see below Laplanche, *op. cit.*). Freud is the first object relations theorist because object relations have, like all other schools of psychoanalytic thought, as their ‘primary discourse’ the deconstruction (like Laplanche states; see above Laplanche, *op. cit.*): the theoretical meta-interpretations of Freud, Fairbairn, Bion, Matte-Blanco and Lacan (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*) constitute all clinical dissolutions inherent to the psychoanalytic clinical method. That is why I state in my literature review (see below) that all these authors follow Freud –directly or indirectly, theoretically speaking– building up a syncretic universalist model unified exactly by the Rosetta stone of psychoanalysis: its deconstructive method. I state even more: the more the theorist differs from Freud and the more the theorist deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction as I will explain in the next chapter.

CHAPTER 1

Theoretical Prolegomena: a 'secondary discourse'

The Psychoanalytical Clinical Method

In this chapter I am going to clarify what is the psychoanalytic clinical method following Laplanche's definition of it: **"The [psychoanalytic clinical] method is one of association and cross-referencing, a deconstruction, and only at the horizon of this dissolution (*Lösung*) or analysis can another reality be sketched: what is called an unconscious fantasy"** (Laplanche, 1999, p. 63; cf., Freud, 1937b, pp. 257-269; my alterations).

Because the 'the interpretation of dreams is the royal road to a knowledge of the unconscious activities of the mind' (cf., Freud, 1900b, pp. 339-621) I shall explain *it* threw the 'dream-work' Laplanche's definition of the psychoanalytic clinical method. The dream-work is a matter of deconstruction of the 'unconscious fantasy' (phantasy), a work of deconstruction. Only of deconstruction: nothing else; nothing more. In and through the dream-work nothing is produced except a deconstruction. This deconstruction of the unconscious fantasy is the psychoanalytic clinical method *per se* as Laplanche argues and this chapter will explain why: "First, to take things in their proper order, the question of [psychoanalytic clinical] method. For one should never stop stressing that what distinguishes this hitherto inaccessible domain [the unconscious] is a new method, a method of discovery and exploration. The domain of the unconscious is inseparable from the approach to it, something which already effects a break with all conceptions of a so-called 'pre-Freudian unconscious', which get stuck precisely on the question of method, either by simple positing the unconscious or by trying to divine it with some kind of soothsaying. The [psychoanalytic clinical] method is one of association and cross-referencing, a deconstruction, and only at the horizon of this dissolution (*Lösung*) or analysis can another reality be sketched: what is called an unconscious fantasy. There is no point-for-point correspondence, however, no analogy or similitude between the behavioral or conscious discursive sequence from which the associations start and the fragment of an unconscious sequence which can be outlined through cross-references. So much so that any method of a hermeneutic order –the

direct transposition or translation of one discourse into another, be that second discourse Jungian, Kleinian, Lacanian or even Freudian— is ruled out. Ultimately, the reciprocal implication of method and object consists in the fact that the former is not only adapted to the latter but oriented, magnetically attracted by it” (Laplanche, 1999, p. 63; my alterations).

I agree completely with Laplanche: the psychoanalytic clinical method is a deconstruction of what the patient’s unconscious manifests to the ‘analyst’s mind’. It is because of this ‘magnetism’ that I defend that the analyst can only be a *craftsman* (see above and my conclusion) integrating the theoretical models in his mind (as a ‘secondary discourse’) but never as a ‘primary discourse’ as Laplanche argues. Theoretical models are hermeneutic because there is a meta-interpretation of the theory done by each analyst (and my literature review will be based entirely on this premise), but the interpretation of the unconscious manifestations is not hermeneutic exactly for the reasons above mentioned by Laplanche.

I will develop throughout my thesis this dynamic. It seems a paradox but it is not because as it is obvious from what I just said: Psychoanalytic theory comes after clinical work (as all Freud’s ‘cases’ illustrated) and the best example of my statement is the “Interpretation of Dreams” (see below). I will establish the scientific accuracy or truth-value interpretations in clinical work providing concrete examples (as I did in my introduction) of how the analyst deconstructs the clinical phenomena independently of what theoretical model he embraces: the keynote here is always how the analyst’s mind work: by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models. The Freudian heritage is this never-ending dissolution (*Lösung*) that is psychoanalysis (and its psychoanalytic clinical method) in its essence. Freud is the first object relations theorist because object relations have, like all other schools of psychoanalytic thought (like Laplanche states; see above), as their ‘primary discourse’ the deconstruction: the theoretical meta-interpretations of Freud, Fairbairn, Bion, Matte-Blanco and Lacan (Laplanche’s ‘secondary discourse’) constitute all clinical dissolutions inherent to the psychoanalytic clinical method. That is why I state in my literature review (see below) that all these authors follow Freud – directly or indirectly, theoretically speaking— building up a syncretic universalist model unified exactly by the Rosetta stone of psychoanalysis: its deconstructive method. I state even more: the more the theorist differs from Freud and the more the theorist

deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction.

The ‘common ground’ that I argued in my introduction (and will be systematized in my literature review) is nothing more, as Wallerstein also recognizes (in *my* terminology; see above), than acknowledge that there are a pluralism of hermeneutic meta-interpretations that configures the form of our ‘secondary discourse’: they are all formalizations of the analyst’s psychic process present in the clinical session; that is why Bion’s Grid; Lacan’s mathemes and Matte Blanco’s bi-logic are so heuristic: they are the formalization of the analyst’s psychic process not as a primary discourse but as a secondary discourse: they are epistemological tools that have only one purpose: being deconstructed by the analyst’s mind (Laplanche’s ‘primary discourse’) in the clinical session. That is why we call it a formalization of the psychic process: it is its form, not its content.

In this connection, and on the basis of my own clinical material, I will attempt to show (in my conclusion) how, against the background of the ‘implicit use of explicit theories’ (Laplanche’s ‘secondary discourse’), an ongoing process of decision-making that is co-determined by the patient’s action and reaction takes place in the analyst’s mind (the analyst’s ‘primary discourse’). In my analysis of a session, I introduce the concepts of theoretical reason and practical ‘reason’ (concepts that sow the theoretical prolegomena with the clinical/practical constructs), and contend that, whatever theories the analyst may have implicitly or explicitly in his mind (Laplanche’s ‘secondary discourse’), they ultimately yield to clinical/practical/deconstructive ‘reasons’ (the ‘magnetism’ that Laplanche posits between the ‘method and its object’ as a ‘primary discourse’). Pursuing the same line of thought, I describe validation in the clinical context as a single, wide-ranging, continuous process of social and linguistic co-(de)construction of the intersubjective reality between patient and analyst (this is seen not only in the MPRP (Chapter 7) but also in the ‘The Ulm Psychoanalytic Process Research Study Group’; the later only referred briefly in my conclusion). This process includes mutual aspects of observation and of communicative and pragmatic validation. In conclusion, I suggest that the figure of the craftsman is an appropriate description of the analyst in this conception of his (deconstructive) work (Laplanche’s ‘primary discourse’), whatever the theory he may espouse (Laplanche’s ‘secondary discourse’).

Now I will just clarify the ambiguous term ‘Clinical Method’: at its broadest it

refers to whatever goes on between helper and complainer; at its narrowest, it names both the strategies of information-gathering required for a medical/clinical diagnosis and the didacticism involved in the teaching of such strategies to medical/clinical students. The ambiguity in question originates from the secular changes that have affected the historical epistemology of the medical language and the very conceptualization of the helper-complainer relationship.

Through more or less explicit norms most cultures regulate the interaction between those expressing physical or mental distress and those empowered as their helpers or *curers*. The cognitive organization and pragmatic enactment of the care response varies greatly from culture to culture. In some, the latter may need that the complaint be first identified and named (i.e. a ‘diagnosis’ made); in others, generic management routines can be triggered by the complaint itself regardless of its form. The ‘information’ required for such identification can be obtained via observation and interrogation of the ailing subject (like in Western culture) or by other means such as divination, inspiration, etc. (as it was in the Babylonian culture). These varied responses reflect cultural beliefs concerning: a) the definition of ailment and what might cause it, and b) the extent of societal altruistic and philanthropic obligations.

The term ‘clinical method’, etymologically, means no more than ‘the ‘way to follow when at the bedside of a sufferer’. The word ‘clinical’ (from the Greek *kliné* =‘bed’) is relatively new having entered the English language only during the 17thC; the term ‘method’ (*méthodos* = pursuit, mode of searching) was incorporated into English a century earlier. When used in the singular, the term seems to imply that there is, or there can only be, one ‘standard’ tactic to gather, register, teach and implement clinical information. There is no good reason to believe this to be the case other than the since the 17th century the ‘clinical method’ became the privileged approach in Western medical epistemology.

It was only during the 19thC, particularly after the impact caused by Comtian positivism, that the term ‘clinical method’ was introduced in medicine specifically to name a set of social, analytical, therapeutic and propædeutic techniques. These practices did spread rapidly. By the end of the century even Freud had adopted them as the hidden epistemological structure but he abandoned it with the publication of the “Interpretation of Dreams” where he created the ‘psychoanalytic clinical method’ that I am referring to in this chapter. The key difference between the clinical method and the

psychoanalytic clinical method is that in the latter there is a never-ending deconstruction “work[ing] out the dissolution [Lösung] of the dream” (Freud, 1900, 2, in Studienausgabe, p. 280; my alteration); ‘the dream is the royal road to the unconscious’ and what is an absolute of the psychoanalytic clinical method is its deconstructive ‘way’ to ‘follow/explore/discover’ the unconscious fantasy (see above Laplanche) ‘when at the bedside (couch) of a sufferer’ is an analyst where “the reciprocal implication of method and object consists in the fact that the former is not only adapted to the latter but oriented, magnetically attracted by it” (Laplanche, *ib.*).

The clinical method is a ‘way to follow when at the bedside of a sufferer’ not by a deconstructing way of explore the unconscious fantasy but as a way of constructing nosological categorizations of how to explain the organic or conscious pathology. Only the psychoanalytic clinical method tries to understand (*verstehen*), not explain (*erklären*), the unconscious fantasies. That is why (following Freud’s own words; see below) the “Interpretation of Dreams” relate with the psychoanalytical practical/clinical constructs (hence the importance I give to it in elaborating an entire chapter on the foundational text of the psychoanalytic clinical method: the “Interpretation of Dreams”), meaning, as I above-mentioned, the “Interpretation of Dreams” is where Freud created the ‘psychoanalytic clinical method’: all psychoanalytic practical/clinical constructs are inherent to the psychoanalytic clinical method created by Freud in the “Interpretation of Dreams”: the ‘magnetism between method and its object’ (the unconscious fantasy) constitutes any analyst’s primary discourse: all the theorists that I schematize in my literature review constitute a secondary discourse regarding Freud’s psychoanalytic clinical method: the analyst’s primary discourse.

To conclude the ‘clinical method’ epistemological clarification I will just add that starting with Janet, Ribot, Dumas, etc., the clinical method adoption took place in the more conventional field of Clinical Psychology. Those attacking the so-called ‘medical model’ as inappropriate for the conceptualization and management of mental complaints do not often realize that militant anti-psychiatrists share in the same model. This because, in conventional psychiatry, ‘medical model’ refers not the claim that mental disorders must all have ‘organic basis’ but to: a) the traditional linear form of cause-effect relationship and b) to the belief that the ‘clinical method’ is the only approach that can generates medical information.

The scientific, legal and ethical document generated by the clinical method is

called the ‘case history’. In terms of its rhetorical and epistemological power and structure, history shows that the ‘case history’ remains intriguingly similar to the ‘legal case’ and to others official (and more overtly disciplinarian documents) developed in the West to control the behavior of human beings (cf., Roudinesco & Plon, 1997; see below Foucault, 1999).

Returning to the psychoanalytic clinical method and its never-ending deconstruction “work[ing] out the dissolution [Lösung] of the dream” (Freud, *op. cit.*, p. 280; my alteration) what Freud says of the dream-work is that its work consists solely in deconstructing, that its work produces nothing but a deconstruction. In the dream-work as such – though not in the constitution of what is given to it to be worked– the psyche functions solely as a deconstruction, carries out (below the level of consciousness) the work of deconstruction.

But what, then, gets deconstructed? Of what does the dream-work produce a deconstruction? Freud identify it again and again, names it in various formulations, various deconstructions, says, perhaps most directly, that the dream-work “accomplishes nothing else but deconstruction of the dream-thoughts [eine Übersetzung der Traumgedanken]” (Freud, 1900, p. 429). My source is “Sigmund Freud, Die Traumdeutung, vol. 2 of Studienausgabe” (ed. Fischer, 2000). Translations are my own, though I have consulted the translations by Joyce Crick (“The Interpretation of Dreams” [1999]) and by James Strachey (“The Interpretation of Dreams” [1953 in the Standard Edition]). In this chapter subsequent references to this work are given in the text according to the pagination of vol. 2 of the “Studienausgabe”.

Returning to the subject, this name already in effect says what is produced by the dream-thoughts, what they are deconstructed into –namely, the dream itself. Or rather, the dream-thoughts are deconstructed into what in other contexts, contexts other than that of psychoanalysis, one would commonly take as simply the dream itself. Thus, one would perhaps say –or at least wish to say– that the dream-thoughts are simply the thoughts underlying the dream. Yet if it is a matter of and not just of expression, the relation of the dream-thoughts to what they would thus underlie cannot be constituted by simple relocation or transposition, for deconstruction, as nearly all will attest, invariably produces distortion and loss in what is deconstructed, in what undergoes deconstruction.

This difference is what, on the one hand, allows Freud to: “work out the

dissolution [Lösung] of the dream” (Freud, *op. cit.*, p. 280) in a new way while, on the other hand, endlessly ‘complicating’ that dissolution. No longer will it be a matter of deciphering the mere surface, or, rather, what is now recognized as being mere surface; merely interpreting as such the dream’s manifest content –which otherwise one would have taken as the dream itself– cannot suffice. For this content is (proves to be) only the result of a process of deconstruction of something else, of the dream-thoughts that underlie the dream-content and yet are concealed from the dreamer both in the course of dreaming and afterward when the dream is remembered. Thus distinguishing between the manifest content of the dream and the latent content, the underlying dream-thoughts, Freud identifies a task, the: “new task [one] that did not exist before” (Freud, *ib.*), that could not exist as long as one adhered to the surface of the dream without recognizing it as such, as long as one took the mere surface, the manifest content, to be the dream as such. The task is to investigate the relationship between the two distinctly posited levels, to trace (nachspüren) the processes (Vorgänge) by which the manifest content has come to be from the latent content.

The way in which Freud introduces his new (dis)solution tends initially to dissolve the very difference that makes it possible. He begins: “Dream-thoughts and dream-content lie before us [liegen vor uns] like two representations [Darstellungen] of the same content in two different languages” (Freud, *ib.*).

But -one will ask- do they both lie before us? And to whom is it that the first-person plural pronoun refers? Before whom (if before anyone) do they lie, both of them, so it seems, uniformly, both to the same degree? Certainly not before the dreamer, not even when, having awakened, he remembers the dream and perhaps narrates it. The dream-content may indeed lie before him, but the dream-thoughts definitely do not. They remain concealed as long as the psychoanalyst has not carried out an interpretation of the dream sufficient to reveal them. Before whom, then, do they lie revealed? Primarily before the psychoanalyst, though the associations carried out before him by the dreamer will typically have played an indispensable role in the interpretation of the dream. Many years later Freud reinforces this structure by distinguishing between two tasks (in 1932 in his “Neue Folge der Vorlesungen zur Einführung in die Psychoanalyse”, in vol. 1 of “Studienausgabe”, p. 453).

The first is the practical task carried out by means of dream interpretation (Traumdeutung): it consists in transforming (umwandeln) the manifest dream –Freud

calls it here the dream-text— into the latent dream-thoughts. The second task, the theoretical task, consists in explaining how in the dreamer—in his ‘Seelenleben’— the latent dream becomes the manifest dream: here, again, *we* see the linkage between the theoretical prolegomena (theoretical task) and the practical/clinical constructs (practical task) and how Freud posits the theoretical ‘task’ as a secondary discourse while the practical/clinical constructs (practical task) constitutes the primary discourse: once again, another evidence that psychoanalytic theory comes after the clinical work: psychoanalytic theory emerges from the clinical work; the secondary discourse emerges from the primary discourse.

It would seem that the second task must indeed be second, that is, subsequent to the practical/clinical task, which would first have exposed the depth, the underlying dream-thoughts, lying under the surface, under the manifest dream. Whatever theoretical anticipation might have been in play, the practical interpretation of dreams is what would first actually open up the space in which the theoretical task geared to the dream-work could commence.

Only through the interpretation of dreams does the theoretical work presented in “The Interpretation of Dreams” become possible. The question is whether the logic of this configuration can be other than simply circular, whether the practical task of interpreting dreams can proceed without presupposing what only the theoretical task can establish: the dream-work, which sustains the difference precisely by distorting the dream-thoughts into something quite other.

Even at this very general level it is a question of a ‘bi-logic’ (cf., Matte-Blanco, 1956, 1975, 1981, 1988) and of ‘dissolution [Lösung]’ (cf., Laplanche, 1999, p. 63; cf., Freud, 1900, p. 280; cf., Freud, 1937b, pp. 257-269) that would negotiate the pertinent circularity in terms laid down by that bi-logic. At this level the bi-logic would be determined by the way in which the function of the dream-work within the theoretical-practical configuration as a whole came to be (de)constructed. Yet it is a ‘bi-logic of the configuration’ (of the form: the analyst’s secondary discourse), not the ‘logic’ of the dream-work (of the content: the analyst’s primary discourse) proper (assuming that propriety can retain a determinate sense in reference to the dream-work).

One may put aside, then, all the complications posed by the supposition that dream-thoughts and dream-content lie before us. In reference to this passage, which orients the entire chapter on the dream-work, what is more to the point is to observe

how close Freud has already come to deconstructing both dream-thoughts and dream-content as texts: he says that they are like representations of the same content in two different languages. Because they are like texts in different languages, one of them can be taken as a deconstruction of the other: “or better said, the dream-content looks to us like deconstruction [erscheint uns als eine Übertragung] of the dream-thoughts into another mode of expression” (Freud, 1900, p. 280).

Freud formulates the –presumably theoretical– task: “we are to get to know its signs and laws of grammatical construction” (Freud, *ib.*; here *we* find both Freud’s and Lacan’s secondary discourse). How are *we* (whoever the ‘we’ may be) to do so, to become familiar (kennenlernen) with the signs and the syntactical laws of the deconstruction? Again, it seems that both must to some degree lie before us; for Freud says explicitly that this familiarity with the signs and syntax of the deconstruction is to be acquired: “by comparing the original and the deconstruction [durch die Vergleichung von Original und Übersetzung]” (Freud, *ib.*).

In any case Freud insists that: “the dream-thoughts become understandable to us without further ado, as soon as we have learned these” (Freud, *ib.*). The point is that once one recognizes the manifest content as a deconstruction and (by comparison with the dream-thoughts) becomes acquainted with its manner of construction, with the ‘laws’ of deconstruction, then the dream-thoughts underlying that manifest content become understandable. In what does this becoming understandable without further ado (ohne weiteres verständlich) consist? Freud answers: “The dream-content is given, as it were, in a pictograph [Bilderschrift] whose signs are to be deconstructed individually into the language of the dream-thoughts” (Freud, *ib.*) as one would translate –Freud develops the example– a rebus. Once one knows how in general the deconstruction has come about, once one knows the ‘laws’ governing the deconstruction of the dream-thoughts into the dream-content, then it will not be difficult, beginning with a dream-content, to counter-deconstruct it back into the dream-thoughts of which it is its own deconstruction. Everything will depend, then, on discovering the ‘laws’ governing the original deconstruction, that is, governing the deconstruction of the original. Yet one wonders whether this discovery can completely dispense with (or postpone until after its work is done) all counter-deconstructions. Can the circularity (which already has proven not to be simple) be so simply put aside?

This question of circularity, already posed by the difficulties arising from

Freud's supposition that both the dream-thoughts and the dream-content 'lie before us', formulates in a hermeneutical (analyst's secondary discourse) mode the same question that Derrida raises about the limit of the 'metaphorical concept of deconstruction'. In "Freud and the Scene of Writing" Derrida writes: "Here again, the metaphorical concept of deconstruction (Übersetzung) or transcription (Umschrift) is dangerous, not because it refers to writing, but because it presupposes a text that would be already there, immobile, the serene presence of a statue, of a written stone or archive whose signified content might be harmlessly transported into the element of another language, that of the preconscious or the conscious" (Derrida, 1967, pp. 312–313; my translation). It is exactly because of this danger of 'transposition' that Laplanche also refers to (see above), that my epistemological position throughout my entire doctoral Thesis is distinguishing what is the analyst's primary discourse (that can only be deconstructive) and the analyst's secondary discourse (that can only be hermeneutic/meta-interpretive).

It is in the penultimate chapter of "The Interpretation of Dreams", entitled simply "The Dream-work" that everything preceding is finally brought together into a 'definitive' orientation. Afterward, in the final chapter, a transition is made to another level; Freud could hardly have marked this more clearly than he did at the outset of the final chapter where he contrasts the previous paths, which: "led us into the light" (Freud, *op. cit.*, p. 490), with those on which he is about to venture and that, he confesses in advance: "lead into the dark" (Freud, *ib.*). Freud has especially in mind the schematic representation of the psyche as a whole that he is about to introduce and that governs much of the discourse of the final chapter. Following his reference to paths that 'lead into the dark' he writes: "we will be obliged to put forth a set of new assumptions touching speculatively [mit Vermutungen streifen] on the structure of the psychic apparatus and the play of forces active in it, though we must take care not to spin them out too far beyond their first logical links, since otherwise their worth will vanish into uncertainty" (Freud, *ib.*; as we can see Freud is extremely cautious about his secondary discourse: he is 'obliged' to 'speculate').

In this sense, one can say that "The Interpretation of Dreams" culminates or is centered in the chapter on the dream-work. In this respect it mirrors the operative structure that it articulates; for that structure, differentiating between manifest and latent dream-content, is itself centered in the dream-work. The chapter "The Dream-work" is devoted to determining how the deconstruction of the dream-thoughts into the dream-

content is carried out, to formulating the ‘laws’ or ‘principles’ that govern the deconstruction. In other words, Freud’s task is to distinguish and to describe the various forms of work, the modes (in my perspective the primary discourse and the secondary discourse; the latter Freud felt ‘obliged’ to do it giving epistemological legitimacy for what Laplanche argues) of working that, taken together, constitute the dream-work as such. Throughout the delimitation of these moments of the dream-work, there remains continuous tacit reference to the deconstructive character of the work carried out. Indeed, in the case of one moment, the work of displacement (Verschiebungsarbeit), the deconstructive character is so emphasized that a word deconstructed as deconstruction becomes a synonym for the proper name of the moment, hence, its dissolution (Lösung).

According to Freud’s account, the work of displacement is what brings it about that the dream is centered differently from the dream-thoughts. The value had by particular elements among the dream-thoughts is not retained in the dream-content; the most valuable elements among the dream-thoughts are stripped of their value, and their place is taken by other elements to which little value was attached at the level of the dream-thoughts. Thus, the work consists here in a displacement of the psychical intensity of the individual elements, as in Freud’s own dream of the botanical monograph in which the element of the dream-thoughts concerned with: “the complications and conflicts arising from obligations incurred by services between colleagues [is displaced into the element] botanical” (Freud, *op. cit.*, pp. 183-189).

To designate this work, this moment of the dream-work, Freud uses two terms: Verschiebung (displacement) but also Übertragung, translatable as transference but equally as deconstruction. Freud’s way of expressing the consequence of such Übertragung gives further warrant for deconstructing the word as deconstruction: “as a consequence the difference between the texts [Textverschiedenheit] of the dream-content and the dream-thoughts appears” (Freud, *op. cit.*, p. 307). Deconstructing them as texts, Freud is declaring that the difference between the dream-thoughts and the dream-content (indeed the very formation of the manifest dream in its difference from the latent content) is brought about by such deconstruction.

Yet, as he proceeds to delimit successively the individual moments of the dream-work (condensation, displacement, regard for representability), Freud comes finally to the conclusion that in the dream-content there is one element, one kind of content, that

has no correlate in the dream-thoughts. This element occurs among those that, within the dream, are expressive of a certain criticism of the dream, of a certain resistance to its content. To be sure, Freud insists that most of the stirrings of criticism in which the dreamer is, for instance, astonished or annoyed by the dream or even recoils from its content derive from the dream-thoughts no less than does the dream-content to which these are reactions. Yet he grants that some critical responses within the dream cannot be so derived, have no correlate in the dream-thoughts. Freud cites a criticism that he says is quite often met with in dreams, a criticism that is no longer merely a mute, affective striving but that is expressed in the declaration ‘After all, it’s only a dream’. To explain such a case, Freud has recourse to the concept of the censor, to the supposition that a psychic censorship is decisively operative in dreams.

In “The Interpretation of Dreams” this supposition is axiomatic (as a ‘secondary discourse’); the operation is neither put into question nor analyzed in a thorough and rigorous manner. It is not insignificant that Freud introduces the notion of a censor behind dream-distortion by elaborating an analogy between such censorship and that operative in political situations, the censorship in face of which political writers can avoid having their words completely suppressed only if they speak allusively or conceal their objectionable views behind some disguise. Freud says: “The correspondence, traceable down to the last detail, between the phenomena of censorship and those of dream-distortion justifies us in assuming similar preconditions for both” (Freud, *op. cit.*, p. 160).

One could say indeed that the notion of the censor is one of the primary axioms of Freud’s text, for even in those modes; the principal modes: condensation, displacement, regard for representability, in which the dream-work consists in deconstructing the dream-thoughts into dream-content, what prompts the deconstruction, what makes the dream-work necessary, is the operation of censorship. Because the dream-thoughts come under censor, they can enter consciousness as dream-content only if, like the views of political writers in a situation of censorship, they are sufficiently disguised. They come to be disguised by being deconstructed into something different, as into another ‘language’. It is as if political writers were to publish their texts only deconstructing them into a language illegible to those in power, or at least, as such writers have always done, into a tale whose genuine intent remains illegible.

In the case of the criticism expressed within the dream yet against the dream, the criticism expressed in the words ‘After all, it’s only a dream’, the role of the censor is not to prompt or require a deconstruction of the content but rather to intervene directly. Freud would have these words be the words of the censor, words uttered when, caught unaware, it is too late to suppress an objectionable content, to disguise it by the usual means, by *translation*. In such cases, something enters the dream that does not derive from the dream-thoughts. Thus, the dream-content proves not to consist solely of elements translated from the dream-thoughts. In such cases there will also be elements that derive from the direct intervention of the censor, something interjected to compensate for a lack of vigilance or, in any event, for some lack or other that otherwise would throw the economy of psychic censorship off balance: “There is no doubt that the censoring agency, whose influence we have so far recognized only in restrictions and omissions in the dream-content, is also responsible for interpolations and additions” (Freud, *op. cit.*, p. 471). These products of what Freud calls secondary revision or reworking (die sekundäre Bearbeitung) display certain features, which he marks: they are not particularly vivid, are less easily retained by the memory, and are always to be found at points in the dream-content where they can function to link two pieces of dream-content. Most significantly, the purpose served by secondary revision is to fill the gaps in the structure of the dream: “The result of its labor is that the dream loses its appearance of absurdity and incoherence and approaches the pattern of an intelligible experience [dem Vorbilde eines verständlichen Erlebnisses]” (Freud, *op. cit.*, pp. 471–472).

Thus, in secondary revision the dream undergoes a very deep and thorough reworking by, as Freud describes it: “a psychic function that resembles waking thought” (Freud, *op. cit.*, p. 472), by a function that in any case introduces into the dream the form and coherence demanded by waking thought. Or rather, more precisely, this function imposes form and coherence on what has been produced by the other three moments of the dream-work, the translational moments of condensation, displacement, and regard for representability. Though in “The Interpretation of Dreams” he refers explicitly to secondary revision as a part of the dream-work (dieses Stück der Traumarbeit) (cf., Freud, *op. cit.*, p. 471), Freud will later qualify this assignment, remarking that, strictly speaking, secondary revision is not a part of the dream-work (this is noted by James Strachey in his translation of “The Interpretation of Dreams”, p.

528).

One could say of secondary revision: it belongs to the dream-work inasmuch as it contributes to the formation of the dream-content, but it is set apart from the other moments inasmuch as it does not translate dream-thoughts, does not deform them into dream-content, but rather imposes form on the deformed content. With its form, its coherence, restored, the dream seems to make sense, to have a meaning (einen Sinn zu haben) (cf., Freud, *op. cit.*, p. 472). But this sense is not the sense -not even a sense- belonging properly to the content of the dream; it is an imposed sense and is even, says Freud: “furthest removed from the actual sense of the dream” (Freud, *op. cit.*, p. 472).

There is reason to say that secondary revision institutes the logic of the dream-work. But then one would be obliged to add that this logic is not properly the logic of the dream-work -whatever that logic might be, if there is such a logic- but only a logic that serves to conceal the absurdity and incoherence of the translation produced by the dream-work, by its (other) three moments. It would be the logic of the dream-work only as the logic of a single moment of the dream-work, of a moment that later will be said not to be, strictly speaking, a part of the dream-work. It is a logic of the dream-work that serves precisely to conceal the illogic of the dream-work.

In this regard the question of the logic of the dream-work is inseparable from the question of sense or meaning (Sinn). Here the word logic does not designate a discipline that would determine the ideal laws governing thought in various regards but rather those laws themselves, not in the form of laws but rather as they must be exemplified by whatever becomes an object of thought. In other words, logic designates here the forms of connection that must be had by something, by some content, in order for it to be thought in some regard or other. In the case of the logic instituted in the dream-work through secondary revision, this regard has to do with meaning.

Whereas the translational moments of the dream-work give it the appearance of absurdity and incoherence, the logic instituted through secondary revision renders it intelligible or understandable (verständlich). But whatever is understandable is so precisely because it has a meaning, because it offers a meaning to understanding. Whereas the product of the translational moments has the appearance of absurdity and incoherence, of non-sense, whereas it displays an apparent illogic, the dream-content acquires, through secondary revision, forms of connection such that the dream comes to make sense, to have a meaning. And yet, it is a meaning that does not belong to this

content, an alien meaning that must be forced to adhere to it by the very force of censorship but that nonetheless remains: “furthest removed from the actual sense of the dream” (Freud, *op. cit.*, p. 472). This logic of the dream-work is a false imposition, a false sense, a sham logic.

But can there be a false meaning otherwise than in contrast to a true meaning? Freud is confident that dreams have a meaning, one that properly belongs to them, that is true to them. After the critical survey with which “The Interpretation of Dreams” begins, Freud’s very first move is to posit such meaning. As the title of his text indicates, the task he undertakes is: “to show that dreams are capable of an interpretation [Deutung]; [and, as he continues] to interpret a dream is to determine its ‘meaning’” [heisst, seinen ‘Sinn’ angeben] (Freud, *op. cit.*, p. 117). Freud’s very undertaking is linked to the supposition that beneath the dream there is meaning, that dreams are not ultimately non-sense. He gives every appearance of being confident that, as he says of certain absurd dreams that he discusses: “the absurdity of the dream-content is only apparent [ein Anschein] and disappears as we go deeper into the meaning of the dream” (Freud, *op. cit.*, p. 413).

And yet even to refer to the process of going deeper into the meaning of the dream is to grant that the meaning may not be revealed all at once, that it can be extended, articulated in depth, and that its various moments -the various dream-thoughts- may be such as can be revealed only gradually. Indeed Freud grants that one always remains less than certain of having revealed all the dream-thoughts underlying a dream: “actually one is never certain of having completely interpreted a dream; even when the solution seems satisfying and without gaps, it remains always possible for a further meaning to announce itself through the same dream” (Freud, *op. cit.*, p. 282). Thus, the meaning of a dream is open-ended; even if nothing whatsoever has indicated that it is outstanding, a further meaning can always come to light. **No interpretation could ever be declared finished and in itself complete.**

There are passages in which Freud goes beyond even this open-endedness of meaning. The most remote and yet severe and enigmatic limit to the interpretation of dreams is broached in two passages, both of which, though they are far apart in Freud’s text, refer to what he calls the navel of the dream. The first passage is a note that Freud appends to his analysis of the dream of Irma’s injection. In this connection he writes of concealed meaning, of not having gone far enough in his interpretation of the dream to

follow all the hidden meaning (“um allem verborgenen Sinn zu folgen” [Freud, *op. cit.*, p. 130]). Then he adds, generalizing: “Every dream has at least one place where it is unfathomable [unergründlich], the navel, as it were, by which it is connected to the unknown” [durch den er mit dem Uerkannten zusammenhängt] (Freud, *ib.*). One will want to ask: What is this navel of the dream? Yet one would first have to determine - even to make the question a possible question- that the navel is a what, an essence, a meaning, whereas this is precisely what remains questionable at this place where the dream is unfathomable and connected to the unknown. It is *little wonder* that Freud makes no attempt to say what this place is but instead has recourse to the ‘metaphorics’ of the navel.

The second of the two passages comes much later in Freud’s text, in the final chapter where, as he acknowledges: “all paths lead into the dark” (Freud, *op. cit.*, p. 490). This passage extends the metaphors of the first, compounding it with the figures of light and darkness: “The best-interpreted dreams often have a place that has to be left in the dark, because one notices in the course of interpretation that at this place a knot [ball, tangle: Knäue] arises, which refuses to be unraveled but which also offers no further contribution to the dream-content. This is, then, the navel of the dream and the place beneath which lies the unknown” (Freud, *op. cit.*, p. 503). No matter how thoroughly interpreted, a dream may have a place of utter resistance, a tangle that cannot be unraveled, the threshold of the unknown and presumably unknowable. One wonders in what sense -whether still in the order of sense- this tangle: “offers no further contributions to the dream-content” (Freud, *ib.*). Is it only that, since the tangle cannot be unraveled, the meanings that it harbors cannot be revealed and thus shown to contribute, by way of the dream-work, to the dream-content?

Or is it that the tangle has nothing to offer to the dream-content, that it harbors no dream-thoughts that could be translated into dream-contents, that it is the place where meaning ceases so that what lies beneath it is unknowable by virtue of being anterior to the very order of meaning and understanding. Derrida puts the question succinctly: “one may wonder whether the in-soluble knot, the umbilicus, is of the stuff of sense [sens] or whether it remains radically heterogeneous, in its very secret, to signifiable sense, as well as to the signifier, and one may also wonder whether what discourages the analyst, provisionally or definitively, is homogeneous or not with the space of analytic work, the work of interpretation (Deutungsarbeit)” (Derrida, 1996, p.

29; my translation).

This question of the limit of meaning, of the character of this limit, will return in another guise, from a direction that still has to be laid out. Yet, regardless of how it might be decided, even if it should prove quite undecidable, the question of the logic of the dream-work would remain unanswered, would remain in a sense -by its reduction to a question of sense- untouched. For just as the logic, the meaning, imposed by secondary revision is a logic apart from the dream-work and is in this respect a false meaning, a sham logic, so the meaning that would be revealed through the interpretation of dreams is situated at the limit of the dream-work, at a point where the dream-work has not yet commenced. For the meaning of a dream is nothing other than the underlying dream-thoughts, which in and through the dream-work come to be translated into the dream-content.

In other words, the meaning of the dream is what gets taken up by and into the dream-work and under the surveillance of censorship gets reworked -that is, distorted- into the dream-content. It is not the meaning -or, more precisely, the logic- of the dream-work as such. Anterior to the dream-work in the order of translation, the meaning of the dream is what gets translated, in distinction from the forms of connection that are produced in and through the dream-work and that would constitute its logic proper.

But if the logic of a content or process lies in the forms of connection that must be had by it in order for it to be thought in some regard or other, can one even suppose that there is a logic of the dream-work, since the work of the dream-work consists, not in instituting form and connection, but in deforming and disconnecting? In different terms, the question is whether there is some regard in which this deforming and disconnecting can be thought and, if so, what it is; for certainly these accomplishments of the dream-work cannot be thought as a coherent congeries of meaning.

One might attempt to determine the logic of the dream-work by following the directives that logic as a discipline traditionally followed. These directives prescribe attending to speech and to judgment; for it is in speech and in judgment that those forms that logic as a discipline would thematize occur concretely. Even if logic is, in the end, to determine the ideal laws governing speech and judgment, this priority would be reversed in the order of discovery. What about the speech and judgment carried out in the dream-work? Do these offer access to the logic of the dream-work?

Freud considers the case of dreams that contain speech, dreams in which the

speech is distinct from thought. In these cases, he insists: “the rule holds without exception that the dream-speech derives from the remembered speech of the dream-material” (Freud, *op. cit.*, p. 304). The words spoken may be retained intact or they may be slightly altered, and in either instance their sense is likely to be changed. Thus, the dream-work itself issues in no speech at all but at most deforms the meanings of words taken over from the dream-material. As Freud writes: “The dream-work is also incapable of newly creating speech” (Freud, *op. cit.*, p. 406). In this sense there is no speech of the dream-work but only its deforming of the speech taken over from the dream-material. Freud insists that analysis in this regard always shows the same thing: that the dream-work takes up mere fragments of speech and deals with them quite arbitrarily (*willkürlich*), at least in ways that, measured against the speech as it was, appear quite arbitrary.

The dream-work is no more capable of judgment than it is of speech. In this connection Freud is even more emphatic: “A moment in the dream that appears to be an activity of the function of judgment is not to be taken as an act of thinking [Denkleistung] on the part of the dream-work [der Traumarbeit]; rather, it belongs to the material of the dream-thoughts and has passed from there as a ready-made structure into the manifest dream-content” (Freud, *op. cit.*, p. 430). Thus, within the translational dream-work itself -as distinct from what, in very different ways, is given to it by the underlying dream-thoughts and by secondary revision- there is indigenously neither speech nor judgment. The traditional directives that the logical forms are to be sought in speech and judgment provide no aid in gaining access to the logic of the dream-work.

Indeed, if one considers what Freud says directly about the relation of the dream-work to logic, one may well wonder whether there is in any sense -or even beyond sense- a logic of the dream-work. For Freud depicts the dream-work primarily as undoing the logic that, anterior to the dream-work, lies in the connections between the dream-thoughts. It would seem that in the dream-work itself, prior to the onset of secondary revision, there is no logic but only the illogic that secondary revision then covers up with its facade of form and coherence.

For this depiction Freud sets the stage by declaring that between the individual parts of the complicated structure of the dream-thoughts there are the most various logical relations. Next comes the scene of the dream-work: “Then, when the entire mass of these dream-thoughts is submitted to the pressure of the dream-work, and the pieces

are turned about, broken up, and pushed up against one another, rather like surging ice-floes, the question arises: what has become of the bonds of logic that had previously given the structure its form [...] [and] without which we can understand neither propositions nor speech?” (Freud, *op. cit.*, p. 310).

Freud offers an initial answer, one that is still provisional: “one must initially [zunächst] answer that the dream has no means at its disposal for representing these logical relations among the dream-thoughts. For the most part it disregards all these prepositions and takes over only the factual content [den sachlichen Inhalt] of the dream-thoughts to work upon. It is left to the interpretation of the dream to reestablish the connections that the dream-work has destroyed” (Freud, *op. cit.*, pp. 310–311). The dream-work -so this initial answer goes- dismantles the logical structure of the dream-thoughts; it leaves the dream-material largely: “divested of its [logical] relations” (Freud, *op. cit.*, p. 335).

Yet this is only an initial, provisional answer. While continuing to maintain that the dream-work undoes the logical relations of the dream-material, Freud grants, on the other hand, that the dream-work can take a certain account of particular logical relations by means of certain modes of representation. Freud compares the process to that of painters, who, unable to make use of speech in painting and unwilling to have recourse to scrolls issuing from the mouths of painted figures, found distinctively painterly means for expressing -for instance, through gestures- the intention of the words spoken by the figures. Thus, the dream-work renders logical connection as such by means of simultaneity, concentrating all the pieces of the dream-thoughts in a representation of a single situation or event. Freud compares such representation to that of the painter (Raffaello) who assembles all the philosophers and poets in a single painting (The School of Athens). Spatial proximity, in dreams as in painting, can serve to represent significant relations of another order, whether the order of logical relations or that of an intellectual and artistic legacy.

The dream-work also carries out such representation with respect to specific logical connections. For instance, causal relations between things thought in the dream-thoughts can be represented in the dream-work by presenting the cause or condition as an introductory dream and then the effect or conditioned as the main dream. Another method of representing causal relations is by actually transforming one image (the cause) into another (the effect). Freud concludes: “in both cases causation is represented

by succession [Nacheinander], in the first case by one dream following another, in the second by the immediate transformation of one image into another” (Freud, *op. cit.*, p. 314).

The dream-work is less effective in representing alternation (‘either...or’). The alternatives are represented either as options having equal rights or by the division of the dream into two halves. But what Freud finds most striking -and what indeed has the most far-reaching consequences- is the way in which the dream-work represents the category of opposition and contradiction (die Kategorie von Gegensatz und Widerspruch): “This is simply disregarded. To the dream ‘No’ seems not to exist. In particular, it prefers to draw opposites together into a unity or to represent them as one” (Freud, *op. cit.*, p. 316). A similar means is used -more effectively, in Freud’s judgment- to represent similarity, congruence, having features in common; this is represented by concentration, by drawing together into a unity whatever is thus related.

In the last chapter of “The Interpretation of Dreams”, Freud returns to the question of how the dream-work takes up the logical relations that connect the dream-thoughts. In raising this question again, his primary intention is to explain what happens to these logical relations, to explain this happening in terms of the theoretical representation of the psyche that he introduces at this final, very different stage of his investigation. His explanation is based on the concept of regression: regression occurs in psychic activity when, instead of moving toward the motor end of the system, an excitation moves toward the sensory end and finally reaches the system of perceptions. Instead of a motor response to the excitation, the response is hallucinatory, as in the case of dreams, which, Freud insists: “have a regressive character” (Freud, *op. cit.*, p. 518).

It is because of this regressive character that logical relations get lost, because such relations lie beyond the circuit of regression. But what in this discussion is most important for the question of the logic of the dream-work is the forcefulness with which -despite all that he has said about how the dream manages certain sorts of representations of logical relations- Freud reaffirms the loss of these relations and the difficulty with which they are represented. Here is Freud’s statement: “If we regard the process of dreaming as a regression within our hypothetical psychical apparatus, this explains without further ado the empirically established fact that all the logical relations between the dream-thoughts are lost in the course of the dream-work or are expressed

only with difficulty [...]. In the course of regression the structure [Gefüge] of the dream-thoughts is dissolved into its raw material” (Freud, *op. cit.*, p. 519).

And yet, a trace of that structure remains in the guise of the representations that the dream-work forms of the logical categories, that it forms precisely in deforming these categories (as noted earlier, Freud uses the word ‘Kategorie’ in reference to the logical relations of opposition and contradiction). What exactly is involved in this deforming–forming through which the categories are lost but a kind of representation of them remains in place of them? In virtually every case that Freud describes, the representation that comes to replace a category is a representation of a spatial or temporal relation.

Thus, logical connections in general, says Freud, come to be represented by simultaneity or spatial proximity. It is likewise with the representations of specific logical relations. Causal relations are represented by separating cause from effect in the form of the temporal sequence of an introductory dream followed by a main dream; or such a relation can be represented by transforming one image (cause) into the other (effect), that is, as temporal succession and spatial coincidence. Two equal portions in temporal succession can represent alternation. And both similarity and opposition/contradiction are represented by spatiotemporal concentration.

Hence, in each case something corresponding to the category comes, by way of the dream-work, to take the place of the category and, as it were, to function in its stead. This representative of the category is not just an image that would somehow exemplify it but rather is a schema by which in each case the image, the dream-material, is given a spatiotemporal ordering that corresponds to the pertinent category. Here it would not be inappropriate to speak of categorical or transcendental determinations of space/time, that is, of determinations that are of the same order as Kant’s transcendental schemata (cf., Kant, 1781/1956).

Thus, what the dream-work accomplishes with respect to the logical categories is precisely a schematizing; for each logical connection in the dream-thoughts, the dream-work substitutes a corresponding schema. If, in reference to the history of philosophy, one considers the enormity of the difference between concept and schema (the relation between concept and schema goes back, by a very complicated route, to the difference that comes briefly into view at the center of Plato’s “Timaeus”, the difference between the intelligible εἶδη and the χωρῶνα; cf., Plato, 1961), then it is not surprising that

Freud -without regarding that history, indeed on quite different grounds- declares that logical connections can be thus represented ‘only with difficulty’.

Thus, the logic of the dream-work is a schematized logic, a logic of schemata, of spatiotemporal determinations corresponding to the various logical categories. Yet if measured by traditional philosophical logic or by what Freud often calls waking thought, this logic of schemata cannot but appear to be contaminated by illogic. To mark its divergence, one could call it an exorbitant logic, a logic outside the orbit of the philosophical logic rooted in ancient ontology. It is exorbitant in that it is a logic that tolerates and even institutes the effacement of difference, as in the schema of causality, which can produce the transformation of one image into another different from it, a transformation of one into the other as if they were not different but mutually substitutable. This logic is perhaps even more exorbitant -or rather, exorbitant in a way that is paradigmatic of this exorbitancy as such- in the case of the schema provided for opposition and contradiction (*Gegensatz und Widerspruch*).

Freud says that this logical connection ‘is simply disregarded’ by the dream-work, for which ‘«No» seems not to exist’. In the stronger case, that of contradiction, Freud’s point is that the necessity -prescribed by philosophical logic- of rejecting one or the other of two contradictory terms is simply disregarded, that the ‘No’ that philosophical logic would require be said to one or the other term seems not to exist for the dream-work. Rather, the schematizing of contradiction consists in carrying out what philosophical logic could never -absolutely never- tolerate: it draws the contradictory terms together into a unity, lets them be together, holds them together, in their very contradictoriness. If measured by the logic of philosophy or of waking thought, with this schema, whose effects will spread throughout, the logic of the dream-work becomes virtually indistinguishable from illogic. Freud writes: “Everything we have called the ‘dream-work’ appears to be so remote from the psychical processes we know to be correct, that the harshest judgment passed by our authors on the low psychical performance of dreaming cannot fail to seem perfectly right and proper” (Freud, *op. cit.*, 563).

Indeed, if contradictory opposites are retained side by side, yoked together in a unity in which they remain nonetheless contradictorily opposed, then, by the usual standards, the very possibility of truth is undermined, the fundamental law of thought and discourse, the so-called law of non-contradiction, is violated. One could say that the

dream-work is attached by its logic -most notably by its schema of contradiction- to a point where, by the standards of philosophical logic and waking thought, truth ceases, breaks off no less decisively than meaning breaks off at that place in the dream-thoughts that Freud calls the navel of the dream. The dream-work, too, so it seems, has its navel.

The peculiarities of the logic of the dream-work can be seen taking shape almost from the beginning of “The Interpretation of Dreams”. Following his analysis of the dream -his own dream- of Irma’s injection, which is the first dream treated in Freud’s text, he notes that there are intrinsic inconsistencies operative. He says that the ‘explanations of Irma’s illness’ -that is, the various moments of the explanation as a whole as it emerges from the analysis: “which concur in exonerating me [of blame for her illness] are not consistent with one another but on the contrary are mutually exclusive [schliessen einander aus]” (Freud, *op. cit.*, p. 138). Freud draws a comparison with: “the defense offered by the man accused by his neighbor of returning a kettle to him in a damaged condition: in the first place the kettle was not damaged at all, in the second it already had a hole in it when he borrowed it, and in the third he had never borrowed a kettle from his neighbor” (Freud, *op. cit.*, pp. 138–139).

This ‘kettle logic’, as Derrida calls it (cf., Derrida, 1996, p. 19), exemplifies the logic of the dream-work. It is likewise with that found in what Freud calls the embarrassment-dream of being naked. In such dreams one thing that is essential is: “the embarrassing sensation of shame, of wanting to hide one’s nakedness, usually by mobility, and of being unable to do so [...]. [On the other hand] the people in whose presence one feels ashamed are almost always strangers, their faces left indefinite; [...] [most significantly] these people are indifferent [...]. [Hence the contradiction]: Between them the shame and embarrassment of the dreamer and the indifference of the other people produce a contradiction of the kind that often occurs in dreams. After all, the only thing appropriate to the dreamer’s feeling would be for the strangers to gaze at him with astonishment and laugh at him, or be indignant at the sight” (Derrida, 1996, p. 248). Here, then, there is a logic that yokes contradictory opposites together in the dream. Here, again, the exorbitant logic of the dream-work is operative.

Almost at the end of “The Interpretation of Dreams”, Freud returns to this theme: “Thoughts contradicting each other do not aim to cancel each other out, but persist side by side, often combining as if there were no contradiction into products of condensation, or they form compromises which we would never forgive our logical

thinking for committing” (Freud, *op. cit.*, p. 566). Again, an exorbitant logic, a logic that borders on being indistinguishable from illogic: such is the logic of the dream-work. With the dream-thoughts, however, it is quite otherwise. Freud insists that, prior to their being submitted to the dream-work, the dream-thoughts have a rational form: Freud’s phrase is: “die vorher rationell gebildeten Traumgedanken” (Freud, *op. cit.*, p. 566). More often he characterizes the dream-thoughts as ‘korrekt’. Here is the most explicit passage, which occurs near the end of Freud’s text: “Thus we cannot deny the insight that two essentially different psychical processes play a part in forming dreams; the one creates perfectly correct [korrekt] dream-thoughts, just as valid [gleichwertig] as normal thinking; the other treats these in a highly disconcerting, incorrect way” (Freud, *op. cit.*, p. 567).

The latter Freud then identifies as the genuine or proper dream-work (die eigentliche Traumarbeit), which he declares has been separated off or isolated (abgesondert). What is most remarkable in this regard is the relation that Freud proposes between the dream-thoughts and phantasy (Phantasie). Referring to Scherner’s view, which he had discussed in the initial chapter of “The Interpretation of Dreams”, Freud writes: “It is not that the dream forms phantasy, but that the unconscious activity of phantasy has the greatest share in the formation of the dream-thoughts” (Freud, *op. cit.*, p. 562). Most remarkably indeed, Freud is declaring that the dream-thoughts, which are rationally formed, correct, and as valid as normal thinking, are for the most part the product of phantasy. But Phantasie is just one of the names given to what more generally is called imagination. The dream-thoughts are for the most part formed by imagination, by an unconscious activity of imagination.

In conclusion of this chapter I argue that the question is whether imagination, thus operative in forming the dream-thoughts, can be kept out of the dream-work. A passage in which Freud is discussing the various modes of representation that the dream-work has at its disposal suggests otherwise. In this passage he considers the creation of the composite formations that often give dreams their fantastic character (ein phantastisches Gepräge). He writes: “The psychical process of forming composites [Mischbildung] in a dream is clearly the same as when, while awake, we represent or depict before us [uns vorstellen oder nachbilden] a centaur or a dragon” (Freud, *op. cit.*, p. 321). But this process, admitted into the dream-work, is just the process of phantasy, of imagination. It would seem, then, that the dream-work is perhaps less thoroughly

separated off than Freud would like, that the limit that would separate the dream-thoughts from the dream-work is more fragile, more unstable, than one would have supposed, which, in my perspective, is nothing more, than the 'primary discourse' of the dream itself: its **deconstruction**.

CHAPTER 2

Theoretical Prolegomena: a ‘secondary discourse’

Review of psychoanalytic literature

As I said in the previous chapter the psychoanalytic clinical method is a deconstruction of what the patient’s unconscious manifests to the ‘analyst’s mind’. It is because of this ‘magnetism’ that I defend that the analyst can only be a *craftsman* (see above and my conclusion) integrating the theoretical models in his mind (as a ‘secondary discourse’) but never as a ‘primary discourse’ as Laplanche argues. Theoretical models are hermeneutic because there is a meta-interpretation of the theory done by each analyst (and this literature review will be based entirely on this premise), but the interpretation of the unconscious manifestations is not hermeneutic exactly for the reasons above mentioned by Laplanche.

I will develop throughout my Thesis this dynamic. It seems a paradox but it is not because as it is obvious from what I just said in the previous chapters: Psychoanalytic theory comes after clinical work (as all Freud’s ‘cases’ illustrated) and the best example of my statement is “The Interpretation of Dreams” (see above). In this literature review I will establish the scientific accuracy or truth-value interpretations in clinical work providing concrete examples (as I did in my Introduction) of how the analyst deconstructs the clinical phenomena independently of what theoretical model he embraces: the keynote here is always how the analyst’s mind work: by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models. The Freudian heritage is this never-ending dissolution (*Lösung*) that is psychoanalysis (and its psychoanalytic clinical method) in its essence. I will argue that Freud is the first object relations theorist because object relations have, like all other schools of psychoanalytic thought (like Laplanche states; see above), as their ‘primary discourse’ the deconstruction: the theoretical meta-interpretations of Freud, Fairbairn, Bion, Matte-Blanco and Lacan (Laplanche’s ‘secondary discourse’) constitute all clinical dissolutions inherent to the psychoanalytic clinical method. That is why I state in this literature review that all these authors follow Freud –directly or indirectly, theoretically speaking– building up a syncretic universalist model unified exactly by the Rosetta stone of psychoanalysis: its deconstructive method. I state even

more: the more the theorist differs from Freud and the more the theorist deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction.

As I said in my Introduction (but now will be developed in detail) the ‘renewed’ (cf., Wallerstein, 1988c; Cooper, 1991; Kernberg, 1993a, 1993b) interest in the hermeneutic approaches towards the ‘conflicting psychoanalytic theories’ looking for a ‘common epistemological ground’ (cf., Wallerstein, 1988b, 1988c, 1990) can be accounted for by two factors: on the one hand a reformulation of psychoanalysis in the context of heuristic developments in the philosophy of science, inspired largely by the publication in 1962 of Kuhn’s “The Structure of Scientific Revolutions”, and often referred to as ‘post empiricist philosophy and history of science’ (cf., Hesse, 1980); and on the other hand the imposing presence of a multiplicity of conflicting psychoanalytic theories: these are the main reasons why I am elaborating my review of psychoanalytic literature from an introductory hermeneutical standpoint. Not doing so will put me, after Kuhn’s discoveries, in a position of ‘epistemological naivety’.

The most vehement attack on psychoanalytic hermeneutics has been carried out by Adolph Grünbaum (1984). Therefore before I continue with this stream of thought I will just ‘deconstruct’ Grünbaum’s now famous ‘Tally Argument’, which constitutes the essence of the above mentioned ‘epistemological attack’ and doing so I clarify what psychoanalytic epistemology is.

Accordingly, among those who believe that psychoanalysis is not science is the philosopher Karl Popper (hermeneuticists like Ricoeur, Habermas and Gadamer have ‘different’ views; see below). Popper holds that the demarcation criterion that separates science from logic, myth, religion, metaphysics, etc. is that all scientific theories can be falsified by empirical tests –that is, a scientific theory rules out some class of events, and if one of those events occurs, then the theory is declared false. According to Popper, psychoanalysis does not meet the falsification criterion because it does not rule out any class of events. Because it explains everything, it explains nothing.

Adolf Grünbaum disagrees with Popper. Grünbaum believes that Freud meant his theory to be scientific, that he made falsifiable predictions, and that those predictions proved false. For example, Freud’s Master Proposition, also known as the Necessary Condition Thesis (NCT) is that only psychoanalysis can produce a durable cure of a psychoneurosis. This is a strong statement that could be falsified if, for example,

another form of therapy such as behaviour therapy cured someone of a neurosis, or even if spontaneous remission occurred. *We* now know that neurosis yields to both of these alternatives. Therefore, Grünbaum concludes that psychoanalysis, being false, is ‘bad science’.

Adolf Grünbaum contends that he has discovered in Freud’s writings a hitherto overlooked thesis (the Tally Argument), enunciated by Freud to underwrite his psychoanalytic method of clinical investigation (cf., Grünbaum, 1984, pp. 127-172). He claims that until at least 1917, and possibly up to 1926, Freud invoked the unique efficacy of analytic therapy to vindicate the Freudian theory of personality, including the specific aetiologies of the psychoneuroses and the general theory of psychosexual development (cf., Grünbaum, *op. cit.*, pp. 140-141).

In this meta-critic my critic over Grünbaum’s critic I shall argue (i) that the Tally Argument itself is defective, and (ii) that Freud did not invoke it as Grünbaum claims. In short, I shall argue that Grünbaum’s Tally Argument thesis is untenable and, as a corollary, that his depiction of Freud as a ‘sophisticated scientific methodologist’ is misconceived.

Grünbaum contends that the Tally Argument provides the philosophical justification for virtually all of Freud’s psychoanalytic concepts. But, in fact, the Argument bears mainly on the idea of the unconscious. Its implications for that other great pillar of psychoanalysis, the theory of infantile sexuality, are, at best, indirect. Significantly, Freud’s ideas about the beginnings of sexual life figure only marginally in Grünbaum’s analysis. His focus on the unconscious to the neglect of infantile sexuality makes his treatment of Freud very unlike the critiques of Frank Sulloway (1992) and Jeffrey Masson (1984, 1991), in which Freud’s notions about the sexual lives of children are always the centre of attention, while the unconscious is largely ignored.

The clinical defence of psychoanalysis suffers one great philosophical weakness: the possibility that information gathered from patients under analysis cannot be trusted. For some critics that information is unreliable because the sample on which it rests (persons who seek analysis) is unrepresentative. But a far weightier objection –and the one to which virtually all of Grünbaum’s attention is devoted– is that analytic patients are victims of suggestion. The interpretations that emerge in analysis, critics charge, are compromised by the analyst’s theoretical expectations. Far too often, the patient simply tells the analyst what the analyst wants to hear. Because information from the couch is

so hopelessly tainted, it cannot be considered 'probative'.

Freud's lecture on "Analytic Therapy" (1917c) provides what is for Grünbaum the most considered methodological defence of psychoanalysis ever written. This is the so-called Tally Argument, in which Freud "brilliantly, albeit unsuccessfully, came to grips with the full dimensions of the mortal challenge of suggestibility" (Grünbaum, *op. cit.*, p. 135).

Grünbaum returns to the crucial passage over and over in his writings, and one can fairly say that his entire philosophical critique of psychoanalysis ultimately depends on his reading of it. The passage exhibits the sweet reasonableness so characteristic of Freud's expository works, in which he shows a masterly skill at anticipating his listeners' objections: "But you will now tell me that, no matter whether we call the motive force of our analysis transference or suggestion, there is a risk that the influencing of our patient may make the objective certainty of our findings doubtful. What is advantageous to our therapy is damaging to our researches. This is the objection that is most often raised against psycho-analysis, and it must be admitted that, though it is groundless, it cannot be rejected as unreasonable. If it were justified, psycho-analysis would be nothing more than a particularly well-disguised and particularly effective form of suggestive treatment and we should have to attach little weight to all that it tells us about what influences our lives, the dynamics of the mind or the unconscious. That is what our opponents believe; and in especial they think that we have «talked» the patients into everything relating to the importance of sexual experiences –or even into those experiences themselves– after such notions have grown up in our own depraved imagination. These accusations are contradicted more easily by an appeal to experience than by the help of theory. Anyone who has himself carried out psycho-analysis will have been able to convince himself on countless occasions that it is impossible to make suggestions to a patient in that way. The doctor has no difficulty, of course, in making him a supporter of some particular theory and in thus making him share some possible error of his own. In this respect the patient is behaving like anyone else –like a pupil– but this only affects his intelligence, not his illness. After all, his conflicts will only be successfully solved and his resistances overcome if the anticipatory ideas he is given tally with what is real in him. Whatever in the doctor's conjectures is an inaccurate drop out in the course of analysis; it has to be withdrawn and replaced by something more correct" (Freud, 1917c, p. 452).

Grünbaum of course dubs this the Tally Argument after the crucial verb in the penultimate sentence: the patient's difficulties will be solved (his neurosis cured) only if the analyst's interpretations 'tally with what is real in him'. The passage, Grünbaum writes, contains Freud's "cardinal epistemological defence of the psychoanalytic method of clinical investigation and testing, a pivotal vindication whose import had gone completely unnoticed in the literature, as far as I know, until I called attention to its significance in two recent papers" (Grünbaum, *ib.*).

Grünbaum proceeds to 'tease out' and give more precise philosophical expression to the assumptions of the Tally Argument (cf., Grünbaum, 1987, p. 221). In essence, Grünbaum suggests, the Argument involves two propositions, whose 'conjunction' (cf., Grünbaum, 1984, p. 139) he calls the Necessary Condition Thesis, or NCT. The first proposition is that psychoanalysis alone provides insight into the unconscious causes of the patient's illness: "Only the psychoanalytic method of interpretation and treatment can yield or mediate to the patient correct insight into the unconscious pathogens of his psychoneurosis" (Grünbaum, *ib.*). The second proposition is that such insight is essential to the patient's cure: "The analysand's correct insight into the aetiology of his affliction and into the unconscious dynamics of his character is, in turn, *causally necessary* for the therapeutic conquest of his neurosis" (Grünbaum, *op. cit.*, pp. 139-140).

Simply put, the truth of Freud's ideas is guaranteed by the success of his therapy: his theories are validated by the fact that patients are cured. (Freud does not, be it noted, claim that analysis *always* results in cures; more modestly, according to Grünbaum, Freud says that analytic insight is a necessary but not a sufficient cause of therapeutic success).

The Tally Argument protects analytic interpretations from the charge of suggestion because only if those interpretations are true, the Argument asserts, will the patient get well. Interpretations that do not reflect the patient's reality will not result in cures and, Freud asserts optimistically, will in fact wither away as the analysis proceeds. Grünbaum adds that just as individual cures assure Freud of the correctness of particular interpretations, so the cumulative therapeutic successes of analysis guarantee its general ideas: "Collectively, the successful outcomes of analyses... constitute *cogent* evidence for all that general psychoanalytic theory tells us about the influences of the unconscious dynamics of the mind on our lives" (Grünbaum, *op. cit.*, p. 140).

The Tally Argument, in Grünbaum's 'construction', has two further implications, although Freud expressly mentions neither. Both involve empirical matters, and, as one might expect, they contain the seeds of the Argument's downfall. The first is that the Argument implicitly rules out the possibility of spontaneous remissions –cures that happen without any kind of professional intervention. This conclusion follows logically from the Necessary Condition Thesis, which asserts that only analysis can provide the insights needed to affect a cure: spontaneous remissions, whatever their cause, are not produced by the insights of analysts. By the same logic, the Tally Argument commits Freud to the belief that analysis is therapeutically superior to all rival psychiatric methods, none of which, in Freud's view, delivers insight into the repressed causes of neurosis –the *sine qua non* of therapeutic success, according to the Necessary Condition Thesis. Thus the twin spectres of spontaneous remission and rival cures hang like threatening empirical clouds over the Tally defence. If neurotics get well without psychiatric help, or if they get well through the ministrations of a non-Freudian therapist, then the Tally defence collapses.

Grünbaum ignores certain obvious objections to this promotion of the Tally Argument. More than once he expresses surprise that no one before him seems to have recognized the Argument's significance. But, of course, this neglect could simply mean that the Argument possesses neither the cogency nor, more important, the centrality in Freud's thinking that Grünbaum claims for it. After all, Grünbaum's entire case comes down to his reading of a single sentence in the vast Freudian *corpus*, and that sentence occurs in what Freud himself regarded as a piece of popular writing –a kind of *haute vulgarisation*– in which he presented his ideas to a non-analytic audience.

If the Argument were as fundamental to Freud's thinking as Grünbaum says, Freud might have been expected to follow his normal practice of making it the subject of a technical paper or monograph. At the very least, he presumably would have offered a more systematic and extended discussion of its logic, rather than contenting himself with a single, terse sentence embedded in the middle of a university lecture (and introduced almost offhandedly with 'after all'). One cannot escape the impression that Grünbaum has seized on a relatively casual remark and blown it up into a major intellectual event –making a philosophical mountain out of an expository molehill.

Ironically, Grünbaum finds one of the earliest invocations of the Tally defence in Freud's 1896 paper on "The Aetiology of Hysteria" –the very paper that Jeffrey Masson

celebrates as “Freud’s most brilliant” because it contains his boldest assertion of the seduction theory (cf., Masson, 1984, p. 18). The irony, of course, is that therapeutic success is here made to testify on behalf of an idea Freud would repudiate a year and a half later in the most controversial intellectual about-face of his career. Nonetheless, Grünbaum detects the Tally Argument at work in Freud’s claim, in “The Aetiology of Hysteria”, that the seduction hypothesis had been “confirmed” therapeutically: “If you submit my assertion that the aetiology of hysteria lies in sexual life to the strictest examination, you will find that it is supported by the fact that in some eighteen cases of hysteria I have been able to discover this connection in every single symptom, and, where the circumstances allowed, to confirm it by therapeutic success” (Freud, 1896c, p. 199).

Grünbaum also maintains that the collapse of the seduction theory did not lessen Freud’s confidence in the Tally Argument. Nor, in Grünbaum’s opinion, should it have. To be sure, if Freud’s hysterical patients had actually been cured by being given false insights into childhood events (seductions) that never occurred, the Necessary Condition Thesis would have been “strongly disconfirmed” (Grünbaum, *op. cit.*, p. 159). But Grünbaum infers –rather generously– that Freud must have come to regard at least some of those cures as bogus, perhaps because the patients in question suffered relapses. In support of this inference Grünbaum cites the famous renunciation letter of September 21, 1897, in which Freud points to therapeutic disappointment as a major reason for his loss of confidence in the seduction theory: Freud speaks of: “the absence of the complete successes on which I had counted” (Freud, 1897b, p. 264).

Thus, far from discrediting the Tally defence, the abandonment of the seduction hypothesis implies that Freud continued to rely on the assumption that cures are the guarantor of truth: he gave up the hypothesis precisely because of therapeutic failures. The seduction debacle, Grünbaum concludes: “provides no basis for judging Freud to have been intellectually dishonest when he explicitly enunciated NCT in 1909(c) [the “Little Hans” case] and 1917(c) [the “Analytic Therapy” lecture]” (Grünbaum, *ib.*). But, one could object, while Freud may not have been dishonest, he was surely imprudent. Having confidently asserted in 1896 that therapeutic success confirmed his seduction hypothesis only to conclude the following year that at least some of those successes were bogus, Freud might sensibly have decided not to place so much trust in the evidence of cures. Certainly the experience ought to have made him leery about

invoking cures as testimony to the correctness of his views, and nowadays epistemology and psychoanalytic epistemology must be aware of this ‘clinical traps’ that promote, as we saw above, erroneous, even than legitimate, interpretations.

I will now return to my own ‘interpretation’ of psychoanalytic epistemology: in the context of psychoanalytic hermeneutics the main concern is how to facilitate dialogue and consensus among the conflicting psychoanalytic theories even if they unfold ‘secondary discourses’. From my epistemological perspective, Object Relations School, following ‘directly or indirectly’ Freud (see below: Alford, 2000), constitutes the most cogent school of thought among these conflicting psychoanalytic theories.

This position is taken because I was trained and practice clinically with a Kleinian/Bionian orientation; and the renewed interest in psychoanalytic hermeneutics thus bears directly on the need of contemporary theoreticians and clinicians to deal with the absence of a unified psychoanalytic theory, and because the theories conflict we have to clinically *choose* one as a ‘primary discourse’ (see above; cf., Gedo and Goldberg, 1973; Schwaber, 1987), but I am aware theoretically of the *others*: from a ‘secondary discourse’ standpoint.

First I must clarify what is ‘object relations school’; as Hinshelwood posits: “the term ‘object-relation’ surreptitiously creeps up on the reader of Klein. It eventually gave rise to a whole strand of psychoanalytic theory, centred especially within the British Psychoanalytical Society. The lack of precise definition has been important because it has given free license for multiple uses of the term” (Hinshelwood, 1989a, p. 367).

Object Relations School includes a number of different theoretical points of view, and generally indicates those “British analysts who focus primarily on the state and character of the objects. It is to be contrasted with the Classical or Ego-Psychology School, which focuses more on the instinctual impulses that make up the energy of the interest” (Hinshelwood, *ib.*).

Object Relations School includes Fairbairn, Winnicott, and Balint particularly and in general the so-called ‘Independent Group’ (cf., Sutherland, 1980, pp. 829-860; Kohon, 1985; Hinshelwood, 1989a) of the British Psychoanalytical Society: “what they have in common is a tendency to ignore the ‘economic’ aspects of instinctual energy that distinguish them from the ego-psychologists. Klein was marked out as different by her acceptance of the death drive” (Hinshelwood, *op. cit.*, pp. 367-368). There are two strands in the British Psychoanalytical Society: “the Fairbairnian framework which

categorically states that man is not pleasure-seeking at all, but object-seeking (see below); various intermediate positions –two-factor theories (Eagle, 1984) combining an emphasis on objects with an instinct theory. All these derive their inspiration from Klein” (Hinshelwood, *op. cit.*, p. 368; our alteration).

However, there are many British analysts who would claim that Klein is not truly part of the Object Relations School (e.g., Kohon, 1985): “[many British analysts] reserve the term “[Object Relations School] for Fairbairn, Balint and Winnicott” (Hinshelwood, *ib.*; our alterations; cf., Sutherland, 1980, pp. 829-860).

Guntrip (Fairbairn’s disciple and analysand), for instance, in promoting Fairbairn, drew a particular **map** of progress in psychoanalytic theory in the ‘last fifty years’. It reaches out along a dimension starting with Freud’s scientific neurology, towards a psychological theory, whole and uncontaminated by biology (cf., Guntrip, 1971). Guntrip’s ‘map’ was also described by Greenberg and Mitchell as the contrast between a ‘drive/structure model’ and a ‘relational/structure model’ (cf., Greenberg and Mitchell, 1983).

Kohon (1985) has suggested redrawing Guntrip’s ‘map’ along a dimension in which the tension in Freud’s approach between a scientific biology of the mind and a literary and humanistic psychology became divided, after the dispersion from Vienna, into a tension between American and British psychoanalysis characterized by British analysts developing a theory which: “concerns itself with the relation of the subject to his object, not with the relationship between the subject and the object, which is an interpersonal relationship” (Kohon, 1985, p. 27).

After this epistemological clarification I will now posit my psychoanalytic review schematization. My reflection will begin articulating, with detail, Freud with Object Relations School, because I argue, following Alford (2000), that there is an epistemological continuum between Freud and ‘a part of’ Object Relations School: I posit ‘Freud as the first object relation theorist’ (cf., Alford, 2000).

In this framework I will illustrate Lacan’s main scientific constructs and, inherently, Foucault’s and Bataille’s philosophical contributions towards Lacan’s psychoanalytic theory. Then I will return to the ‘other part’ of the Object Relations School: the theorists ‘independent’ from Freud’s epistemological continuum giving special attention to Fairbairn, the ‘Kleinian followers’ and inherently Bion, who will be profusely developed; I will approach these authors with more detail because of their

theoretical and clinical relevance.

The conclusion of my literature review will be a meta-psychoanalytic (Grotstein, 2000) bi-logical (Matte-Blanco, 1956, 1975, 1981, 1988) perspective as a *unifying* conceptualization *transversal* to all psychoanalytic models where the “extension in the domain of myth” (Bion, 1963, p. 11) will be deeply developed. I emphasize, **once again**, that all of these models unfold not a *simple* and *unified* ‘common ground’ but *effective* ‘secondary discourses’ because, **as above mentioned many times, psychoanalytic theory comes after clinical work.**

Indeed, to illustrate this assertion I will establish, in this literature review, the scientific accuracy or truth-value interpretations in clinical work providing concrete examples (as I did in my introduction) of how the analyst deconstructs the clinical phenomena independently of what theoretical model he embraces: the keynote here is always how the ‘analyst’s mind’ work (Laplanche’s ‘primary discourse’): by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models. **The Freudian heritage (hence, the title of my Thesis) is this never-ending dissolution (Lösung) that is psychoanalysis (and its psychoanalytic clinical method) in its essence (cf., Laplanche, *op. cit.*). Freud is the first object relations theorist because object relations have, like all other schools of psychoanalytic thought, as their ‘primary discourse’ the deconstruction (like Laplanche states; cf., Laplanche, *op. cit.*): the theoretical meta-interpretations of Freud, Fairbairn, Bion, Matte-Blanco and Lacan (Laplanche’s ‘secondary discourse’; cf., Laplanche, *op. cit.*) constitute all clinical dissolutions inherent to the psychoanalytic clinical method. That is why I state in this literature review that all these authors follow Freud –directly or indirectly, theoretically speaking– building up a syncretic universalist model unified exactly by the Rosetta stone of psychoanalysis: its deconstructive method. I state even more: the more the theorist differs from Freud and the more the theorist deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction.**

Returning to the subject, I take this epistemological position (extend the domain of myth) because it is my perspective that the unconscious constitutes the ‘mental envelope’ of *our* phylogeny development and as Freud (1913k) and Darwin (1859, 1872) argued: ‘ontogeny recapitulates phylogeny’. This ‘theory of recapitulation’, also

called the ‘biogenetic law’ or ‘embryological parallelism’ is often expressed in the above mentioned ‘law’ (cf., Gould, 2002; Gilbert, 2006). I prefer to address it as an epistemological regularity rather than a ‘law’.

This construct was put forward by Étienne Serres in 1824-26 as what became known as the ‘Meckel-Serres Law’. In 1866, the German zoologist Ernst Haeckel published “The History of Creation”, where he proposed that the embryonic development of an individual organism (its ontogeny) followed the same path as the evolutionary history of its species (its phylogeny), but Darwin in chapter thirteen of his seminal “Origin of Species by Means of Natural Selection, or the Preservation of Favoured Races in the Struggle for Life” (1859) already exposed what *we* can call the prolegomena of Haeckel’s conceptualization (cf., Gould, 1977, 2002).

Obviously I am aware of modern day science perspectives about this subject (Desmond & Moore, 1991; Hodge & Radick, 2003), but Gould’s first book “Ontogeny and Phylogeny” about the ‘polemic’ allocates ‘it’ in the right terms when he begins by declaring that many medical professionals still believe, privately and informally, that there is ‘something in’ the notion (cf., Gould, 1977).

My perspective is not biological, but rather a psychological developmental evolutionary one, which was expressed in a heuristic metaphor by Frank Sulloway as ‘Freud, Biologist of the Mind’ when he published his book in 1992 entitled precisely “Freud, Biologist of the Mind: Beyond the Psychoanalytic Legend”.

Accordingly, **I posit that *our* unconscious is a ‘mental envelope’ written *ab initio* with mythological letters (cf., Rank, 1909, 1912, 1998; Freud, 1913k; Abraham, 1909; Jung, 1969a, 1969b, 1970c, 1970d; Anzieu, 1966; Bion, 1963, 1970, 1974, 1992) steering, as I said, into Grotstein’s (1981b, 2000) epistemological meta-psychoanalytic syncretism and Matte-Blanco’s bi-logical (1956, 1975, 1988) meta-theory; Lacan’s (cf., Lacan, 1966, pp. 93-100, pp. 101-124, pp. 237-322, pp. 401-436, pp. 493-528, pp. 685-695, pp. 765-790, pp. 793-827, pp. 829-850, pp. 855-877; 1967-68; 1968; 1968-69a; 1969; 1969-70; 1970; 1972-73; 1973; 1974-75; 1975a; 1975-76; 1977-78a, pp. 12-34; 1977-78b, pp. 548-556) algebraic structures will be illustrated as a ‘epistemological counterpart’ to Matte-Blanco’s bi-logic; I conclude my psychoanalytic review with Kernberg’s (1993b) insights towards the psychoanalytic *status quo* regarding a *unified* clinic epistemology unfolding all the major ‘secondary discourses’ inherent to ‘it’.**

I will now briefly approach some hermeneutic perspectives as an epistemological introductory reflection of my psychoanalytic review as I said above.

Roy Schafer has offered what is probably the most straightforward use of the term. In his discussion of narration in psychoanalysis he writes: “What has been presented here amounts to a hermeneutic version of psychoanalysis. In this version, psychoanalysis is an interpretive discipline rather than a natural science. It deals in language and equivalents of language. Interpretations are re-descriptions or retellings of action along the lines peculiar to psychoanalytic interest...The facts are what the analyst makes them out to be: they are a function of the specifically psychoanalytic questions that guide this narration project, and these questions implement the narrative strategies that are favoured by the analyst’s own presuppositions, however un-systematized these might be” (Schafer, 1983, pp. 255-256).

For Schafer, the description of psychoanalysis as hermeneutic means that psychoanalytic activity is essentially interpretive and that the psychoanalyst is always interpreting according to a particular narrative structure or strategy (cf., Schafer, 1985, 1990). The analysand’s story is retold psychoanalytically –as a story in which the emphasis now falls on: “infantile or archaic modes of sexual and aggressive action...but also as defensive measures adopted...to disguise...the actions in question” (Schafer, 1983, pp. 223-224).

While Schafer points out that there are other psychoanalytic narratives structures than his own, which is a rather classical Freudian perspective as modified by his own action-language theory, he keeps the emphasis on the fact that psychoanalysis, as hermeneutic, involves the formulation of a **second** or alternate **narrative** to that of the analysand.

In employing the term *hermeneutic* in the context of their discussion of competing psychoanalytic models, Greenberg and Mitchell (1983) shift the emphasis from *alternate* –psycho-analytic– narrative to *competing* psychoanalytic narratives. Relying on the formulations of Thomas Kuhn (1962, 1977), they view the different psychoanalytic theories as inherently different models of mind that ultimately derive from different views of human nature. Thus of ‘their’ two major models they write: “The drive model and the relational model embody fundamentally different visions of human nature, and the theories of technique which have developed from them are similarly divergent in their basic premises” (Greenberg and Mitchell, 1983, p. 388).

In this context psychoanalysis is a discipline that interprets clinical data in accordance with a particular model or theory, and hermeneutic functions as an adjective to describe the ultimate, foundational quality of a particular model. Thus they write of Freud's model: "The drive/structure model, like other models, by positing a clearly defined hermeneutic system, directs our attention to certain aspects of a situation and away from others" (Greenberg and Mitchell, 1983, p. 43).

Finally, Levenson states rather sharply: "I find it hard to imagine how psychoanalysis *cannot* be hermeneutical. Hermeneutics being, by definition, the study of interpretation, we are all, like it or not, involved in an hermeneutical undertaking" (Levenson, 1988, p. 6). He then expands on the actually diverse meanings of this term in psychoanalytic writings: a canonical use by which the 'data' are interpreted according to a given interpretive scheme, a creative use in which canonical truth is superseded by narrative truth, and finally a **deconstructive** use in which the quest for final truth or interpretation is abandoned. The three authors just cited exhibit differing versions of the sense of hermeneutics in contemporary psychoanalysis.

Schafer's is the most straightforward: psychoanalysis involves the substitution of the **patient's manifest narrative with a second narrative** that will offer a more productive understanding than the first. Schafer may be seen as representing a bridge between the traditional (as a social science) hermeneutic and the newer (as dealing with incommensurable discourses in any field) hermeneutic. While he is clearly engaging the old (traditional) argument that psychoanalysis belongs to the humanities rather than the natural sciences, his emphasis on an **alternate narrative** leads naturally to the consideration **that there may be more than one alternate psychoanalytic narrative: 'secondary discourses', obviously** .

The other two examples are fully in the scope of the newer hermeneutic (see above): Greenberg and Mitchell emphasize the critical point that there may be more than one alternative narrative, that different theoretical positions impose different narratives; Levenson with his **deconstructive** use of hermeneutics suggests a further extension of this progression: not one narrative, and not a choice between narratives, but rather a **proliferation of narratives**. Examples can be found of a persistent use of hermeneutics in the older sense, that is, to emphasize the humanistic status of psychoanalysis (cf., Stolorow and Atwood, 1984; Rubovits-Seitz, 1986; Freeman, 1989).

The examples cited here, however, point to the never understanding of hermeneutics (i.e., hermeneutics as a way of dealing with incommensurable discourses in any field) as having less to do with the science-humanities conflict than with the conflict of competing psychoanalytic models of mind.

What then of background to this interest in a psychoanalytic hermeneutic perspective? In a word, this interest reflects a breakdown in ‘recent’ years of any sense of a *unified* psychoanalytic theory. Whatever consensus existed in the past as to there being a single, general psychoanalytic theory, which could be subjected to the usual canons of scientific verification and be evaluated as to its veracity, has been exploded by the **proliferation of general theories or models**. Since none of these has been able to command the allegiance of the profession as a whole, the result has been an active discussion of competing theories –both expositions of the various points of view as well as discussion of how one should handle a multiplicity of points of view (cf., Gedo and Goldberg, 1973; Bornstein, 1984; Pine, 1985, 1990; Pulver, 1987; Rothstein, 1985; Michels, 1988).

Such discussion of alternative interpretive schemata is inherently hermeneutic, whether that term is used or not. In the preceding paragraphs I have pointed to actual usage of the term. It may now be useful to indicate examples of the kind of discussion that I am calling psychoanalytic hermeneutic in its essence but in which the term is not employed.

There was a journal issue of *Psychoanalytic Inquiry* (Pulver, 1987), entitled “How Theory Shapes Technique: Perspectives on a Clinical Study”, that offers a brilliant example of the discussion of competing models. The journal issue consists of the presentation of clinical material by an analyst (Martin Silverman, 1987), discussion of the material by a variety of other analysts chosen specifically because of their different theoretical persuasions, and an admirable effort by the issue editor (Sydney Pulver) and other discussants to make sense of the conflicting discussions.

What is most striking to the reader of these papers is the great diversity of opinion concerning both the dynamics and handling of Silverman’s case; as Shane summarizes: “In summary, I would say that the diversity of opinions regarding the diagnosis and dynamics of Silverman’s patient would suggest that one’s theoretical stance takes precedence over other considerations” (Shane, 1987, p. 205).

The influence of the theoretical stance is so strong that it affects the very

perception of what is going on in the consulting room, leading Pulver to conclude: “Facts, *per se*, do not exist. The very idea of what constitutes data and is thus worth recording is determined by the analyst’s theoretical bent” (Pulver, 1987, p. 292).

The summarizing papers do attempt to discern what the widely diverging discussants in fact share in common, and they offer various ways to approach the obvious divergence. **I will make allusion only to Schwaber’s sophisticated, and, in effect, psychoanalytic hermeneutic recognition that the consequence of a multiplicity of models is not chaos and capriciousness; that the clinician is involved in a dialectical process of having to choose a model while at the same time trying both to remain aware of the effect of this model on one’s perception (‘secondary discourse’) and to remain open to having the model corrected by the patient (‘primary discourse’):** “I argue, rather, for our recognition that no matter what theory we espouse, we run the risk of using it to foreclose rather than to continue inquiry, to provide an answer rather than to raise a new question. I speak for a search for ways to sharpen our attunement to hear new cues from the patient that may tell us that we have, even if unwittingly, superimposed our views and used our theory to justify it” (Schwaber, 1987, p. 274).

My final example, and also the conclusion of my introductory hermeneutic perspective, is the effort to confront the multiplicity of theories that was offered several years ago by Gedo and Goldberg (1973) in their “Models of Mind”. They argue that none of the existing unified models take adequate account of the ‘genetic’ point of view; in other words, that the phenomena to be accounted for at the different developmental stages are so different that any particular theory of the mind will give short shrift to one or another stage.

They then ‘resolve the problem’ of multiple models by tying particular theories and models to the different developmental periods. Specifically, they find Freud’s reflex-arc model (Chapter VII of “The Interpretation of Dreams”: cf., Freud, 1900b, pp. 339-621) appropriate to psychic functioning at the beginning of life and his topographic and tripartite models (cf., Freud, 1905b, pp. 135-243; 1920a, pp. 7-64; 1923c, pp. 12-59) appropriate to psychic functioning at the point of full structuration. **Throughout my review I will follow Gedo and Goldberg’s epistemological stream of thought, but with my own perspective of interpreting each ‘model of mind’ as a ‘secondary discourse’ as I have been defending since the beginning of this dissertation, that is,**

to minimize any *confusion* caused by the *current away of theories* **I will illustrate in the conclusion of my review** the developmental contributions of **those authors who have had a major impact on the field or who have offered a fairly systematized theory of object relations development** as I started to do in my Introduction, **but**, as above mentioned, and, once again, to be absolutely clear: **if the ten shared characteristics** of what Kernberg (cf., Kernberg, 1993a, 1993b, 2001a; see my Introduction) calls the ‘contemporary psychoanalytic mainstream’; **the five shared characteristics** of what he calls the ‘intersubjectivist-interpersonal-self psychology’ current; **and the fourteen shared characteristics** of what he calls **the ‘French psychoanalytic approach’ –alongside with the above two– don’t constitute new integrations**, not as a *simple* ‘common ground’, but as promoting valid hermeneutic meta-interpretations that configures the form of an effective ‘secondary discourse’ (cf., Laplanche, *op. cit.*), **I don’t know how one can say that psychoanalytic theory comes after clinical work.**

Because I think, as above mentioned many times, that **psychoanalytic theory comes after clinical work** in this Thesis I will establish the scientific accuracy or truth-value interpretations in clinical work providing concrete examples (as I did in my Introduction and I am doing in this literature review) of **how the analyst deconstructs the clinical phenomena independently of what theoretical model he embraces**: the keynote here is always how the ‘analyst’s mind’ work (Laplanche’s ‘primary discourse’; cf., Laplanche, *op. cit.*): **by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models.**

Accordingly, returning to the subject, I will develop Freud’s model of mind, articulating it with other psychoanalytic and philosophical perspectives. As I said, I will argue that Freud is the first object relation theorist, and because of that reason I will posit ‘part of’ Object Relations School as an epistemological continuum of Freud’s work.

Freud’s topographic model was conceptualized in two topics (‘topos’, in Greek, means ‘place’ or ‘space’): the first topic was formulated in the “Three essays on the theory of sexuality” (1905b), but Freud in his famous letter on 15th October 1897 to Fliess (cf., Freud, 1897c) already wrote in detail about this thematic; the second topic was formulated in 1923 with “The ego and the Id”, but the death drive (‘thanatos’, in

Greek, means ‘death’), central to this ‘big reformulation of the twenties’, was introduced in 1920 with “Beyond the Pleasure Principle”: “The place where all things are generated is the same one where they must be destroyed according to necessity; because they must pay penance and be judged by their injustice according to the order of time” (Anaximander, VI BC., in Nietzsche, 1903, p. 78).

This aphorism could represent the first conceptual abstraction that was formulated in relation to what *we* term today (in the psychoanalytic community) as the death drive (cf., *infra*). It is considered the oldest aphorism in the Western world proffered by Anaximander, six centuries before Christ. I use Nietzsche’s translation, because: “Nietzsche [is] the other philosopher [the first is Schopenhauer] whose premonitions and insights agree in the most amazing manner with the laborious results of psychoanalysis” (cf., Freud, 1925j, pp. 7-70; my alterations).

I will articulate Freud’s epistemological standpoint with regard to the death drive with its revised reading grid presented by Object Relations School. Fred Alford is (one of) the object relation theorists that reformulated the death drive juxtaposing the theoretical framework with its clinical applications. My theoretical ‘choice’ falls, as a ‘secondary discourse’, on Alford because this author, in the context of illustrating the epistemological continuum between Freud and ‘a part of’ Object Relations School, is one of the most objective and heuristic.

Taking this epistemological position I also steer into Freud’s harbour that the fundamental concepts of Psychoanalysis are: ‘Oedipus Complex; Sexuality; Repression and Resistance’ and ‘those who don’t accept them should not consider themselves as psychoanalysts’ (cf., Freud, 1923a, pp. 235-254). The intent of this reflection is to analyze and delineate the basic elements of Freud’s death drive theory in relation to the ideas proposed by Alford and some fecund observations by James Grotstein, whom I will develop further later on as I said.

First I will begin with the origin of the death drive, as well as how it came to be represented in ‘non-being’ configurations: “silence, sleep, night and death, the eternal peace of non-being, the total cessation of stimulation –these too are dimensions of thanatos, dimensions that come frighteningly close to eros” (Alford, 2000, p. 63). Alford presents the ‘human-non-being’ in the above four mythological categories because: “in Greek mythology, ‘Thanatos’ is the twin brother of Hypnos, sleep” (Alford, *ib.*).

In this sense, the ‘death drive’ represents the part of the human that is the ‘non-being’ (the world of ‘thanatos’): this is not an abstract definition but an inner reality where: “the fear and I were born as twin brothers” (Hobbes, 1651, p. 311). Twin brothers constitute the semantic container for a mental concept.

This mental concept becomes an embodied conception only when it is contained by the ‘psychoanalytic envelope’ (cf., Merleau-Ponty, 1945) created and termed by Freud as ‘Trieb’: “By drive (Trieb), one cannot designate anything other than the psychic representation that flows continuously, in contradiction to the stimulation produced by external and sporadic excitations. Therefore, the drive is a demarcation concept between the psychic and the somatic” (cf., Freud, 1905b, pp. 135-243; my alteration).

The twin brothers, ‘Eros’ and ‘Thanatos’, are: “mythological beings, very powerful in their imprecision” (cf., Freud, 1933a, pp. 5-182). Alford explains the epistemological reformulations present in the drive theory, which Freud calls: “our own mythology” (cf., Freud, *ib.*). Alford shows that: “it was not until ‘Beyond the Pleasure Principle’ that Freud explicitly posited an independent aggressive drive, derived from the ‘Todestrieb’, against which Freud set ‘Eros’, which assimilates all that strives towards life, including the self-preservative instincts” (Alford, *op. cit.*, p. 63).

As I said, Freud published his “Beyond the Pleasure Principle” in 1920, a time during which he was developing major reformulations in his on-going theory. Alford states that: “Freud’s concept of the Todestrieb, introduced in ‘Beyond the Pleasure Principle’ has always been controversial (...). For this reason most analysts who hold to the concept of instinctual drives distinguish between libidinal and aggressive drives, while ignoring or rejecting the metaphysics of the Todestrieb, Freud’s postulation of a drive to be dead, an aspiration to deadness” (Alford, *op. cit.*, pp. 62-63). In Freud’s words: “The goal of all life is death and, looking back, the non-alive existed before the alive” (cf., Freud, 1920a, pp. 7-64). Freud’s concept of ‘non-alive’ serves as the metaphysical shell for Alford’s concept of ‘non-being’: “The earliest state is inorganic being” (Alford, *op. cit.*, p. 65).

Heidegger conceptualizes an equal essence of the ‘non-being’: “origin signifies something from which and by which something is what it is, and how it is. For what it is (being) how it is, we call its essence. The origin of something is the source of its essence” (Heidegger, 1954, p. 78). The Heideggerian essence tries to represent the

Freudian existence (cf., Binswanger, 1926). From Heidegger's perspective, the: "being-in-possibility [constitutes itself as] being-for-death" (Heidegger, 1927, p. 101).

From Freud's standpoint, *we* have to live our existence, *our* life, in order to live *our* death, *our* essence: "seen in this light, the theoretical importance of the instincts of self-preservation, of self-assertion and of mastery greatly diminishes. They are component instincts whose function is to assure that the organism shall follow its own path to death, and to ward off any possible ways of returning to inorganic existence other than those which are immanent in the organism itself" (cf., Freud, *ib.*).

Alford argues that: "we fight and kill each other not because violence is satisfying, but in order to be left alone to die in our own time" (Alford, *op. cit.*, p. 65). In this sense, Sartre's aphorism: "Man is condemned to be free" (Sartre, 1943, p. 505) is truthful in that *our* freedom is *our* freedom to die in *our* own time. From this inner freedom in "Beyond the Pleasure Principle", Freud extrapolates to external freedom in "Civilization and its Discontents" published 10 years later: "Here the evidence of the Todestrieb is historical, not psychological (...). Freud says several times, aggression sounds much like sexual satisfaction. He compares the use of others for sexual purposes with their use as objects of aggression. ***Homo homini lupus***, man is the wolf to man, and he is running loose all over the world" (Alford, *ib.*; my bold).

"Homo homini lupus" (Hobbes, *op. cit.*, p. 390) is the aphorism that Thomas Hobbes coined to illustrate human nature. Hobbes calls his masterpiece *The Monster* («Leviathan»), meaning *State*, because he believes that this *Monster* dilutes the superegos of all the: "supermen Zarathustra" (Nietzsche, 1883-85, p. 12) promoting the State as the only mean of restraining the aggressive drive inherent to individuals who are in a permanent: "war of all against all" (Hobbes, *ib.*).

For the first time the **dynamic** between the human/superego and the *Monster/State* (State as a projection of the unconscious: the inner monster) was foreseen and allowed Freud to pursue his **psychodynamic** investigations in understanding why *man is the wolf of man*, but because, at the moment, I am developing a historic narrative ('Civilization and its Discontents'[1930b]), *we* must keep in mind that: "its characteristic of the human society to not be a whole, but to be just a part of what we could be" (Rawls, 1971, p. 127), whether this outlet is psychological, internal or external, man continues to be driven towards achieving this sense of communion. This leads *us* to the first element (**silence**) present in Fred Alford's object relations' theory.

The force with which society imposes suppression onto the superego appears outwardly accepted and adapted to but it is unconsciously resisted. This resistance rears its consequences externally or internally and sometimes both. The former compromises societal freedom and the latter, individual freedom; because man seeks freedom he is therefore ‘condemned’, at the cost to himself and/or those with whom he lives bringing *us* to the rampant chaos existent in society.

Freud’s speculation in the end of “Beyond the Pleasure Principle” (cf., Freud, 1920a, pp. 7-64), where he states that a primary destructive drive can be psychoanalytically (in **silence**) detected in Plato’s “Symposium” (apparently a paradox as Plato’s “Symposium” illustrates seven ‘versions’ of the definition of love, none which imply hate or any destructive drive; cf., Guthrie, 1975) is articulated with Alford’s *solution* which is that: “If aggression run rampant over the world is the theme of ‘Civilization and its Discontents’, the solution is to turn aggression inward. This turning inward has nothing to do with the inward-turning of ‘thanatos’. Instead, aggression turned inward is the source of the superego, conscious release of all the aggression one would have liked to have unleashed on their father and others, turned back against the self. Here is the discontent in civilization, the price of a world of peaceful wolves, each wolf doing perpetual violence to itself in order not to violate those it loves or must live with” (Alford, *op. cit.*, p. 65).

From the psychological perspective, it is clear that the **four categories of the non-being** (silence, sleep, night and death: the world of ‘thanatos’) are diluted in what we call ‘civilization’: “Civilization is aggression turned back against the self (that is, conscious), the alternative to the war of all against all. Superego or super-state: these are the choices we live with. Any other choice is to die” (Alford, *ib.*). Due to the species propensity to strive towards a death in its own time, ‘thanatos’ must fight for its existence. When this space is threatened or impinged upon, it is defended aggressively. This aggression is uncontained and is found lurking in the darkest corners of society and the human psyche.

Alford explains this aggression as the dissolution of boundaries (**sleep**), the second essential element of his theory. In order to fully capture this position, let *us* consider Dante awakening Beatrice, depicting: “absolute fusion” (Dante, 1472/1555, p. 34): the same fusion that Alford describes when he refers to the dissolution of boundaries and distinctions so that separateness no longer exists and fusion and chaos

ensue. Fusion as dissolution of distinctions can be seen also in: “Stevenson’s «Dr. Jekyll and Mr. Hyde»; Oscar Wilde’s «Dorian Grays’s Portrait»; Edgar Poe’s «William Wilson»; Mary Shelley’s «Frankenstein», and Conrad’s «Secret Sharer»” (Rank, 1914, p. 55): “When boundaries disappear, thanatos comes into possession of every other drive, especially eros: that of having an object, not just an aim” (Alford, *ib.*). Here is precisely where ‘thanatos’ obtains its space to exist, by attaching itself to an object. It is in this regard that Alford refers to Freud as being the first object relations’ theorist.

From this perspective the world of ‘thanatos’, the world of silence, sleep, night, and death (the world of ‘thanatos’) is a world of darkness which is enlightened by a dark object so to speak, or an *obscure object*. In order to compensate for this obscurity Freud spoke of blinding himself artificially in order to illuminate this *obscure object*: “Freud, in a letter to Lou Andreas-Salome [25th May 1916], suggested his method of achieving a state of mind which would give advantages that would compensate for obscurity when the **object** investigated was peculiarly **obscure**. He speaks of blinding himself artificially” (Bion, 1970, p. 43; my alterations), or in Freud’s own words: “I know that I have artificially blinded myself at my work in order to concentrate all the light on the one dark passage” (Freud, 1916d, p. 25).

Bion, heuristically, articulates Freud and Milton in his 4th ‘Brazilian lecture’ proffered in Rio de Janeiro: “In the third book of ‘Paradise Lost’ Milton says, ‘Hail, holy Light, offspring of heaven first-born! Or of the Eternal co-eternal beam May I express thee unblamed? Since God is light, And never but in un-approached light Dwelt from eternity –dwelt then in thee, Bright effluence of bright essence increate! ... Won from the void and formless infinite!’ There seems to be no doubt, and Milton certainly had no doubt, that he was blind– ‘so thick a drop serene hath quenched these orbs which roll in vain’; although they can feel the warmth he can see nothing. A capable eye specialist would nowadays have ideas about the nature of Milton’s blindness. We cannot really say whether Milton blinded himself artificially, or whether he realized, unconsciously, that he could not investigate these ‘things invisible to man’ while he was blinded by the brilliant light of facts. One cannot psychoanalyze Milton, but it is puzzling that he could apparently turn the experience of being blind to good account, exactly as Freud could not investigate these dark and **obscure** places unless he artificially blinded himself” (Bion, 1974, p. 104; my alterations).

Freud discovers this *obscure object* when he dreams, when no boundaries

between the self and the other exist, when the nothingness is something without boundaries, without limits: “In every dream there is a object that is unreachable, an **umbilicus**, so to speak, that is its **connection object** with the **unknown**” (cf., Freud, 1900b, pp. 339-621; my bold). This *connection object* that Freud describes signifies this world of darkness, the world where Alford’s ‘thanatos’ thrives.

In chapter II of *Die Träumdeutung*, Freud refers to his “Irma’s injection dream” (1897a): ‘as the first dream [he] subjected to exhaustive interpretation’ (cf., Freud, 1897a; 1900a, pp. 1-338; my alteration). Meltzer stated that this interpretation gives the: “impression that word and symbol remained very closely bound in his mind as representations of meaning in a far more rigid sense than Wittgenstein’s ‘seeing as’ and in a far more restricted sense in regard to the meaning of words than Russel’s meta-levels” (Meltzer, 1984a, p. 110).

This concept is important because the *nature of the object*, in object relations theory, is represented by Freud’s dream *umbilicus*. Freud wrote the word *Uner Kannten* to designate the *nature* of that *unknown object*, but *Uner Kannten* does not mean unknown (*Un bekannte*). *Uner Kannten* evokes the biblical expression *ein weib erkennen* which means *to meet a woman*. The “Irma’s injection dream” is not only the Jocasta’s dream for psychoanalysis but it also provides the substance with which to defend that: “the dream goes along with the object relation in the real world” (cf., Winnicott, 1971, pp. 53-64; Pereira, 2000): **object relation** emerging from the word *umbilicus*, symbol for the *omphalic* as *primary representation*.

This *primary representation* illustrates the archaic *meaning* of the word *umbilicus* that is **mystery**. In order to fully conceptualize this dynamic I will trace its etymological root. The word *mystery* has a Greek etymological root in which the etymon *myo* means *closed*, and the etymon *ystero* means *uterus*. *Omphalic* derives from the etymological root of *umbilicus*, which is *omphalos* (cf., Graves, 1955, 1963). The most famous *omphalos* at Delphi was assumed to mark the *centre* of the earth...the *centre* of **Mother Nature**...the *central object* that Freud calls the *obscure object*. If we are to seriously examine Alford’s reformulation of *thanatos*, a clear understanding of this closed and mysterious obscure object with relation to its nature is essential.

Alford continues: “Hatred seeks to destroy its object forever in both senses of the term. Hatred seeks obliteration of its object forever, and hatred seeks to be forever obliterating its object, so that it will not have to be alone. Here is the *telos* of *thanatos*,

hatred that binds self to its object in an infinity of destruction, nirvana in the realm of violence” (Alford, *op. cit.*, p. 68).

Arthur Schopenhauer in his principal work, “The World as Will and Idea” (1818-19) formulated the ‘Nirvana principle’, published in the end of 1818. Barbara Low (a British psychoanalyst) published “Psycho-Analysis: A Brief Account of the Freudian Theory” in 1920, where she enunciates the: ‘presence of the Nirvana principle in psychic life’ (cf., Low, 1920). Freud agrees with her and in the same year he publishes “Beyond the Pleasure Principle” where he says that the Nirvana principle: ‘seems to express the predominant tendency of psychic life and, perhaps, of the nervous life in general, aiming the reduction, the constancy and the elimination of the tension resulting from internal excitation’ (cf., Freud, 1920a, pp. 7-64).

According to Alford, the presence of this tension is derived from the turning inward of ‘thanatos’ in order to create a world of peaceful wolves or to contain the discontents in civilization but simultaneously he warns *us* of the consequences of this solution; Man’s superego, in its quest for freedom is drawn into a perverse nirvana’s quest by ‘thanatos’. It is here that ‘thanatos’ takes possession of every drive, especially ‘eros’. ‘Thanatos’ consuming ‘eros’ brings *us* to an *uncontrolled Zarathustra*, in turn leading *us* back to Hobbes’s *world*: ‘the fear and I (‘Thanatos’ and ‘Eros’) were born as twin brothers’ in a perverse *nirvana’s realm*, where every man is for himself because anything else means death.

Alford proffers many illustrations of the perverse *nirvana’s quest* (‘will’) taken from the studies he conducted that exhibit the will of ‘thanatos’ running rampant, as well as the process of boundary dissolution in creating fusion with another object that it will attack and obliterate infinitely. His examples clearly illustrate what ‘thanatos’ looks like in the realm of ‘eros’: “the quest for nirvana marked by the **collapse** of any distinction between love and hate” (Alford, *op. cit.*, p. 68; my bold).

From this perspective, ‘thanatos’ *almost* represents one of the dimensions of what Grotstein calls the ‘dual-track (‘eros’ and ‘thanatos’) of psycho pathogenesis’: “I advocate a dual-track conception of psycho pathogenesis as follows: (1) The *infantile neurosis* organizes the infant’s unconsciously experienced phantasies about its relationship to its primal objects and regulates the dialectic between its «narcissism and socialism». (2) *Infantile catastrophe* occurs with the impact of overwhelming externality when the infant (or even an adult) has not had the opportunity to prepare for

the trauma by initially having (autochthonously) created it” (Grotstein, 2000, p. 54; my bold).

In order to further elucidate ‘thanatos’ existing in a *state of* ‘perverse nirvana’ we can contemplate the most famous *actor* of this tragedy: Oedipus. In the preface to Ernest Jones’s “Hamlet and Oedipus”, Jean Starobinski shows that, if ‘Sophocles’s Oedipus represents the revelation’s tragedy for Freud, then Shakespeare’s Hamlet illustrates repression’s drama’: “Oedipus, ancient hero, symbolizes the unconscious universal, disguised as destiny: Hamlet, modern hero, evokes the birth of guilty subjectivity, contemporary of a time in which the traditional image of the **Cosmos collapsed**” (Jones, 1949, p. 3; cf., Freud, 1928b, pp. 177-194; my bold).

Alford reasons that the **collapsing** of this **cosmos** is what precipitates acts of severe violence such as *particularly sudden murders*. In one particular study Alford describes the case of a young college student, Sinedu Tadesse, who stabs her roommate forty five times killing her while she lay asleep one night in their college dormitory. Later it was discovered in the content of Sinedu’s diary that she had been experiencing intense and overwhelming feelings toward her roommate for quite some time leading up to the act of the murder: “Our situations would never reverse, for me to be strong and her to be the weak. She’ll live on tucked in the warmth and support of her family while I cry alone in the cold” (Alford, *op. cit.*, p. 69).

Sinedu was found hanging in her college dormitory bathroom. She had violently murdered her roommate and then turned the aggression inward, killing herself: “the one who hates has given up so much of herself to the desire to be the other that there is no going back, not enough self to go back to, or so it seems. The self of the hater has been destroyed, and no return is possible, only the perverse satisfaction that the one who is hated will share the obliteration, fusion in the realm of entropy, nirvana” (Alford, *op. cit.*, p. 70).

The third and fourth crucial elements (**night** and **death**) in this newly theorized ‘thanatos’ is that the: “hatred behind affective violence is a path to fusion, a hot relationship in a cold world. Affective violence seeks to fuse with the other, preserving the relationship in the absence of the other, without the bother of the reality of the other [that all] (...) stems from the fear of abandonment, the un-mastered terror of loss, one of the three leading psychological dangers according to Freud” (Alford, *op. cit.*, pp. 70-71, my alteration; cf., Freud, 1926a, pp. 87-172).

This particular case clearly exemplifies what constitutes a perverse linkage with an object. The “Nemesis object” by James Grotstein is defined as follows: “This internalized prison becomes an inner labyrinth, ruled by an omnipotently harassing, taunting, and denigrating superego subjective object, which I term the Nemesis object, the shadow side of the ego ideal. Its counterpart in benign, non-traumatic play is the ‘challenge object’, and the locale of this play is that intermediate area that Klein (1935) calls ‘mother’s insides’, Meltzer (1992) the ‘Clastrum’, and Winnicott (1971) ‘Potential Space’” (Grotstein, *op. cit.*, p. 211).

According to Alford, this is the result of a collapsed cosmos, the result of the dissolution of boundaries, the result of fusion, the result of ‘thanatos’ running rampant in nirvanas will. When Sinedu was unable to achieve the external freedom that she so desperately desired as evidenced in her written confession, she sought to make internal reparations by latching onto an object, her roommate. When her chosen object did not respond reciprocally, ‘thanatos’ led her into nirvana as Beatrice led Dante into inferno, *mutatis mutandis*.

When the *Nemesis object* emerges: “affective violence seeks to control abandonment, destroying the other so that he or she cannot leave. Even, or especially, if the killer wants to leave. Deep down in their psyche there is little difference between leaving and abandonment. Little difference and, all the difference in the world: the difference between control and its absence” (Alford, *op. cit.*, p. 71). This *little difference* is what precipitated the *cosmos collapsing* (cf., *supra*) in the case example described by Alford.

The absence of control in the self creates a space of reciprocal exclusion. When boundaries are destroyed a space emerges that does not have an identity. This space is located: “in the borders of the interior and the exterior, of representations and of expression, of affection and of perception. The imaginary space corresponds to a wide variety of pathological phenomena and normal phenomena, whose intimate structure has the imprint of that fundamental ambiguity” (Ali, 1974, p. 18).

Alford theorizes that this *fundamental ambiguity* finds its roots in hatred: “If the murder is sudden, the hatred behind it takes years to mature (...). Hatred is ego-structuring. It can define a self, connecting it to others, anchoring it in the world, while at the same time acting as a fortress” (Alford, *ib.*). In Otto Kernberg’s words: ‘The underlying mechanism, I am suggesting, is the establishment of an internalized object

relationship under the control of structured rage, that is hatred...Hatred consolidated the unconscious identification with the **victim** and **victimizer**' (cf., Kernberg, 1995, pp. 53-82; my bold), such as lived and described by Sinedu Tadesse in her diary.

Sinedu could not cope with the ambivalence of being **victim** and **victimizer**, or rather Sami Ali's *fundamental ambiguity* and Winnicott's *primary failure*. As Alford says: "In the end, hatred chains an individual to those he hates (...). Hatred promoted ego-shrinking rather than ego-enhancing relationships, in which there is no need to cope with ambivalence. Yet, it is only by dealing with ambivalence, the complexity of our feelings, how we love those we hate, and vice-versa, that we integrate ourselves. Sinedu knows reality, and will obliterate herself along with the one she knows she cannot be (...). The hatred of affective violence traps the victim and victimizer in a **world of bodies** that is the world" (Alford, *op. cit.*, pp. 73-74; my bold).

Alford uses this particular expression, *World of bodies*, because it represents the unconscious identification between victim and victimizer. This representation is clearly exemplified in "The Brothers Karamazov" narrative where Fedor and Smerdiakov (I use Dostoevsky's novel as an example because Freud himself recognized that this novel was *more Freudian* than even Oedipus or Hamlet; cf., Dostoevsky, 1880; cf., Freud, 1928b, pp. 177-194) are trapped in a *labyrinth* of affective violence: "The labyrinth is the unconscious counterpart to the potential space/claustrum and can be mediated by the 'transformational object' (Bollas, 1987), of challenge or by the 'demon of Nemesis', depending respectively on whether we have hope or have forfeited our authenticity to the demon of Nemesis in a Faustian bargain" (Grotstein, *op. cit.*, p. 211): in "The Brothers Karamazov" Dostoevsky describes acts for which Dostoevsky himself thinks forgiveness will be impossible and grotesque, *mutatis mutandis*, Arendt's work on Eichmann argued that Eichmann's actions were such as to put him outside the human community and beyond the possibility of 'forgiveness' (cf., Arendt, 1963).

Catastrophic mental impairment renders forgiveness irrelevant because the 'object' is not a moral agent; monumental cruelty may rather make forgiveness impossible; as *we* saw above: "the hatred of affective violence traps the victim and victimizer in a world of bodies that is the world" (Alford, *op. cit.*, p. 74), a world where forgiveness is impossible, a world where reparation is impossible, a world where *our* 'demons' are completely loose representing a half-way path between Dante Alighieri's 'Inferno' and Greek's own Hades where victim and victimizer are 'forever' trapped. The

outcome of this *trial-by-ordeal* depends largely on: “how much omnipotent authority the infant has invested in its cruel internal subjective objects” (Grotstein, *ib.*). Or, as in the case study provided, the omnipotent authority that the murderer invests in their harassing and taunting *internal subjective objects*. This omnipotent authority is derived from the costly effects of repression to maintain a world of *peaceful wolves*: “Freud’s great contribution to social theory is his delineation of the cost to individuals and to society as a result of the modifications necessary to the psyche to contain the species’ propensity to violence. Both Freud, and his great critic Herbert Marcuse, understood the self-defeating quality of these modifications: by making society and existence even less pleasurable, they actually heightened the propensity to violence, violence as rage against the burden of civilization; in other words, Freud and Marcuse understood history to be tragedy, the solution to violence likely to foster more violence in the long run” (Alford, *op. cit.*, p. 76).

In conclusion, I defend that **Freud is the first object relation theorist** (like Alford states). Freud is the *first* because he starts from the *beginning*: “For Freud (...) the battle is not between the inner and external manifestations of thanatos, but between what Freud, in one of his later works called the two fundamental principles of Empedocles, eros and thanatos, love and hate, one perpetually seeking to destroy what the other has created (...). The more thanatos is loosed upon the world, the more the superego must direct its violence against the self, making both self and world a less hospitable dwelling for eros (...); the more violence eros must contend with, the less is available for creativity and culture” (Alford, *op. cit.*, p. 83).

It is in this way that *eros* becomes imprisoned by ‘thanatos’. ‘Thanatos’, so envious of the fusion that ‘eros’ is capable of, obliterates itself in the attempt to attain it. ‘Thanatos’ is almost responsible for *the birth of civilization*: before the advent of civilization, people had only the simplest, most necessary diseases. Peasants and workers still remain close to the basic nosological table; the simplicity of their lives allows it to show through in its reasonable order, without the Hobbesian *monsters* being projected.

From this perspective, *we* can see that Freud was, in fact, the first object relation theorist because he, as Empedocles, foresaw what the *forces*, the *objects* were that determined the beginning of *our* civilization and how *we* developed into what *we* are today.

In epitome, I believe that Freud understood that the human beings cannot blind themselves (like Oedipus) when ‘thanatos’ tries to create **fusion**: the psychic reality of ‘thanatos’ configures an object relation where **the object of ‘thanatos’ is the dissolution of boundaries in the Self**. This dimension has been termed in psychoanalytic literature as ‘aphanisis’ (Jones, 1927), ‘the fear of annihilation’ (Klein, 1946), ‘primitive agony’ (Winnicott, 1974), ‘the abject’ (Kristeva, 1980), ‘the black hole’ (Grotstein, 1990a, 1990b); ‘the white psychosis and the negative hallucinosis’ (Green, 1999) are often traumatic events of massive proportion (cf., Freud, 1926a, pp. 87-172; Jones, 1927; Tustin, 1981a; Hopper, 1991) as *we* saw above.

Accordingly, Giovanecchi observes, for example: “that intrusiveness, abandonment and even brutality are often dominant qualities of the infant milieu” (Giovanecchi, 1997, p. 36), and Boyer notes that: “there is an ample evidence that the development of...[psychotic and borderline personality disorder]...results from continuous minor psychological assaults [proto-dissolution of boundaries in the Self]...I have found with startling regularity that in borderline and schizophrenic patients, actual dramatic psychological and/or physical sexual assaults have been commonplace rather than exceptional” (Boyer, 1978, p. 65; my alterations).

In an outstanding article published posthumously, Winnicott writes in a similar vein: “it is wrong to think that psychotic illness is a breakdown, it is a defence organization against a primitive agony...The underlying agony is unthinkable... [it] is the fear of a breakdown that has already been experienced” (Winnicott, 1974, p. 103). It is ‘unthinkable’ since it cannot be expressed symbolically in neurotic terms because it came into being during a pre-conceptual phase of development. Winnicott outlines the consequences for therapy: “there are moments, according to my experience, when a patient needs to be told that the breakdown, a fear of which destroys his or her life, *has already been*” (Winnicott, *ib.*).

This is of great importance because it is an essential factor in the creation of internal and/or external chaos. Had ‘eros’ not overcome ‘thanatos’, *we* would never have come to know the other object relations that exist today, such as ‘**love, creativity, and culture**’ (cf., Freud, 1930b, pp. 64-145). From this perspective *we* can see the continuum of Freud’s work with ‘a part’ of Object Relations School: **I shall analyze now how modern day theorists cope and unfold a new ‘secondary discourse’ based on the heuristic premises that Freud formulated as the substrate of any Object**

Relation: love and hate; creativity and culture.

Returning to the argument of Gedo and Goldberg in their “Models of Mind”, these authors argue that, after Freud, the intervening period calls for an object relations model ‘that can account for the formation of the self’ (cf., Gedo and Goldberg, 1973). Love, creativity and culture are the key substrates of ‘a part’ of Object Relations School as we saw above, but to articulate these constructs with a model of mind ‘that can account for the formation of the self’ as Gedo and Goldberg argue, I first have to present Lacan’s main scientific constructs and the inherent Foucault’s and Bataille’s philosophical contributions towards Lacan’s psychoanalytic theory.

I have this approach because before I ‘interpret’ the models of mind ‘that can account for the formation of the self’ I have to ‘interpret’ the model of mind that can account for the ‘genealogy’ of the self: Lacan’s model, which is, in my perspective, one of the most heuristic ‘secondary discourses’ ever developed in psychoanalytic theory as I will illustrate throughout this literature review, **but, *once again*: throughout my review I will follow Gedo and Goldberg’s epistemological stream of thought, but with my own perspective of interpreting each ‘model of mind’ as a ‘secondary discourse’ as I have been defending since the beginning of this dissertation, that is, to minimize any *confusion* caused by the *current away of theories* I will illustrate in the conclusion of my review the developmental contributions of those authors who have had a major impact on the field or who have offered a fairly systematized theory of object relations development as I started to do in my Introduction, but, as above mentioned, and to be absolutely clear: if the ten shared characteristics of what Kernberg (cf., Kernberg, 1993a, 1993b, 2001a; see my Introduction) calls the ‘contemporary psychoanalytic mainstream’; the five shared characteristics of what he calls the ‘intersubjectivist-interpersonal-self psychology’ current; and the fourteen shared characteristics of what he calls the ‘French psychoanalytic approach’ –alongside with the above two– don’t constitute new integrations, not as a *simple* ‘common ground’, but as promoting valid hermeneutic meta-interpretations that configures the form of an effective ‘secondary discourse’ (cf., Laplanche, *op. cit.*), I don’t know how one can say that psychoanalytic theory comes after clinical work.**

Because I think, as above mentioned many times, that psychoanalytic theory comes after clinical work in this Thesis I will establish the scientific

accuracy or truth-value interpretations in clinical work providing concrete examples (as I did in my Introduction and I am doing in this literature review) of how the analyst deconstructs the clinical phenomena independently of what theoretical model he embraces: the keynote here is always how the ‘analyst’s mind’ work (Laplanche’s ‘primary discourse’; cf., Laplanche, *op. cit.*): by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models.

Returning to the subject, from 1971 until his death in 1984, Michel Foucault gave public lectures at the *Collège de France*. These lectures were compiled in a volume entitled “Abnormal”, published in 1999. Firstly, this Lacanian review intends to develop some of the thesis defended here by Foucault, because Lacan developed his perspective about the ‘genealogy of the self’ from Foucault (and Bataille; see below) conceptualizations, among many other authors from different fields of knowledge; following Roudinesco & Plon (1997), the main references are: metaphysics, Georg W. F. Hegel’s “Phenomenology of Spirit” (1807); ontological phenomenology, Martin Heidegger’s “Being and Time (1927); anthropology, Claude Lévi-Strauss’s “The Elementary Structures of Kinship” (1949); linguistics, Ferdinand Saussure’s “Course in General Linguistics” (1916); logic and language, Ludwig Wittgenstein’s “Tractatus Logico-Philosophicus” (1922) and “Philosophical Investigations” (1953).

I will not work explicitly these authors, but, inherently to Lacan’s (and my own) cogitations, all of them are present in the *corpus* of the text; in the end of my review, as I said, Lacan’s (cf., Lacan, 1966, pp. 93-100, pp. 101-124, pp. 237-322, pp. 401-436, pp. 493-528, pp. 685-695, pp. 765-790, pp. 793-827, pp. 829-850, pp. 855-877; 1967-68; 1968; 1968-69a; 1969; 1969-70; 1970; 1972-73; 1973; 1974-75; 1975a; 1975-76; 1977-78a, pp. 12-34; 1977-78b, pp. 548-556) algebraic structures [classical research as Diophantus of Alexandria’s “A Study in the History of Greek Algebra” was vital to understand some of Lacan’s fecund insights (cf., Diophantus, 1910)] will be illustrated as an ‘epistemological counterpart’ to Matte-Blanco’s bi-logic (1956, 1975, 1981, 1988), and the above mentioned authors will be there implicitly developed.

Building on the themes of societal self-defence developed in works like: “The Birth of the Clinic” (1963), “Discipline and Punish: The Birth of the Prison” (1975), and “Society Must Be Defended” (1975-1976), Foucault illustrates (in the *Abnormal*) how and why categorizing ‘abnormality’ (madness/badness) and ‘normality’ were

prerogatives of power (Foucault's key concept) in the nineteenth century, shaping institutions from the prison system to the family, meant to deal in particular with 'monstrosity', whether sexual, physical, or spiritual.

This reflection will focus on the basic tenets present in this problematic. I will use the same methodology used by Foucault: the **archaeology [the genealogy] of the human**: "that opening up of the concrete individual, for the first time in Western society, to the language of rationality, that major event in the relationship of man to himself and of language to things" (Foucault, 1994, p. 25; my alterations).

This review will try to grasp Foucault's understanding concerning deviance, prison and the asylum of the nineteenth century in order to explain how the 'self' of the twentieth century 'emerged' from those realities: "We have undertaken the history of subjectivity by studying the divisions carried out in society in the name of madness, illness, delinquency and their effects on the constitution of a reasonable and normal subject" (Foucault, 1994, p. 214).

Secondly, I will articulate Foucault's thought with Bataille's conceptualizations, specifically the one coined by the author as "heterology" (1970b): his key-definition of what the 'Real' is; the "Real as Impossible", the real as a 'thing outside of us' never apprehensible, as something that *we* have to 'arrive to' but *we* never do (see below; cf., Bataille, 1970b, pp. 167-178; Lacan, 1966, p. 32): Hegel's 'aufheben', the Real is something that *we* are not 'in off', *we* are 'out off', the self relates to the Real by a never ending dialectic: 'thesis, antithesis, synthesis' (cf., Hegel, 1807).

This dialectic, for Bataille is the dialectic of 'garbage' ('heterology' means 'science of garbage'), and constitutes one of the 'categories' that can be considered as his 'phenomenology of the Real', which will be explored and further developed. The outcome of this reflection will be the Lacanian critique regarding the above stated problematic.

After this introduction, I will now turn to the genealogical narrative with one of the lectures that Foucault proffered and presented on January 22, 1975: "Today I would like to begin the analysis of the domain of abnormality as it functions in the nineteenth century. I would like to try to show that this domain was constituted on the basis of three elements. The first of these figures is what I will call the «human monster». The frame of reference of the human monster is, of course, law" (Foucault, 1999, p. 55).

From this perspective, the 'human monster' is a juridical notion, but in a broad

sense since it concerns the laws of nature, as well as the laws of society: “the field in which the monster appears can be called a «juridical-biological» domain. However, the monster emerges within this space as both an extreme and an extremely rare phenomenon. The monster is the limit, both the point at which law is overturned and the exception that is found only in extreme cases. The monster combines the impossible and the forbidden” (Foucault, 1999, p. 56; my alterations).

Foucault uses delimitation concepts that represent what may constitute a symbolical border surrounding his first figure: a border that isolates the space of the Real, the limit of the Real as something that is impossible and forbidden. This double dimension is represented successively by the figure of a being that is half human and half animal (given prominence especially in the Middle Ages): a figure that has its archetype in the archaic Oedipal myth: “the Minotaur may symbolically represent the archaic internalised father phantasmally constituted as part of a combined parent imago or also as phallic mother, as well as assertive aspects that the toddler projects into the internal penis and that he is now destined to reclaim” (Klein, 1921-1945 in Grotstein, 2000, p. 203). I will develop this thematic, with detail, later on in my reflection.

From another perspective, Lacan states that what generates a human monster is the annihilation of the archaic internalized father: the annihilation of the “Name-of-the-Father” or the “Law-of-the-Father” (Lacan, 1966, p. 220). Lacan created these concepts in his Seminars “Freud’s Papers on Technique, The Seminar, Book I” (1953-54) and “The Psychoses, The Seminar, Book III” (1955-1956): the former about ‘the Rat Man’ Ernst Lanzer; the latter about Daniel Paul Schreber. Here the author explains the figure of the father as having the role of ‘primary signifier’. The primary signifier constitutes the first and most important signifier of culture ‘assimilated’ by the infant; this operates as the symbolical function of the law.

When the father nominates the name of the infant he simultaneously nominates the law of the infant: when the Name-of-the-Father is ‘internalized’ (a concept that is not Lacanian: I ‘borrowed’ it from Object Relations Theory) by the infant, Lacan argues that the infant earns his identity through acquiring, inherently, his space inside of culture according to the law given by the father. When this space in culture is not created, a space of real without limits appears: psychosis. Lacan calls it: “the foreclosure of the Name-of-the-Father” (Lacan, 1966, p. 240), the rejection of all signifiers, the rejection of all laws: this is the territory in which the human monster is

created: “When the monster violates the law by its very existence, it triggers the response of something quite different from the law itself. (...) One of the first ambiguities is that the monster is a breach of the law that automatically stands outside the law. The second is that the monster is, so to speak, the spontaneous, brutal, but consequently natural form of the unnatural. In this sense we can say that the monster is the major model of every little deviation” (Foucault, 1999, p. 56).

We can see the epistemological similarities between Lacan and Foucault, which are not arbitrary in two authors who refuse (and explain why) the kinship between illness and deviance. It should be noted that I am defending a Foucaultian *hermeneutic* of the notion of the ‘self’ (my own ‘secondary discourse’ regarding Foucault’s theory), not the notion itself as the author poses it.

Additionally, it can be stated that illness and deviance had a scholastic (and, by inherence, Aristotelian) linkage, initiated by Saint Thomas Aquinas in his “Summa Theologica” in the 13th century (cf., Thomas Aquinas, 2000), that had its first philosophical obstacle with Descartes (1641) in his “Meditations on First Philosophy” where he proffers his famous “I experience, therefore I am!” (cf., Descartes, 1641, pp. 59-124); the Cartesian experience didn’t isolate the *cogito* (reason) in a closed space (the mind): rationality didn’t exclude madness (cf., Descartes, 1637, pp. 123-179).

In 1946, Lacan reread, during a Seminar on “Formulations about the Psychic Causality”, this Cartesian aphorism (cf., Lacan, 1966). The author illustrated in his doctoral thesis (“De la psychose paranoïaque dans ses rapports avec la personnalité” about Marguerite Anzieu: the case ‘Aimée’) published in 1932, and one year later with the case of the “Papin Sisters”[from which later on Jean Genet wrote a famous play entitled “Les Bonnes” (cf., Roudinesco & Plon, *op. cit.*)], that Descartes’ intuition was correct: in both, Lacan states that the crimes committed [Marguerite tried to kill a famous French actress called Huguette Duflos; the Papin Sisters killed their female employers; (cf., Roudinesco & Plon, *op. cit.*)], constituted: “a principle of intelligibility” (Lacan, 1966, p. 182): “We can say that until the end of the nineteenth century and perhaps until the twentieth century the abnormal individual is essentially an everyday monster, a monster that has become commonplace [intelligible]. For a very long time the abnormal individual will be something like a pale monster. This is the first figure I want to consider. (...) The second figure in the genealogy of abnormality could be called the «individual to be corrected»” (Foucault, *op. cit.*, p. 56; my alteration).

As we have seen, Foucault describes the domain of abnormality as being constituted by three elements, three figures. The second figure ‘the individual to be corrected’ will now be scrutinized through the archaeological method: “The individual to be corrected is essentially a very specific individual of the 17th and 18th centuries, of the Classical Age. The monster’s frame of reference was nature and society, the systems of the laws of the world. The frame of reference of the individual to be corrected is much narrower. The individual to be corrected emerges in the play of relations of conflict and support that exist between the family and the school, workshop, street, quarter, parish, church, police, and so on” (Foucault, *op. cit.*, pp. 57-58).

This play of relations between the different micro-societies (‘family, school, church, and so on’), the role played by «the individual to be corrected», and its (*un*)specific function steers into the harbour of Durkheim’s definition of society as: “an integrated system where each element has a functional role” (cf., Durkheim, 1897). The individual *to be* corrected does not have a function until he *is* corrected: “The individual to be corrected appears to require correction because all the usual techniques, procedures, and attempts at training him within the family have failed to correct him. What defines the individual to be corrected is that he is incorrigible” (Foucault, *op. cit.*, p. 58).

From this perspective we can foresee the emergence of replacement techniques, new practices for training bodies, behaviour, and abilities, which open up the problem of those who escape the functional role inside of the integrated system that has ceased to be that of the sovereignty of the Law-of-the-Father: “An axis of rectifiable incorrigibility emerges on which we will later find the abnormal individual and which will serve as a support for all the specific institutions developed for abnormal individuals in the nineteenth century. The pale, commonplace monster is also an incorrigible who will be placed in the centre of an apparatus of correction. This, then, is the second ancestor of the nineteenth-century abnormal individual” (Foucault, *op. cit.*, pp. 58-59).

The specific institutions that Foucault refers are, obviously, the psychiatric institutions, which were primarily developed for the ‘abnormal individuals’ by Philippe Pinel in France, William Tuke in England, and Benjamin Rush in the United States of America, (cf., Roudinesco & Plon, *op. cit.*). I will now analyze the third and last element that constitutes the domain of abnormality as it functions in the nineteenth

century: “The third figure is the «masturbator». The masturbator, the child masturbator, is a completely new figure of the nineteenth century (...) and whose field of appearance is the family or even something narrower than the family: (...) it is the bedroom, the bed, the body; it is the parents, immediate supervisors, brothers and sisters; it is the doctor. It is a kind of microcell around the individual and his body” (Foucault, *op. cit.*, p. 59). The masturbator is a completely new figure in the eighteenth century. The masturbator is the correlate of new relations between sexuality and the organization of the family, of the ‘child’s new position at the centre of the parental group’, and of the new importance accorded to the body and health. The masturbator marks the appearance of the child’s sexual body.

There is, in fact, a long genealogy to this appearance: the linked development of techniques of ‘spiritual direction’ [in the new pastoral arising from the ‘Reform’ and from the Council of Trent with the outcome in one of Paul VI’ encyclicals where this Pope (elected in June of 1963, succeeding to John XXIII only eight months after the end of Council of Vatican II) states that ‘masturbation is a sin’ (cf., Levillain, 1994)], and ‘institutions of education’: “Masturbation is a kind of polyvalent causality to which one can attach, and to which doctors in the eighteenth century will immediately attach, the entire panoply, the entire arsenal of physical, nervous, and psychiatric illness (...). In the pathology of the end of the eighteenth century, there will be practically no illness that cannot, in one way or another, be laid at the door of this aetiology, that is to say, of this sexual aetiology” (Foucault, *op. cit.*, pp. 59-60).

However, the crusade against masturbation and sexuality represents a break with this background. Actually, in the eighteenth century at least, this crusade does not take the form of a general sexual discipline: it is aimed primarily at adolescents or children, and even more specifically at those from rich or well-off families: “It is this kind of aetiology with regard to sexuality and sexual abnormalities that we find at the heart of the nineteenth and twentieth century” (Foucault, *op. cit.*, p. 60).

Herbert Graf, the famous “Little Hans”, belonged to these bourgeois families. In 1909 Herbert Graf was a two-year-old child that was being ‘analyzed’ indirectly by Freud; Max Graf, the child’s father, was the direct observer, who then transmitted the observed elements to Freud (cf., Freud, 1909c, pp. 5-147; Roudinesco & Plon, *op. cit.*). Lacan dedicated the second part of his seminar in 1956-1957, entitled “La relation d’objet et les structures freudiennes, Le Séminaire, Livre IV”, to the “Little Hans” case.

In his *exegesis*, Lacan places the child masturbator in a double psychic dimension: symbolic (mythological) and imaginary (phantasmatic signifier: cf., *supra*): “So that imperious proliferation of particular symbolic creations, such as what are called the sexual theories of the child, which supply the motivation down to the smallest detail of neurotic compulsions, these reply to the same necessities as do myths. Thus, to speak of the precise point we are treating in my seminars on Freud, little Hans, left in the lurch at the age of five by his symbolic environment, and suddenly forced to face the enigma of his sex and his existence, developed, under the direction of Freud and his father, Freud’s disciple, in mythic form, around the signifying crystal of his phobia, all the permutations possible on a limited number of signifiers” (Lacan, 1966, p. 185).

Additionally, *we* can infer that Freud, Foucault and Lacan explain this same psychic reality through different vertices (from my perspective, different ‘secondary discourses’): its genealogical process is that the child becomes responsible for his own body and his own life. Parents are denounced as the real culprits for the child’s «abuse» of his sexuality: it is the absence of supervision, the neglect, and especially that lack of interest in the bodies and conduct of their children that leads parents to entrust their children to ‘wet nurses’, servants, and private tutors, that is to say, to all those intermediaries regularly denounced as initiators into debauchery. Freud will take his ‘seduction theory’, formulated between 1895 and 1897, from this (cf., Roudinesco & Plon, *op. cit.*; see, in detail, Freud, “The Complete Letters of Sigmund Freud to Wilhelm Fliess: 1887-1904”, edited by Masson in 1985).

Lacan steers into Freud’s archaeological harbour: “We should be struck by the fact that it is in the co-extensivity of the development of the symptom and of its curative resolution that the nature of the neurosis is revealed: whether phobic, hysterical, or obsessive, the neurosis is a question that being poses for the subject «from where it was before the subject came into the world» (Freud’s phrase, which he used in explaining the Oedipal complex to little Hans)” (Lacan, *op. cit.*, pp. 185-186). The small incestuous family that is characteristic of *our* societies, the small, ‘sexually saturated family space’ in which *we* are raised and in which *we* live, was formed from this (cf., Foucault, 1999).

The «abnormal» individual that so many institutions, **discourses**, and fields of knowledge have been concerned with since the end of the nineteenth century derives from the «juridical-natural» exception of the monster, the multitude of incorrigible individuals caught in the «apparatus of rectification», and the «universal secret» of

childhood sexuality: “To situate this kind of archaeology of abnormality we will say that the nineteenth-century abnormal individual is the descendant of these three individuals: the monster, the incorrigible, and the masturbator (...)” (Foucault, *op. cit.*, p. 60).

Accordingly, it can be said that the abnormal individual born in the nineteenth-century grew into a deviant young man in the twentieth-century. This deviant young man tries to adapt to the Real, but Bataille and Lacan consider: “the Real as impossible” as I said above (cf., Bataille, 1970b, pp. 167-178; Lacan, *op. cit.*, p. 32). In 1953, Lacan formulates his first topic entitled “the Symbolic, the Imaginary, the Real”, where he gave primacy to the Symbolic because: “the production of the Real is made by the Symbolic” (Lacan, *op. cit.*, p. 199).

Therefore, each one of these deviant young men’s ancestors is represented by each category, in line with Lacan’s first topic (the «child masturbator» represents both the symbolic and the imaginary as I stated above). Foucault’s «individual to be corrected» is represented by the Symbolic as having: “supremacy over the Imaginary” (Lacan, *op. cit.*, p. 215), and: “supremacy over the Real” (Lacan, *op. cit.*, p. 218). The Symbolic defines the individual to be corrected as a system of significations constituted through language, specifically, signs and significations, which determine the subject ‘without him wanting it’.

The Symbolic also designates the dimension to which the individual is attached: this dimension is its symbolic function (Foucault called it «institutions of education»). The concept of the Symbolic is inseparable from the other three ‘Fundamental Concepts of Psychoanalysis’ (cf., Lacan, 1964): the ‘Signifier; the Foreclosure; and the Name-of-the-Father’. The following intends to explain the dynamic of this conceptualization.

In 1964, Lacan presented a Seminar entitled “The Four Fundamental Concepts of Psychoanalysis, The Seminar, Book XI” where he categorizes them as: ‘The Unconscious and Repetition; Gaze as object (little) a; The Transference and the Drive; The Locus of The Other and the Return of the Transference’ (cf., Lacan, *op. cit.*).

In my perspective, «The Unconscious and Repetition» is represented by what Lacan coined as the: “Signifying Chain” (Lacan, 1966, p. 111), and the chain that signifies is the chain that exists between the Symbolic and the Real, between the Unconscious and its Repetition: the Unconscious **is** the Symbolic and the Real **is** its Repetition.

The second concept is «Gaze as object (little) a» that according to Lacan means that the object that is desired (gazed) by the subject ‘escapes him’, and becomes of something that cannot be symbolized: the gazing of the «object (little) a» becomes a: “lack-of-Subject” (Lacan, *op. cit.*, p. 218), and the Subject therefore becomes foreclosed. The «object (little) a» literally means that the Subject is fragmented into four partial objects that are foreclosed from the body: the breast as an object of suction; faeces as an object of excretion; the voice and the gaze as objects of desire.

The third concept is «The Transference and the Drive», which Lacan links because he believes that the analytic experience is a stage where unconscious reality (Drive) is expressed, and the Analyst is the Signifier who nominates the experience, thus allowing it to be significant in the Transference.

The fourth concept is «The Locus of The Other and the Return of the Transference» where «the Other» designates the symbolic place (the locus) of the signifier, of the law, of language, of the unconscious, and even of ‘God’.

These sub-categories of the Other determine the Subject in two ways: it can be exterior to him (God, Law); or intra-subjective in relation to his desire (unconscious, signifier, language). In the last sub-category the Subject interacts with an Other in a transference dynamic, and as a result the Name-of-the-Father is ‘assimilated’. The «Return of the Transference» in this process promotes an internal elaboration (cf., Lacan, *op. cit.*, pp. 67-74).

Returning to the concept of the Symbolic, Lacan posits that the signifier represents the true essence of the symbolic function (its «letter»); the foreclosure is the psychotic process through which the symbolic disappears; the Name-of-the-Father is the concept through which the symbolic function is integrated into law. This law is the prohibition of incest (cf., Lacan, 1964). From this perspective, the «individual to be corrected» evokes the famous ‘Fort/Da’ mechanism that Freud observed in his grandson (Ernstl Halberstadt) when the child was playing; the ‘Fort/Da’ mechanism will be now elaborated for clarification (cf., Freud, 1920a, pp. 7-64).

Lacan defends that the: “Fort/Da appears because the Other is absent, because the Other is not available or does not entirely put himself in the place of the victim. It is the same as saying we begin to symbolize or nominate because we are introduced to negativity, to absence. And, the child repeats the movements and the ‘Fort/Da’ exactly in the same way in which he attempts to control the situation of abandonment, of

separation to which he was introduced” (Lacan, 1953-1954, pp. 195-196). ‘Fort/Da’ is the expression that the child used in his play with a toy: when he would throw the toy he would say ‘fort’ meaning that the toy was ‘out’ (away from him); when he pulled the toy back, he would say ‘Da’, meaning ‘Here it is’ (cf., Freud, *op.*, *cit.*).

I will now turn my attention to Foucault’s «human monster» represented by the third category of Lacan’s first topic: the ‘Real’, in the sense that Bataille illustrated: “the desire is alongside deviance, side by side with evil” (Bataille, 1988, pp. 401-402).

According to Lacan and Bataille, «the Real as impossible» exists because desire is something that reason and consciousness attempt to hide, preventing the appearance of the monster that all humans have within themselves: “A recent privilege has come to exist between behaviour and reason: the primacy of the wonderful that can provoke terror and still wonder, that stops and destroys the way of things, seeming to belong to the past. But it is without any doubt, that in the same way that consciousness deceives us, it leaves in its shadow of unconscious our most fixed desires” (Bataille, 1976f, p. 272).

Man’s desire to become the monster is exactly what Lacan defends as constitutive of the Real. Lacan linked Bataille’s heterology with Freudian psychic reality to construct his category of the Real. The Real, in his perspective, has as its outcome everything that is the «rest», the «garbage», as Bataille defines it: heterology, literally meaning: “the science of garbage” (Bataille, 1970b, p. 168).

In psychoanalysis, according to Freud, psychic reality is the term employed to designate a form of existence for an individual, distinguished from material reality in the way in which it is dominated through the imperiousness of fantasy, through desire. Historically, the idea came about as the result of the abandonment of Freud’s seduction theory as well as through the elaboration of the concept of the psychic apparatus based on the: ‘primacy of the unconscious’ (cf., Freud, 1915c, pp. 159-215; Freud, 1923c, pp. 12-59).

The human monster is human garbage, it is the: ‘doomed part’ (cf., Bataille, 1976a, pp. 17-179) of the human, because *we* cannot *accept* within *ourselves* any presence of demons (unconscious demons); this is why the monster is representative of the human demon. It is the language of the unconscious transposed into reality.

The Real as impossible exists because it is not possible to symbolize something that is considered evil: the monster translates the ‘semantic of evil’ (cf., Ricoeur, 1960b)

and *we* do not accept that; *we* desire *that* reality but *that* reality is inaccessible to any subjectivity. The subject projects his 'doomed parts' into the monster. The subject nominates them as garbage: something that does not belong to him, it belongs only to the monster, to the unconscious. The monster is the continent where all desires, pleasures, deviances and perversions unfold: "As it happens, without the evidence of a deviance, we have not yet experienced this sentiment of liberty that demands the plenitude of sexual realization. (...) In the same way that erotic essence is given in the inextricable association of sexual and interdicted pleasure. Never, in the human sense, does the interdiction appear without the revelation of pleasure, or pleasure without the sentiment of interdiction" (Bataille, 1987a, pp. 107-108).

It is the Symbolic absence of the monster that provides the Real *in-sign-ia* to the Subject. In Lacanian terminology, the monster is the **sign** of the Subject. The desire to become a monster forces *us* to put *him* outside the borders of society and outside the borders of consciousness: "But this original place of the subject, how would one recover it in that elision which constitutes it as absence? How would one recognize that void as the Thing that is nearest, even when one excavates it anew in the heart of the Other, to make its cry resonate in it? One will take more pleasure in it the marks of a response, which were powerful enough to make a call of one's cry. It is not in vain that these realities are called insignia. The term is nominative here. It is the constellation of these insignia that constitutes the ego ideal for the Subject" (Lacan, 1966, pp. 658-659).

The void is the human and the Thing is the monster. The insignia is the signifier of the human that presents itself as a significant void. The human<>monster is an artificial antinomy that the ego ideal tries to construct (crying) putting outside the borders its private Thing, its private signifier: the unconscious; the monster.

This monster is represented by the constellation significant<>signifier, where the Subject erases one part (the 'doomed part') and it, therefore, remains as *some-thing* that is not a Thing (in Lacanian lexical) but just a void: "Firstly, if it is true that the global man separates himself from nature, the totality belonging to him is limited from the moment he separates (where, in consequence, two separate parts are formed): the full totality would not be given if not in the development of time. We say strictly: 'they expel the natural, it returns galloping'. Full totality, without the slightest doubt, also comprehends the return of 'natural', but we should, before becoming accustomed to the idea that the natural returns, understand that it is not as natural as it appears. It returns

but transfigured by the doomed part by which it was damaged: it is no longer ‘natural’, seeing as it is now doomed” (Bataille, 1976a, p. 41).

For the human, the monster (the thing; the doomed part; the unconscious) that is found in the real is the monster without Subject, or rather, the discourse of a human pursuing the preclusion of desire. If the desire of the Subject is defined as the desire of the Other, (Other as: monster; Thing; doomed part; unconscious) it is because there is always a Other, of arbitrary transcendental preference, as well as to the difference between human and monster, that situated the cause of the desire. This arbitrary transcendental preference is illustrated by Lacan’s formula: “The Thing (monster, doomed part, unconscious) becomes absent so that it can become present in our thoughts (human, consciousness)” (Lacan, 1953-1954, p. 196; my alterations).

In conclusion, by disqualifying, *bit-by-bit*, all traditional figures of the Other [Thing, doomed part, unconscious (Lacan, Bataille); human monster, individual to be corrected, masturbator (Foucault)], the discourse of the human ends by disorientating or misplacing the cause that regulated desire and installs a crisis in the *(un)real*. In other words, a crisis in the human and not in the monster: “The ignorance serving man with respect to his desire is less ignorant that that which he asks, and can however restrain that ignorance from where he desires. The unconscious is the discourse of the Other. But also adding here that Man’s desire is the desire of the Other” (Lacan, 1966, p. 814).

‘Man’s desire is the desire of the desire of the Other’. This aphorism is one of the most famous ones proffered by Lacan exactly because it illustrates human nature to a great extent: the three abnormal figures of Foucault and the doomed locus of Bataille (where the topology of the abnormal subject was described) have a direct kinship with the Lacanian expression: ‘The unconscious is the discourse of the Other’. ‘Normal man’ puts everything *he* desires outside the borders of society and outside the borders of consciousness. The Thing (in the Lacanian sense) that is more desired is the thing that is most repressed and projected into that ‘doomed part’.

The three figures presented by Foucault’s genealogy of the self represent man’s strongest desires repressed throughout mankind. For the institutions of power, pleasure, ‘jouissance’ (in Lacanian terminology) and freedom are dangerous. Psychoanalysis promotes these three ‘Things’ as a developmental process because they are part of unconscious discourse and ‘the unconscious is the discourse of the Other’: Other as human monster, individual to be corrected or masturbator. All of them are on the

«Other» side of the mirror but the «Other» is also the «I». Lacan's first statement in his "Écrits" grasps this problematic in its *primary scene*: "The Mirror Stage as Formative of the Function of the *I* as Revealed in Psychoanalytic Experience" (Lacan, 1966, p. 1).

Franz Kafka, in his 'Metamorphoses' nominates this experience through the following dialogue: "'Grete! Grete! You must go to the doctor's at once. Gregor is ill. Fetch the doctor, quick. Did you hear Gregor talking just now?' 'That was the voice of an animal', said the chief clerk" (Kafka, 1915, p.14). 'Chief clerks' have linked mental illness to monstrosity (the 'animal') since the beginning of Christianity. In a so-called post-modern world *we* should deconstruct that heritage and allow the emergence of a space of freedom (psychoanalysis) that transforms that reality ('metamorphoses' etymologically meaning 'to transform'), where man is not afraid of himself. If man cannot accept the masturbator and the monster within, society is left with an individual to be corrected: man himself.

After Lacan's 'genealogy of the self' model I return to Gedo and Goldberg's (1973) conceptualization of psychoanalytic 'models of mind' because, by psychoanalytic 'anachronism', after the 'genealogy of the self' model *comes* the Object Relations School 'formation of the self' model: the main theorists 'independent' from Freud's epistemological continuum (the 'other part' of Object Relations School); this will be a more descriptive categorization and less eclectic cogitation, but *always* unfolding a 'secondary discourse' dynamic threw its inherent deconstructive method, and, *once again*, to be absolutely clear: **throughout my review I will follow Gedo and Goldberg's epistemological stream of thought, but with my own perspective of interpreting each 'model of mind' as a 'secondary discourse' as I have been defending since the beginning of this dissertation, that is, to minimize any *confusion* caused by the *current away of theories* **I will illustrate in the conclusion of my review** the developmental contributions of **those authors who have had a major impact on the field or who have offered a fairly systematized theory of object relations development** as I started to do in my Introduction, **but**, as above mentioned, and, once again: if the ten shared characteristics of what Kernberg (cf., Kernberg, 1993a, 1993b, 2001a; see my Introduction) calls the 'contemporary psychoanalytic mainstream'; the five shared characteristics of what he calls the 'intersubjectivist-interpersonal-self psychology' current; and the fourteen shared characteristics of what he calls the 'French psychoanalytic**

approach’ –alongside with the above two– don’t constitute new integrations, not as a *simple* ‘common ground’, but as promoting valid hermeneutic meta-interpretations that configures the form of an effective ‘secondary discourse’ (cf., Laplanche, *op. cit.*), I don’t know how one can say that psychoanalytic theory comes after clinical work.

Because I think, as above mentioned many times, that psychoanalytic theory comes after clinical work in this Thesis I will establish the scientific accuracy or truth-value interpretations in clinical work providing concrete examples (as I did in my Introduction and I am doing in this literature review) of how the analyst deconstructs the clinical phenomena independently of what theoretical model he embraces: the keynote here is always how the ‘analyst’s mind’ work (Laplanche’s ‘primary discourse’; cf., Laplanche, *op. cit.*): by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models.

The Freudian heritage (hence, the title of my Thesis) is this never-ending dissolution (*Lösung*) that is psychoanalysis (and its psychoanalytic clinical method) in its essence (cf., Laplanche, *op. cit.*). Freud is the first object relations theorist because object relations have, like all other schools of psychoanalytic thought, as their ‘primary discourse’ the deconstruction (like Laplanche states; cf., Laplanche, *op. cit.*): the theoretical meta-interpretations of Freud, Fairbairn, Bion, Matte-Blanco and Lacan (Laplanche’s ‘secondary discourse’; cf., Laplanche, *op. cit.*) constitute all clinical dissolutions inherent to the psychoanalytic clinical method. That is why I state in this literature review that all these authors follow Freud – directly or indirectly, theoretically speaking– building up a syncretic universalist model unified exactly by the Rosetta stone of psychoanalysis: its deconstructive method. I state even more: the more the theorist differs from Freud and the more the theorist deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction.

Following exactly this ‘deconstructive method’, among the main theorists ‘independent’ from Freud’s epistemological continuum, Fairbairn is by far the most deconstructive of all object relations theorists and, not paradoxically, in Hinshelwood’s and my perspective, Fairbairn is among the most heuristic of these theorists (cf., Hinshelwood, 1989a, p. 368). Indeed, Fairbairn argued that the basic assumptions upon

which the drive theory rests are ‘anachronistic’ (derived from 19th century Newtonian Physics) and misleading, and, in the broadest sense, he saw his work as entailing a: “reintegration of Freud’s views on the basis of a different set of underlying scientific principles” (Fairbairn, 1946, p. 149).

I will work with some extent Fairbairn’s conceptualizations and with great extent Bion’s constructs and theoretical developments, but in an effort of epistemological syncretism of different and **deconstructive** ‘secondary discourses’, I just want to clarify that the plethora of studies on object relations in the past few decades may give the impression of ‘conceptual confusion’ (cf., Wittgenstein, 1953), **but** in my Introduction I’ve shown that I don’t agree with that perspective of ‘focusing’ only on ‘divergences’ rather than on ‘convergences’. To inscribe Fairbairn’s ‘review’ in the wider *context* of Object Relations (I will work first the ‘Kleinian followers’ and inherently Bion, and then I develop Fairbairn), I emphasize that the notion of the object (and inherent object relation) was present in Freud’s ideas from the beginning, when he described the object as the vehicle for instinctual gratification. He examined object relations primarily in connection with drive expression but made no attempt to describe a developmental progression of evolving object relations independent of the drives (it was not his purpose). Definite progress has since been made in understanding the early development of object relations.

Indeed, all the major object relations theorists have departed from Freud in adopting the view that psychological structure is a product of object relationships and not simply their frustrating aspects, therefore, psychoanalytic work within the object relations paradigm is based on a group of theories that, although differing considerably, have as their underlying **commonality** (see below and my Introduction; Kernberg, 1993a, 1993b; Grotstein, 2000) the view of development and pathology as products of the internalization of early interpersonal relationships.

Object Relations is an umbrella concept but, historically, Freud’s concept of the ego as the: “precipitate of abandoned object cathexes” (Freud, 1923c, p. 29) provided the foundation viewpoint of object relations theories: ego formation as a function of object relationships. **The following authors are ‘independent’ from Freud’s epistemological continuum, but they all departed from Freud’s concept of the ego.**

W. Ronald D. Fairbairn in Scotland and Melanie Klein (I will work Klein not explicitly but implicitly to ‘Kleinian followers’ specially to Bion, because in spite

Klein's 'theoretical inspirations' towards Object Relations School, **Klein is not a object relations theorist**; see below) in London, working independently, both inferred from Freud's above statement that the ego consists of internalized object relations.

Fairbairn (1952) endorsed the concept of the ego's autonomy from the drives but pointed out that the growth of the ego is dependent on satisfactory object relationships. His disciple and analysand, Harry Guntrip (1968), further developed the relationship between early object relationships and the growth or arrest of the ego.

Klein also believed that ego development is a product of internalized object relationships (see below: cf., Klein, 1930b, pp. 219-232; 1933, pp. 149-162). I will work first the 'Kleinian followers' and inherently Bion, and then I develop Fairbairn as I said.

Klein, unlike Fairbairn and Guntrip, contended that endogenous libidinal and aggressive drives give rise to object relationships and that from the earliest phase of infancy these form the basis of the ego (cf., Klein, 1928b, pp. 202-214; 1930b, pp. 219-232; 1937, pp. 306-343; 1948, pp. 25-42; 1952c, pp. 61-93). **The significance she accorded the drives sets her theoretical views apart from those of other object relations theorists (this is why she is not considered an object relations theorist)**, but her theoretical and clinical system (cf., Klein, 1968, 1975, 1984) was based on the concept of ego growth through the internalization of objects (cf., Klein, 1955b, pp. 141-175; 1957, pp. 176-235; 1959, pp. 247-263; 1960a, pp. 300-313).

Klein's modifications of psychoanalytic theory spawned a group of followers who adopted the fundamentals of her conceptual scheme but revised certain aspects of it: Bion (cf., Bion, 1957a, pp. 43-64; 1959, pp. 308-315; 1962a, pp. 306-310; 1977e); Meltzer (cf., Meltzer, 1967; 1978b, pp. 145-267; 1984a); Rosenfeld (cf., Rosenfeld, 1952a, pp. 111-131; 1965; 1971a, pp. 115-128; 1987); Segal (cf., Segal, 1957, pp. 391-397; 1964a, pp. 24-38; 1967, pp. 357-368; 1981a) among 'several' other authors of minor theoretical relevance (see below: King *et al.*, 1921-1945).

I will illustrate some (with the exception of Bion, who will be profusely developed as I said above) of the clinical and theoretical fundamentals of Klein's 'exegetes' instead of approaching Klein 'directly' not only for the above mentioned reason (Klein is not a object relation theorist as I repeat so often in order to be absolutely clear), but also because: "Any systematic attempt to teach Melanie's Klein work runs almost immediately into difficulties that are the exact opposite of the problems facing one in teaching Freud. Where the theoretical tail wags the clinical dog

with him, hardly any theoretical tail exists to be wagged with her” (Meltzer, 1978b, p. 145).

We have also to bear in mind that the most striking additions to Klein’s thought among her followers fall into five general categories: (1) the expansion of the concept of projective identification; (2) the differentiation of clinical syndromes and their specific mechanisms and treatment approaches, based on Kleinian concepts; (3) the application of Kleinian technique to psychotic states; (4) the inclusion of non-interpretive techniques in treatment; and (5) the evolution of the treatment model to an emphasis on counter-transference (cf., Hinshelwood, 1989a).

Klein’s theoretical constructs are abstruse and unsystematic but, for example, Hanna Segal explains them in a surprising objective and ‘succinct’ way: “The Kleinian Technique is psychoanalytical and strictly based on Freudian psychoanalytic concepts. The formal setting is the same as in classical Freudian analysis; the patient is offered five or six fifty-minute sessions a week; a couch is provided for him to recline on, with the analyst sitting behind him; he is invited to free-associate, and the analyst interprets his associations. Not only is this formal setting the same as that in classical technique, but in all essentials the psychoanalytic principles as laid down by Freud are adhered to. The role of the analyst is confined to interpreting the patient’s material, and all criticism, advice, encouragement, reassurance, and the like, is rigorously avoided. The interpretations are centered on the transference situation, impartially taking up manifestations of positive and negative transference as they appear. By transference I mean here not only the «here-and-now» relation to the analyst, but the relation to the analyst, including reference to past relationships as transferred onto the analyst, and current problems and relationships in their interrelation with the transference. Special attention is paid to the transference onto the analyst of internal figures from the patient’s inner world. The level at which the interpretations are given, again as indicated by Freud, is determined by the level of the patient’s maximum unconscious anxiety. In these respects, the Kleinian analyst may be considered to be following the classical Freudian technique with the greatest exactitude, more so indeed than most other Freudian analysts, who find that they have had to alter their analytical technique in some of its essential aspects when dealing with pre-psychotic, psychotic, or psychopathic patients. Analysts using the Kleinian approach (Rosenfeld, 1965; Segal, 1950, 1956; Bion, 1956, 1957, 1958, 1959) find it both possible and useful to retain the

strictly psychoanalytic technique even with these patients. Could it be said, therefore, that there is no room for the term *Kleinian technique*? It seems to me that it is legitimate to speak of a technique as developed by Melanie Klein in that the nature of the interpretations given to the patient and the changes of emphasis in the analytical process show, in fact, a departure, or, as Melanie Klein saw it, an evolution from the classical technique. She saw aspects of material not seen before, and interpreting those aspects, she revealed further material which might not have been reached otherwise and which, in turn, dictated new interpretations seldom, if ever, used in the classical technique. To understand the rationale of the Kleinian approach and to appreciate the way in which the technique grew, it is best to place it in its historical setting. When Melanie Klein, in the 1920s, started her work with children, she assumed that Freud's method could be applied to children with only such modifications as would not alter the essence of the psychoanalytical relationship and the interpretative process. Since children do not verbalize easily, and since play is one of their major means of expression, she provided each child patient with a drawer of small, simple toys and play material, and she interpreted their play, behaviour, and verbal communications in the way in which she would have interpreted an adult's free associations. She observed that children develop transference, both positive and negative, very rapidly and often intensely. She found out that the children's communications, through various activities in the session, revealed their unconscious conflicts with a clarity identical to or even greater than that of the adult's free associations. The analysis of children fully confirmed Freud's deductions about childhood derived from work with adults, but, as might be expected, certain new facts emerged. The Oedipus complex and the superego seemed both to be in evidence at an earlier age than one would have expected and to have pre-genital, as well as genital, forms. Indeed, the roots of the oedipal situation seemed to lie as far back as the second oral phase. The superego of the small child was equally well in evidence, possessed of savage and primitive oral, anal, and urethral characteristics. She was impressed by the prevalence and power of the mechanisms of projection and introjection: the introjections leading to the building of a complex inner world and the projections colouring most of the child's perceptions of reality. Splitting was very active as an early mechanism preceding repression, and the child's development appeared to be a constant struggle toward integration and the overcoming of powerful splitting mechanisms. Once seen in the child, these more primitive levels of experience could be understood and

detected in the material of adult patients” (Segal, 1981a, pp. 3-5).

This long quotation of Hanna Segal’s “The Work of Hanna Segal, a Kleinian approach to clinical practice” illustrates threw a cogent ‘synthesis’ what was, borrowing Segal’s expression, ‘Melanie Klein’s rationale’.

Segal: “worked particularly to organize and establish more soundly the Kleinian Group after Klein’s death, and has been extremely active in making Kleinian concepts known to those outside the Kleinian Group and outside psychoanalysis” (Hinshelwood, *op. cit.*, p. 424). I put also in attention the authors that Segal identified as ‘followers’ of Klein’s work: herself, Rosenfeld and Bion. Segal contributed to the pioneering: “of the psychoanalysis of schizophrenics in the 1940s and 1950s together with Scott, Rosenfeld and Bion. She was particularly struck by the importance of the disturbance to symbol-formation in schizophrenics (Segal, 1950)” (Hinshelwood, *op. cit.*, p. 424).

Accordingly, Jones, Ferenczi and Milner have discerned a particular form of symbolism in which there is an equation of the symbol with the things symbolized, resulting in the symbol being dealt with as if it really were the original (cf., Jones, 1916; Ferenczi, 1912a, pp. 215-224; Milner, 1952a, pp. 181-194). However, these problems had to wait proper elucidation until Segal’s crucial paper “Notes on symbol formation” published in 1957, republished in “The Work of Hanna Segal, a Kleinian approach to clinical practice” (cf., Segal, 1957, pp. 391-397; 1981a, pp. 49-65).

Segal showed that the capacity to use symbols entailed constructing a relationship between the symbol and what is symbolized (at root, a part of the body) which could leave room for a distinction to be made between them. She contrasted this with the ‘symbolic equation’: when there is a failure to distinguish between the things symbolized and the symbol, it: ‘is part of a disturbance in the relation between the ego and the object. Parts of the ego and internal objects are projected into an [external] object and identified with it. The differentiation between the self and object is obscured. Since a part of the ego is then confused with the object, the symbol –which is a creation and a function of the ego– becomes, in turn, confused with the object which is symbolized’ (cf., Segal, 1957, pp. 391-397).

Equating symbols and their referents interferes with thought and behaviour in serious ways because of the disturbance of the ability to recognize reality. Symbolic equation results from the use of pathological projective identification, which confuses objects with parts of the self, but Segal in a postscript (1979) to the original paper

(1957) clarifies that: “Since writing this paper, and largely under the influence of Bion’s work on the relationship between the container and the contained, I have come to think that it is not projective identification *per se* that leads to concretization. One has to take into account the particular relationship between the projected part and the object projected into: the container and the contained” (Segal, 1981a, p. 60).

The whole phenomenon of disturbed symbol-formation, pathological projective identification and a damaged sense of reality is a feature of the ‘paranoid-schizoid position’ (see below). These papers (Segal, 1957, 1964a) were confirmation of Klein’s original working hypothesis that the fixation points for the psychoses lie in the paranoid-schizoid position (cf., Klein, 1935, pp. 282-310; 1940, pp. 311-338; 1946, pp. 292-320).

To conclude Segal’s ‘review’ I must clarify her allocution to Bion’s ‘container-contained model’. Bion’s concept of ‘container-contained’ corresponds to an abstract model of psychoanalytic ‘realizations’, representing a ‘psychoanalytic element’ to which Bion bestowed the signs of ♀: ‘container’, and ♂: ‘contained’, meaning feminine and masculine respectively, but without having a specific sexual connotation (cf., Bion, 1970, p. 106). They are linked, according to the pleasure principle, to objects or concepts such as vagina-penis, mouth-breast, thinker-idea, or to models such as ‘evacuation-retention’, ‘remembering-forgetting’, etc. (cf., Bion, *op. cit.*, p. 29).

The applications of this model are heuristic but, in its ‘essence’, Bion describes three different kinds of links between container and contained: ‘(a) commensal, (b) symbiotic, (c) parasitic’ (cf., Bion, *op. cit.*, pp. 95-96; 1962b, p. 91). These epistemological variables are fecund but need clarification: “By ‘commensal’ I mean a relationship in which two objects share a third to the advantage of all three. By ‘symbiotic’ I understand a relationship in which one depends on another to mutual advantage. By ‘parasitic’ I mean to represent a relationship in which one depends on another to produce a third which is destructive of all three” (Bion, 1970, p. 95). I will further on develop this construct in a more detailed way.

With the definition of Bion’s ‘container-contained model’ and its ‘variables’ I approach now this author, who was a ‘Kleinian follower’, but a man of great epistemological independence, a prolific theorist and a heuristic clinician. Some say his achievements were second only to those of Klein herself (Segal, 1981a); though some would say (Harris, 1987e, pp. 340-344; Meltzer, 1978b, 1986a) their potential far out

strips those of Klein: “if there is yet a post-Kleinian school or tradition, Bion is it” (Hinshelwood, *op. cit.*, p. 231). These are the reasons why I will develop Bion in such detail; I steer into Meltzer’s harbour in what concerns Bion’s epistemological and clinical conceptualizations: Bion ‘surpasses’ Klein theoretically, meta-theoretically and clinically, as I will try to illustrate below.

Bion’s contributions are very extensive, but his writings appear gnomic (like Klein’s writings, as I said), irritating but paradoxically intensely stimulating, and this style has been responsible for a tendency to sanctify him (exactly what happened to Klein) while not really understanding him. *All* Kleinians today regard their present practice and theory as having been significantly moulded by his work (cf., Schafer, 1997b).

It is impossible, by the very nature of a review, to convey the scale of Bion’s impact on Kleinian and especially psychoanalytic thinking. The character of Kleinian psychoanalysis has developed significantly from Klein’s paper on schizoid mechanisms (cf., Klein, 1946, pp. 292-320), but the following up of those ideas was done largely by her group of followers, as I said, and Bion has emerged as the most original of them (in my, Meltzer’s and Hinshelwood’s perspective, among others). The most far-reaching developments are: “(a) the recognition of normal and omnipotent projective identification; (b) the theory of the emotional containing of the personality; and (c) the theory of thinking that derive meaning itself from the most primitive infantile configurations of emotions. In all these developments Bion has been the foremost figure” (Hinshelwood, *op. cit.*, p. 235).

A major point in contemporary Kleinian debate is how to allot Bion his significance: whether he has moved beyond Klein to be acknowledged as, in effect, the founder of a **new** school of psychoanalysis, as me, Meltzer, Harris and others suggested (cf., Harris, 1987e, pp. 340-344; Meltzer, 1978b, 1986a), or whether the developments with which Bion has been especially associated: “are part and parcel of a general development of Kleinian thought that also includes (a) Segal’s development of a Kleinian theory of symbolism [see above] and the aesthetic experience, (b) the developments made by Rosenfeld [see below], Joseph and others on personality structure, and (c) the continuing study of children and infants by Bick and others, developing the theory of internal spaces and adhesive identification” (Hinshelwood, *op. cit.*, p. 235; my alterations).

I will not develop the various variables from this epistemological debate, but, for the above mentioned reasons (and because I was trained with a Kleinian/Bionian orientation) I will work Bion in an extensive detailed way, doing so I take Bion's 'vertex' into my harbour: "In using the term «vertex» I employ a geometrical concept of a high degree of sophistication" (Bion, 1965, p. 92). Bion uses this term as a point of view, or a projection from a vertex, but with a mathematical association instead of just a simple expression: "You cannot use terms like 'from the point of view of smell' because the patient will say 'I don't view things with my nose'. It sounds as if the patient was trying to be difficult, but he is in fact being extremely accurate; he cannot understand a phrase which is conversational language. It is, therefore, better to borrow a term from mathematics like 'vertex'" (Bion, 1974, pp. 88-89).

Therefore, from Bion's 'vertex' I will develop the key-concept of Klein, Bion and all the 'Kleinian followers': projective identification. Projective identification has been used by the 'Kleinian followers' to re-conceptualize the psychoanalytic theory of early development and psychopathology, as well as its principles of technique (cf., Hinshelwood, *op. cit.*; see above). I will unfold this key-concept articulating it with some other major constructs of Bion's conceptualizations.

Bion, in his "Transformations" published in 1965, is explicit about his epistemological orientation: "I mean to employ the following theories: (1) The theory of projective identification and splitting; mechanisms by which the breast provides what the patient later takes over as his own apparatus for α -function. (2) The theory that some personalities cannot tolerate frustration. (3) The theory that a personality with a powerful endowment of envy tends to denude its objects by both stripping and exhaustion. (4) The theory that at an early stage (or in a primitive level of mind) the oedipal situation is represented by part objects. (5) The Kleinian theory of envy and greed. (6) The theory that primitive thought springs from experience of a non-existent object, or, in other terms, of the *place* where the object is expected to be, but is not. (7) The theory of violence in primitive functions" (Bion, 1965, p. 51).

From Bion's perspective, projective identification is a crucial component of the early child-mother interaction and regarding this issue (and several others as I will develop further on) the author conceptualized a complete **new theory** (see above) and a complete **new terminology, unfolding a highly fecund new deconstructive 'secondary discourse'**.

Therefore, before I approach Bion's constructs I will illustrate his thinking towards projective identification and (from his perspective) its inherent categories with a preparatory sketch (some paragraphs) where his epistemology is already 'translated', but afterwards I will work his theoretical and clinical constructs 'directly': I will work this author with extensive detail as I said above.

Returning to the subject, Bion argues that in the early child-mother interaction projective identification is a central dynamic: the infant attempts to rid itself of distress by projecting it into the mother.

In Bion's view the primary role of the mother in early infancy is to be a 'container' for the frustration and pain the child's infantile ego is too fragile to contain. The mother not only contains the tension but also gives it back to the infant in a tolerable form. The mother's ability to soothe the infant in distress is dependent on her capacity to absorb the infant's tension and to allow the infant to internalize her as an object capable of tolerating the original anxiety (cf., Segal, 1981a). In this way the infant becomes capable of managing frustration and anxiety, thus acquiring a primary foundation of mental stability. That is to say, the mother's ability to allow the infant's projective identifications plays a crucial role in its eventual mental health.

The corollary of this view of early mothering is that if the mother is unable to contain the infant's distress, the child is left with overwhelming anxiety and is forced to deny reality. In extreme cases the denial leads to psychosis.

According to Bion's particular way of formulating psychotic thought process, which is based on Klein's theory of the early projective and introjective processes and his own theory, thinking originates in a mating of a 'preconception' and a 'frustration' (cf., Bion, 1957a, pp. 43-64). If the infant expects a breast and none is forthcoming and if a minimal capacity for frustration exists, the thought 'no breast' will be created to bridge the gulf between the want and the satisfying action. Bion calls this process 'learning from experience' (cf., Bion, 1962b). The development of thought, in this view, both depends on the capacity for frustration tolerance and increases it. If the mother cannot fulfil her function as container, the infant does not have enough frustration tolerance for thought development to occur (cf., Bion, 1959, pp. 308-315).

Instead, the infant evades frustration by treating thoughts as bad objects that must be evacuated and by 'attacks on linking' (see below: cf., Bion, 1959, pp. 308-315; 1967a) between thoughts in an effort to deny reality. The result is a fragmenting of the

thought process and eventual psychosis (cf., Bion, 1957a, pp. 43-64). Further, the infant is forced into a desperately excessive use of both projective identification and splitting in an effort to rid itself of frustrating experience; the outcome is forceful effort to enter the object, which results in psychotic delusions: “This paper [Attacks on linking] relate to that state of mind in which the patient’s (the infant’s) psyche contains an internal object which is opposed to, and destructive of, all links whatsoever from the most primitive (which I have suggested is a normal degree of projective identification) to the most sophisticated forms of communication and the arts. In this state of mind emotion is hated; it is felt to be too powerful to be contained by the immature psyche, it is felt to link objects and it gives reality to objects which are not self and therefore inimical to primary narcissism. The internal object which in its origin was an external breast that refused to introject, harbour, and so modify the baneful force of emotion, is felt, paradoxically, to intensify, relative to the strength of the ego, the emotions against which it initiates the attacks. These attacks on the linking function of emotion lead to an over-prominence in the psychotic part of the personality of links which appear to be logical, almost mathematical, but never emotionally reasonable. Consequently the links surviving are perverse, cruel and sterile” (Bion, 1959 in Spillius, 1988, p. 100; my alteration).

In Bion’s (1957a, pp. 43-64, 1962a, pp. 306-310) view, even if the infant attempts at projective identification are successful the object does not completely tolerate the anxiety, and when it is re-introjected it becomes attacking and starves the personality of all good qualities. If the infant’s intolerance for frustration is too great – yet not enough for evasion– the outcome will be the use of omnipotence to avoid reality. In this case, omniscience becomes a substitute for ‘learning from experience’, and reality is denied, but thought does not become fragmented and the resulting personality organization is borderline rather than psychotic: “The establishment internally of a projective-identification-rejecting-object means that instead of an understanding object the infant has a wilfully misunderstanding object –with which it is identified. Further its psychic qualities are perceived by a precocious and fragile consciousness. The apparatus available to the psyche may be regarded as fourfold: (a) thinking, associated with modification and evasion; (b) projective identification, associated with evasion by evacuation; (c) omniscience (on the principle of *tout savoir tout condamner*); (d) communication” (Bion, 1962b in Spillius, 1988, p. 184).

After this preparatory sketch I will now develop the ‘technicalities’, specially his fecund *complete* new psychoanalytic terminology articulated with also a *complete* new theory and meta-theory, unfolding a *complete* new ‘secondary discourse’, which is as heuristic as it is deconstructive, *validating* what I defend throughout my entire Thesis: **the more the theorist differs from Freud and the more the theorist deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction.**

Bion posits projective identification as the ‘first theory’ that he ‘employs’, but he also articulates this concept with the α -function: α -function is deeply interconnected, along to projective identification, with the above mentioned ‘container-contained model’ and with transference–counter-transference interaction in the analytic setting; α -function represents an ‘abstraction’ used to describe the capacity to change sense information into ‘ α -elements’: “By α -function I mean that function by which sense impressions are transformed into elements capable of storage for use in dream and other thoughts” (Bion, 1963, p. 4; cf., Bion, 1992, p. 63), as well as providing the mind with material to create ‘dream thoughts’ that could allow discrimination between being asleep or awake, conscious or unconscious and give a sense of identity and selfness (cf., Bion, 1967a, p. 115).

Alpha-function (α -function) is also the product of an adequate relationship between the baby and the mother, which permits the existence of normal projective identifications. Usually the baby is not fit to use his sense information for himself, and this is why he needs to evacuate it into the mother and to depend on her capacity for ‘reverie’, to change ‘ β -elements’ into ‘ α -elements’ that he will then be able to use; α -function works over sense experiences and emotions, and if successful, it will produce α -elements that could be stored as a ‘contact barrier’ between unconscious and conscious, capable of producing thoughts (cf., Bion, 1963, pp. 17-18): “the term ‘contact-barrier’ emphasizes the establishment of contact between conscious and unconscious and the selective passage of elements from one to the other” (Bion, 1963, p. 17).

If α -function becomes inoperative, sense impressions and emotions experienced by the person remain unaltered, creating what Bion called the above mentioned ‘ β -elements’, or following Kant (1781), the ‘thing-in-itself’ or ‘noumenon’, different from α -function that represent the ‘phenomenon’. In the beginning of his work Bion

described ‘ β -elements’ (without terming them) as: “objects compounded of things-in-themselves, feelings of depression-persecution and guilt and therefore aspects of personality linked by a sense of catastrophe” (Bion, 1963, p. 40). He said they were: “indigested or non-dreamed facts” (Bion, 1992, p. 64) that have not been transformed by α -function, and also ‘unreal or dead objects’ in contrast with the above mentioned ‘ α -elements’, to which he referred as ‘alive and real objects’ (cf., Bion, 1992, p. 133).

Finally he coined them, in an undated note in “Cogitations”, as ‘ β -elements’ (cf., Bion, 1992, p. 181). The above mentioned ‘reverie’ is ‘maternal reverie’, which is a concept based on Kleinian projective identification theory (cf., Klein, 1935, pp. 282-310; 1957, pp. 176-235; Bion, 1963, p. 90) and mentioned by Bion in his “Theory of thinking” (cf., Bion, 1962a, p. 116). It refers to the mother’s (analyst) capacity to develop a psychological receptor organ capable of metabolizing the baby’s conscious sensuous information and transform it into ‘ α -elements’, which are necessary to develop α -function, as I said above. Bion says that: “reverie is a factor of the mother’s alpha-function [α -function]” (Bion, 1963, p. 36; my alteration): her love is expressed by reverie.

According to Bion, a normal development takes place if the relationship between the baby (analysand) and the breast (analyst) enables the baby to project inside the mother a feeling such as, for instance, that he is dying, and then re-introject it after its permanence in the breast has made it more tolerable for the baby’s mind. If the projection is not accepted by the mother the baby feels his death to be real and instead of re-introjecting a more tolerable fear of dying, he will re-introject a ‘nameless terror’ (cf., Bion, *ib.*). The baby benefits from the mother’s daydreaming or capacity for reverie, just in the same way he benefits from the milk he consumes that is digested in the digestive canal. If the α -function is the one that makes available to the baby that which in other circumstances would be unavailable for any purpose except for evacuation as ‘ β -elements’: Bion asks: “what are the *factors* of this function that relate directly to the mother’s capacity for reverie?” (Bion, *ib.*).

If the mother’s reverie is not associated with love for the baby, this fact will be communicated to him (baby/analysand) although in an incomprehensible way. Bion associates reverie only with feelings of love and hate from the child, and believes it to be a ‘factor’ of the mother’s α -function, which permits a total disclosure towards the reception of any projective identification coming from the baby regardless of being felt

as a good or bad object: “Whenever I use the term ‘function’ I use it to denote something which is and has a function. In so far as it is a function it has factors: in so far as it has a function it has aims” (Bion, 1963, p. 9; cf., Bion, 1962b, p. 36; cf., Bion, 1974, pp. 83-85), or more explicitly: “I shall suppose that there are factors in the personality that combine to produce stable entities which I call functions of the personality... ‘Function’ is the name for the mental activity proper to a number of factors operating in consort. ‘Factor’ is the name for a mental activity operating in consort with other mental activities to constitute a function” (Bion, 1963, pp. 1-2).

As we can see this entire psychological dynamic describes a new theory of relationships which advances beyond the traditional paradigm of sexuality. However it may be stated the other way round: that the Oedipus complex and its disturbance can come to invest any one of these interpenetrating contacts. Contact can be thought of as a process of containing. One thing becomes jammed into another, with or without violence. Bion described, as I said above, a whole *phenomenology* of the container-contained relationship articulated with many ‘psychoanalytic elements’ (reverie; α -function; β -elements; α -elements), in which the contained might ‘explode’ the container, or in turn might be constricted and suffocated by the container; or alternatively there could be a mutual adaptation between the two. He described ‘symbiotic’, ‘parasitic’ and ‘commensal’ forms of the relationship (see above: Bion, 1970) as I said above.

The clinical notion of this theory seems to have been mentioned for the first time when Bion, in his 1959 article “Attacks on linking” (see above: this article was originally a paper read before the British Psychoanalytical Society on 20 October 1957, and was first published in 1959 in the “International journal of Psychoanalysis”, 40, pp. 308-315, and was reprinted in “Second Thoughts”, 1967a, pp. 93-109), refers to mother’s aptitude to deal with the baby’s ‘primary aggression and envy’.

Bion used several words to describe the mother’s reaction: ‘un-receptiveness’, to ‘remain balanced’, ‘comfortable state of mind’ (cf., Bion, 1992) and finally, when describing the transference–counter-transference interaction with a patient, he says: “Projective identification makes it possible for him to investigate his own feelings in a personality powerful enough to contain them” (Bion, 1967a, p. 106).

Although Bion described this interpenetrating form of contact first of all in the process of developing thoughts and theories, he extended it to all kind of phenomena:

getting thoughts into words; the thought, or the feeling, in the individual's mind; the individual in his social group; the infant in mother's consciousness (reverie), *inter-alia* (cf., Bion, 1992).

These heuristic applications of this new theory/'secondary discourse' reside mainly, as I said above, in the inherent dynamic between the alpha-function and the 'container-contained' model; it is because of alpha-function operations that a baby (analysand) is capable of incorporating relations of the kind present in ♀ ♂. One word could contain a 'meaning', or the opposite: a meaning could contain a word; the relationship between the two will be established following one of the forms mentioned above: 'commensal' will mean that both, container and contained benefit from each other; for instance an invention could benefit from a thinker and *vice versa*.

Or it could be 'symbiotic', and then one will destroy the other, for instance the word 'testify' was originally represented by Egyptian hieroglyphics with the picture of male genitalia, meaning that only men, having testicles, were qualified to bear witness (cf., Bion, 1992; Eliade, 2005). Today the meaning of the word still remains, but the concept that originally 'contained' it disappeared (in this context the 'phenomenological envelope' that Merleau-Ponty [1945] posits in his "Phenomenology of Perception" is a semantic envelope: etymology being the semantic envelope of all words).

Finally the relationship could be 'parasitic' were both ♀ ♂ would destroy each other, for instance a relationship dominated by envy and revenge that at the end will only have '-K' as a result: "-K represents the link constituted by NOT understanding i.e. *mis*-understanding. The implications can best be grasped by noting that -L is not the same as H, nor -H the same as L" (Bion, 1962b, p. 52). I will explain these signs below.

Bion published "Learning from Experience" in 1962 and then he introduced the signs L, H, and K from chapter fourteen to chapter sixteen formulating what is today called a 'Theory of Linking' (cf., Meltzer *et al.*, 1982, pp. 185-202): "Chapters 14-16 introduce the signs L, H, and K, for use in the discussion of the matter in this book" (Bion, 1962b, p. 1). This theory is articulated (once again) with the container-contained model because the coupling of penis and vagina, or mouth and nipple, is taken by Bion as a prototype of the way mental objects are put together, one inside the other. Thus putting experiences into thoughts, and thoughts into words, entails a repeated chain of linking processes modelled on physical intercourse between two bodily parts (cf., Bion, 1970, pp. 106-107, p. 123).

With this model (container-contained) Bion went on to investigate the nature of thoughts itself and described its basis in the linking together of thoughts, in the mating of ‘pre-conceptions’ (expectations) with ‘realizations’. The particular kind of links that go to make up thinking are designated by the notation ‘K’ that he develops in detail (cf., Bion, 1962b, pp. 47-52, pp. 76-99), and existing alongside other kind of links, ‘L’ and ‘H’ (cf., Bion, 1962b, pp. 42-46) representing loving and hating the object: “the feelings we know by the names ‘love’ and ‘hate’ would seem to be obvious choices if the criterion is basic emotion. Envy and Gratitude, Depression, Guilt, Anxiety, all occupy a dominant place in psycho-analytic theory and would seem with Sex to be choices to place with love and hate. In fact I prefer three factors I regard as intrinsic to the link between objects considered to be in relationship with each other. An emotional experience cannot be conceived of in isolation from a relationship. The basic relationships that I postulate are (1) X loves Y; (2) X hates Y; and (3) X knows Y. These links will be expressed by the signs L, H, and K” (Bion, 1962b, pp. 42-43; my underline).

Accordingly, with these signs Bion postulated a ‘minus phenomena’ as we saw above: ‘-L, -H, -K’ that represent a negative form of link; -L is not equivalent to H, as -H is not equivalent to L either (see above). Bion provided little illustration of the meaning of -L and -H, as he did with -K (see above). They are related to the ‘absence of something’ (cf., Bion, 1992) but it is not clear what exactly was that ‘something’ for Bion: “the first problem is to see what can be done to increase scientific rigor by establishing the nature of minus K (-K), minus L (-L) and minus H (-H)” (Bion, 1962b, pp. 51-52).

In the end of chapter 11 (that he starts with the discussion of the Oedipus myth) he questions: “is it possible to glean from the mechanisms involved in this behavioural any material that will through light on minus phenomena (-L, -H and -K) and incidentally on the problem of establishing the elements of psychoanalysis?” (Bion, 1962b, p. 53).

The author is not explicit but he gives some ‘epistemological clues’ about it: “the conflict between the view of the patient and analyst, and in the patient with himself, is not therefore a conflict, as we see it in the neuroses, between one set of ideas and another, or one set of impulses and another, but between K and minus K (-K) or, to express it pictorially between Tiresias and Oedipus, not Oedipus and Laios” (Bion, *op.*

cit., p. 51).

From my perspective, perhaps –L could be represented by emotions observed in the transference, as *we* saw above, as in the classical ‘transference love’, or the difference between ‘need’ and ‘unconditional love’. –H, on the other hand, might be equivalent to emotions present in autistic patients, where repudiation of the object is achieved by means of mechanisms different from splitting and direct aggression, which Meltzer has described as ‘dismantling’ (cf., Meltzer et al., 1975) in his “Explorations in Autism”.

This entire dynamic is articulated with the ‘growth’ or ‘non-growth’ of the patient, and using Elliot Jacques (1960) notion of ‘integrative reticulum’, which describes the existence of a complex mental schema that will help the mind finally to acquire the idea of a total object, Bion explains how growth, intricate and successive, between container and contained, achieves such levels of abstraction that allows the possibility of ‘learning from experience’ (cf., Jacques, 1960, pp. 357-367; Bion, 1962b).

Development follows the evolution of Klein’s paranoid-schizoid and depressive positions (cf., Klein, 1946, pp. 292-320), and will require at a given moment the presence of a ‘selected fact’ (see below). Contents ($\♂$) characterize doubts, questions or variables linked by emotional experiences that successively add to each other within the containers ($\♀$), in a continuum that could be portrayed as $\♂^n + \♀^n$ (container and contained elevated to n: a never ending continuum growth), corresponding to a process that will guarantee growth and capacity to learn from experience.

This learning will depend on the capacity of $\♀^n$ to integrate and to keep open at the same time, free of rigidity and ready for further assimilations. An individual in whom this mechanism operates will be capable of preserving knowledge and experience, and capable of using his past experiences as well as being receptive to new ones (cf., Bion, 1962b, pp. 92-93).

Therefore the level of K will depend on this kind of ‘commensal’ relationship, for instance, the successive complexity of new ‘hypotheses’ (see below) that will form systems and later on ‘deductive scientific systems’ (see below). Bion also relates the ‘apparatus for thinking’ (see below) to ‘I’ (Idea), assuring that the material out of which the apparatus is formed and has to deal with, is ‘I’ (cf., Bion, 1962b, p. 31).

There is, on the other hand, as *we* saw above, a $\♂\♀$ situation completely dominated by envy, where the result will not be K but –K. Under these circumstances

the baby splits and projects its feelings of fear inside the breast together with envy and hate, a condition that obviously will prevent the appearance of the ♂♀ commensal relationship that will have K as a product (see above: cf., Bion, 1962b, pp. 47-52, pp. 76-99).

In this condition it is felt that the breast enviously removes all goodness and valuable 'elements' (see below) that could metabolize the baby's fear of death, and in its place forces back inside denigrated residues that will determine the manifestation of a 'nameless terror', a kind of container-contained provision that Bion represents as -K (see above).

This condition becomes very serious when the breast not only is unable to neutralize the wish to die, but removes the wish to live (see below: cf., Bion, 1962b, pp. 97-99), represented again by Bion as (minus) '-(♂♀)' (see below) and qualified as a 'without-ness', meaning: "...an internal object without an exterior. It is an alimentary canal without a body. It is a super-ego that has hardly any of the characteristics of the super-ego as understood in psycho-analysis: it is a «super» ego. It is an envious assertion of moral superiority without any morals. In short it is the resultant of an envious stripping or denudation of all good...and will continue this process till -♂-♀ represents hardly more than an empty superiority-inferiority that in turn degenerates to nullity" (Bion, 1962b, p. 97; see below).

I must clarify some of the above mentioned terminology because, *mutatis mutandis*, Bion is similar to Heidegger (cf., Heidegger, 1927, 1959): he created a new psychoanalytic language with a new semiotic cipher [strongly based in the etymology of words: that is why throughout this review I 'apply' this etymological **method**; words are semantic envelopes... etymologic containers (see above); a 'secondary discourse' in its *full* meaning, that is, in its deconstructive **method**].

Bion introduced the concept 'selected fact' in "Learning from Experience" (1962b). This concept was originally used by the famous mathematician Henri Poincaré in his book "Science and Method" (1908) to explain the process of creation of a mathematical formulation.

Bion reproduces Poincaré's text in "Learning from Experience": "If a new result is to have any value, it must unite elements long since known, but till then scattered and seemingly foreign to each other, and suddenly introduce order where the appearance of disorder reigned. Then it enables us to see at a glance each of these elements in the

place it occupies in the whole. Not only is the new fact valuable on its own account, but it alone gives a value to the old facts it unites. Our mind is frail as our senses are; it would lose itself in the complexity of the world if that complexity were not harmonious; like the short-sighted, it would only see the details, and would be obliged to forget each of these details before examining the next, because it would be incapable of taking in the whole. The only facts worthy of our attention are those which introduce order into this complexity and so make it accessible to us” (Bion, 1962b, p. 72).

This is a fecund and highly heuristic new psychoanalytic construct, which Bion will articulate and develop with many other concepts: in his ‘commentaries’ about the “Imaginary twin” [Bion’s membership paper presented to the British Psychoanalytic Society (1950), published in the “International Journal of Psychoanalysis” (1955) and in “Second Thoughts” (1967a, pp. 3-22)], although by then (1950) he had not yet mentioned Poincaré, it is obvious that Bion is referring to the ‘selected fact’, when he said: “[It is] what I now call an ‘evolution’, namely, the coming together, by a sudden precipitating intuition, of a mass of apparently unrelated incoherent phenomena which are thereby given coherence and meaning not previously possessed” (Bion, 1967a, p. 17; my alteration); and he adds in his very particular ‘metaphoric’ narrative: “From the material the patient produces, there emerges, like the pattern from a kaleidoscope, a configuration which seems to belong not only to the situation unfolding, but to a number of others not previously seen to be connected and which it has not been designed to connect” (Bion, *ib.*).

In “Cogitations” (1992), in an undated note, probably written some time before the previous quotation, Bion correlated selected facts and common sense, stating that the former would provide sense to an idea which, once proven to be true and communicated to others, would integrate, like a selected fact, a great amount of people, societies or groups, according to the sense such an idea had made common to all. At first it will be a private fact, and later on, after it is believed to be true because it fits into a ‘scientific deductive system’, it will become public through communication and common sense, and will be able to integrate a large group of minds: “The acceleration of the falling body could not be ‘understood’ by Galileo till he had **selected** the **fact** that the fall was proportional to the time through which the body had fallen, and not the distance (is this an instance of asking the right question: ‘when?’, not ‘where?’). This fact is not a scientific fact unless and until it can be communicated and then found to be

(or not to be) a fact that fulfils this function of integration for a large number of people, or a society or a group ‘in common’. But at first it is a private fact and is chosen because it fits into a scientific deductive system or calculus of immense complexity, for it is co-extensive with the entire mentality of the person” (Bion, 1992, p. 193; my bold).

A ‘cause’ and a selected fact are very much alike, because they can both be associated with an emotional experience capable of providing, at a given moment, a sense of **synthesis** or creative association. At the same time it will also bring knowledge of the discrete, not yet connected objects. A selected fact is associated with the synthesis of objects in a synchronic manner where time is excluded, while cause relates in a diachronic way following time as narrative (cf., Bion, *op. cit.*, p. 275; see above: cf., Heidegger, 1927).

For instance, an interpretation could act, at a particular instant (timeless), as a selected fact that triggers a series of associations that have unconsciously remained in ‘constant conjunction’ (see below), while leaving out other ‘discrete objects’ no bound to this chain of associations. On the other hand, *we* know because of the Oedipus myth narrative, what exactly –emotionally– follows in time (diachronic time) after Oedipus’s arrival at the crossroads.

I will explain the above mentioned concept ‘constant conjunction’ and the way Bion articulates it with the selected fact and the interpretation itself; in this example is the interpretation ‘of breast’, which is inherent to ‘reverie’ and to ‘alpha-function’ already referred to (see above), but that I will clarify in this specific dynamic: “I used as the name for a definitory hypothesis the word ‘breast’, which has a historical meaning that is simple and direct. It may therefore be said already to be a definitory hypothesis – in my terminology– which indicates the **constant conjunction** presumably for a number of simple phenomena such as woman, warmth, love, sensuality, and so forth... The situation in analysis that requires the use of the term ‘breast’...requires it because breast, if the **interpretation** is correct, is a **hypothesis** in the Humean (Hume, 1751) sense which fixes a constellation of associations that are **constantly conjoined** but have lost their connection with the material expressed by the free associations of the analysis, these last having become conjoined with material now alienated from, or never in contact with, the penumbra of associations of breast. The juxtaposition, by interpretation of breast, to the events of the analysis can be seen to resemble a provision by the analyst of a **selected fact** that the patient cannot find for himself” (Bion, *op. cit.*,

p. 252; my alterations)...‘the patient cannot find for himself’ because he is lost in the ‘crossroad’, he is lost in his own ‘labyrinth’ (see below: Grotstein, 2000): the selected fact is the Ariadne thread that allows the patient to find himself in his internal labyrinth.

More objectively, Bion explains that the **selected fact** describes the **synthesis processes experienced by the psychoanalyst**, similar to the way in which paranoid-schizoid objects become coherent and initiate the depressive positions, as adumbrated by Klein (see above: cf., Klein, 1930b, pp. 219-232; 1946, pp. 292-320), and also being **very similar to Laplanche’s ‘primary discourse’** (cf., Laplanche, 1999; see above).

The selected fact corresponds to an emotional experience that appears due to feelings of coherence and discovery, which does not necessarily have to be logical, but does require a relaxed attitude on behalf of the analyst in order to provide a matrix of abstraction from where the interpretation can spring. If this process is obstructed (by absence of reverie), on the other hand, it will be accompanied by an emotion similar to the one experienced during a ‘reversible perspective’: “the total process depends on relaxed attention; this is the matrix for abstraction and identification of the selected fact” (Bion, 1962b, p. 87).

To conclude my explanation of this cogent construct I will differentiate selected fact and interpretation (of breast); the former as having a function of discovery (a oedipal function), the latter as having a function of repair; and as both promote the growth of the patient: “the selected fact is a discovery made by the patient or individual and is the tool by which he ensures the constant progression, the very essence of learning and therefore of growing” (Bion, *ib.*).

This is represented by the sequence: paranoid-schizoid position, selected fact (precipitating coherence of the elements of the paranoid-schizoid position) ushering in the depressive position, which then instantaneously reveals yet vaster areas of hitherto unrelated elements belonging to domains of the paranoid-schizoid position which were previously un-revealed and unsuspected –a revelation that contributes to the depression peculiar to the depressive position: “The *selected fact* then is an essential element of discovery. The *interpretation* –employing definitory hypotheses, such as breast, which have many resemblances to, and in some respects are identical with, the selected fact– is concerned not with *discovery* so much as with *repair*. This difference, important as it is, must not obscure the fact that the definitory hypotheses employed in interpretation, and the selected fact, are in one respect identical: they must be α -elements” (Bion, 1992, pp.

252-253; my italic), which are necessary to develop α -function, as I said above.

Bion says that: “reverie is a factor of the mother’s alpha-function [α -function]” (Bion, 1962b, p. 36; my alteration): her love is expressed by reverie; without ‘reverie’ *nothing* is discovered or repaired, *everything* remains as β -elements.

I will now explain in more extent the above mentioned concept ‘without-ness’. Bion uses this expression to describe a container-contained relationship controlled by ‘envy’, which as a result would produce ‘-K’. In such a condition the baby splits and projects his fears inside the breast, together with feelings of envy and hatred that preclude a ‘commensal’ relationship. The breast is also felt enviously to remove the good or valuable elements that could be used to neutralize the baby’s fear of dying and in its place forces back into the infant worthless residues that will change the fear of dying into a ‘nameless dread’ or ‘terror without name’ (cf., Bion, 1962b; see below: Grotstein, 2000), which Bion represents as ‘-K’.

Bion considers this as a very serious condition (see above), because the breast not only does not neutralize the fear of dying, but might also remove the wish to live. This is also represented as ‘-(♀♂)’ (cf., Bion, 1962b, pp. 97-99), something Bion qualifies as ‘without-ness’ (that I explained above but, as I said, I will develop now in a much more detailed and explicit narrative because of its heuristic potentialities) as Bion explains in chapter twenty-eight of “Learning from Experience” (1962b) entitled ‘-K’: “Since the projection by the infant is also impelled by envy the projection is felt as an envious denudation of the psyche from which, in K, only the fear of dying would have been removed. There is therefore hardly any infant to re-introject or into whom he denuded fear of dying can be forced. In K, ♀♂ can find a habitat because the infant can re-introject the related pair. But -♀ and -♂ are returned to an object that covers them with little more than the semblance of a psyche. The object that I described as being re-introjected as ♀♂ in K was one in which the relationship of the elements ♀ and ♂ was commensal. In -K it is envious and therefore it is necessary to consider -♀ and -♂ and -(♀♂) in more detail. There are a number of peculiar features that are difficult to reconcile in a coherent theory. I shall accordingly describe them first without any attempt at explanation. In the first place its predominant characteristic I can only describe as «without-ness». It is an internal object without an exterior. It is an alimentary canal without a body. It is a super-ego that has hardly any of the characteristics of the super-ego as understood in psychoanalysis: it is «super» ego. It is

an envious assertion of moral superiority without any morals...The process of denudation continues till $-\text{♀}-\text{♂}$ represent hardly more than an empty superiority-inferiority that it in turn degenerates to nullity [I repeat this paragraph already quoted above because of its epistemological importance to this context]. In so far as its resemblance to the super-ego is concerned $-(\text{♀}\text{♂})$ shows itself as a superior object asserting its superiority by finding fault with everything. The most important characteristic is its hatred of any new development in the personality as if the new development were a rival to be destroyed. The emergence therefore of any tendency to search for the truth, to establish contact with reality and in short to be scientific in no matter how rudimentary a fashion is met by destructive attacks on the tendency and the reassertion of the «moral» superiority...Restating in other terms, it can be seen as implying an attempt to retain a power to arouse guilt as an essential capacity. The power to arouse guilt is essential and appropriate to the operation of projective identification in a relationship between infant and breast. This guilt is peculiar in that its association with primitive projective identification implies that the guilt is meaningless. The $-(\text{♀}\text{♂})$ contrast therefore with conscience in that it does not lend itself to constructive activity. In contrast with the learning (K) function of $\text{♀}\text{♂}$, $-(\text{♀}\text{♂})$ is engage in the collection of meaningful ♂ elements for subjection to $-\text{♀}$ so that these elements are stripped of their meaning and only the worthless residue is retained. The analyst's interpretations are a part of the ♂ elements that are so treated, with the result that they are denuded of meaning. This envious extraction is to be contrasted with the process of abstraction peculiar to $\text{♀}\text{♂}$ in K. The ego-like function of $-(\text{♀}\text{♂})$ is unlike ego function in destroying rather than promoting knowledge. This destructive activity is tinged with «moral» qualities derived from the «super» ego quality of $-(\text{♀}\text{♂})$. In other words $-\text{♀}\text{♂}$ asserts the moral superiority and superiority in potency of UN-learning. Successful operation of $-(\text{♀}\text{♂})$ has its achievement growth in development and power of $-\text{♀}$ and an ever-increasing accretion of ♂ elements for conversion to $-\text{♂}$ elements. In other words alpha-elements, however obtained, are acquired for conversion to beta-elements. In practice it means that the patient feels surrounded not so much by real objects, things-in-themselves, but, by bizarre objects that are real only in that they are the residue of thoughts and conceptions that have been stripped of their meaning and rejected” (Bion, 1962b, pp. 97-99; my alterations).

Later on in his book “Transformations” (1965) Bion develop even further this

fecund construct and represents ‘without-ness’ or ‘ $-(\text{♂}\text{♀})$ ’ as ‘ $\leftarrow\uparrow$ ’, even that he doesn’t explicitly establishes the epistemological connection, but that *we* are ‘aware’ because of his final works where he ‘sow’ the majority of his theoretical and clinical conceptualizations (cf., Bion, 1992): “First I consider $\leftarrow\uparrow$ «in search for existence». What this sign represents must be determined by discovery of realizations approximating to it; it is both mental, and susceptible of sense-perception (sense-perception must here be contrasted with, and distinguished from, Freud’s ‘consciousness as a sense-organ of psychic quality’ [see chapter seven of «The Interpretation of Dreams» (cf., Freud, 1900b, pp. 339-621)]. Having allocated a sign $\leftarrow\uparrow$ which, according to my theory, means that there is a constant conjunction that requires being bound I need to know what the constant conjunction thus represented means. I might as well say that it is because I think there is a constant conjunction that I think there is a meaning. Further, my belief that that there is a meaning is itself one element that is constantly conjoined with other elements in any situation in which a constant conjunction is felt to occur. It is necessary to suppose that there is awareness of constant conjunction. Since I already allocated a meaning to $\leftarrow\uparrow$ I could attribute awareness of constant conjunction to it. I shall not however do so. I shall keep it unaltered as β element. It may however improve the efficacy of $\leftarrow\uparrow$ as a form of notation if I, who think that stupor and violent greedy ambition to possess all the qualities of existence have the same configuration, re-write $\leftarrow\uparrow$ as $\pm\leftarrow\uparrow$. To return to «awareness»; by analogy I would like as a temporary measure to use Cs as a sign for «awareness». It might be useful to attribute this to $\pm\leftarrow\uparrow$, but Cs and $\leftarrow\uparrow$ appear to be unconceivable...The state I have represented by $\leftarrow\uparrow$ is one I can also represent in [Grid] terms classifiable as C3 [see below], thus: $\leftarrow\uparrow$ may be personified as a non-existent «person» whose hatred and envy is such that «it» is determined to remove and destroy every scrap of «existence» from any object which might be considered to «have» any existence to remove. Such a non-existent object can be so terrifying that its «existence» is denied, leaving only the «place where it was»” (Bion, 1965, pp. 107-111; my alterations).

As *we* can see all Bion’s major constructs are inter-related in what I can call (using his terminology) a ‘constant conjunction’ unfolded from a ‘scientific deductive system’ or a ‘system axiomatic deductive’ (cf., Bion, 1992, pp. 156-165, pp. 208-209). Bion, throughout most of his work, attempts to provide psychoanalysis with the

precision of a system based on mathematics and constructs taken from Euclidean geometry (see below; cf., Euclid, 2002): “I wish to introduce as a step forwards formulations that are precise, communicable without distortions and more nearly adequate to cover all situations that are basically the same” (Bion, 1965, p. 125).

Bion, using a quote from Braithwaite (1955), attempts to define the substance behind his system, which: “consists of a set of hypothesis which forms a deductive system, that is, which is arranged in such a way that from some of the hypothesis as premises, all the other hypothesis logically follow” (Bion, 1992, pp. 2-3) concluding that a: “peculiarity of psychoanalysis is that the scientific deductive system is a series of hypotheses about hypotheses about hypotheses” (Bion, *op. cit.*, p. 46). Later on, still in “Cogitations” but in an undated note entitled “Need for study of scientific method” the author adds more objectively: “By the term, ‘scientific deductive system’, I mean any system of hypotheses in which certain hypotheses occupy a high level in the particular system, and are used as premises from which lower-level hypotheses are deduced. Lower-level hypotheses are of decreasing generalization until the lowest level of all, which have a degree of particularization that makes them suitable for verification by empirical experience such as scientific experiments, or, in the case of psycho-analysis, clinical experience” (Bion, *op. cit.*, p. 156).

From my perspective, what Bion argues as his ‘constant conjunction’ (and the inherent above mentioned *implications*) sows completely with what I am defending throughout my entire Thesis: **the psychoanalytic clinical method is a deconstruction of what the patient’s unconscious manifests to the ‘analyst’s mind’. It is because of this ‘magnetism’ that I defend that the analyst can only be a *craftsman* (my Conclusion) integrating the theoretical models in his mind as a ‘secondary discourse’ but *never* as a ‘primary discourse’ [only through the ongoing process of decision-making that is co-determined by the patient’s action and reaction which takes place in the ‘analyst’s mind’ the ‘primary discourse’ *emerges* unfolding the analyst’s conception of his (deconstructive) work; *or, in other words*, the ‘magnetism between method and its object’ (the unconscious fantasy) constitutes any analyst’s ‘primary discourse’, whatever the theory he may espouse as a ‘secondary discourse’; *or, more objectively*, psychoanalytical theory, ‘a secondary discourse’, is always applied after the clinical work, which is the analyst’s ‘primary discourse’] as Laplanche argues (see above Laplanche, 1999). Theoretical**

models are hermeneutic because there is a meta-interpretation of the theory done by each analyst, and this literature review is based entirely in this premise, but the interpretation of the unconscious manifestations is not hermeneutic exactly for the reasons above mentioned (see my Introduction) by Laplanche (1999).

Indeed, *mutatis mutandis*, according to Bion, the above mentioned particular deductive system must be preceded by the **structuring of a set of organized ideas** accomplished by the use of symbols, requiring also the **capacity to tolerate frustration and depression**, similar to Klein's description of the process of '**synthesis in the depressive position**' (see above; cf., Klein, 1937, pp. 306-343).

From Bion's perspective, **the problem consists in how a primitive system of ideation reaches the level of sophistication present in a scientific deductive system, related to the formation of permanent knowledge**: "Prichard points out that in ordinary life when we are seeking knowledge, our interest is chiefly absorbed in the nature of what we are trying to know, and not in the **process by which we try to get to know. It is probably true that most psycho-analysts are similarly absorbed in psycho-analysis rather than in the process by which we arrive at a knowledge of psycho-analysis**" (Bion, *op. cit.*, p. 151; my alterations).

Prichard is H. A. Prichard, the author of "Knowledge and Perception" (1950), and Bion starts his 'cogitation' about the 'need for study of scientific method' and subsequently the 'meaning of the scientific deductive system' quoting him.

Related to this issue, Bion argues that from a genetic point of view (see below; this 'genetic point of view' is related to the 'Grid'), or simply from the 'vertex' (see above) of 'psychoanalytic listening' *we* should take into account the following conceptualizations: (1) awareness of external facts, or 'actual elements' (see below), through the use of sense organs, equivalent to what scientists refer to as 'observable facts' (cf., Heisenberg, 1966). Bion gathers them into three groups: (i) touch and smell; (ii) sound; (iii) and sight.

The first one is non-verbal and related to sex; the second is verbal and musical; and the last one verbal and pictorial. (2) The possibility of an individual to translate an 'actual element' into an idea and then create symbols would depend on the individual's capacity to tolerate frustration produced by the absence of the object as well as to tolerate the depression from the depressive position. This operation is absent in psychotics, because for them words are things (cf., Bion, 1992, pp. 2-22, pp. 156-165,

pp. 208-209). (3) A mental development associated with the: “ability to see facts as they really are, [producing]...internally a sense of well being that has an instantaneous and ephemeral effect and a lasting sense of permanently increased mental stability” (Bion, *op. cit.*, p. 6; my alteration). In others words, scientific knowledge is the consequence of growth of common sense knowledge (cf., Bion, *op. cit.*, pp. 23-32).

In order for Bion’s terminology clarification, ‘actual element’ is a heuristic construct developed in a note entitled “Scientific method” dated 10th January 1959 published later on in “Cogitations”. Bion articulates this concept with several others unfolding a **epistemological syncretism typically idiosyncratic of his ‘secondary discourse’**: “the fact that I here equate with what Bradley calls the ‘actual element’ is in a sense in no way different from the facts or actual elements that are the objects of curiosity, elucidation, and study in any science whatever, although this fact may be obscured because it is a ‘fact’ or ‘actual element’ of the kind that the analyst is inviting the patient to study –namely, the patient’s own ‘fact’. It will be observed that in the theory I am putting forward I am postulating a phenomenon with three facets: (1) what Bradley would call ‘actual elements in an actual union’, which is identical with what the scientist would call ‘observable data’ in a relationship with each other that is equally observable; (2) an ideational counterpart of the above, which is dependent upon the individual’s ability to translate an ‘actual element’ into an idea (the psychotic fails to do this, and even when he verbalizes still thinks that words are things). This operation depends on the individual’s capacity to tolerate the depression of the depressive position and therefore to achieve symbol formation. This phase is identical with the scientist’s ability to produce a scientific deductive system and the representation of this, which is called calculus [cf., Braithwaite, 1955, p. 23; see below]; (3) a mental development that is associated with an ability ‘to see facts as they really are’ and internally with a sense of well-being that has an instantaneous ephemeral effect and a lasting sense of permanently increased mental stability. The peculiarity that distinguishes the psychoanalyst from his analysand is that the analyst is able to select the worthwhile fact, produce the deductive system and its associated calculus, experience the moment of union when the elements meet to give rise to a feeling that the cause has been found, and begin a process that issues in a change that produces a feeling that an effect and its cause have been linked [cf., Poincaré, 1908, p. 126; Braithwaite, 1955, p. 24]. The analysand, on the other hand, is made aware of an hypothesis (see above) in a deductive

system which he may or may not be able to use as a premise for further deductions. The deductive system thus formed may enable him in his turn to select one of these unifying facts of which Poincaré speaks” (Bion, 1992, pp. 5-6; my alterations).

After this long quotation *we* can see that most of these conceptualizations correspond to the role Bion gave to alpha-function, as capable of translating sense impressions or beta-elements into more sophisticated elements, useful in the process of thinking, or creating alpha-elements as I said above. The interpretation could act as a selected fact (see above) capable of providing order to the initial chaos of observations (cf., Bion, *op. cit.*, pp. 6-7).

In order for a scientific deductive system to be achieved, says Bion, it is necessary that selected facts that organize the system (this is why I am so detailed in explaining the selected fact) be elaborated by means of a conscious rational process and not by emotional experiences; besides, hypotheses in the system should be grouped with the help of logical rules, different from those mechanisms that organize elements following a selected fact (cf., Bion, 1962b, p. 73).

According to Bion, a scientific hypothesis should contain three ‘functions’: (a) a private event should be made public (the interpretation) as *we* saw above; (b) it should consent to reality testing, be remembered, proved and predicted (see above); and (c) arranged in such a way for it to make sense (cf., Bion, 1992, p. 14). Let me take for instance the proverb ‘action without thought is like shooting without aim’, which is publicly known, it can predict a fact and organize a sense. ‘Common sense’ is an important aspect in scientific deductive systems; the interpretation, for instance, requires that at least both analyst and patient share a consensus: “The analyst, however, is also able to claim that his interpretation is based on common sense; but it is common only to some psychoanalysts who may be presumed to witness the same events and make the same deductions” (Bion, *op. cit.*, p. 10).

I will now ‘start’ a ‘proto-conclusion’ of my Bion’s ‘review’ illustrating ‘synoptically’ what I developed above, which was what **Bion considered his ‘elements of Psychoanalysis’, what I can posit as his ‘five fundamental elements’ analogous to Freud’s ‘four fundamental concepts’ (see above) and also Lacan’s ‘four fundamental concepts’ (see above): ‘fundamental elements’ of a ‘constant conjunction’ of heuristic ‘secondary discourses’**. Inherently to these elements, Bion created the “Grid” (1977b). From my perspective it’s not an arbitrary coincidence that

the “Grid” and “Elements of Psychoanalysis” (1963) were published in the same year [(I am using here the ‘final version of the ‘Grid’ published in “Two Papers: The Grid and Caesura” (1977b)]. Therefore I will develop (further below) as Bion’s final construct what he called the: “instrument for the use of practicing psycho-analysts” (Bion, 1977b, p. 3): the Grid.

Initially, ‘psychoanalytic elements’ and ‘psychoanalytic objects’ were used interchangeably; for instance in the first three chapters of his book entitled precisely “Elements of Psychoanalysis”, the author, referring to the relationship with emotional links (L, H, and K), affirms that ‘psychoanalytic objects *derive* from psychoanalytic elements’ (cf., Bion, 1963, p. 11). The opposite is said when referring to ‘Idea’: he states that ‘psychoanalytic objects’ *are made* of elements, like alpha-elements (cf., Bion, *op. cit.*, p. 4). Later on, when referring to passion, he makes no difference between them: “Further consideration of passion is not relevant to the immediate issue of passion as one of the dimensions of a psycho-analytic object and therefore of a psycho-analytic element” (Bion, *op. cit.*, p. 13).

Meltzer, referring to this epistemological ambiguity states: “It therefore becomes extremely confusing when he [Bion] begins to describe ♀♂ as an element, along with $Ps \leftrightarrow D$, L H K, R (reason) and I (idea, or psychoanalytic object) when he later calls them mechanisms (♀♂) and $Ps \leftrightarrow D$ or earlier had called them factors in a function (L H K). This is made even more confusing when he seems to discard ♀♂ as an element in favour of a «central abstraction» which it must contain or imply, to which the term «element» should be applied and reaches the conclusion that elements are essentially unobservable” (Meltzer, 1978b, p. 56; my alteration).

In the last chapter (chapter twenty) of “Elements of Psychoanalysis”, however, Bion finally established a clear difference between psychoanalytic objects and psychoanalytic elements. He states that the psychoanalytic object has three dimensions: ‘analytic theory, mythology, and feeling’: “an analytic object is not the same as an element but may be regarded as having a relationship with an element analogous to that of a molecule to an atom. The analytic object is not necessarily an interpretation though an interpretation is an analytic object ... [which] emerges as a result of the operation ... of $Ps \leftrightarrow D$ and ♀♂” (Bion, *op. cit.*, pp. 101-102; my alteration).

He concludes, allocating both psychoanalytic objects and psychoanalytic elements in grid categories: “the *elements* of psycho-analysis are ideas and feelings as

represented by their setting in a *single* grid-category; psycho-analytic objects are associations and interpretations with extensions in the domain of sense, myth and passion, requiring three grid categories for their representation” (Bion, *op. cit.*, pp. 103-104). Referring to these dimensions, but before he made clear the difference between psychoanalytic objects and psychoanalytic elements, he had said: “psycho-analytic elements and the [psychoanalytic] objects derived from them have the following dimensions: 1 Extension in the domain of sense; 2 Extension in the domain of myth; 3 Extension in the domain of passion. An interpretation cannot be regarded as satisfactory unless it illuminates a psychoanalytic object and that object must at the time of interpretation possess these dimensions ... Extension in the domain of sense ... means that what is interpreted must ... be an object of sense. It must, for example, be visible or audible” (Bion, *op. cit.*, p. 11; my alteration). It must also have a ‘common sense’ to allow a consensus, as I also above related to the epistemological framework inherent to the ‘scientific deductive system’.

The ‘extension in the domain of myth’ refers to personal myths that the analyst can use at a given moment in order to understand the patient’s latent content; to say for instance in the face of the patient’s aggression that his anger is like that of a: “child that wanted to hit his nanny because he has been told he is naughty” (Bion, *op. cit.*, p. 12).

These represent statements of the analyst’s ‘personal myths’ and not ‘statements of observed facts’, or ‘formulations of a theory intended to represent a realization’: “unless the experience of the psycho-analytical object is accompanied by a formulation by the psycho-analyst of a statement that has this type of component [myth] it lacks a necessary dimension” (Bion, *ib.*; my alteration).

About the ‘extension in the domain of passion’, Bion says that it represents: “an emotion experienced with intensity and warmth though without any suggestion of violence ... unless it is associated with the term «greed»” (Bion, *op. cit.*, p. 13). Different from sense and myth, passion implies the presence of ‘two minds linked’. It could correspond perhaps to what others call ‘empathy’, which is completely different from counter-transference: “passion must be clearly distinguished from counter-transference, the latter being evidence of repression” (Bion, *ib.*).

From my perspective, it is quite *possible* that the selection of the term ‘element’ could have been encouraged by ‘Euclidean elements’ [“The Thirteen Books of Euclid’s Elements” (cf., Euclid, 2002)] as well as by the relevance that such a concept has in

chemistry (see below). I have this epistemological position because Bion right in the beginning of “Elements of Psychoanalysis” assumes directly his source when he says: **“the elements I seek are to be such that relatively few are required to express, by changes in combination, nearly all the theories essential to the working psychoanalyst”** (Bion, *op. cit.*, p. 2; my bold and underline), and explicitly poses it in the footnote inherent to this sentence: “compared with the tendency to produce *ad hoc* theories to meet a situation when an existing theory, stated with sufficient generality, would have done. Compare Proclus, quoted by Sir T. L. Heath, on Euclid’s Elements (Heath, T. L.: “The Thirteen Books of Euclid’s Elements”, Chap. 9, C.U.P., 1956)” (Bion, *ib.*).

According to Bion, ‘psychoanalytic elements’ represent abstractions, similar to letters in the alphabet, that if combined with each other form words; when combined they represent almost **‘all’ the necessary theories for the analytical work: ‘secondary discourses’**. All elements must be functions of personality conceived as having dimensions which, in **the analyst’s mind/‘primary discourse’**, represents sense impressions, myths or passions: “the combination in which certain elements are held is essential to the meaning to be conveyed by those elements. A mechanism supposed to be typical of melancholia can only be typical of melancholia because it is held in a particular combination” (Bion, 1963, p. 2).

Therefore, all elements must have the following characteristics: ‘(a) they must be capable of representing the same ‘realization’ that they originally described; (b) they must be capable of articulating with similar elements; and (c) when articulated they must form a scientific deductive system capable of representing a ‘realization’ if it happens to exist. Among these elements is what *we* can coin, as I said above, Bion’s ‘five fundamental elements’: (i) ♀♂ **representing the dynamic relationship between container and contained, similar to Klein’s notion of projective identification and Laplanche’s ‘secondary discourse’**; (ii) **Ps↔D, representing approximation to a combination between Kleinian paranoid-schizoid and depressive positions with Poincaré’s selected fact and Laplanche’s ‘primary discourse’**; (iii) L (Love); (iv) H (Hate); and (v) K (Knowledge), representing the last three links between psychoanalytic objects’. All elements without exception are considered functions (cf., Bion, 1963, p. 3).

In this context, Bion ends the first chapter of “Elements of Psychoanalysis” by stating from a Humean ‘vertex’: “using the notation R derived from the word «reason»

and the realizations it is thought to represent, and *I* derived from the word «idea» and all realizations it represents including those represented by «thought»; *I* is to represent psycho-analytical objects composed of α -elements, the products of α -function ... R is to represent a function that is intended to serve the passions, whatever they may be, by leading to their dominance in the world of reality. By passions I mean all that is comprised in L, H, K. R is associated with *I* in so far as *I* is used to bridge the gap between an impulse and its fulfilment. R² insures that it is bridged to some purpose other than the modification of frustration during the temporal pause” (Bion, 1963, p. 4).

In a footnote concerning this subject Bion explains his epistemological ambiguity (see above: cf., Meltzer, 1978b): “I have not carried through the discussion of R because I do not yet feel in a position to see its implications. I include it [as a psychoanalytical element] because my clinical experience persuades me of the value of such an element and others may be able to use it incompletely worked out though it is. See Hume. ‘A Treatise of Human Nature’, Book II, Part III, Section 3. Clarendon Press 1896” (Bion, *ib.*; my alteration).

However the ‘epistemological ambiguity’, it is my and Grotstein’s perspective that the election of ‘mathematical objects’: “had the advantage of being a language of signs and/or symbols which could conveniently represent objects in their absence and therefore facilitate a language useful for abstraction without the penumbra of associations typical of words” (Grotstein, 1981a, p. 12).

From this statement I arrive to Grid’s dynamics, but before I develop this highly heuristic construct I will just clarify one last concept that was mentioned above and that it’s vital to understand the Grid: ‘realization’.

This concept can be interpreted as an action to bring something into real or concrete existence. In his “Theory of Thinking” Bion refers to the: “realization of pre-conceptions” (cf., Bion, 1967a, pp. 110-119); in other words, when the baby sucks the breast, a realization takes place between an innate preconception of the breast and the breast as a real object, a situation that will generate a conception, that is, the satisfaction of a wish. When the need for the breast meets an absence of the breast (see above; cf., Bion, 1962b, pp. 32-37; 1992, pp. 250-253) or ‘no-breast’, the realization of this absence, of this frustration, if well tolerated, will be translated into thoughts, as well as into an ‘apparatus’ to link thoughts and into a capacity for abstract thinking (cf., Bion, 1962b, p. 60).

In this same book, “Learning from Experience”, Bion in paragraph five of chapter one states with a surprising objectivity (not common as already mentioned) that the: “**theory of functions** [see above] makes it easier to match the realization¹ with the deductive system² that represents it” (Bion, *op. cit.*, p. 2; my alterations), in a sense similar to the way in which three dimensional: “**euclidean geometry has the structure of ordinary space as one of its realizations**” (Bion, *op. cit.*, p. 99; my alterations; **see below Lacan’s topology**).

From my perspective, in other words, the above mentioned means that the theory of functions facilitates the knowledge of the exact purpose a given scientific deductive system might have, similar to the way in which Euclidian geometry has as its purpose, dimensioning the ordinary space. Writing a doctoral Thesis would be, for instance, a realization of K.

Following Bion’s examples presented in his book “Transformations” (see above: cf., Bion, 1965), an artist can transform a landscape (‘realization’) into a picture (‘representation’), something he achieves by means of a series of ‘invariants’, which make his work something intelligible [Einstein formulated the theory of relativity (‘specific and general’) from Maxwell’s ‘invariant’: the ‘value C’, which was invariant to both Maxwell’s equations of electro-magnetism (cf., Einstein, 1954)]; invariants, according to Bion, are specific characteristics of an object that, by remaining unaltered regardless of any transformation experienced by that object, will allow the identity of that object. An interpretation, for instance, carries invariants that belong to some particular psychoanalytic theory, like the Oedipus situation (cf., Bion, 1965, p. 4). In this context, from my perspective, Aristarchus of Samos classical reflections are inherent to Bion’s cogitations (cf., Aristarchus, 1913).

Accordingly, through the use of a realization *we* might be able to know about the ‘unknown’, the ‘thing-in-itself’, which represents what Bion referred to as ‘turbulence’, or the capacity to rouse a disturbance that will make the invisible visible, like introducing a stick in a clear and smooth stream of water. Realizations allow *us* to know about the ineffable, the ‘noumenon’, by changing it into a ‘phenomenon’ (cf., Bion, 1974).

This terminology is obviously Kantian, who, along with Plato, constitutes Bion’s major philosophical reference; the ‘thing-in-itself’ is a term taken by Kant (1781) from the Greek ‘noumenon’, the past participle of ‘voεiv’, meaning ‘to think, to conceive’,

used to describe what the mind conceives beyond the ‘phenomenon’, but cannot be perceived, that is, the ‘thing-in-itself’, the *absolute* reality of which there is no empirical or sensible knowledge, but can be known through intellectual intuition (cf., Russell, 1945).

Bion in an undated note entitled ‘Commentary on the scientific deductive system’ published in “Cogitations” says that the: “«phenomenon» and [the] «thing-in-itself» are terms used in the Kantian sense to mean things as they appear to the observer, and things as they might be supposed to be in reality without an observer. «Things-in-themselves» has much the same meaning as Bradley ascribes (in “Principles of Logic”) to the term, «things in actuality»” (Bion, 1992, p. 157; my alterations), and Bion also adds in “Learning from Experience” that: “a thing-in-itself ... following Kant, cannot be known to us” (Bion, 1962b, p. 67).

Accordingly, Bertrand Russell in his “A History of Western Philosophy” explains the ‘things-in-themselves’ as: “the causes of our sensations, [which] are unknowable; they are not in space or time, they are not substances, nor can they be described by any of those other general concepts which Kant calls categories” (Russell, 1945, p. 707; my alteration).

From my perspective I steer into Green’s harbour when, concerning this subject, he quotes Shakespeare’s “King Lear”, in the moment when Edgar, disguised as a madman who has escaped from Bedlam, initiates a conversation between the King, the Fool and Tom. The latter, so much impoverished, is addressed by the King: “... Thou owest the worm no silk, the beast no hide, the sheep no wool, the cat no perfume. Ha! Here’s three on’s are sophisticated! Thou are the thing itself” (King Lear, 3, 4, p. 106 in Green, 2000b, p. 121). Green concludes: “this was long before Kant dreamt of these words” (Green, *ib.*).

It is true that Shakespeare’s “King Lear” is, in this ‘concept’, predecessor of Kant’s “Critique of Pure Reason” (1781), but it is also true that Kant developed in this seminal work what *we* can call a proto-phenomenology, which was, in my perspective, the epistemological thread that Bion (among a plethora of fecund authors: see above; cf., Husserl, 1907, 1910, 1913a, 1913b, 1913c, 1913d, 1928, 1929, 1931, 1936/54; Freud, 1923c, 1930b; Heidegger, 1927, 1929, 1935, 1936-38, 1950, 1954, 1955-56; Sartre, 1943; Merleau-Ponty, 1945; Lacan, 1956-57, 1957-58, 1966, 1968, 1970) unraveled.

Consequently, Bion in his book “Transformations” correlates the ‘thing-in-itself’ with two completely different aspects: (a) with ‘O’ or the ultimate unthinkable ‘truth’; (b) with material that cannot be changed into thoughts or β -elements, and can only be used for evacuation through projective identifications: “it is as if in one view man can never know the thing-in-itself, but only secondary and primary qualities [Bion is referring to the analyst listening during the analytical session]; whereas in the other view he can never «know» anything *but* the thing-in-itself [now referring to the psychotic patient]. This apparent attitude [of the psychotic patient] has similarities with another apparent attitude, namely, that postulated by the theory of projective identification” (Bion, 1965, p. 40; my alterations). By this quotation it is *obvious to see* that Bion’s ‘transformations’ sows completely with what I am arguing throughout my entire Thesis, that is: how the ‘secondary and the primary discourse’ transform the ‘analyst’s mind’ in the analytical session.

In “Bion’s Brazilian Lectures 1”, published in 1973, proffered in São Paulo, and “Bion’s Brazilian Lectures 2”, published in 1974, proffered in Rio de Janeiro and São Paulo, Bion differentiates between ‘noumena’ and ‘phenomena’ and articulates it with a ‘realization’, which in this context is termed as ‘human mind’: “**when the noumena, the things themselves, push forward so far that they meet an object [a realization] which we can call a human mind, there then comes into being the domain of phenomena. We can guess, therefore, that corresponding to these phenomena, which are something that we know about because they are us, is the thing itself, the noumenon: the religious man would say, «there is, in reality, God». What Freud and psychoanalysis have investigated is phenomena**” (Bion, 1974, p. 41; my alterations).

Once again, by this quotation it is *obvious to infer* why I work “Dora’s Case” (in the following chapter) as an epistemological bridge between the Theoretical Prolegomena as a ‘secondary discourse’ and the Clinical (Practical) Constructs as a ‘primary discourse’, that is, I work “Dora’s Case” from a semiotic perspective because the ‘semion’ (semion is the Greek etymological root of the word ‘sign’) constitutes a theoretical container for the praxis to be contained; the theory is a phenomenological container that is only ‘significant’ if the practical data that is contained becomes inscribed in a ‘signifier’: theory and practice are inherently

container and container, significant and signifier; ‘secondary and primary discourse’; theory is a ‘phenomenological envelope’ that must be written with ‘practical letters’ (cf., Merleau-Ponty, 1945; Lacan, 1966; Bion, 1974, 1992).

After this **epistemological** clarification I will now develop, as I said above, Bion’s final construct: the ‘Grid’ (1977b):

Bion’s Grid								
		Definitory Hypothesis	Ψ	Notation	Attention	Inquiry	Action	...n,
A	Beta elements	A1	A2				A6	
B	Alpha elements	B1	B2	B3	B4	B5	B6	...Bn
C	Dream Thoughts	C1	C2	C3	C4	C5	C6	...Cn
D	Pre conception	D1	D2	D3	D4	D5	D6	...Dn
E	Conception	E1	E2	E3	E4	E5	E6	...En
F	Concept	F1	F2	F3	F4	F5	F6	...Fn
G	Scientific Deductive System		G2					
H	Algebraic Calculus							

In the Grid Bion sows all his theoretical, meta-theoretical and clinical constructs. Therefore this concept will be developed with more detail; **all the conceptualizations that were mentioned above are represented in the Grid. This construct is Bion's own 'selected fact' and inherent implications, where all his epistemological 'elements' are merged into one single and 'clear' synthetic syncretism: a unique articulation between the 'secondary and the primary discourse', from my perspective, obviously.**

The formulation of this highly heuristic construct was based on Mendeleev's 'Periodic Table' (hence I have referred chemistry above) and represents **Bion's attempt to cross the 'genetic' evolution of thinking –as a 'secondary discourse'–, on one hand, with the mind that contains and uses such evolution or transformation –as a 'primary discourse'–, on the other.** He refers to it as: “instrumental for classifying and ultimately understanding [psychoanalytic] statements” (Bion, 1977b, p. 13; my alteration), or as a: “convention for construing psycho-analytic **phenomena**. But if an analyst uses this convention he entertains a pre-conception of which the Grid, as printed or written, is a **representation**” (Bion, 1963, p. 98; my bold).

As it is mentioned above: **'what Freud and psychoanalysis have investigated is phenomena'; what Bion does with the Grid is 'construing [an instrument to interpret] psycho-analytic phenomena': the Grid is a representation of the 'analyst's mind' whatever theories the analyst may have implicitly or explicitly in his mind as a 'secondary discourse'; these theories ultimately yield to clinical/practical/deconstructive 'reasons' which unfold the 'magnetism' that Laplanche posits between the 'method and its object' as a 'primary discourse' (see above).** Of course, this is my interpretation of the Grid.

To be more explicit, *mutatis mutandis*, the Grid's morphology can be explained as following: Bléandonu suggests that in the second column Bion borrowed the 'Ψ' sign from the expression *proton pseudos*: 'πρωτον' (proton), which means 'first'; and 'ψευδος' (pseudos), which means 'false', 'to lie' (cf., Bléandonu, 1994, p. 166).

From my and Bléandonu's perspective, Bion took these concepts from Aristotle's "Prior Analytics" (cf., Aristotle, 1941, pp. 62-107; Aristotle, 1912-54a),

which in its chapter eighteen develops magisterially ('Magister dixit') the philosophical dynamics of false premises and false conclusions, asserting that 'a false statement is the result of a proceeding falsity [proton pseudos]' (cf., Aristotle, 1941, p. 66; my alteration).

This Aristotelian insight was also used by Freud (1895) in his "Project for a Scientific Psychology", to describe the importance of lying in hysterical patients (cf., Freud, 1895, pp. 295-387). I will develop this dynamic further below.

In the first Grids the fifth column instead of 'Inquiry' was named 'Oedipus' (cf., Bion, 1977b, p. 7), and also in the original Grid, files G (Scientific Deductive System) and H (Algebraic Calculus) were not present. After the clarification of these morphological 'details', I will now illustrate the Grid's contents and inherent dynamics.

The **Grid** usually **moves** from left to right and from top to bottom **as thinking progresses in degrees of sophistication both in the use as well as in the level of abstraction and organization. In this way it *could* be said that, on a structuring level, the vertical axis follows the progressive movements of Klein's 'positions' (depressive and paranoid-schizoid): 'PS↔D' as a 'primary discourse', while the uses, or horizontal axis, follows the mechanisms of the container-contained (♀♂) as a 'secondary discourse', in the sense of a mind that contains and is contained. Once again, this is my interpretation of the Grid.**

The Grid is described as a manifestation of the development of 'K', which is consonant with the purpose of the **psychoanalytical clinical method**: "the analyst must decide whether the idea that is expressed is intended to be an instrument whereby feelings are communicated or whether the feelings are secondary to the idea" (Bion, 1963, p. 96; my alterations). At the beginning Bion refers that the Grid is a manifestation of the I (idea), but later on, after he starts to use the 'theory of transformations' (1965), he changes to 'K' as its manifestation. According to Bion, emotions might disrupt the cognitive purpose of the analysis, just as the wind would disrupt the surface of a lake creating turbulence; the only difference would be that '**in the Grid both emotional and cognitive aspects are mutually affected by each other**' (cf., Bion, 1965, pp. 70-71), and I add: 'secondary and primary discourse' are mutually affected by each other.

Concretely, the Grid combines two main axes that cross each other: the Horizontal axis, marked '1 to...n' columns, which represents the 'mind' that 'uses'

thoughts, which **follows the mechanisms of the container-contained (♀♂) as a ‘secondary discourse’**; and the elements in the Vertical axis. **The Vertical axis** consists of eight levels of evolution (A to H) showing the genetic development of thinking, from the most primitive aspects to the more complex ones, which **follows the progressive movements of Klein’s ‘positions’ (paranoid-schizoid and depressive): ‘PS↔D’ as a ‘primary discourse’**.

According to Bion, in the horizontal axis the terms are the same, but they can be used differently, while in the Vertical axis the terms vary, but have the same use (cf., Bion, 1963, p. 87). Firstly I am going to schematize the Grid’s horizontal axis and secondly I will develop the Grid’s vertical axis.

Bion says that: “the columns in this [horizontal] axis represent the functions that a statement is being made to perform. The statement may be an oracular pronouncement, an announcement of the theme of the session” (Bion, 1963, p. 71; my alteration). This axis is considered to be incomplete (1– ...*n*), which means it can eventually be extended. **The formulations on this axis are always the same**; the only thing that varies is the use that they are given. For instance, statement X could be a formulation considered to be a ‘definitory hypothesis’ (column 1) used as defence, as a lie (column 2), recognized as a repetitive behaviour (column 3), that eventually might determine a certain kind of acting-out (column 6). The meaning varies according to the use that has been given to it, which in turn depends on the category, or column, where the formulation has been placed. **The mechanism by which transition from one use of this axis (1 to...*n*) is transformed into another seems to depend on container-contained mechanisms as a ‘secondary discourse’**, while its dynamics are based on pleasure and pain (cf., Bion, *op. cit.*, p. 34).

Bion states that Column 1 represents a series of definitions of various uses, such as a myth, or **the content of a session that could represent a ‘definitory hypothesis’, denoting that facts in it are bound by a ‘constant conjunction’,** that they are meaningful, but have no meaning, and very important, that they are limiting because the present constant conjunction excludes all the other previously recorded. If *we* say ‘cat’ for instance, such a term will represent a preposition or a constant conjunction that joins hair, colour, eyes, lives, etc.; it will be so restrictive that it will exclude all other animal characteristics: “carried to extremes, the term ‘cat’ is merely a sign analogous to the point as the ‘place where the breast use to be’ and should mean ‘no-cat’” (Bion, *ib.*); **it**

would be unique because it will exclude any other previous constant conjunction that, even if it might have represented something, will have no meaning.

The content of a session constitutes a ‘definitory hypothesis’ and at the same time it also represents the transformation of an emotional experience ‘O’, into a final product ‘(Tβp)’, which once presented in a session and understood by the analyst will help to construct the interpretation **as a ‘secondary discourse’**. This also represents a ‘definitory hypothesis’ that excludes any other previously given interpretation and will correspond to the analyst’s final transformation product ‘(Tβa)’ **as a ‘primary discourse’** to that particular moment (cf., Bion, *ib.*). Pereira (2000) introduces the possibility of subdividing this column into three parts: (a) the ‘definitory hypothesis’ as such; (b) the negative aspects of the definition; (c) the annihilation of the hypothesis.

Column 2, as well as row C, could have its own grid. It is used as a false statement with the purpose of providing the patient with a theory that will act as a defensive barrier or a resistance against feared feelings or ideas, and thus oppose the appearance of ‘catastrophic change’ (cf., Bion, 1966, 1977e, pp. 5-6).

In classical (Freudian) theory, column 2 would correspond to ‘resistance’ in the patient and counter-transference resistance in the analyst. According to Bion, in a rather abstract way, there could also be some sort of meta-defence by which, for instance, an idea, a myth or a dream corresponding to C2, would act as a defence against another idea that in turn was acting as a defence against yet another one. Or, in other words, C2 would be used to inhibit a G2 (cf., Bion, 1963, p. 80).

As I said above, Bléandonu suggests that this column (column 2), designated by Bion with the Greek letter Ψ could be related to the Aristotelian *proton pseudos*: ‘πρωτον’ (proton), which means ‘first’; and ‘ψευδος’ (pseudos), which means ‘false’, ‘to lie’ (cf., Bléandonu 1994, p. 166).

Steering in Aristotle’s harbour concerning the ‘first lie’, Bion distinguishes between falsities and lies: “the false statement being related more to the inadequacy of the human being, analyst or analysand alike, who cannot feel confident in his ability to be aware of the ‘truth’, and the liar who has to be certain of his knowledge of the truth in order to be sure that he will not blunder into it by accident” (Bion, 1977e, p. 5).

Columns 3, 4 and 5 represent statements that are less ‘defensive and of a more ‘co-operative’ level during the performance of the analytical work. Column 3, for instance, uses aspects related to memory, or notation of statements that might unite or

relate a given ‘constant conjunction’ with other constant conjunctions previously bound and registered, and in this sense, provide relatedness and coherence that could yield until then unrecorded (cf., Bion, 1965, p. 98).

Column 4 refers to what Freud defined as attention, especially to the way in which the analyst’s listening takes place, to ‘free floating attention’ or to the search and discovery of meaning. It also refers to the attention given to repetition of previous propositions or constant conjunctions (cf., Bion, *op. cit.*, p. 79).

Column 5 is related to inquiry, curiosity, exploration or discrimination of facts related specially with search for moral meaning (cf., Bion, *ib.*). In the first Grids Bion referred to this column as Oedipus, mainly because of the tenacity with which Oedipus, according to the myth, had ‘inquired’ about the truth (cf., Bion, 1992, p. 10).

Column 6 is related to acting out, in the patient as well as the analyst. According to Bion, the analysis itself could sometimes also be used as a form of acting out: muscular movements or any other form of motor discharges are important because they can be intended to disburden the mind from accumulations of stimuli (cf., Bion, 1963, pp. 71-72).

Functions related to the interpretation also fall into this category. For example, a phobic patient says ‘he repeats the interpretations in his mind with the purpose of not forgetting them’; such an asseveration could represent an E6 category, but if it happens that the patient repeats the interpretation to make sure he controls and ‘encapsulates’ them as strange elements in order to evacuate them, it would then be an A6 instead. However, it could also belong to row C if it was later found that what the patient stated was a lie, if he were to say, for instance, that he has dreamed it. Bion states: “All Grid categories may be regarded as having the quality of Column 1 categories in that they are significant but cannot be held to have meaning until experience invests them with it” (Bion, 1992, p. 10). And I add: ‘**All Grid categories may be regarded as having the quality of Column 1 categories in that they are significant’ as a ‘secondary discourse’ but ‘cannot be held to have meaning until experience invests them with it’ as a ‘primary discourse’.**

In conclusion of the Grid’s horizontal axis illustration, Bion proposes the uses of arrows in the horizontal (as well as in the vertical axis), to indicate

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movements along the axes. For instance, 3 would mean a notation that means growth

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while 3 also would mean notation that is growth-inhibiting (cf., Bion, 1965, p. 94).

Bion argues that the Grid's vertical axis is formed by non-saturated elements waiting for a 'realization', except for row A, which corresponds to β elements. **Each stage of this axis is a record of a previous one and a 'pre-conception' of the subsequent stage. Successive growth from A to H implies a difference in degrees of sophistication instead of a difference in functioning (cf., Bion, 1963, p. 87; 1965, p. 43; 19927, p. 6), similar to mechanisms of integration and disintegration described in the Kleinian $Ps \leftrightarrow D$ positions: 'PS \leftrightarrow D' as a 'primary discourse', where the dynamic links, as well as in the above described horizontal axis, are also L, H, and K elements (cf., Bion, 1963, pp. 34-35).**

Growth of this axis will depend on the following mechanisms: (a) psycho-mechanics; (b) an alternation of particularization and generalization (concretization and abstraction); (c) successive saturation; and (d) emotional drives (cf., Bion, *op. cit.*, p. 84). Concretely **Bion states that: (a) psycho-mechanics is described as a condition that takes place in the relationship that exists between projective identification and the alternation of the paranoid-schizoid and the depressive position, in relation to K: 'PS \leftrightarrow D' as a 'primary discourse'. Bion considers that fragmented bits might be capable of providing integration and solution to problems, that will facilitate the alternation present in $Ps \leftrightarrow D$ and also in $\text{♀} \text{♂}$; (b) particularization and generalization processes are related to abstraction; that is, to a process by which an element is particularized following a realization or a saturation, from where, later on, a generalization takes place: as above mentioned, 'in the Grid both emotional and cognitive aspects are mutually affected by each other' (cf., Bion, 1965, pp. 70-71): 'secondary and primary discourse' are mutually affected by each other. Naming the process and then remembering it (notation), will prevent the loss of the experience by dispersion or disintegration of its components; (c) generalization or abstraction can be understood as a process by which an unsaturated element becomes saturated; (d) Bion relates emotional impulses to a premonitory state that would represent more of an emotional condition than an ideational content which is related more to a pre-conception, although similar to a**

pre-conception, a pre-monition is also private and unconscious unfolding a 'primary discourse'.

In other words, emotions are to pre-monitions as a **'primary discourse'** what ideas are to pre-conceptions as a **'secondary discourse'**: “I do not dissociate ‘pre-monition’ from its association with a sense of warning and anxiety. The feeling of anxiety is of value in guiding the analyst to recognize the premonition in the material. The premonition can therefore be represented by (Anxiety (ζ)) where (ζ) is an unsaturated element” (Bion, 1963, p. 76).

Concerning anxiety Bion posits that counter-transference anxiety can become a premonition that guides the analyst in his investigation and in the structuring of his interpretation; concerning the word ‘premonition’ I have to clarify that Bion uses it without giving any definition for it. A few lines before this last quotation he says: “when a patient comes for a first consultation his premonitions give information about him that cannot be obtained from other factors” (Bion, *op. cit.*, p. 75). There are doubts whether this is a printing misspelling for ‘premonition’ or a neologism implying a condition previous to an emotional state (cf., Meltzer, 1978b, pp. 271-396; 1986a).

Changes between A and H [successive growth in categories that form the vertical axis, could also be understood with the use of Piagetian constructs of ‘Assimilation’ and ‘Accommodation’; although never mentioned by Bion, these are well known within the ambit of genetic epistemology (cf., Piaget, 1932, 1950, 1980a, 1980b, 1981, 1983, 1985, 1987; Inhelder & Piaget, 1958, 1964)] correspond to mechanisms of $\text{♀} \rightarrow \text{♂}$, where a pre-conception (row D), for instance, is contained in a conception (row E), and this one contained in a concept (row F), and so forth. Dynamic links between different categories in the axis are reached by means of elements H, L and K.

The benignity of the operation $\text{♀} \rightarrow \text{♂}$ will depend on the nature of the dynamic link; that is, the degree of persecutory anxiety will be related to the interaction between the envious attack (H) and the love relationship (L) directed towards the breast (cf., Bion, 1963, p. 34).

Bion proposes for both, horizontal and vertical axis, the use of arrows ($\downarrow \rightarrow$), as I started to illustrate above, to indicate either progression or regression from ‘K’. A downward arrow (\downarrow) represents a movement from A to H or a progression in the direction of ‘K’, whereas the opposite (\uparrow) or a movement from H to A, would indicate a

road to β , in the direction of fragmentation and destruction of 'K' (cf., Bion, 1965, pp. 88-89); $\uparrow\leftarrow$ will represent movements contrary to the progressive movement of both axis of the Grid, a kind of 'minus Grid'.

Bion also states that any existing object corresponding to the direction of these arrows, $\uparrow\leftarrow$, would represent an object considered to be violent, greedy, envious: "ruthless, murderous and predatory, without respect for the truth, person or things. It is, as it were, what Pirandello ["Six Characters in Search of an Author" (1921)] might have called a Character in Search of an Author ... This force is dominated by an envious determination to possess everything that objects that exist possess including existence itself" (Bion, *op. cit.*, p. 102; my alteration).

Accordingly, the first row (A) of the vertical axis corresponds to β elements, which cover a field of 'confusions' in relation to thought and feeling. In the domain of thoughts the confusion is between them and things, similar to Segal's concept of 'symbolical equation' (see above). In the domain of feeling it might be equivalent to the confusion between fact and fantasy (cf., Bion, 1963, p. 97); therefore, they could only be used in columns 2 and 6 (cf., Bion, 1965, p. 44).

Beta elements cannot discriminate the animate from the inanimate, nor the subject from the object or what is moral from what is scientific; they can be used as projective identification and have a capacity for 'imprisonment' (cf., Bion, *ib.*).

The passage from A to B, that is, from β - to α -elements, is similar to a movement from a pre-conception to a conception and will depend on $\text{♀}\text{♂}$ (see above). Beta elements are dispersed but could acquire cohesion by means of: (a) changes in terms of 'PS \leftrightarrow D' as a 'primary discourse'; (b) according to an external organizer acting as a ♀ , such as the breast, that would be a model, or some other factor that resembles a selected fact; other mechanisms that Bion has described as 'psycho-mechanics' (see above): "the cohesion of β - elements to form ♂ is analogous to the integration characteristic of the depressive position; [while] the dispersal of β -elements is analogous to the splitting and fragmentation characteristic of the paranoid-schizoid position" (Bion, 1963, p. 40; my alteration).

Bion also advises that any inquiry about α - or β -elements, should always involve both of them: " β -elements and α -elements are intended to denote objects that are unknown and therefore may not even exist. By speaking of α -elements, β -elements and α -function, I intend to make it possible to discuss something, or to talk about it, or think

about it before knowing what it is. **At the risk of suggesting a meaning, when I wish the sign to represent something of which the meaning is to be an open question, to be answered by the analyst from his own experience [as a ‘primary discourse’], I must explain that the term ‘ β -element’ is to cover phenomena that may not reasonably be regarded as thoughts at all” (Bion, 1992, pp. 10-11; my alterations).**

And further on Bion articulates this thematic with Freud’s conceptualizations: “Ideally, any meaning that the term accumulates should derive from analytic practice and from analytic practice alone [**psychoanalytic theory comes after clinical work**]. Much the same is true of the α -element, except that this term should cover phenomena that are reasonably considered to be thoughts. **I would regard them as elements that make it possible for the individual to have what Freud described as dream thoughts** [row C]” (Bion, *op. cit.*, p. 11; my alterations).

For Bion, β -elements represent an early matrix from where thoughts are supposed to arise. They share the quality of inanimate and of psychic objects, but without any kind of distinction between them: “thoughts are things, things are thoughts; and they have personality” (Bion, 1963, p. 22). Bion is referring to the qualities of omnipotent magic thinking seen in psychotic patients, in the psychotic part of the personality, in children and in all sorts of religious beliefs (cf., Bion, *ib.*).

The second row (B) corresponds to α -elements, the product of α -function. One can question whether the inference of this function on the whole genetic evolution of this axis towards the evolution of thinking, might not justify its location at the margin of the Grid. Something of this sort could be read in Bion when he states: “By the same token [that of the reverie function exercised by individuals within themselves as they grow] α -function may be described as concerned with the change I have associated with the conception and the concept (E and F) as I have described these entities in my exposition” (Bion, 1963, p. 27; my alteration). And further on Bion adds heuristically that “**all the categories in the table**, with the possible exception of the row B sets, **may be considered to play a part**, sometimes more important, sometimes less, **in any psycho-analytical material**” (Bion, *op. cit.*, pp. 29-30; my bold); once again, to be absolutely clear: **the horizontal axis**, marked ‘1 to...*n*’ columns, represents the ‘mind’ that ‘uses’ thoughts and **follows the mechanisms of the container-contained ($\text{♀}\text{♂}$) as a ‘secondary discourse’; the vertical axis** consisting of eight levels of evolution (A to H) showing the genetic development of thinking, from the most primitive aspects to the

more complex ones, **follows the progressive movements of Klein's 'positions' (paranoid-schizoid and depressive): 'PS↔D' as a 'primary discourse'**.

Row C corresponds to thought categories that could be expressed in sensuous terms, usually visual images like those that appear in dreams, myths, narratives, and hallucinations. **Bion suggests that this category should have a grid of its own** (cf., Bion, 1977e, p. 3): **a 'secondary discourse' *per se***.

Row D corresponds to pre-conceptions, which could be conceived as similar to Kant's concept of: "empty thoughts" (Bion, 1967a, p. 111). **They represent a state of mental anticipation for some kind of realization, like the baby's expectation of the breast right after birth, or the analyst's expectation as he/she figures out the meaning of the patient's manifest content, that will in turn enable the elucidation of the unconscious fantasy in order to structure the interpretation as a 'primary discourse'**. Bion represents the pre-conception with the following formula: ' Ψ (ζ)', where Ψ represents an incognita, the unknown, and ζ signifies an unsaturated element, which once saturated by knowledge, becomes a conception and will hence correspond to row E.

Row E represents conceptions that result from the union of a pre-conception with a realization: "when the pre-conception is brought into contact with a realization that approximates to it, the mental outcome is a conception" (Bion, *ib.*), and also: "in this respect it may seem misleading to describe Row E as consisting of pre-conceptions to the exclusion of the remaining rows, for they are capable also of functioning as pre-conceptions" (Bion, 1992, p. 11), therefore **a conception might be considered as a variable that has been replaced as a constant of a 'secondary discourse'**.

Row F corresponds to formulations of **psychoanalytic and non-psychoanalytic theory, which intends to show 'scientific' observations**. Conceptions change into concepts by a process: "designed to render it free of those elements that would unfit it to be a tool in the elucidation or expression of truth" (Bion, 1963, p. 24).

Row G is of little use and must 'wait' until **the psychoanalytic scientific deductive system develops (a thought 'waiting' for a thinker): a 'secondary discourse' waiting for a 'primary discourse'**. Something similar could be said about row H, which also may have to 'wait' (or not: see below Lacan's algebraic structures) until algebraic systems build up.

'Free floating attention' and relaxed unsaturated listening to the patient's

material, correspond to D4, that is, ‘attentive pre-conceptions’. The comprehension of this material would imply a movement from D4 (a pre-conception) to a conception or E4. Searching for a confirmation, comparing one material with the other, would signify a movement towards E3 and E5. Structuring the interpretation, verbalizing impressions, integrating and so on, would correspond to F5. Lastly, **when the interpretation is verbalized with the intention of affecting the patient’s mind as a ‘primary discourse’**, it could be placed on G6 (cf., Bion, *ib.*).

Accordingly, Meltzer posits how some aspects of the vertical axis function: “the ‘molecules’ of psycho-analysis, are seen to be compounded of elements from three rows of the grid, B, C, and G, that is the sense, or alpha-elements which have been derived from the perception of the emotional experience, the myth or dream thought in which its elements are bound, and the passion of scientific deductive system into which it would grow if allowed” (Meltzer, 1978b, p. 67).

I now conclude Bion’s review reproducing *ipsis verbis* what I said above: Bion considered his ‘elements of Psychoanalysis’, what *we* can posit as his ‘five fundamental elements’ analogous to Freud’s ‘four fundamental concepts’ (see above) and also Lacan’s ‘four fundamental concepts’ (see above). Bion’s ‘five fundamental elements’ are: (i) ♀♂ **representing the dynamic relationship between container and contained, similar to Klein’s notion of projective identification and Laplanche’s ‘secondary discourse’**; (ii) $Ps \leftrightarrow D$, **representing approximation to a combination between Kleinian paranoid-schizoid and depressive positions with Poincaré’s selected fact and Laplanche’s ‘primary discourse’**; (iii) L (Love); (iv) H (Hate); and (v) K (Knowledge), representing the last three links between psychoanalytic objects (cf., Bion, 1963). As *we* saw above ‘all these elements without exception are considered functions’ (cf., Bion, 1963, p. 3) of the Grid (cf., Bion, 1963); the Grid being the epistemological container of all psychoanalytic elements or ‘molecules’ (borrowing Meltzer’s metaphor).

After my Bion’s ‘review’, who, along with Fairbairn, is considered, because of the above mentioned reasons, one of the most heuristic of the psychoanalytic authors, I will illustrate Rosenfeld’s work (the last ‘Kleinian follower’ *accepted* by Segal). Obviously, **this perspective is followed having Object Relations School as a wider ‘secondary discourse’: schools of thought constitute a wider ‘secondary discourse’ while the most heuristic theorists unfold a ‘secondary discourse’ *per se*,**

theoretically speaking; only now I clarify this view because, by far, Object Relations School is the school of thought that promote more ‘secondary discourses’ inside itself (as I am illustrating; see my Introduction), maybe because is dominant in the worldwide psychoanalytic community; I have this approach now because I am almost at the end of my review concerning Object Relations School as the source of more ‘secondary discourses’, and therefore I think it’s pertinent to clarify it only at this moment of my reflection.

Indeed, Object Relations School is a *wider* ‘secondary discourse’ but Bion (and Fairbairn) deconstructs it greatly *validating* what I defend throughout my entire Thesis: the more the theorist differs from Freud and the more the theorist deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction. Rosenfeld has Object Relations School as a *wider* ‘secondary discourse’, obviously; Rosenfeld is less deconstructive than Bion (and Fairbairn), but, *even so*, is heuristic in his *mitigated* deconstructions.

Rosenfeld, after being analysed by Klein, become an important supporter of her, especially in his ability to make sense of psychotic patients in terms of Klein’s later theory: “Much of the contents of Klein’s paper on schizoid mechanisms in 1946 depended on the work she did with students and analysands of hers who were also psychiatrists, such as Rosenfeld. He established himself as one of the foremost Kleinian authorities on schizophrenia and made continuous scientific developments up to his death in 1986” (Hinshelwood, *op. cit.*, p. 421).

In 1947 Rosenfeld published the first detailed case history of the analysis of a schizophrenic, demonstrating the importance of Klein’s concepts of splitting of the ego and projective identification, with the characteristic schizoid depersonalization which she had described in 1946 (cf., Rosenfeld, 1947, pp. 130-139).

He investigated the confusional states in schizophrenia (cf., Rosenfeld, 1950, pp. 132-137; 1952a, pp. 111-131; 1965), which was a precursor of Klein’s concept of envy, and developed Klein’s key concepts of ‘the paranoid schizoid position’ and ‘the depressive position’ (cf., Rosenfeld, 1952b, pp. 457-464; 1954, pp. 138-140; 1958a, pp. 238-239; 1959, pp. 105-129).

Regarding these key-concepts I will quote Rosenfeld in detail because all Kleinians and non Kleinians refer to these constructs in a rather arbitrary way: “Melanie

Klein's paper on 'schizoid mechanisms' was read to the British Society in 1946 [cf., Klein, 1946, pp. 292-320] and was a further important milestone. In it she elaborated the ideas in her paper 'A Contribution to the Psychogenesis of Manic-Depressive States' [cf., Klein, 1935, pp. 282-310]. In 1935 she had described in some detail various aspects of the early infantile object relations, experiences, ego mechanisms, and defences which she viewed as characteristic of certain phases of infantile development. The earliest phase, lasting approximately four to six months, she had named 'the paranoid position', because of the quality of the anxieties predominating at that early time. A later phase, which she thought started somewhere between the fourth and sixth month, she had named the 'depressive position', as during this time infantile anxieties and object relations assumed a depressive quality. She felt that the early anxieties of the infant had similarities to the psychotic illnesses developing later on in life and actually referred to the early infantile anxieties as 'psychotic anxieties', which she believed were regressively revived in the later psychotic illnesses. Now, in 1946, she emphasized in much greater detail the earliest infantile anxieties and the defences against them – focusing on mechanisms such as the splitting of the ego, projective identification, denial and omnipotence. She took the view that these were characteristic of the earliest infantile phase, which she now renamed 'the paranoid-schizoid position' to emphasize the importance of the schizoid or splitting mechanisms she had discovered. She stressed that, if the early paranoid anxieties and schizoid mechanisms continued to persist and were not sufficiently modified during the later depressive position, there was a danger that schizoid or schizophrenic illnesses could develop in later life" (Rosenfeld, 1987, p. 13; my alterations).

In 1952 Rosenfeld described in outline the therapeutic action of psychoanalysis based on projective identification (cf., Rosenfeld, 1952a, pp. 111-131; 1971a, pp. 115-128; 1987), which was subsequently elaborated by Money-Kyrle (cf., Money-Kyrle, 1956b, pp. 360-366), Bion (see above), and many others: "Projective identification relates, first of all, to a splitting process of the early ego, where either good or bad parts of the self are expelled from the ego and, as a further step, are projected in the form of love or hatred into external objects. This process leads to a fusion of the projected parts of the self with the external objects; the individual is identical with the relevant aspect of the external object to the extent that he is it. A major consequence of such projective identification is that it gives rise to paranoid anxieties. Objects felt to possess the

aggressive parts of the self become persecuting and are experienced by the patient as threatening retaliation. He feels they will try to force themselves and the bad parts of the self which they contain back inside him. Patients using extensive projective identificatory processes are, therefore, constantly threatened by such paranoid anxieties” (Rosenfeld, 1987, pp. 157-158).

Accordingly, as I said above, **Rosenfeld adds a further component to the Kleinian view of psychosis (a *mitigated* ‘secondary discourse’, but *still* a ‘secondary discourse’)**: he points out that the psychotic not only needs desperately to project unwanted parts of the self into others but also introject others just as forcefully into the self. Both processes result in the blurring of self-object boundaries, which the psychotic needs in order to defend against the awareness of separateness (cf., Rosenfeld, 1963a, 1963b).

Rosenfeld also agrees with Bion that the mother must be a container for the infant’s projective identifications: “the process of projective identification can also be considered as an attempt to communicate. If the unbearable and often chaotic thoughts and feelings which are expelled can be contained, it is possible that what is happening can be understood and considered, paving the way for the thoughts and feelings to be tolerated and to become less unbearable” (Rosenfeld, 1987, p. 159), but he believed that the result of failed containment is excessive envy and aggressiveness and an intense need to defend against them. The blurring of self-object boundaries, according to Rosenfeld, is the psychotic defence against intolerable envy, aggressiveness, and the awareness of dependence (cf., Rosenfeld, 1983, pp. 261-267).

Rosenfeld was also acquiescent with Bion that borderline psychopathology is attributable to a failure by the mother to introject the infant’s projections (cf., Rosenfeld, 1978, pp. 215-221).

However, Rosenfeld put more emphasis on the resulting increase in envy and aggressiveness, which, he believed, disrupts the normal splitting process and thus causes prolonged states of confusion in which love and hate are undifferentiated. When strong affects are evoked, the child resorts to pathological splitting of ego and object into fragmented bits, a process leading to loss of the reality sense. In therapy, these patients, unlike psychotics, are able to maintain a sense of reality outside the transference and to have other relationships that do not evoke strong affects (cf., Rosenfeld, 1979b, pp. 485-510). In these cases, Rosenfeld also argues that the reality

sense is always vulnerable to potential disruption by emotional contact or eruption of affect. The author attributed the chaos of the borderline patient to the ease with which affect disrupts the reality sense (cf., Rosenfeld, 1978, pp. 215-221).

Envy is defended against by attacking the dependent, libidinal self in an effort to destroy links to objects (see above). The result is a primitive, attacking superego and idealization of the destructive, omnipotent self that disdains contact with objects. The child resorts to a fixated omnipotence in which reality is denied, yet the thought process is not totally disturbed, as it is in the psychotic solution of attacking thought itself (cf., Rosenfeld, 1979a, pp. 187-206).

This formulation fits Bion's concept of the 'in-between' childhood state in which the mother fails the infant's need for projective identification enough so that there is insufficient ability to tolerate frustration but not so much frustration that total evasion of it is necessary: "If intolerance of frustration is not so great as to activate the mechanisms of evasion and yet is too great to bear dominance of the reality principle, the personality develops omnipotence as a substitute for the mating of the pre-conception, or conception, with the negative realization" (Bion, 1967a, p. 114).

Rosenfeld adds that since the failure of projective identification arrests development before the normal superego can develop the attacks on the dependent part of the self substitute for normal superego development. Moreover, this primitive superego is projected onto others, leading to the persecutory fear that others are constantly critical and attacking (cf., Rosenfeld, 1983, pp. 261-267).

To conclude my reflection about this last *accepted* 'Kleinian follower', I must add that Rosenfeld has also delineated narcissistic pathology in a more precise way than Klein did herself. Klein (1946; see above) referred to narcissism in the context of the narcissistic object ties in schizoid mechanisms. Her followers used her concepts to formulate a view of narcissistic pathology as a syndrome in itself. According to both Rosenfeld and Segal, the narcissistic character structure is a defence against envy and dependence (cf., Rosenfeld, 1971b, pp. 169-178; Segal, 1983, pp. 269-276).

I now approach, very briefly, the «last» 'Kleinian follower': Meltzer. I added Meltzer to Segal's understanding of the Kleinians (see above), because: "his brilliant evocation of clinical material has made him a leading member of the Kleinian Group, though his interest in child analysis diverged from the contemporary interest of the group in psychosis and borderline disorders...Latterly his views on technique and the

training of psychoanalysts have brought him into conflict with the Institute of Psychoanalysis in London” (Hinshelwood, *op. cit.*, p. 388).

From these last words *we* can infer that Segal ‘excluded’ Meltzer from the major authors following Klein because of institutional reasons, as Kernberg would say, because of: “politics” (see below: Kernberg, 1993b, p. 62).

Meltzer’s contributions: “to Kleinian psychoanalysis are many and outstanding, in particular (i) his extremely detailed understanding of the psychoanalytic process during the session (Meltzer, 1967) and (ii) his powerful exegesis of the work of Freud, Klein and Bion (Meltzer, 1978b, 1986a)” (Hinshelwood, *op. cit.*, p. 348).

Meltzer’s interest in teaching psychoanalysis (clinically and theoretically) has led him to several major commentaries on Kleinian writings unfolding a heuristic ‘secondary discourse’. “The Kleinian Development” (1978b) is a major attempt to present the relevant strands of Freud’s writings (cf., Meltzer, 1978b, pp. 4-141), Klein’s (1961) detailed case history “Narrative of a Child Analysis” (cf., Meltzer, 1978b, pp. 145-267), and the work of Bion as a continuous thread of intellectual and clinical development (cf., Meltzer, 1978b, pp. 271-396). **The growing point of Kleinian thought, in Meltzer’s (and my) view, is the consolidation of Bion’s work on thinking and experiencing (cf., Meltzer, 1986a) and he has worked towards creating a psychoanalytic epistemology of this as a ‘secondary discourse’, as I tried to illustrate in my Bion’s ‘review’.**

After the ‘Kleinian followers’, I return to the unfolding of Object Relations School always as a *wider* ‘secondary discourse’ (**I repeat myself so often to be as clear as possible**): Klein’s views were sharply criticized by Anna Freud (1927), who adopted the position that the ego was formed from the frustration of drives (cf., Freud, A., 1927 in Freud, A., 1966-1980a).

The result was a split in British psychoanalysis between the “Kleinians” and the followers of Anna Freud as Pearl King and Riccardo Steiner exhaustively illustrated in their “The Freud-Klein Controversies 1921-1945”: “for scientific purposes, the main argument was between Edward Glover, Melitta and Walter Schmideberg, Willi and Hedwig Hoffer, Barbara Low, Dorothy Burlingham, Barbara Lantos, and Kate Friedlander, who, along with Anna Freud, opposed the new ideas of Melanie Klein, whose main supporters were Susan Isaacs, Joan Riviere, Paula Heimann, Donald Winnicott, and John Rickman. In the middle were the participants who were not

committed to either point of view but who wanted some compromise to be reached which would maintain the possibility of continuing dialogue and who searched for the common ground. Among these were Ernest Jones, Sylvia Payne, Ella Sharpe, Marjorie Brierley, William Gillespie, John Bowlby, James Strachey, Michael Balint, and Adrian and Karin Stephen” (King et al., 1991, pp. 3-4).

From these epistemological controversies emerged ‘indirectly’ Fairbairn (1952) and Guntrip (1961, 1968, 1971) who were most theoretically consistent as a ‘secondary discourse’, obviously. They did most of their clinical work with a group of adult patients who were very difficult to treat, described diagnostically as schizoid. **Their emphasis on the importance of early object relations led them, in contradistinction to the Kleinians and the Freudians, to see drives as unimportant in psychic structure formation.** They believed that instinctual activity was simply an example of the activity of structures, including that of the self: “Personally I consider that a psychology conceived in terms of object relations and dynamic structure is more compatible with the recognition of such human and personal values as psychotherapy serves than is any other psychology hitherto available. It is not for this reason that I have adopted such a psychology, but for the purely scientific reason that its correspondence to the facts and its explanatory value seem to me greater than those of any other psychology, e.g., a psychology conceived in terms of ‘impulse’ and ‘instinct’. At the same time, its relative compatibility with the existence of values other than the purely scientific and explanatory seems to me an added recommendation; for, in the last resort, one must believe that all aspects of human life must be capable of some ultimate reconciliation, or at least be free from irreconcilable incompatibility” (Fairbairn, 1952, p. 127).

Fairbairn thought to re-conceptualize psychoanalytic theory as a ‘secondary discourse’ by recasting it as an object relations model of personality development and psychopathology (cf., Fairbairn, 1944, pp. 70-92; Fairbairn, 1946 in Fairbairn, 1952, pp. 137-151). His interests remained the **theoretical** re-conceptualization of the psychoanalytic theory as a **‘secondary discourse’** of development, mental structure, and pathology until near the end of his life, when he began to draw out the **clinical** implications of his views as a **‘primary discourse’** (cf., Fairbairn, 1951 in Fairbairn, 1952, pp. 162-180; Fairbairn, 1963, pp. 224-225).

Unfortunately, owing to his ill health and premature death, Fairbairn was never

able to complete his clinical theory, and it was left to his analysand and disciple Harry Guntrip to provide the **clinical drama as a ‘primary discourse’** for Fairbairn’s object relations **theory as a ‘secondary discourse’** (cf., Guntrip, 1961). Indeed, Fairbairn published no case studies demonstrating his theoretical views. The theoretical focus of Fairbairn’s detailed re-conceptualization of psychoanalytic theory, the clinical application of which is often difficult to discern, gives his writing a dry, abstruse quality (the same *problem* of Klein and Bion as I said above). Nonetheless, **there is a great deal of theoretical innovation in Fairbairn’s work (hence, the importance of him and Bion to what I am arguing throughout my entire Thesis, as above mentioned many times) and Guntrip’s writings provide much of its concrete clinical application** (cf., Guntrip, 1968): once again, **‘secondary and primary discourse’ are mutually affected by each other.**

Fairbairn (1952) viewed as ground-breaking discoveries Freud’s concept of the unconscious and his interpretation of psychopathological phenomena and dreams as products of unconscious mental processes. However, Fairbairn felt the limitation of Freud’s thought lay in his ‘impulse psychology’, or drive theory, a limitation that led him to formulate his alternative object relations psychology. **Fairbairn’s object relations theory was the first attempt in psychoanalysis to explain psychoanalytic therapy without referring to drive theory: a pioneer ‘secondary discourse’.**

Fairbairn still spoke of an id: “impulse (that) cannot be considered apart from objects, whether external or internal” (Fairbairn, 1944, p. 88; my alteration).

For this reason, he saw no further meta-psychological use to claiming a distinction between the id and the ego: “Freud’s conception of the origin of the ego as a structure which develops on the surface of the psyche for the purpose of regulating id-impulses in relation to reality will thus give place to a conception of the ego as the source of impulse-tension from the beginning” (Fairbairn, 1944, p. 88; cf., Freud, 1923c, pp. 12-59). **This was a significant theoretical leap. The ego, that is, self-structures, not the id, comes first. In here my strongest statement gains its full argument: the more the theorist differs from Freud and the more the theorist deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction.**

Indeed, for Fairbairn, impulses, whether conscious or unconscious, exist only within an ego structure, however primitive or undifferentiated it may be, and derive

their relevance from this. They do not somehow exist prior to the development of the ego, either temporally or logically. For Fairbairn, human experience can have meaning only in terms of an ego (cf., Fairbairn, 1944, pp. 70-92; 1952, pp. 82-136).

Consequently, **he disputed not only Freud's concept of an original id out of which the ego is born but as well as Hartmann's concept of an undifferentiated matrix from which both ego and id develop** (cf., Freud, 1923c, pp. 12-59; Hartmann, 1939, pp. 308-321). For Fairbairn, the ego exists from birth. This ego present at birth is a 'pristine' ego, that is, a whole ego which has as a key function the libidinal search for infantile dependence on a gratifying object. The baby's needs exist within an experiencing organism, however undifferentiated it may be, a view point that led Fairbairn to a primary theoretical postulate, namely, that structure exists before energy (cf., Fairbairn, 1952, 1954b).

Fairbairn disagreed with Freud's concept of a directionless psychic energy existing from birth that must be harnessed as psychic structure develops; for him, the concept of psychic energy is meaningful only insofar as it is associated with an ego structure (cf., Fairbairn, 1946 in Fairbairn, 1952, pp. 137-151).

Fairbairn ultimately disputed Freud's tripartite structural model of id, ego, and superego, viewing all divisions in the psyche as parts of the ego. That's why Fairbairn pioneered in the treatment of schizoid personalities: once again, 'secondary and primary discourse' are mutually affected by each other. It's because of his conception of a 'unified' ego that he described the characteristics of schizoid personalities as follows: "(1) an attitude of omnipotence, (2) an attitude of isolation and detachment, and (3) a preoccupation with inner reality" (Fairbairn, 1940 in Fairbairn, 1952, p. 6).

He saw that schizoid behaviour was not possible without a 'split in the ego'. Fairbairn appears to have been using Klein's concept of splitting, but when he referred to splitting as: "resulting in all degrees of integration of the ego" (Fairbairn 1940 in Fairbairn, 1952, p. 9), he obviously was using it more broadly than the archaic form used by Klein.

Fairbairn's meaning is close to Kohut's idea of fragmentation and lack of cohesiveness (cf., Kohut, 1971, 1976, 1984). Also, with Fairbairn, splitting took place in the ego as well as between the good and bad internalized objects of Klein's thinking. Fairbairn differed from Kohut in that he sought to heal the 'splits in the ego' in order to

develop in the patient the capacity for object relations, whereas Kohut sought the opposite: object relations to consolidate the nuclear self (cf., Brandchaft, 1986, pp. 245-272; Kohut & Wolf, 1978, pp. 413-426).

These differences indicate a move away from Klein, who was still wedded to drive theory. **Fairbairn's major accomplishment was to shift theoretical concerns from drive theory toward the idea of a depressed, or hungry, ego. This word ego, as Fairbairn used it, was no longer a technical part of structural theory, but the self in a broad sense.**

According to Fairbairn, not only do all impulses emanate from an experiencing ego but also they always have objects. In this regard he was influenced by Klein; Klein believed that ego growth is a process of internalizing objects. Fairbairn used Klein's concept of the internal object as the building block of the personality to develop his own object relations theory of development and psychopathology, believing that Klein's theory was too dependent on the drive concept (cf., Fairbairn, 1951 in Fairbairn, 1952, pp. 162-180; Klein, 1952b, pp. 51-53).

As I said above Fairbairn was set to **'reintegrate Freud's views' (and I add) as a 'secondary discourse' and the first step in this reintegration was the: "recasting and reorientation of the libido theory"** (Fairbairn, 1941 in Fairbairn, 1952, p. 28).

In Fairbairn's (1951) view, libido is 'object seeking', but it no longer consisted of a drive or drives biologically based, urgently seeking a target of discharge. For Fairbairn, the libido was the self in a state of longing to be bonded to a nourishing source ('object'). With the schizoid, there was a calm, detached surface self, repressed affect, and a well-defended, hungry internal self that emerged eventually in the therapeutic transference. To Fairbairn, the self grew: "from an infantile dependence through a period of transition to mature dependence" (Fairbairn, 1951 in Fairbairn, 1952, p. 163). The stage of infantile dependence was characterized predominantly by an attitude of taking. The transitional stage saw the use of paranoid, obsessional, hysterical, and phobic techniques: "The stage of mature dependence had an attitude of giving, with accepted or rejected objects exteriorized" (Fairbairn, 1941 in Fairbairn, 1952, p. 39).

Fairbairn saw dependence on its own separate line of development years before Kohut & Wolf (1978) adopted a similar position. Therefore, the infant cannot exist without an object, and, indeed, objects are needed throughout life, although the type of need and the nature of the relationship with the object changes. Infantile libido, like all

stages of libido, is conceptualized as object seeking, as I said above.

Thus, Fairbairn reserves the primacy of libidinal zone and object. Freud and Abraham held to the erotogenic zone theory of development, dividing the epigenetic stages of child development into the oral, anal, and genital libidinal zones (cf., Freud, 1905b, pp. 135-143; Abraham, 1921, 1924a, 1924b).

In opposition to this view, Fairbairn pointed out that the infant is oral not because of the primacy of the mouth, but because the mouth is the appropriate organ for the breast. The child becomes genital when it is able to have a more mature form of object relationship. In other words, the erotogenic zone the child uses is defined by the kind of object relationship it seeks and is capable of: “Libido is a function of the ego...The ego, and therefore libido, is fundamentally object-seeking” (Fairbairn, 1963, p. 224). Throughout his work Fairbairn used the word libido to refer to positive affective charge (cf., Fairbairn, 1946 in Fairbairn, 1952, pp. 137-151).

However, he criticized as a hypostatization Freud’s notion of libido as existing originally in a directionless, ‘pure’ state. **Although he rejects Freud’s dual-instinct theory, he continues: “to accept Freud’s view that libido and aggression constitute the two primary dynamic factors in mental life”** (Fairbairn, 1955 in Scharff et al., 1998, p. 145).

Fairbairn’s view that libido exists within an ego seeking an object from the beginning caused him to dispute the importance of the pleasure principle in normal development and to postulate that libido is reality oriented, not pleasure seeking, from the start, although the relationship with reality is initially immature. Pleasure, according to Fairbairn, is a ‘signpost’ to the object. When pleasure is sought for its own sake, the psyche has broken down; a personality dominated by pleasure seeking is pathological, even in the earliest stages of development (cf., Fairbairn, 1944, pp. 70-92).

Fairbairn’s defence of this view is that there is no other way to understand the devotion of children and adults to their objects. Freud (1920a) recognized the problem of reconciling object attachment with the pleasure principle when he raised the question of why neurotics are so attached to painful objects; he resolved this dilemma with his concept of the death drive as I said above (cf., Freud, 1920a, pp. 7-64). **Fairbairn’s view, which does not require the postulation of an abstract, ‘unverifiable’ concept like the death drive, is that neurotics are attached to their bad objects because they need them for survival, that any object contact is better than none at all** (cf.,

Fairbairn, 1943 in Fairbairn, 1952, pp. 59-81; Fairbairn, 1944, pp. 70-92).

If the organism were pleasure seeking, Fairbairn reasoned, the internalization of bad objects would not be explainable, nor would the attachment to objects no longer valued as sources of pleasure. In explaining the internalizing of the bad object, he remarks: “It is better to be a sinner in a world ruled by God than to live in a world ruled by the Devil” (Fairbairn, 1943 in Fairbairn, 1952, p. 66).

Paraphrasing this, in light of his concept of the ‘conditionally bad object’, we might say that the Devil is internalized in an effort to transform him into an irate God, and later condensed with the ideal God in order to maintain the hope for an eventual redemption in God’s world.

Accordingly, **Fairbairn’s rejection of the concept of the id: “there is no such thing as an ‘id’” (Fairbairn, 1963, p. 224), in favour of the concept of an ego present from birth did not mean he disputed Freud’s notion of psychic structures in conflict with each other. Instead, Fairbairn re-conceptualized Freud’s structural model as a ‘secondary discourse’ into three types of ego, each of which has a corresponding object: “the original ego is split into three egos –a central (conscious) ego attached to the ideal object (ego-ideal), a repressed libidinal ego attached to the exciting (or libidinal) object, and a repressed anti-libidinal ego attached to the rejecting (or anti-libidinal) object” (Fairbairn, 1963, p. 224). A re-conceptualization is not an annihilation of what is re-conceptualized: it’s *just* a deconstruction: the vital essence of the psychoanalytical clinical method as above mentioned many times in order to be as clear as possible.**

To conclude Fairbairn’s ‘review’ I will illustrate Fairbairn’s own ‘Synopsis of an Object-Relations Theory of the Personality’: “In response to many requests I have prepared the following brief synopsis of the theoretical views I have expounded over the last twenty years.

- (1) An ego is present from birth.
- (2) Libido is a function of the ego.
- (3) There is no death instinct; and aggression is a reaction to frustration or deprivation.
- (4) Since libido is a function of the ego and aggression is a reaction to frustration or deprivation, there is no such thing as an ‘id’.
- (5) The ego, and therefore libido, is fundamentally object-seeking.

(6) The earliest and original form of anxiety, as experienced by the child, is separation-anxiety.

(7) Internalization of the object is a defensive measure originally adopted by the child to deal with his original object (the mother and her breast) in so far as it is unsatisfying.

(8) Internalization of the object is not just a product of a fantasy of incorporating the object orally, but is a distinct psychological process.

(9) Two aspects of the internalized object, viz. its exciting and its frustrating aspects, are split off from the main core of the object and repressed by the ego.

(10) Thus there come to be constituted two repressed internal objects, viz. the exciting (or libidinal) object and the rejecting (or anti-libidinal) object.

(11) The main core of the internalized object, which is not repressed, is described as the ideal object or ego-ideal.

(12) Owing to the fact that the exciting (libidinal) and rejecting (anti-libidinal) objects are cathected by the original ego, these objects carry into repression with them parts of the ego by which they are cathected, leaving the central core of the ego (central ego) unrepressed, but acting as the agent of repression.

(13) The resulting internal situation is one in which the original ego is split into three egos –a central (conscious) ego attached to the ideal-object (ego-ideal), a repressed libidinal ego attached to the exciting (or libidinal) object, and a repressed anti-libidinal ego attached to the rejecting (or anti-libidinal) object.

(14) This internal situation represents a basic schizoid position, which is more fundamental than the depressive position described by Melanie Klein.

(15) The anti-libidinal ego, in virtue of its attachment to the rejecting (anti-libidinal) object, adopts an uncompromisingly hostile attitude to the libidinal ego, and thus has the effect of powerfully reinforcing the repression of the libidinal ego by the central ego.

(16) What Freud described as the ‘superego’ is really a complex structure comprising (a) the ideal object or ego-ideal, (b) the anti-libidinal ego, and (c) the rejecting (or anti-libidinal) object.

(17) These considerations form the basis of a theory of the personality conceived in terms of object-relations, in contrast to one conceived in terms of instincts and their vicissitudes” (Fairbairn, 1963, pp. 224-225).

With Fairbairn is crystal clear my argument that **psychoanalytic theory comes after clinical work**: as above mentioned many times, in this Thesis I will establish the scientific accuracy or truth-value interpretations in clinical work providing concrete examples (as I did in my Introduction) of how the analyst **deconstructs** the clinical phenomena independently of what theoretical model he embraces: the keynote here is always how the ‘analyst’s mind’ work (Laplanche’s ‘primary discourse’; see above Laplanche, *op. cit.*): by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models.

The Freudian heritage (hence, the title of my Thesis) **is this never-ending dissolution (*Lösung*) that is psychoanalysis (and its psychoanalytic clinical method) in its essence (see above Laplanche, *op. cit.*).** **Freud is the first object relations theorist because object relations have, like all other schools of psychoanalytic thought, as their ‘primary discourse’ the deconstruction (like Laplanche states; see above Laplanche, *op. cit.*): the theoretical meta-interpretations of Freud, Fairbairn, Bion, Matte-Blanco and Lacan (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*) constitute all clinical dissolutions inherent to the psychoanalytic clinical method. That is why I state in this literature review that all these authors follow Freud –directly or indirectly, theoretically speaking– building up a syncretic universalist model unified exactly by the Rosetta stone of psychoanalysis: its deconstructive method. I state even more: the more the theorist differs from Freud and the more the theorist deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction.**

Indeed and returning to Gedo and Goldberg (1973), as we saw by this review of psychoanalytic literature, these authors try to ‘resolve the problem’ of multiple models by *tying* particular theories and models to the different *developmental* [as I said in my Introduction concerning Lussier’s (1991) statement, *this is the developmental task of science*] periods and, *once again*, to be absolutely clear: throughout my review I will follow Gedo and Goldberg’s epistemological stream of thought, but with my own perspective of interpreting each ‘model of mind’ as a ‘secondary discourse’ as I have been defending since the beginning of this dissertation, that is, to minimize any *confusion* caused by the *current away of theories* **I will illustrate in the**

conclusion of my review the developmental contributions of **those authors who have had a major impact on the field or who have offered a fairly systematized theory of object relations development** as I started to do in my Introduction, **but**, as above mentioned, and, once again: **if the ten shared characteristics** of what Kernberg (cf., Kernberg, 1993a, 1993b, 2001a; see my Introduction) calls the ‘contemporary psychoanalytic mainstream’; **the five shared characteristics** of what he calls the ‘intersubjectivist-interpersonal-self psychology’ current; **and the fourteen shared characteristics** of what he calls **the ‘French psychoanalytic approach’** –**alongside with the above two– don’t constitute new integrations**, not as a *simple* ‘common ground’, but as promoting valid hermeneutic meta-interpretations that configures the form of an effective ‘secondary discourse’ (cf., Laplanche, *op. cit.*), **I don’t know how one can say that psychoanalytic theory comes after clinical work.**

Therefore, the conclusion of my literature review will *tie* Grotstein’s (1981b, 2000) epistemological meta-psychoanalytic syncretism and Matte-Blanco’s bi-logical (1956, 1975, 1981, 1988) meta-theory; Lacan’s (cf., Lacan, 1966, pp. 93-100, pp. 101-124, pp. 237-322, pp. 401-436, pp. 493-528, pp. 685-695, pp. 765-790, pp. 793-827, pp. 829-850, pp. 855-877; 1967-68; 1968; 1968-69a; 1969; 1969-70; 1970; 1972-73; 1973; 1974-75; 1975a; 1975-76; 1977-78a, pp. 12-34; 1977-78b, pp. 548-556) algebraic structures will be illustrated as a ‘epistemological counterpart’ to Matte-Blanco’s bi-logic; I finish my psychoanalytic review with Kernberg’s (1993b) insights towards the psychoanalytic *status quo* regarding a **‘unified’ clinic epistemology as a ‘secondary discourse’**.

Accordingly, Grotstein’s meta-psychoanalytic perspective illustrates a unifying conceptualization **transversal** to *all* psychoanalytic models as a ‘secondary discourse’, where the: **“extension in the domain of myth”** (Bion, 1963, p. 11; my alterations) is profusely ‘extended’: **‘the myth of the labyrinth** symbolically and allegorically **unites concepts of Freud and Jung and those of object relations theory, particularly those of Klein and Winnicott but also of Bion, Lacan, and Anna Freud.** Jung’s concepts of transcendence, of the personal and collective unconscious, of archetypes, and of alchemy are linked to Klein’s conceptions of splitting, projective identification, and the combined parental imago and to Winnicott’s concepts of object usage and the subjective object’ (cf., Grotstein,

1981b, pp. 357-416; 2000).

I will articulate Grotstein's approach with what Rank (1912) and Anzieu (1966) call 'fraternal incest', and its relation to the Oedipus complex. Furthermore I will posit, as argued by Grotstein (2000), the myth of the Minotaur as an archaic oedipal myth. This reflection intends to articulate both 'mythologies' with the purpose of creating an epistemological continuum of 'secondary discourses' between the different psychoanalytic schools of thought. I will also illustrate my own perspective (a *mitigated* 'secondary discourse') about the myth of Persephone and the myth of Orpheus. Accordingly, the study of myths, folk tales and narratives constitutes a fecund contribution to psychoanalytic understanding because, in all probability, the phantoms, ghosts, monsters, and chimera (the main characters present in myths, folk tales and some narratives) that occupy and haunt *our* internal world are part of *our* inherent template of possibilities and at the same time are created anew from the raw clay of *our* autochthonous creative projective identifications (including animation and personification).

Indeed, **Analytical Psychology has welcomed an array of collective myths, into its discipline, while classical psychoanalysis has been dominated by the oedipal myth alone.** Exceptions include Klein's psychoanalytic essay on Aeschylus' Oresteia (cf., Klein, 1963a, pp. 23-54) and Hamilton's comparison of the myths of Narcissus and Oedipus (cf., Hamilton, 1993), to say nothing of Freud's own brief reference to the Narcissus myth (cf., Freud, 1914f, pp. 73-102). Freud took the oedipal myth from only one of the plays in the Sophoclean trilogy and emphasized the themes of incest and parricide, a conjunction that came to be known as the Oedipus complex (cf., Freud, 1897c; 1910f, pp. 165-175; 1924c, pp. 173-179).

Anzieu (1966) defends a proto-Oedipus entity and the existence of a 'fraternal incest', which: "repeats itself regularly from generation to generation" (Anzieu, 1966, p. 12) among gods.

In Greek cosmogony Gaea is the primary mother; Gaia represents Earth, which itself emerges from Chaos. Gaea originates Heaven, which is called Uranus. Everything that is created on earth is the result of the union between Gaea and her brother-son-husband Uranus (Heaven). Uranus 'copulates' with Gaea as frequently as: "rain copulates with earth" (Anzieu, *op. cit.*, p. 19).

Gaea, tired and angry with her husband, Uranus, for having sent their child to

hell, Cyclopes, decides to help one of her sons castrate him. This son is Cronus who castrates his father with an axe. After doing so Cronus becomes 'Lord of the Universe' and marries his sister Rhea. Rhea, after seeing Cronus devour all of their children, hides her last son, Zeus. She decides to help Zeus overthrow his father and once overthrown is obliged to swallow a substance in order to throw up the children he had devoured, bringing back to life Zeus's brothers and sisters: Hestia, Demeter, Hera, Hades and Poseidon. Zeus associates with Metis (Reason/mind), who belong to the race of Titans, as well as with Themis (Law). These associations represent two symbolic weddings that illustrate the moment that Zeus 'gives' Justice and Work to mankind. Zeus, afraid of being overthrown by his daughter, in Metis's womb, devours Metis (as Cronus did with his children), and from himself 'gives birth' to Athena. Athena being born from Zeus's brain comes to the world fully armed. Later, Zeus will marry two of his sisters: Demeter and Hera. Although he cheats on Hera several times with mortal women, she remains his wife for all of eternity (cf., Anzieu, *op. cit.*, p. 20).

Aside with the 'fraternal incest' committed by Cronus and Zeus, we find some 'uncompleted incest' among Zeus's sons: Apollo-Artemis, who were twins and secretly in love with each other; Hephaestus-Athena. Hephaestus falls in love with Athena and chases her; upon catching hold of her he tries to rape her, but unable to, ejaculates on Athena's tie. Athena, with repugnance, cleans the semen with a tissue that she drops on the 'floor'. From the contact between the semen and the 'floor' Erechtheus is born, ancestor of the legendary Kings of Athens, the last King being Theseus (cf., Anzieu, *op. cit.*, p. 21). This narrative of Theseus is inherent to the Minotaur myth and will be developed later on this reflection.

According to Anzieu, the Oedipus complex is not present in ancient Greek mythology because a combination of incest and the murder of a close relative do not exist. The author states that the murder is replaced by other 'actions' such as: father's castration; falling from heights; blinding of the eyes; the usurpation of place and power (cf., Anzieu, *op. cit.*, p. 25).

Related with this issue is what Rank describes in his "Incest-Motive" (1912). He defends the existence of a 'fraternal incest', which is characterized not only by the attraction of one brother for the brother of the opposite sex, but also by the rivalry of brothers of the same sex. This rivalry is motivated by the struggle for power or by the attempt of stealing for him a woman (or women) (cf., Rank, 1912, p. 12). Several myths

and narratives illustrate this dynamic. Such rivalries, between brothers of the same sex are clearly exemplified in the following myths and narratives: Eteocles and Polynices; Atreus and Thyestes; Jacob and Esau; Osiris and Set; Romulus and Remus. In almost all of these, the primary cause of rivalry is represented by the possession of the mother (or woman), and the possession of land (symbolic mother) (cf., Rank, *op. cit.*, p. 14).

Following the scholastic tradition, the fratricide fight between Cain and Abel is due to Cain's jealousy regarding Abel's offers to God. According to 'The Bible', Cain thought that God better received Abel's offers (cf., Graves & Patai, 1963).

Rank's perspective differs from the one that is described in the 'Book of Genesis'. Rank posits that aside with the two brothers, there was a woman (Abel's twin sister) that Adam and Eve wanted to 'give' to Abel as a wife. Therefore, Cain's crime was not due to God's love jealousy, but to Abel's twin sister love jealousy.

Rank tries to argue that this 'fraternal complex' is a derivation of the Oedipus complex. The author states that the brothers fight for possession of the same woman, who (hidden or symbolically) correspond to the figure of the mother or the sister (cf., Rank, *op. cit.*, p. 15).

Another situation is when the brothers fight for the love of a sister, who is not initially recognized as a 'true sister'. Concerning this subject we find literature and theatre narratives such as: Schiller's "The Bride of Messina" (1803); Goethe's "Clavigo" (1774), "Die Geschwister" (1776) and "Iphigenie auf Tauris" (1787); Byron's "Manfredo" (1817); Grillparzer's "Die Ahnfrau" (1817); and others (cf., Rank, 1912).

Rank defends that in these narratives the fraternal love cannot always be a simple transposition from the author's life to his novel (which is what Freud argued with regard to Jensen or Meyer) (cf., Rank, *op. cit.*, p. 15).

The author states that Schiller wrote "The Bride of Messina" about two brothers that were in love with the same woman, who was in fact sister to both [Schiller, in spite of having a 'loved sister', only had one brother who died after birth (cf., Schiller, 1803)]. For Rank, Schiller's "The Bride of Messina" was a new elaboration of Schiller's primitive oedipal situation. A kind of continuum with his previous novels where the fight between father and son is illustrated, and the possession of the mother (or stepmother): Schiller's "Don Carlos" (1787) is the best example (cf., Rank, *op. cit.*, p. 16).

Grillparzer wrote “Die Ahnfrau”, in which simultaneously occurs fraternal incest and parricide (cf., Rank, *op. cit.*, p. 17). In relation to the Oedipus complex, Freud in his “Letters to Fliess” quoted this novel (cf., Freud, 1887-1904).

Also in Grillparzer the fraternal love seems mysterious because the author had no sister. It seems difficult to generalize Rank’s theory, because these narratives that are based on ‘fraternal incest’ constitutes only what Freud called ‘alienation romances’ (cf., Freud, 1887-1904).

Freud characterized them as being detached of reality and as having a predominance of ‘Fate mechanisms’ over the psychological mechanisms of action (cf., Freud, *ib.*).

In contrast with the narratives based on fraternal incest phantasy *we* have the narratives based on oedipal feelings. These feelings represent an attachment with reality: political reality, such as the one present in Schiller’s “Don Carlos” (see above) or in Shakespeare’s “Julius Caesar” (1599); social reality, where new power relations are established, like the Oedipal novels of Stendhal (1830), Balzac (1835) and D. H. Lawrence (1913) (cf., Roudinesco & Plon, 1997). In mythology, *we* regularly find fraternal incest present in God’s genealogy, but, here, the transformation of the world is illustrated by a phantasmatic representation.

On the contrary, the Oedipal dynamic is strongly shown in the heroes’ saga, the first of which was narrated by Homer [Heracles, Theseus, Jason, Perseus, Bellerophon (cf., Jaeger, 1936; Graves, 1955)].

In general these heroes were abandoned children. This abandonment took place because the oracle told the heroes’ parents that they were going to be killed by their children. The hero, in an attempt to re-conquer his position in the world and in the ‘natural order of things, must accomplish great things (dangerous and deadly things), but at the same time the hero conquers a materiality, a power that he exercises over the rest of man’ (cf., Graves, 1955).

In this dynamic what is fundamental is not the presence of a fraternal or maternal (phantasmatic) figure like Rank and Anzieu defend; what is fundamental is the existence of a ‘third’ with whom identification is possible. This third is the Oedipal figure (the father).

The Oedipal legend that Freud singled out, however, was a *patriarchally* –and therefore a *phallically*– dominated one. Klein (1928b) postulated in her concept of the

archaic (early) Oedipus complex, first of all, that it was orally and then anally and unretroactively dominated and that the infant experiences unconscious phantasies of wishing to explore the mother's insides and to sadistically appropriate her internal content. In this phantasy, the infant imagines that the mother's inside contains the paternal penis, internal babies, and valuable faeces (cf., Klein, 1928b, pp. 202-214; 1945, pp. 11-33).

Klein seems to have been unaware, however, that these unconscious phantasies resonated with another ancient Greek myth, that of the labyrinth. The mythic labyrinth, consequently, may represent the matriarchal or feminine Kleinian counterpart to the patriarchal or masculine oedipal myth. The Minotaur may symbolically represent the archaic internalised father phantasmally constituted as part of a combined parent imago or also as a phallic mother, as well as assertive aspects that the toddler projects into the internal penis and that he is now destined to reclaim (cf., Grotstein, 2000).

Therefore, together, the labyrinth and the Minotaur signify the persecutory demons of the infant's creation that, in the course of development, must be sought, explored, 'defeated and reclaimed' so that they can be known and realized as symbolic thoughts.

The elements of the labyrinth are highly condensed in the classical Greek myth. Europa had been carried to Crete by a bull that was the animal metamorphosis of Zeus [it is characteristic in the myths of the birth of heroes, as Rank (1909), Campbell (1949), Caldwell (1989), and others have pointed out, for one parent to be divine and the other mortal; the god aspect of one of the parents was frequently disguised in his or her animal totem form]. Minos was the product of that union (cf., Graves, 1955, pp. 55-59).

Shortly afterward, a white bull, that emerged from the sea, seduced Pasiphaë, Mino's wife and Queen of Crete (Bulls featured prominently in the religious rituals of matriarchally oriented Cretan and pre-Hellenic culture, as the snake did in other matriarchal cultures in Asia Minor and elsewhere). This union produced the Minotaur, and the shamed and fearful Pasiphaë hastened to have the bull/child hidden in a labyrinthine enclosure constructed by the peerless architect, Daedalus (cf., Graves, *ib.*).

The Minotaur living in the farthest reach of this prison could not leave because of its mysterious mazelike construction. Meanwhile, since he had hegemony over the mainland poleis, every eight years Minos exacted from Athens a sacrificial tribute of eight male and eight female youths to be fed to the Minotaur [the number eight seems to

have been important in the ancient world; as a multiple of the number four, it suggests Jung's (1969a) concept of the quaternary (cf., Graves, *ib.*).

On one of the occasions of these cannibalistic 'festivals', Theseus, son of the tyrant of Athens, undertook the heroic task of ending these sacrifices by killing the Minotaur. He accompanied the designated victims on their voyage to Knossos, where he caught the gaze of Ariadne, the beautiful daughter of Minos and Pasiphaë and half-sister of the Minotaur. Falling immediately in love with Theseus (just as Scylla had fallen in love with Minos and Ishtar with Gilgamesh), Ariadne, whose name means 'the very holy one', chose to save him by allowing him secret entry into the labyrinth (cf., Graves, *ib.*).

She gave him a thread woven by Daedalus that would guide him back to the entry after he slew the Minotaur. Holding the thread in one hand, he entered the chamber, located and killed the Minotaur (Theseus's ability to locate the Minotaur in the labyrinthine mazes is a testimony to his status as a hero who, like Oedipus with the sphinx, could solve riddles), and triumphantly emerged (cf., Graves, *ib.*).

When he re-embarked for Athens with the spared youths, however, he abandoned Ariadne, and she committed suicide: Theseus's father, the tyrant of Athens, also committed suicide; on seeing that the ship returning Theseus from Crete had hoisted black sails rather than white, he threw himself off a cliff to his death, not knowing that Theseus had forgotten his prearranged agreement with his father to hoist white sails if he returned triumphantly (cf., Graves, *ib.*).

Theseus's heroic task was not only to locate the Minotaur in the maze, but also to slay this primitive rival for the mother during the hegemony of the matriarchal Oedipus complex.

Grotstein defends another reading of the relationship between the roles of Theseus and Ariadne: "Ariadne can be understood as projectively identified with her shadow life, her animus, that is, with her half-brother, the half-man, half-beast Minotaur. She seeks Theseus as the analyst/hero to rescue her from her demonic, beastly nature -a castration, if you will. Thus, not only is she the heroine/analyst for Theseus, but he is her hero/analyst as well. Moreover, if she is integrated with her split-off, hidden animus self, Ariadne constitutes the combined parent that Klein posited. She therefore acts as a holographic representation and descendant of the larger combined figure of the personified labyrinth and Minotaur. From this perspective, Ariadne's inner

bestly nature constitutes a fractal hologram of the entirety of the myth” (Grotstein, 2000, p. 204).

Grotstein’s ‘secondary discourse’ of the myth coincide with the ‘fact’ that in Athens, Theseus was the protective spirit (another variant of the ‘holographic representation’: see above) of male initiates. Called ‘ephebes’ (‘on the verge of adulthood’), between the ages of eighteen and twenty they underwent a time of stringent testing after which, in an oath, they invoked the model of Theseus’s career and were admitted to full citizenship. A ‘holographic representation’ almost as important as Theseus was Daedalus. He was the trickster-inventor so common in folklore that invented the tools of carpentry, built the wooden cow for Pasiphaë, designed the labyrinth (as I said above), and threaded the conch shell. He is the prototype of the passionate artist, so jealous of his powers that he murdered Perdix, his nephew and only rival, and risked his life to show off by threading the shell. Imprisoned within the maze of his own making, he is the emblem of the artist captivated by his own creation [Freud’s archaic Jensen (cf., Graves, 1955)].

Although classically Daedalus’s origin is explained as a late personification from the common Greek adjective ‘daidalos’, which means ‘skilfully made’, he is mentioned already in the “Iliad”, where Homer describes the design on a wonderful shield that Hephaestus, Daedalus’ divine counterpart, makes for Achilles (Graves. *op. cit.*, p. 65):

“The god of the brawny arms, displaying the skill of the artist,

modelled a dancing floor, as Daedalus once did in Cnossus,

for Ariadne, the maiden of lovely soft-flowing ringlets” (Homer, 18, pp. 590-592 in Graves, *ib.*).

Grotstein also argues that the labyrinth designed by Daedalus has in itself a different meaning from the one that the mythology offers: “I should comment on the mysterious nature of the creation of the labyrinth. It was designed and constructed by Daedalus to keep the Minotaur hidden in solitary confinement -to hide the royal family’s shameful secret. It seems to have been an open prison, but only a clever hero could divine its secrets without himself getting lost. I suggest, therefore, that the labyrinth represents the Unconscious. **The passageway of the labyrinth flows from**

the inside to the outside with the ‘discontinuous continuity’ of the Möbius strip, like the repression barrier itself” (Grotstein, *op. cit.*, p. 205; see below Lacan, 1961-1962, 1962-1963; my bold); once again, **‘shared characteristics’ of different ‘secondary discourses’**.

From my perspective, the labyrinth, like the sphinx and other puzzle sources, exists today in such challenging activities as crossword and jigsaw puzzles and even the analytic process itself. The labyrinth may also find its analogue in the ancient Greek practice of consulting oracles. The oracle at Delphi, like similar oracles, was originally dedicated to the earth-mother deity Gaea (see above), who was later militantly replaced by the patriarchal deity Apollo, who thereafter presided over the oracle through a priestess-intermediary. She was called the ‘pythoness’ because of her mythical affiliation to the sacred snake, which was a totemic residue from the days of Gaea. The Jew’s phylacteries, which clearly resemble snakes, probably speak to their matriarchal, idol-worshipping heritage. The combination of the oracle, which was a tunnel in the ground, and the pythoness at the other end, provides a variant of the combined object and the labyrinth (cf., Graves, *op. cit.*, pp. 68-70).

In the labyrinth, the infant confronts the Minotaur, which represents the: “projective creation of sadistic and voyeuristic attributes, before which the infant cowers” (Grotstein, *op. cit.*, p. 206).

The Minotaur is a chimera made of animal and human parts, like such other mythological monsters as the sphinx, manticore, and centaur. All internal subjective objects are chimerical phantasies, hybrid and therefore monstrous. The Minotaur is the demon who must be located, confronted and killed and who thereupon becomes sacred because it has been sacrificed (cf., Bergmann, 1992).

The quest to kill the Minotaur (minotaurmachy), like the medieval quest to slay the dragon, its descendant, constitutes the mythic challenge of the hero in many cultures: “if not confronted and properly killed the demons become our Nemesis object superegos, which **negate** us and judge our cowardice” (Grotstein, *ib.*; my bold).

Accordingly, *we* can posit Satan as a representation of Grotstein’s Nemesis object. In Goethe’s “Faust”, Mephistopheles declares: “I am the angel who only **negates**” (Goethe, 1808, p. 101; my bold).

The theme of beast sacrifice also occurs in Euripides’ play “The Bacchae”, in which a ram or goat is chased up a tree and then killed, the beast then becomes

reincarnated as a prince or Dionysus, the god. This sacrifice seems to follow the ancient superstition: ‘Out with the old, in with the new!’; derivatively, killing the beast within *us* as is equated with transformation: “the patient’s heroic developmental task is to face the diabolical chimera and to challenge it by extracting and recalling what belongs to him and what belongs to his mother, father, and sibling relationships. These are the first steps toward the heroic motto that Freud borrowed from Oedipus, ‘Know thyself’! The heroic task that occurs in the claustum of the mythic labyrinth is to confront, deconstruct, decode (‘kill’), reclaim and thereby transform the Minotaur signifier” (Grotstein, *op. cit.*, p. 207).

The ‘patient’s heroic developmental task’ that Grotstein illustrates is a cogent and fecund epistemological construct, which emerges from a myriad of schools of thought and that is why I argue that **Grotstein’s meta-psychoanalytic perspective illustrates a unifying conceptualization transversal to all psychoanalytic models as a ‘secondary discourse’**: “**my thinking about this task has been shaped by Bion’s (1963) ideas of inherent preconceptions, tropisms, alpha function, maternal reverie, and the container-contained; by Bowlby’s (1969) notion of the constitutionality and inheritability of ‘prey-predator anxiety’; by Schore’s (1991, 1994) formulation of the neurobiological aspects of exploratory and display activity in the practicing sub-phase of separation and individuation; and by Lacan’s (1966) concept of the mirror-experience, in which the ego finds a misrecognized image of itself in the mirror and thereby becomes alienated from itself**” (Grotstein, *ib.*; my bold).

From my perspective I state that the fears of *our* own destructive feelings lead to confusion between the ‘persecutor’ and the true ‘enemy’ that threatens *us* and *our* loved ones. The Minotaur is *our* persecutor; that is, *we* have created it through projective identification; it is *ourselves*. **The true enemy lies beyond the paranoid-schizoid and depressive positions; the enemy lies in the Lacanian ‘Real’, the Greek ‘Ananke’ (Necessity), and in Bion’s ‘O’** (see above: cf., Lacan, 1966; cf., Bion, 1965): once again, **‘shared characteristics’ of different ‘secondary discourses’**.

Accordingly, Grotstein argues that: “**Bion’s (1970) concept of ‘inherent preconceptions’, conflates with Bowlby’s (1969) idea of the universal fear of the predator inherent on all animal species, suggests an inherent fear of the predator, which I believe anticipates stranger anxiety (Spitz, 1959)**. An unsuccessful attachment experience confuses this inherently feared object with our loved ones. That

is, an infant who feels prematurely separate may misperceive (through projective identification) the mother's breast as the predator/enemy" (Grotstein, *ib.*; my bold): once again, **'shared characteristics' of different 'secondary discourses'**.

Therefore, *we* can posit that the 'heroic task' devolves into an 'epistemophilic' one, a defensive one, and an assertive one. One's 'rendez-vous' with the metaphoric labyrinth and the Minotaur (Grotstein's object of challenge or nemesis) requires differentiating between the enemy ('Ananke'/Necessity) and the persecutor, and knowing and accepting who one is in the shadow of the mirrored (by circumstance) 'moira' (fate) handed to each of *us* (see below).

Related with this issue, Grotstein states: "The infant/toddler has to learn to surmount the anxieties of separation, strange situations, and prey-predator relationships (being either the hunter or the hunted), and exploration or play (taking risks). These tasks involve mediating the balance between the surges of developmental boldness during the practicing sub-phase and the phase-specific development of shame as a way of controlling that boldness during the rapprochement sub-phase (Schoore, 1991). Either courage or cowardice (shame, xenophobia, self-consciousness) is fated to develop at this time" (Grotstein, *ib.*).

Following a **different 'secondary discourse' that 'shares characteristics' with Grotstein's 'secondary discourse'**, Girard (1986) postulates that human culture is founded on *our* need to mediate the inevitable violence that occurs when individuals (in families or cultures) become interdependent. This closeness and interdependency evoke a tropism that he terms 'mimesis'. Persons tend to merge with-to become *like*- other persons they *like*. Violence allows for group solidarity by the: "selection of a scapegoat to bear the violence because it is Other" (Girard, 1986, p. 13). Upon being sacrificed, the scapegoat victim is sanctified.

From a **different 'secondary discourse' that 'shares characteristics' with Grotstein's 'secondary discourse'**, Kristeva (1980) describes the experience of 'abjection' (see above) as the opprobrium that the infant feels about his needy, therefore abjectly discardable, self, which then becomes projectively trans-located into mother as her shameful, abject neediness for father's penis. The Minotaur was 'Pasiphaë's abject', representing her shame and disgust over her intercourse with the 'bull from the sea' and her shame that her own bestial side had become manifest.

According with Grotstein's **'secondary discourse'**, the Greek myth of the

labyrinth and its chimerical inhabitant represents: “**a previously unrecognized developmental line**, in my opinion (A. Freud, 1963), that the ontological capacity to be courageous, competent, to *be*, to *face*, and to *do*! Every infant faces the task of accepting its lot, its moira (‘portion’ delivered by Fate)- that is, of accepting its self as a self, its mother as its mother” (Grotstein, *op. cit.*, p. 209; my bold): once again, a **different ‘secondary discourse’ that ‘shares characteristics’ with Grotstein’s ‘secondary discourse’**.

The experiences the infant undergoes are like a mythic journey in which obstacles seem to be placed in its path and must be overcome, as if some deity were continuously testing the infant’s mettle and heroism: “the infant becomes defined in its confrontational interaction with the nemesis (persecutory) object. Put another way, the nemesis or primitive superego object, the metaphoric Minotaur, is a challenge to the subject insofar as it seems to ‘colonize’ the subject under his hegemony; it tends to impose its ‘name’ and opinion onto the subject for the latter mimetically to submit to. Because the nemesis object casts a hypnotic spell onto the subject [because of the latter’s projective identification into it], the subject collusively believes that it has lost its will under the dominion of this alien within the self” (Grotstein, *ib.*; my alteration).

Therefore, **the central character of this mythic journey, the hero, represents a mythic term that corresponds to Bion’s (1970) concept of the messiah, mystic, and ‘man of achievement’, dares to know himself as he is in the Mirror of the Real without the disguises of the Imaginary or the Symbolic (see above: Lacan’s second topic; cf., Lacan, 1966, 1970): once again, ‘shared characteristics’ of different ‘secondary discourses’**.

The hero must know himself in Bion’s ‘O’, as did Oedipus when he answered the riddle of the sphinx. To do so, the infant must accept and ‘run’ with the gift of life and transcend its ‘baggage’ of felt curses and handicaps. Psychoanalytically, this means that the infant must accept its own life scenario in its entirety. Ultimately, those who would be heroes must separate out those aspects of their phantasmal internal world that belong to themselves from those that had to be endured from their objects. Thus, they must distinguish among persecutors, true enemies (whether they are parents or strangers), and safe loved and loving ones: “To claim its own life, the infant must handle three potentially abusive situations: (1) the chaos of infinity (Matte-Blanco, 1975, 1988), inherent beta elements, dread of ‘O’ (Bion, 1963, 1965, 1970), and the

instinctual drive urges and affects; (2) the traumatic impingements and mal- or misattunements (and counter-projective identifications) on the part of the parents and the family; and (3) the natural predator-enemies of the family, clan, or culture (e.g., the situation in the Holocaust or Bosnia)” (Grotstein, *op. cit.*, p. 212).

Therefore, the infant must do battle with the phantom chimera of its own creation, the results of the inchoate ‘digestion’ and processing of painful experiences. The infant must ‘autochthonize’ (be the phantasied creator of) these traumas before it can begin to distinguish persecutors (always the self) from enemies (always the object and never the self). The infantile neurosis (cf., Freud, 1905b, pp. 135-243) is the archaic organizing state of ‘pathology’ created by the infant in trying to mediate between narcissistic urges and the desire to adjust to the family. The next step is the battle of sorting out the self from the object, and both of those from the phantasmatic exaggerations of them. The infant must become the hero in its own saga, do battle with demons and overcome them; with the knowledge that emerge from courage. But the infant-who-would-be-hero needs the help of loving objects in this saga. In the myth it was Ariadne and her thread; in real life it is *our* loved and loving ones.

In a *proto* conclusion, and in this context of the **‘extension in the domain of myth’**, I steer *ipsis verbis* as above into Grotstein’s meta-psychoanalytic perspective, which illustrates a unifying conceptualization **transversal to all psychoanalytic models as a ‘secondary discourse’**: “**the myth of the labyrinth** symbolically and allegorically **unites concepts of Freud and Jung and those of object relations theory, particularly those of Klein and Winnicott but also of Bion, Lacan, and Anna Freud. Jung’s concepts of transcendence, of the personal and collective unconscious, of archetypes, and of alchemy are linked to Klein’s conceptions of splitting, projective identification, and the combined parental imago and to Winnicott’s concepts of object usage and the subjective object**” (Grotstein, *op. cit.*, p. 218; my alterations).

In accordance with Grotstein’s ‘secondary discourse’, those themes **unite** in the concept that the labyrinth may constitute ‘an archetypal myth from the collective unconscious’ that designates the universal need of all infants and people generally (mythically represented by Theseus): “to return to their mythic home (the womb/claustrium) in an epistemophilic/sadistic foray in order to encounter the phantom-beast that they have projected into it” (Grotstein, *ib.*).

Then they must challenge it and win over it, thus obtaining their ‘spurs of combat’ and its legacy, the courage to *know* and *realize*. The outcome determines whether the phantom object, the metaphoric Minotaur, becomes one’s ‘Nemesis Object or one’s Challenge Object’. In this heroic quest, one is encouraged and guided by ‘one’s magus object (Ariadne)’ (cf., Grotstein, *ib.*).

The magus that Grotstein talks about may appear with either a positive, shepherding function or a more disingenuous one, so that the hapless ‘hero’ may feel goaded or lured into danger.

From *my* final *synoptic* **‘secondary discourse’, following Grotstein’s ‘secondary discourse’,** we can see that since its earliest days psychoanalysis has emerged not just, or even not so much, as a form of treatment of neurotic or other mental conditions, but as a theoretically, technically and ethically organized attempt to recover, out of that huge reservoir (as I said above) we call the ‘unconscious’, something apparently lost, dead or gone mad. In other words, **the psychoanalytic endeavour could be described as a vast ‘rescue operation’ as it was explicit in the precedent reflection.** This is metaphorically represented by Freud in his **‘secondary discourse’** as an archaeological exploration of the mind. At the end of his life he writes: “[the analyst’s] work of construction, or, if it is preferred, of reconstruction resembles to a great extent an archaeologist’s excavation of some dwelling-place that has been destroyed and buried...the two processes are in fact identical, except that the analyst works under better conditions and has more material at his command to assist him, since what he is dealing with is not something destroyed but something that is still alive...Both of them have an undisputed right to reconstruct by means of supplementing and combining the surviving remains” (Freud, 1937b, p. 259; my underline): once again, **‘shared characteristics’ of different ‘secondary discourses’.**

The psychoanalytic process of recovery could then be seen as an instance of those powerful rescue fantasies which manifest themselves in many forms and shapes, depending, for example, on whether they also involve an element of self-sacrifice on the part of the rescuer (the ‘organ donor’) –sometimes to the extreme of risking his or her own life (the ‘freedom fighter’); on the presence of an ambition not just to save or salvage, but also to ‘convert’ the rescued; on what it is that one is rescuing oneself or others from (usually some real or imagined danger, illness, evil, sin, ignorance, or death); and, most importantly, on the specific combination and interplay of conscious

and unconscious components as it was illustrated above.

We can find manifestations of rescue fantasies in numerous aspects of everyday life, for instance, in *our* choice of friends and sexual partners, or in *our* choice of careers: be it social work, plastic surgery, tapestry restoration or ecology lecturing. However much *we* try and rationalize them, unconscious transference factors involving the re-enactment of earlier scenarios will always be influential in such choices of relationships and activities.

It goes without saying that, regardless of their unconscious motivation and of the fantasies underlying their performance, most rescuing acts –or, in **Kleinian ‘secondary discourse’**, ‘reparative’ gestures intended to assuage the sense of guilt stemming from primitive destructive ‘phantasies’ against the mother’s body (see above: **cf., Klein, 1937, pp. 306-343**)– are highly valued by society and include some of the noblest (and, occasionally, most misconceived) deeds in the ‘history of our discontented civilization’, using a **Freudian ‘secondary discourse’** (see above: **cf., Freud, 1930b, pp. 64-145**): once again, **‘shared characteristics’ of different ‘secondary discourses’**.

Rescue fantasies can find expression in either active or passive forms, depending on whether *we* see ourselves as subjects or objects of salvage operations: *we* may be committed to nursing disabled children, or be those accident-prone individuals to be met with uncanny regularity in the local hospital’s casualty department. *We* shall, however, not be surprised to find both the active and the passive versions combined in the same person (an accident-prone nurse!).

This is acknowledged in psychoanalytic trainings, which require prospective practitioners to undergo, first their own training analysis (in my case accordingly with International Psychoanalytical Association standard: minimum of 5 years, 4 times a week; my own training lasted 6 years, 4 times a week; my training was done with Doctor Pedro Luzes, who was supervised by Raymond Saussure, who was analyzed by Sigmund Freud) to be rescued themselves before they qualify to rescue others.

Indeed, **active and passive rescue fantasies are present in all psychoanalytic consulting rooms, where analysis consciously strive to relieve their analysand’s’ suffering and unconsciously hope to relieve also their own through it (cf., Greenacre, 1966, pp. 193-212), while at the same time analysands often wish to ‘save’, alongside themselves, their analysts too (cf., Grinstein, 1957, pp. 124-129; Searles, 1979, pp. 380 459), whom they may perceive as being weak and helpless**

‘wounded healers’. This is the *embryo* of one of my main arguments repeated many times throughout this Thesis: **the psychoanalytic clinical method is a deconstruction of what the patient’s unconscious manifests to the ‘analyst’s mind’**. It is because of this ‘magnetism’ that I defend that the analyst can only be a *craftsman* (my Conclusion) integrating the theoretical models in his mind as a ‘secondary discourse’ but *never* as a ‘primary discourse’ [(only through the ongoing process of decision-making that is co-determined by the patient’s action and reaction which takes place in the ‘analyst’s mind’ the ‘primary discourse’ *emerges* unfolding the analyst’s conception of his (deconstructive) work; *or*, in *other words*, the ‘magnetism between method and its object’ (the unconscious fantasy) constitutes any analyst’s ‘primary discourse’, whatever the theory he may espouse as a ‘secondary discourse’; *or*, more *objectively*, psychoanalytical theory, ‘a secondary discourse’, is always applied after the clinical work, which is the analyst’s ‘primary discourse’] as Laplanche argues (see above Laplanche, *op. cit.*). Theoretical models are hermeneutic because there is a meta-interpretation of the theory done by each analyst, and this literature review is based entirely in this premise, but the interpretation of the unconscious manifestations is not hermeneutic exactly for the reasons mentioned (Chapter 1) by Laplanche.

Therefore and accordingly, in a clinical context, Atwood understands what he calls ‘messianic salvation fantasies’ (cf., Atwood, 1978, pp. 85-96; see above: cf., Grotstein, 2000) as reactions to traumatic childhood experiences of disappointment and loss. Another special case of rescue fantasy to be encountered in psychoanalytic work concerns the process of mourning and the not-infrequent attempt on the part of parents who have lost a child to replace –that is, to bring magically back to life– him or her by soon conceiving another one. Such ‘replacement children’ may develop psychological problems, especially in the area of self-identity, as they grow up with the sense that their parents expect them to be someone other than themselves (cf., Sabbadini, 1988, pp. 528-547): once again, ‘shared characteristics’ of different ‘secondary discourses’.

Whatever their original features, however, rescue fantasies often include among their over-determined sources a component of unresolved narcissistic infantile omnipotence with its related primitive delusional ideas of immortality [the fantasy of immortality is related to unconscious timelessness and to the

infantile undifferentiated temporal dimension of the ‘omnipresent’ (cf., Sabbadini, 1989, pp. 305-313)]. These, in turn, have the role of defences (through a process of conversion into their opposites) stemming from, respectively, the dependence of children upon caring adults and from the reality of *our* biological condition as mortals. **In this connection, Freud refers to the ‘rescue motif’ and speculates on its psychogenic significance as ‘an independent derivative of the...parental complex’.** He explains: “when a child hears that he owes his life to his parents, or that his mother gave him life, his feelings of tenderness unite with impulses which strive at power and independence, and they generate the wish to return this gift to the parents and to repay them with one of equal value. It is as though the boy’s defiance were to make him say: ‘I want nothing from my father; I will give him back all I have cost him’. **He then forms the phantasy of rescuing his father from danger and saving his life;** in this way he puts his account square with him...In its application to a boy’s father it is the defiant meaning in the idea of rescuing which is by far the most important; where his mother is concerned it is usually its tender meaning. The mother gave the child life, and it is not easy to find a substitute of equal value for this unique gift” (Freud, 1910f, pp. 172-173; my bold): once again, **‘shared characteristics’ of different ‘secondary discourses’.**

Abraham further develops the oedipal theme of **the rescue of the father by noticing the concomitant element of aggression against him (cf., Abraham, 1922, pp. 467-474), also emphasized by Sterba (cf., Sterba, 1940, pp. 505-508), while Frosch (cf., Frosch, 1959, pp. 503-522) explores rescue fantasies in the wider context of ‘Family Romances’ (cf., Freud, 1909b, pp. 237-241) fantasies as they emerge in the analytic transference (cf., Esman, 1987, pp. 263-270; Gillman, 1992, pp. 279-298):** once again, **‘shared characteristics’ of different ‘secondary discourses’.**

By inherence and going to the **root** of *our* ‘collective unconscious’: popular narratives, from the Old Testament **prototypical** story of Noah’s Ark onwards, are frequently built around the **rescue motif**. This motif is often found in fairy tales, from “Little Red Riding Hood”, “Rapunzel” and “Sleeping Beauty” to Bernard Shaw’s “Pygmalion” (1913): in **collective regressive fantasies** of a nostalgic golden age (Ovid’s *Aurea aetas*); in the religious promoting hope in a Messiah still to come to earth (for the Jews) or already arrived to sacrifice his own life for mankind on the cross (for

the Christians), or in the belief in reincarnation (for the Hindus); and, of course, in countless works of fiction – be they novels, plays, operas, soaps or films (cf., Graves & Patai, 1963; Roudinesco & Plon, 1997). This can also be found in a number of **Greek legends**, notably in that of Theseus and Ariadne as I said above.

Indeed, **classical Greek mythology has provided psychoanalysis with some of its fundamental narratives as I said throughout *all* my review, and this is the reason why I argue (once again, to be absolutely clear) that Grotstein’s meta-psychoanalytic perspective illustrates a unifying conceptualization transversal to *all* psychoanalytic models as a ‘secondary discourse’ where the: “extension in the domain of myth” (Bion, 1963, p. 11; my alterations) is profusely ‘extended’. Indeed, as above mentioned by Grotstein, ‘the myth of the labyrinth symbolically and allegorically unites concepts of Freud and Jung and those of object relations theory, particularly those of Klein and Winnicott but also of Bion, Lacan, and Anna Freud’. That is why I did the articulation between Grotstein’s approach with what Rank (1912) and Anzieu (1966) call ‘fraternal incest’, and its relation to the Oedipus complex. Furthermore I’ve posited, as argued by Grotstein (2000), the myth of the Minotaur as an archaic oedipal myth. **This reflection intended to articulate both ‘mythologies’ with the purpose of creating an epistemological continuum of ‘secondary discourses’ between the different psychoanalytic schools of thought. Now, I will also illustrate my own perspective (a *mitigated* ‘secondary discourse’) about the myth of Persephone and the myth of Orpheus as I said above.****

In this context, Sophocles’s dramatization of the story of Oedipus has in its multifaceted ramifications thrown an all-important light on the developmental history of human individuals, their conscious and unconscious internal worlds, and their interpersonal relationships as we saw by the various ‘oedipal dynamics’ presented in *all* schools of thought that I have illustrated above. Other Greek myths, such as those of Narcissus (see above: cf., Kohut, 1971) or of Electra (cf., Jung, 1969a) have also helped *us* to clarify many normal and pathological mental phenomena but no so all-important (see above).

I will not develop the Jungian (1969a) nor the Kleinian (cf., Klein, 1963a, pp. 23-54) perspectives on Aeschylus’ “Oresteia”; I will just posit that Electra persuaded her brother Orestes to kill their mother Clytemnestra because Clytemnestra killed her husband and their father Agamemnon (in Sophocles’ “Oedipus King”, Oedipus killed

his father Laios); Electra **persuaded** her brother to kill their mother Clytemnestra, she didn't kill her mother, which is completely different in its unconscious ramifications as it is obvious. Freud was more cautious about 'female sexuality' (cf., Freud, 1931b, pp. 225-243).

From *my* '**secondary discourse**' I agree with Reenkola that described the triangular situation when the mother becomes the rival of the girl: "This is a fateful combination. The ambivalence of love and hate towards the mother arouses immense guilt in a girl" (Reenkola, 2002, p. 15).

Confronted with the triangular (oedipal) situation and their attraction to their fathers, girls must carefully negotiate dual attachments to both parents. To this dynamic, as Burch (1997) suggests, is articulated the 'idea' that a female's first experience of sexual intercourse always included, in some form or other, thoughts related specifically to her mother. These thoughts included fears of retaliation, competitive and rivalry feelings, or victorious fantasies about the embarking on the path of adult sexuality.

Hence, I argue as *my* '**secondary discourse**', that the rich and complexly evocative **myth of Persephone**, which depicts a balancing of loyalties between the parents, revolves around the theme of Persephone's separation from her mother, Demeter (that I spoke above in a different '**secondary discourse**'), and celebrates fertility, cyclical rhythms and female power, better describes the girl's developmental crisis (cf., Graves, 1955; Burch, 1997, p. 21).

The myth is as follows: Kore/Persephone, the young daughter of Demeter and Zeus, is gathering flowers in a meadow with other young girls. Kore plucks a particularly beautiful narcissus that has attracted her. The earth opens suddenly and Hades, god and king of the Underworld and Death, abducts her. Nobody hears her screams and cries (some versions of the myth make a rape more explicit). When Kore next appears in the Homeric hymn, she is with Hades in the Underworld. The scene pictures Hades 'reclining on a bed with his shy spouse, strongly reluctant' (cf., Foley, 1994).

It is noteworthy that, prior to her stay with Hades and presumably to the loss of her virginity, the girl is known only as 'Kore', which in Greek literary means the 'maiden' [that is why throughout this review I 'apply' *the* etymological **method**; words are semantic envelopes...etymologic containers (see above; see below, specially "Dora's Case"/Chapter 3); a '**secondary discourse**' in its *full* meaning, that is, in its

deconstructive method as I said above concerning Bion but also concerning Lacan as I say below]. Thereafter, she takes on the new name of Persephone. In the meantime, Demeter descends from Olympus to search the earth frantically for her daughter. In her fury and pain, Demeter causes famine and drought to spread over the earth. Zeus is induced by this catastrophe to persuade Hades to release Persephone. However, Persephone is tricked by Hades to eat the seeds of a pomegranate (in some versions she is tricked; in some, forced; and, in others, takes the seeds willingly). Thus, she has broken an injunction not to eat in the Underworld and is now bound to Hades (cf., Foley, *ib.*).

A compromise between the gods is worked out by which Persephone spends one-third of the year with Hades, and two-thirds with her mother. This compromise is the ancient explanation of the origin of the seasons. Winter rules while Persephone lives with Hades, and the earth flowers in spring and summer while she is with her mother. The poem ends with Demeter founding the Eleusinian rites (cf., Foley, *ib.*).

I argue as *my* ‘**secondary discourse**’ that this myth heuristically portrays conflicts of the girl as she takes first steps into the world of sexual feelings for her father. In particular, the story of Persephone depicts the very commonly seen female defence: the disavowal of the sense of agency over sexuality.

I posit that the whole structure of the myth, in its various versions, reflects this defence. That is, Persephone is ‘forced’ into her union with Hades. Yet the ambiguity of her participation in the eating which seals her fate is reflected in the various versions of the myth. It is *my* ‘**secondary discourse**’ that the same dynamic holds for the expression of aggression in little girls at this phase of triangulation as for sexuality.

The **incestuous motif** (see above) is clearly represented in this tale, as Persephone queen and mate to her uncle. Demeter, Zeus and Hades are siblings. It can be said, however, that the myth of Persephone is not analogous or parallel to the myth of Oedipus because *we* can ask *ourselves* where is the rivalry and rage toward the mother in Persephone, compared to the rivalry and rage toward the father in Oedipus?

Obviously I posit that aggression, on the part of a female, is not visible, except in the revengeful retribution of the mother, Demeter, unleashing famine on the earth until her daughter is returned to her. Aggression certainly does not seem to mark the mother-daughter relationship between Demeter and Persephone. It is *my* ‘**secondary discourse**’ that the sense of agency over aggression and sexuality is disguised and

inhibited in this myth, as in the female triangular situation, as it appears clinically from my own experience, in consonance, *mutatis mutandis*, with other psychological (cf., Gilligan, 1982) and psychoanalytical perspectives (cf., Chodorow, 1978; Person, 1983, pp. 193-204; Ogden, 1987, pp. 485-498).

Consequently, I argue that Greek mythology is, with no doubts, a *ocean* of psychoanalytic knowledge and constitutes what Jung (1969a) termed as the ‘collective unconscious’ where *all* the ‘archetypes’ are ‘direct’ «products» of *our mythological heritage*, which was (and is) transmitted ‘through’ phylogeny, and this is *one more* reason why I’ve argued (once again, to be absolutely clear) that Grotstein’s meta-psychoanalytic perspective illustrates a unifying conceptualization transversal to *all* psychoanalytic models as a ‘secondary discourse’ where the: “extension in the domain of myth” (Bion, 1963, p. 11; my alterations) is profusely ‘extended’. Indeed, as above mentioned by Grotstein, ‘the myth of the labyrinth symbolically and allegorically unites concepts of Freud and Jung and those of object relations theory, particularly those of Klein and Winnicott but also of Bion, Lacan, and Anna Freud’. That is why I did the articulation between Grotstein’s approach with what Rank (1912) and Anzieu (1966) call ‘fraternal incest’, and its relation to the Oedipus complex. Furthermore I’ve posited, as argued by Grotstein (2000), the myth of the Minotaur as an archaic oedipal myth. **This reflection intended to articulate both ‘mythologies’ with the purpose of creating an epistemological continuum of ‘secondary discourses’ between the different psychoanalytic schools of thought. In this context, I’ve illustrated above my own perspective (a *mitigated* ‘secondary discourse’) about the myth of Persephone; the myth of Orpheus will be developed (also according to my own *mitigated* ‘secondary discourse’) after the following five paragraphs (required to explain even better my reasoning).**

Accordingly, I evoke once again the famous ‘theory of recapitulation’ (see above), which is articulated with Darwin’s ‘primitive horde’ conceptualized in his “The Descent of Man and Selection in Relation to Sex” (1871) 5th chapter; Freud steered into Darwin’s (and Haeckel’s) harbour (see above) when he published “Totem and Taboo” in 1913 (cf., Freud, 1913k, pp. 1-161).

In this seminal work Freud’s epistemological roots were: in biology Darwin, Lamarck and Haeckel; and in anthropology Frazer, Smith, Atkinson and Westermarck.

Lewis Morgan was an important source with his conceptualization of the three stages of mankind, which were: ‘Savagery, represented by hunting; Barbary, represented by the production of ceramic objects and iron tools; and Civilization, represented by the invention of writing’ (cf., Freud, 1913k, pp. 1-161; Roudinesco & Plon, 1997).

Later on, related with this issue (*our* ‘**mythological**’ heritage) and because of the controversies inherent to the lay analysis Freud [defending Theodor Reik against a patient’s lawsuit of ‘illegal practice of medicine’; this happened in the spring of 1926 and in the fall of the same year New York State declared illegal the practice of psychoanalysis by non-doctors; in the year before, regarding this issue the President of ‘New York Psychoanalytic Society’, Abraham Arden Brill, declared that he wanted to ‘cut relations’ with Freud because Freud approved psychoanalysis being practiced by non-doctors (cf., Wallerstein, 2002b, pp. 639-642; Wallerstein, 2003b, pp. 273-82)] was *hard* on the medical profession saying that if a ‘faculty of psychoanalysis’ existed the contents should be: ‘history of civilizations, **mythology** and literature, and a clear autonomy from the psychic dimension over the physiological dimension’; aside a training analysis with a analyst specially qualified; the medical contents should be of minor relevance because ‘Medicine doesn’t own Psychoanalysis’ (cf., Freud, 1926b, pp. 183-250).

Sharing Freud’s ‘secondary discourse’, I can state that from **my** perspective and own clinical experience Freud was absolutely correct in his *harshness* towards the medicine ownership of psychoanalysis, because on the clinical setting *our* counter-transference obstacles are not the Aristotelian logic (see above and below) or Piaget’s ‘operative formalism’ (cf., Piaget, 1932, 1950, 1980a, 1980b, 1981, 1983, 1985, 1987; Inhelder & Piaget, 1958, 1964); the ‘obstacles’ are (among a ‘Penelope’s plethora) and giving just a example concerning this subject: **‘the Homeric legend of Odysseus’s encounter with the sirens is related to the technical problems involved in counter-transferential erotic attraction, and the story of Icarus’s suicidal flight explains manic episodes as instances of defences in the face of separation anxiety’** (cf., Sabbadini, 1988, pp. 528-547): once again, ‘shared characteristics’ of different ‘secondary discourses’, where the ‘extension in the domain of myth’ is, *by far*, the main ‘shared characteristic’ as I am trying to illustrate in this *proto* conclusion of my literature review.

Indeed, psychoanalysis ‘was born in medical soil but it is not a medicine of the

dream, it is a psychology of the dream' (cf., Freud, 1926b, pp. 183-250); the 'dream is the royal way to the unconscious' (cf., Freud, 1900b, pp. 339-621; see Chapter 1) because the dream reproduces ('recapitulates') the **mythological** scenario **from** where *we* emerged and **threw** where *we* developed and **to** where *we* will 'end': it is *our* 'ontogeny', *our* 'phylogeny' and *our* 'telosgeny'.

Inherently, as I said above, **the myth of Orpheus will be now developed according to my own mitigated 'secondary discourse'**. I argue that the myth of Orpheus and Eurydice (better known to *us* in later Latin versions from the first century BC), as a metaphor of *our* deepest fears, desires and conflicts, is also relevant to the analytic understanding of many psychological phenomena (cf., Segal, C., 1989; Bonaparte, 1954, pp. 109-112).

The most common version of the myth narrated by Ovid (8AD) in his "Metamorphoses" and by Virgil (29 BC) in his "Georgics", goes as follows: Eurydice – bride of the famous poet, singer and musician Orpheus– is fatally bitten by a snake. Orpheus, relying on the power of his art, descends to Hades to rescue her back to the world of the living, persuades the gods of the Underworld to relinquish her, but finally loses her again when he disobeys their command not to look back towards her before they re-emerge from Hades (cf., Ovid, 1955; Virgil, 1983).

This is the 'essence' of the tale, but the myth of Orpheus continues with his 'renunciation of women' –in one version, turning to homosexuality– which provokes a band of angry Maenads to tear him apart. His head and lyre, still singing, float down the Hebrus River to the island of Lesbos [Sappho was the poet that 'ruled' the island of Lesbos: they were all women and lovers with each other; it's from here that emerged the term 'lesbian' regarding female homosexuality (cf., Roudinesco & Plon, 1997)], where Apollo will protect Orpheus's head from a snake and endow it with prophetic powers – hence his status for the ancients as: "not only the archetypal poet but also the founder of a mystical religion known as Orphism" (Segal, C., 1989, p. 1).

Part of the everlasting attraction of this myth depends on the 'personality' of its protagonist, Orpheus, being not just a great poet and musician, but someone who would use his art to tame wild animals, to move plants and stones, to get dolphins to emerge from the sea to listen and enjoy his songs (cf., Segal, C., 1989). **This in itself gives him an almost god-like quality**, placing him above other mortals, **in a fantasy space where others would feel induced to identify with, idealize and envy him** (see above).

Classical interpretations of the crucial moment when Orpheus turn his gaze towards Eurydice, thus causing her second ‘death’ and his final loss of her, vary.

For Virgil (4th *Georgic*, 29BC) this impulsive gesture is due to a moment of madness, what he calls ‘*furor*’ or ‘*dementia*’. Ovid, on the other hand, attributes it to the caring concern of a husband for his wife’s weakness –as well as to his own greedy passion. Ovid in his “*Metamorphoses*” (8AD) writes:

“Hic, ne deficeret, metuens avidusque videndi

flexit amans oculos, et protinus illa relapsa est.

(He, afraid that she might fail and greedy of seeing her,

in love turned back his eyes and at once she slipped back)”

(Ovid, 1955, pp. 56-57).

The myth of Orpheus and Eurydice has fascinated artists, writers and composers who, also in **identification** (see above) with its protagonist, have then reproduced it in their works. I shall limit myself in this context to mention Rainer Maria Rilke’s fifty-five “*Sonnets to Orpheus*” (1922) and Christophe W. Gluck’s opera “*Orpheus and Eurydice*” (1762) where, the gods having promptly forgiven Orpheus for his voyeuristic peccadillo, the tragic ending of the story is replaced by an improbable ‘...and they lived happily thereafter’.

From *my* ‘**secondary discourse**’ concerning **this myth**, I would suggest **two** alternative ‘explanations’ for Orpheus’s *irrational* and (self) destructive gesture. If his journey to the Underworld represents a regressive immersion into the ‘unconscious’, a mental space dominated by ‘primary process’ functioning, he would as a consequence behave according to the ‘pleasure principle’ (see above: cf., Freud, 1920a, pp. 7-64).

In other words, Orpheus, like a hungry baby incapable of tolerating delays to the gratification of his needs, would become a victim to his own **greed** and turn his head back before the ‘reasonable’ time imposed on him by the gods, representing here the demands of external reality and his own **superego**.

The other ‘explanation’ for Orpheus’s behaviour may rest in his unconscious sense of **guilt** for daring to break a **taboo**, that is, for upsetting the ‘natural order of things’ whereby the dead must be left to rest for ever (‘let sleeping dogs lie’), and for

using his position as an artist to extort privileges from the gods. Much as he wants to **rescue** (see above) Eurydice, his **superego** does not allow him in the end to carry out his mission; he therefore unconsciously **sabotages** it by plunging her beloved back where she truly, if of course tragically, belongs.

Concerning this issue, Limentani (1989) describes **certain psychoanalytic patients who, in identification with Orpheus's ambivalence, are unable to repair the oedipal situation** (see above). Furthermore, his encounter with Eurydice in the shadowy World of the Death has the basic structure of a romantic love story, and a **doomed** (see above) one to boot (man fights to conquer the woman of his dreams, seems to succeed against all odds, until tragedy destroy their happiness), with the **universal** appeal that such narratives have, for they represent everyone's deepest and most **regressive** fears and desires.

Orpheus and Eurydice, in other words, while remaining beyond mankind's reach, are at the same time **idealized** versions of *us*, as they let *us* **project** aspects of *ourselves* into them. **This myth's power, I suggest as my 'secondary discourse', stems from a complex structure or pattern: that basic 'rescue motif' which, as I said above, is the motor force behind many of *our* wishes and behaviours.**

Rescue fantasies, whereby it is the 'self' that is to be relieved from an unbearable sense of **guilt**, may then constitute attempts to deal with all sorts of unconsciously desired, or even enacted, violations to 'the natural order of things', including the **oedipal crimes of murder and incest**. In the case of the Orpheus myth *we* could perhaps find here an even deeper wish: **that Eros combined with art (Orpheus's love for Eurydice combined with his musical capacity to move even the gods) –or, to put it more psychoanalytically, 'libido' combined with 'sublimation'– could eventually defeat Thanatos** (see above).

So, in fact, *we* are back to *our* unconscious and universal wish for immortality expressed by that 'not something destroyed but something that is still alive' which I emphasized above when quoting Freud (1937b) and from which *we* could say 'if only Orpheus had not turned around to look at his Eurydice' but the thought, rational as it appears to be (indeed, as I said above, even Virgil attributes Orpheus's impulse to his 'dementia' –folly), is naïve.

Much as *we* cannot teach old dog new tricks, human beings never entirely abandon the pleasure principle in favour of the 'reality' one. Whether because of lust or

greed, impatience or passion, *we* regularly –though, it must be said, some of *us* more frequently than others– end up behaving in ways that contradict *our* best intentions and interests. To make things worse, *we* also feel compelled –again some of *us* more frequently than others– to repeat neurotically *our* mistakes.

Our ‘dementia’, then, is but a fundamental incapacity to ‘learn from experience’ (see above: cf., Bion, 1962b). Having lost Eurydice once, Orpheus must lose her again...and again: this ‘unconscious scenario’ is the ‘text’ where is ‘written’ **as a ‘secondary discourse’** the ‘poetry of science’ (cf., Meltzer, 1967): Psychoanalysis.

Accordingly, **from any of the above mentioned ‘secondary discourses’ the major tasks of psychoanalysis (and of life), as seen from the myths of the Minotaur, Persephone and Orpheus (among all the *others* that were illustrated) as we saw above, are to confront the ‘Object of Challenge or Nemesis’ in order to separate out and retrieve those projections that belong to *oneself* from those that are alien to the self from the beginning.**

One must be able to own and resolve one’s infantile neurosis/psychosis and distinguish it from infantile catastrophe or trauma, and resolve that as well. **Ultimately, these myths signify psychoanalysis and its relentless quest for uniting with unconscious truth, ‘rescuing’ *ourselves* from *ourselves* ‘finding the man inside of the man’ (cf., Dostoevsky, 1880):** having lost Eurydice once, Orpheus must lose her again...and again in an eternal ‘Penelope’s thread’: this is the work of the psychoanalyst; *we* cannot turn *our* gaze to the patient (**the Freudian couch is Orphic**) because there is the risk of causing the patient’s ‘second death’ and loose him completely, like Orpheus lost Eurydice when he turned his gaze to her before they re-emerged from Hades (the unconscious).

This is a metaphor, but only **the couch, from any ‘secondary discourse’, recreates the mythological/oniric scenario as a ‘primary discourse’** and *this* is what promote and allow the re-emergence from the unconscious (Hades) of the psychoanalyst (Orpheus) and of the patient (Eurydice): *this* is why **one can say that psychoanalytic theory comes after clinical work: psychoanalytic theory is a ‘secondary discourse’; the clinical work is a ‘primary discourse’**; **this is why**, as above mentioned many times, that in this Thesis I am establishing the scientific accuracy or truth-value interpretations in clinical work providing concrete examples (as I did in my Introduction) of how the analyst **deconstructs** the clinical

phenomena independently of what theoretical model he embraces: the keynote here is always how the ‘analyst’s mind’ work (Laplanche’s ‘primary discourse’; see above Laplanche, *op. cit.*): by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models.

The Freudian heritage (hence, the title of my Thesis) is this never-ending dissolution (*Lösung*) that is psychoanalysis (and its psychoanalytic clinical method) in its essence (see above Laplanche, *op. cit.*). Freud is the first object relations theorist because object relations have, like all other schools of psychoanalytic thought, as their ‘primary discourse’ the deconstruction (like Laplanche states; see above Laplanche, *op. cit.*): the theoretical meta-interpretations of Freud, Fairbairn, Bion, Matte-Blanco and Lacan (Laplanche’s ‘secondary discourse’; see above Laplanche, *op. cit.*) constitute all clinical dissolutions inherent to the psychoanalytic clinical method. That is why I state in this literature review that all these authors follow Freud –directly or indirectly, theoretically speaking– building up a syncretic universalist model unified exactly by the Rosetta stone of psychoanalysis: its deconstructive method. I state even more: the more the theorist differs from Freud and the more the theorist deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction.

Indeed and returning to Gedo and Goldberg (1973), as we saw by this review of psychoanalytic literature, these authors try to ‘resolve the problem’ of multiple models by *tying* particular theories and models to the different *developmental* [as I said in my Introduction concerning Lussier’s (1991) statement, *this is the developmental task of science*] periods and, *once again*, to be absolutely clear: throughout my review I will follow Gedo and Goldberg’s epistemological stream of thought, but with my own perspective of interpreting each ‘model of mind’ as a ‘secondary discourse’ as I have been defending since the beginning of this dissertation, that is, to minimize any *confusion* caused by the *current away of theories* I will illustrate in the conclusion of my review the developmental contributions of those authors who have had a major impact on the field or who have offered a fairly systematized theory of object relations development as I started to do in my Introduction, but, as above mentioned, and, once again: **if the ten shared characteristics** of what

Kernberg (cf., Kernberg, 1993a, 1993b, 2001a; see my Introduction) calls the ‘contemporary psychoanalytic mainstream’; the five shared characteristics of what he calls the ‘intersubjectivist-interpersonal-self psychology’ current; and the fourteen shared characteristics of what he calls the ‘French psychoanalytic approach’ –alongside with the above two– don’t constitute new integrations, not as a *simple* ‘common ground’, but as promoting valid hermeneutic meta-interpretations that configures the form of an effective ‘secondary discourse’ (cf., Laplanche, *op. cit.*), I don’t know how one can say that psychoanalytic theory comes after clinical work.

Therefore, the conclusion of my literature review will *tie* Grotstein’s (1981b, 2000) epistemological meta-psychoanalytic syncretism and Matte-Blanco’s bi-logical (1956, 1975, 1981, 1988) meta-theory; Lacan’s (cf., Lacan, 1966, pp. 93-100, pp. 101-124, pp. 237-322, pp. 401-436, pp. 493-528, pp. 685-695, pp. 765-790, pp. 793-827, pp. 829-850, pp. 855-877; 1967-68; 1968; 1968-69a; 1969; 1969-70; 1970; 1972-73; 1973; 1974-75; 1975a; 1975-76; 1977-78a, pp. 12-34; 1977-78b, pp. 548-556) algebraic structures will be illustrated as a ‘epistemological counterpart’ to Matte-Blanco’s bi-logic; I finish my psychoanalytic review with Kernberg’s (1993b) insights towards the psychoanalytic *status quo* regarding a ‘unified’ clinic epistemology as a ‘secondary discourse’.

The ‘common ground’ that I argue (in my Introduction, in this literature review and *unfolded* throughout my entire Thesis) is **nothing more**, as Wallerstein also recognizes (cf., Wallerstein, 1988c, pp. 5-22), **than acknowledge that there are a pluralism of hermeneutic meta-interpretations that configures the form of our ‘secondary discourse’** (in *my* terminology): **they are all formalizations of the analyst’s psychic process present in the clinical session; that is why Bion’s Grid, Lacan’s mathemes and Matte Blanco’s bi-logic are so heuristic: they are the formalization of the analyst’s psychic process not as a ‘primary discourse’ but as a ‘secondary discourse’: they are epistemological tools that have only one purpose: being deconstructed by the ‘analyst’s mind’ (Laplanche’s ‘primary discourse’) in the clinical session.** That is why *we* call it a **formalization** of the psychic process: it is its **form**, not its content.

Accordingly, as shown above, **I posit that *our* unconscious is a ‘mental envelope’ written *ab initio* with mythological letters** (cf., Rank, 1909, 1912, 1998;

Freud, 1913k; Abraham, 1909; Jung, 1969a, 1969b, 1970c, 1970d; Anzieu, 1966; Bion, 1963, 1970, 1974, 1992) **steering, as I said, into Grotstein's (1981b, 2000) epistemological meta-psychoanalytic syncretism as a unifying conceptualization transversal to all psychoanalytic models as a 'secondary discourse' where the extension in the domain of myth was profusely 'extended'** (with my own *mitigated* 'secondary discourse' about the myth of Persephone and the myth of Orpheus), **and Matte-Blanco's bi-logical (1956, 1975, 1988) meta-theory, that will be now developed;** Lacan's (cf., Lacan, 1966, pp. 93-100, pp. 101-124, pp. 237-322, pp. 401-436, pp. 493-528, pp. 685-695, pp. 765-790, pp. 793-827, pp. 829-850, pp. 855-877; 1967-68; 1968; 1968-69a; 1969; 1969-70; 1970; 1972-73; 1973; 1974-75; 1975a; 1975-76; 1977-78a, pp. 12-34; 1977-78b, pp. 548-556) algebraic structures will be illustrated afterwards as a 'epistemological counterpart' to Matte-Blanco's bi-logic; I conclude my psychoanalytic review with Kernberg's (1993b) insights towards the psychoanalytic *status quo* regarding a *unified* clinic epistemology unfolding *all* the major 'secondary discourses' inherent to 'it'.

Therefore, Matte-Blanco's 'secondary discourse', thinking and working from the beginning with the concepts and characteristics of the Freudian unconscious system (cf., Freud, 1915c, pp. 159-215), states that they obey to a logic widely distinct from that ruling our scientific thought (cf., Matte-Blanco, 1956): once again, 'shared characteristics' of different 'secondary discourses'.

He points out that Freud (cf., Freud, 1911c, pp. 218-226) considered the existence of different psychic activities: one expressing voluntary reflection accompanied by consciousness (secondary process), and another representing the unconscious phenomena (primary process). The customary logic of scientific thought is the bivalent or Aristotelian logic.

Aristotle identified, two thousand and five hundred years ago, in two seminal works "Prior Analytics", as I said above (cf., Aristotle, 1941, pp. 62-107), and "Posterior Analytics" (cf., Aristotle, 1941, pp. 108-186) the three principles of logic that still rule today *our* operative reasoning: 'principle of identity'; 'principle of non-contradiction'; and 'principle of the third excluded'; *we* find these magnificent masterpieces in "The Basic Works of Aristotle" (1941), which were edited by R. Mckeon and translated directly from Greek: by A. J. Jenkinson "Prior Analytics"; by G. R. G. Mure "Posterior Analytics".

Wittgenstein's "Tractatus Logico-Philosophicus" (1922) *re-conceptualized* Aristotelian Logic, applying it mainly to language as it was clear in Wittgenstein's second major work: "Philosophical Investigations" (1953), concerning exactly the logic of language, which Lacan, as I said above, developed in psychoanalysis as algebraic structures: the 'mathemes' (cf., Lacan, 1972-73, 1973). Like I said, these and other constructs will be illustrated after my reflection on Matte-Blanco's '**secondary discourse**', which will be a descriptive **theoretical** one like **any 'secondary discourse'**.

As I was *saying* the Aristotelian logic contrasts with that of the unconscious phenomena: "it cannot be said that the processes in the system *Ucs* happen without conforming to any logical law, for in that case we should only witness chaos; and if there were chaos there could be nothing predictable, and therefore Freud could not have described the characteristics mentioned at all" (Matte-Blanco, 1956, pp. 142-143).

Matte-Blanco consequently concludes that: "if laws of the system *Ucs* exist, and if they do not conform to the principles of scientific logic, they must conform to some logical system that in some respect at least is different from scientific logic" (Matte-Blanco, *op. cit.*, p. 143).

In this regard, **two basic subjects** should be emphasized: **first, the unconscious treats the part as the whole, and as a result the difference between the part and the whole disappears; hence the part can be placed in a bi-reciprocal relationship with the whole. This is the 'principle of generalization'** by which each thing is treated as an element of a class which, in its turn, would be a sub-class of another class and so on. A being confronting a mind will be classified according to the group of signals it is able to emit.

Thus, for example, seeing itself before a signal such as a welcoming voice, the mind registers as a stimulus. Afterwards an emotion arises whose meaning could be 'I am facing my mother'. The quality of the emotion in response to the signal may be of love, rage, fear, shame, etc., or their combinations, as well as being susceptible to variations from moment to moment. In the dynamic of the transference/counter-transference relationship the analyst may at one instant be apprehended and confronted as an inimical rival and, at the next, seen and loved as an understanding father or mother. In the same way, the patient at one moment may be viewed by the analyst as a much damaged object, irreparable and, at another, amenable to changes [in the sense of psychic growth (cf., Matte-Blanco, 1975)].

Second, the unconscious treats the inverse, the reciprocal of a relationship, as identical with the same relationship. Here *we* have the ‘symmetry principle’, by which asymmetrical relationships are taken as symmetrical. For example, ‘I am your brother, therefore you are my brother’ is a symmetrical relationship. ‘I am your father, therefore you are my son’ is an example of an asymmetrical relationship. Then, ‘I am your father, therefore you are my father’ is an asymmetrical relationship treated as symmetrical, which is accepted in the unconscious but is nevertheless intolerable and perceived as absurd in the conscious system where classical Aristotelian logic prevails (cf., Matte-Blanco, *ib.*). **These two basic subjects are related to the characteristics postulated by Freud (cf., Freud, 1915c, pp. 159-215) about the unconscious: the substitution of external reality for psychic reality (felt as being the same, one unique reality); a-temporality, displacement and condensation (the foundation of projection, transference, sublimation, splitting, and return of the repressed); and the absence of mutual contradiction [coexistence of contradictories and absence of negation (cf., Freud, *ib.*): once again, ‘shared characteristics’ of different ‘secondary discourses’.**

Among so many other consequences of those **characteristics** it is possible to say that the repressed is not altered by time; in the presence of a-temporality, no succession can exist in the unconscious. According to symbolic logic, a succession of moments (a serial ordination) is impossible because: “when the principle of symmetry is applied there cannot be succession” (Matte-Blanco, 1975, p. 39).

Transference can make the analyst appear as the father, mother, son or any other figure, or a combination of them. Omnipotent, omniscient thought creates the conviction that what the subject and the object experience and think of as the same they then make part of an indivisible infinite.

In the case of infinite sets, taking into consideration their indivisibility (since if they were divisible they would, by definition, be finite), every member is identical with all. The part does not exist, only the whole, infinite. An example of this is the mathematical figure of the point. When sets are infinite, a sub-set is equivalent to the set. There are no limits separating individuals. Subject and object are like a homogeneous unity. In this sense *we* would have a process of homogenization in which all that exists become equal and of similar value. A trajectory of increasing homogenization would occur in the inverse ratio to the development of the psychic

apparatus. More primitive levels would consequently correspond to a larger degree of homogenization. In clinical terms, the baby's lack of discrimination of external reality serves as a model for the above formulation (cf., Matte-Blanco, *ib.*).

Symmetry demands non-existence of space and time in the Physics-mathematical sense: space requires differentiation between the parts and the whole, and time establishes sequence of events. When sets are infinite, sub-set is equivalent to set. This is an application of Russel's theory, which states that this is an exception to the rule by which a class cannot be represented by one of its members, that not being the case for infinite sets such as applies here (cf., Rayner & Tuckett, 1988 in Matte-Blanco, 1988, pp. 3-42).

To this logic, predominant but not unique in the unconscious, Matte-Blanco gives the name 'symmetrical logic', using 'asymmetrical logic' to refer to what *we* know as habitual logic, which preponderates in the conscious.

Asymmetrical logic is that to which *we* are accustomed, which operates with space and time in a Physics-mathematical sense; it is the logic used in scientific thought. It is the logic which discriminates the categories and the differences between the part and the whole, between the present, past and future, between generations, between genera etc. In asymmetrical logic there is a tendency towards differentiation between objects, that is, towards their individualization and separation into ever more discrete units which are identified by separate signs (cf., Matte-Blanco, 1981, pp. 8-41).

In all mental functioning, both conscious and unconscious, symmetrical and asymmetrical logic are always present. Matte-Blanco calls this characteristic 'bi-logical' (cf., Matte-Blanco, 1975). It is fitting to emphasize, once again, that, although both logics exist, asymmetrical logic predominates in the conscious and symmetrical logic in the unconscious. This makes it possible to state that **the unconscious always tends to make symmetrical those relationships which are asymmetrical.** **The sense of reality would have to be considered not only under the aspects of asymmetrical logic but also those of symmetrical logic.**

As already pointed out, in the latter there is a tendency towards the formation of inclusive classes and for reality to be experienced as infinite, that is, as homogeneous and indivisible. In this way there is no recognition of the individual but only of classes and functions (cf., Matte-Blanco, *ib.*).

Ahumada and Etchegoyen (1990), recalling Konrad Lorenz's (1963) work on

aggression, point out that **on the biological scale** this is what seems to happen, **the recognition of individualities occurring later than the recognition of ‘classes’** (cf., Ahumada and Etchegoyen, 1990, pp. 493-502).

In the lower vertebrates (fishes of the coral reefs) there is behaviour based only on the geographical context and on classes of the type ‘rival’, ‘female’, ‘predator’, ‘prey’. **Distinction among individuals is possible solely at the level attained very much later among the mammals.**

It is therefore important to emphasize that **the recognition of selfhood arises only at the peak of evolution.** **The chimpanzee** possesses the ability to recognize the individuals of his band, to the extent of foreseeing their behaviour. For him **to recognize himself in a mirror, to differentiate between ‘the self’ and ‘the other’, it is necessary for him to be trained.** **As in an analysis, the more primitive prevalence of the unconscious only slowly comes to be blended with the conscious to the extent of approximating to a means of knowing the external world as far as this is possible and of being able to distinguish itself from the other** (cf., Ahumada and Etchegoyen, *ib.*).

From my perspective, **since no ‘secondary discourse’ is an absolute as I have been defending throughout my entire Thesis, it is as impossible to conceive of asymmetrical logic in a pure state as it is of symmetrical logic.** They cannot be considered in such a way once thought requires as much use of symmetrical relationships as of asymmetrical ones. For thinking *we* need to distinguish between categorizing and bringing into relationship. It is not possible to apprehend the notion of the infinite; the infinite is inconceivable since thought imposes limits and the infinite is unlimited.

In “The unconscious as infinite sets: An essay in bi-logic” Matte-Blanco postulates as his **‘secondary discourse’**: “the mind is structured in such a way that in every one of its direct manifestations we can, if we look for it, detect the activity of its various levels, from the asymmetry seen in conscious thinking to the great proportion of symmetry of the deepest levels ... in each case some levels are more obvious than others. The type of level which is more noticeable varies from one case to another” (Matte-Blanco, 1975, p. 161).

In conclusion of his highly heuristic **‘secondary discourse’**, Matte-Blanco proposes five strata, according to the continuum of the possible combinations of

symmetry and asymmetry. There are also sub-levels depending on major or minor degrees of generalization.

Synthetically speaking, there is a first stratum where the objects are more differentiated, concrete, and where their relationships are established through similarities and differences, that is, where asymmetrical thought prevails.

A second stratum follows, in which there is already symmetry to an appreciable extent and where emotion exists. The emotion is well delimited, still at a conscious level, but the principle of symmetry helps in understanding it.

In the third stratum the individual is already identified with the class, which introduces a certain a-temporality, since moments are not differentiated. An example is the case in which an individual becomes emotional before a benefactor, saying, 'you are a father to me'. The object is recognized consciously by its characteristics, but emotion takes over and establishes (symmetrical) connections with figures of the past.

As a result, the fourth stratum introduces the absence of contradiction and the substitution of the external reality by the psychical. A certain asymmetry is preserved, but nevertheless aggression loses a little of its force owing to the homogenization which occurs *pari passu* with this greater symmetricization. Subject and object constitute, as it were, a single unity. There being no contradiction, the asymmetry becomes attenuated.

The fifth and final stratum introduces the indivisible way, absence of asymmetrical relationships. Here, an infinite number is a sole number. Any 'thing' can be any 'other', at the same time at which everything is contained in a single thing (cf., Parada, 1993).

In this stratum, thought lacks significance because of the absence of asymmetrical relationships. Though the various strata are differentiated, one from the other, one should be aware that the coexistence of characteristics of one stratum with those of various other strata is possible (cf., Matte-Blanco, 1956, 1975, 1988).

After the development of Matte-Blanco's '**secondary discourse**' I will now illustrate Lacan's '**secondary discourse**', **unfolding his algebraic structures**, which constitute, from my perspective, a fecund and heuristic 'epistemological counterpart' to Matte-Blanco's '**secondary discourse**', **unfolded by his 'bi-logic' meta-theory**.

Indeed and returning to Gedo and Goldberg (1973), as *we* saw by this review of psychoanalytic literature, these authors try to 'resolve the problem' of multiple models by **tying** particular **theories** and **models** to the different *developmental* [as I said in my

Introduction concerning Lussier's (1991) statement, *this is the developmental task of science*] periods, and, *once again*, to be absolutely clear: throughout my review I will follow Gedo and Goldberg's epistemological stream of thought, but with my own perspective of interpreting each 'model of mind' as a 'secondary discourse' as I have been defending since the beginning of this dissertation, that is, to minimize any *confusion* caused by the *current away of theories I will illustrate in this conclusion of my review* the developmental contributions of *those authors who have had a major impact on the field or who have offered a fairly systematized theory of object relations development* as I started to do in my Introduction, but, as above mentioned, and, once again: if the ten shared characteristics of what Kernberg (cf., Kernberg, 1993a, 1993b, 2001a; see my Introduction) calls the 'contemporary psychoanalytic mainstream'; the five shared characteristics of what he calls the 'intersubjectivist-interpersonal-self psychology' current; and the fourteen shared characteristics of what he calls the 'French psychoanalytic approach' –alongside with the above two– don't constitute new integrations, not as a *simple* 'common ground', but as promoting valid hermeneutic meta-interpretations that configures the form of an effective 'secondary discourse' (cf., Laplanche, *op. cit.*), I don't know how one can say that psychoanalytic theory comes after clinical work.

Accordingly, as shown above, **I posit that our unconscious is a 'mental envelope' written *ab initio* with mythological letters** (cf., Rank, 1909, 1912, 1998; Freud, 1913k; Abraham, 1909; Jung, 1969a, 1969b, 1970c, 1970d; Anzieu, 1966; Bion, 1963, 1970, 1974, 1992) **steering, as I said, into Grotstein's (1981b, 2000) epistemological meta-psychoanalytic syncretism as a unifying conceptualization transversal to all psychoanalytic models as a 'secondary discourse' where the extension in the domain of myth was profusely 'extended'** (with my own *mitigated* 'secondary discourse' about the myth of Persephone and the myth of Orpheus), and Matte-Blanco's bi-logical (1956, 1975, 1988) meta-theory; **Lacan's** (cf., Lacan, 1966, pp. 93-100, pp. 101-124, pp. 237-322, pp. 401-436, pp. 493-528, pp. 685-695, pp. 765-790, pp. 793-827, pp. 829-850, pp. 855-877; 1967-68; 1968; 1968-69a; 1969; 1969-70; 1970; 1972-73; 1973; 1974-75; 1975a; 1975-76; 1977-78a, pp. 12-34; 1977-78b, pp. 548-556) **algebraic structures will be now developed** as a 'epistemological counterpart' to Matte-Blanco's bi-logic; I conclude my psychoanalytic review with

Kernberg's (1993b) insights towards the psychoanalytic *status quo* regarding a *unified* clinic epistemology unfolding *all* the major 'secondary discourses' inherent to 'it'.

Indeed, I am illustrating in this conclusion of my review the developmental contributions of those authors who have had a major impact on the field, or who have offered a fairly systematized theory of object relations development such as Matte-Blanco (and other authors above mentioned).

Therefore, if Matte-Blanco belongs to what Kernberg calls the 'contemporary psychoanalytic mainstream' and has offered a fairly systematized theory of object relations development, Lacan belongs to what Kernberg calls the 'French psychoanalytic approach' and had a major impact on the field.

Indeed, and, once again (in this conclusion of my literature review I repeat my main arguments many times to be absolutely clear in order to illustrate exactly where, why, and how I sow the authors, the schools of thought and my own arguments), the 'common ground' that I argue (in my Introduction, in this literature review and *unfolded* throughout my entire Thesis) is **nothing more**, as Wallerstein also recognizes (cf., Wallerstein, 1988c, pp. 5-22), **than acknowledge that there are a pluralism of hermeneutic meta-interpretations that configures the form of our 'secondary discourse' (in my terminology): they are all formalizations of the analyst's psychic process present in the clinical session; that is why Bion's Grid, Lacan's mathemes and Matte Blanco's bi-logic are so heuristic: they are the formalization of the analyst's psychic process not as a 'primary discourse' but as a 'secondary discourse': they are epistemological tools that have only one purpose: being deconstructed by the 'analyst's mind' (Laplanche's 'primary discourse') in the clinical session. That is why *we* call it a **formalization** of the psychic process: it is its **form**, not its content.**

Accordingly, **Lacan's use of mathematics represents an attempt to formalize psychoanalytic theory**, in keeping with his view that psychoanalytic theory should aspire to the **formalization** proper to science. Lacan in his "On Feminine Sexuality, The limits of Love and Knowledge: Encore, The Seminar, Book XX" is explicit: "Mathematical **formalization** is our goal, our ideal" (Lacan, 1972-73, p. 108; my bold). Mathematics serves Lacan as a paradigm of modern scientific discourse, which: "emerged from the little letters of mathematics" (Lacan, 1959-60, p. 236) as he posits in

“The Ethics of Psychoanalysis, The Seminar, Book VII”.

However, this use of mathematics is not an attempt to produce a meta-language since: “no meta-language can be spoken” (Lacan, 1977, p. 311), because since “Freud’s Papers on Technique, The Seminar, Book I” that Lacan argues that: “the root of the difficulty is that you can only introduce symbols, mathematical or otherwise, by using everyday language, since you have, after all, to explain what you are going to do with them” (Lacan, 1953-54, p. 2).

Thus, Lacan’s use of mathematics and inherent topology is not an attempt to escape from the ambiguity of language, but, on the contrary, to produce a way of **formalizing** psychoanalysis which produces multiple effects of sense without being reducible to a univocal signification. **Hence, here it is another reason why I defend that also Lacan unfolds a ‘secondary discourse’: a ‘secondary discourse’ is never univocal as I am arguing since the beginning of this dissertation.** Also, by using mathematics Lacan tries to prevent all attempts at imaginary intuitive understanding of psychoanalysis. The algebraic symbols used by Lacan, which appear principally in the ‘mathemes’ like ‘Schema L’ and the ‘graph of desire’ (among others that I will also develop), are listed below together with their most common meaning.

However, it is important to remember that the symbols do not always refer to the same concept throughout Lacan’s work, but are used in different ways as his work develops. Therefore some caution should be exercised when referring to the following list of equivalences.

The ‘List of Algebraic Symbols’ (cf., Lacan, 1966, pp. 93-100, pp. 101-124, pp. 237-322, pp. 401-436, pp. 493-528, pp. 685-695, pp. 765-790, pp. 793-827, pp. 829-850, pp. 855-877; 1967-68; 1968; 1968-69a; 1969; 1969-70; 1970; 1972-73; 1973; 1974-75; 1975a; 1975-76; 1977-78a, pp. 12-34; 1977-78b, pp. 548-556):

Multiplication table

Symbol	Translation
A	the big Other

A	the barred Other
A	objet petit a
S	1 (before 1957) the subject; 2 (from 1957 on) the signifier; 3 (in the schemas of Sade) the raw subject of pleasure
§	the barred subject
S₁	the master signifier
S₂	the signifying chain/knowledge
S	The signified (in the Saussurean algorithm)
S(A)	The signifier of a lack in the Other
s(A)	The signification of the Other (the message/symptom)
D	Demand
D	Desire
M	the ego (moi)
I	the specular image (schema R)
i(a)	1 the specular image (graph of desire) 2 The ideal ego (optical model)
I	The ego-ideal (schema R)
I(A)	The ego-ideal (graph of desire)

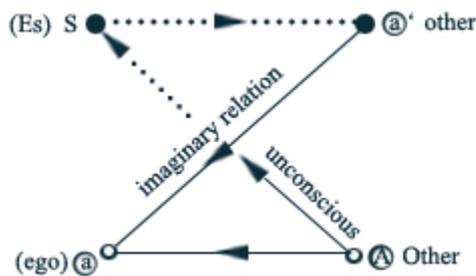
Π	The real phallus
Φ	The symbolic phallus [upper-case phi]
(-φ)	castration [lower-case phi]
S	The symbolic order (schema R)
R	The field of reality (schema R)
I	The imaginary order (schema R)
P	The symbolic father / Name-of-the-father
P	The imaginary father
M	The symbolic mother
J	<i>Jouissance</i>
Jφ	Phallic <i>Jouissance</i>
JA	the <i>Jouissance</i> of the Other
E	the statement
E	the enunciation
V	the will-to-enjoy (<i>volonté de jouissance</i>)

The typographic details and diacritics are extremely important in Lacanian algebra; the difference between upper- and lower-case symbols, the difference between italicised and non-italicised symbols, the use of the apostrophe, the minus sign, and subscripts; all these details play their part in the algebraic system: for example the upper-case letters usually refer to the symbolic order, whereas the lower-case letters

usually refer to the imaginary; the use of the bar is also important (cf., Lacan, 1968).

I will now develop the significance of the ‘mathemes’ (‘Schema L’ and the ‘graph of desire’), and inherent structures like the ‘Borromean Knot’, the ‘*sinthome*’, the ‘Möbius strip’ and the ‘torus’.

The term ‘mathème’ is a neologism which Lacan derives from the word mathematics, presumably by analogy with the term *mytheme*, which is a term coined by Claude Lévi-Strauss in his “Tristes Tropiques” to denote the basic constituents of mythological systems (cf., Lévi-Strauss, 1955). The mathemes are part of Lacanian algebra as I said above.



‘Schema L’

(cf., Lacan, 1954-55)

In his 1954-55 “The Ego in Freud’s Theory and in the Technique of Psychoanalysis, The Seminar, Book II”, Lacan introduced what could be called his first matheme, the relatively simple ‘Schema L’, illustrating the imaginary function of the ego.

‘Schema L’ identifies four points in the signifying chain:

A, the unconscious or the ‘discourse of the Other’, and then.

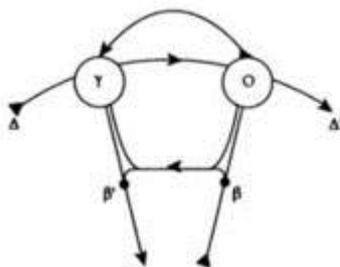
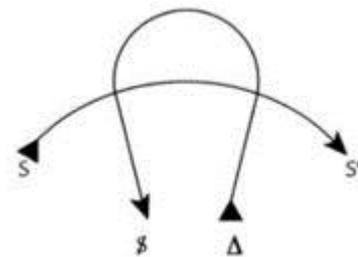
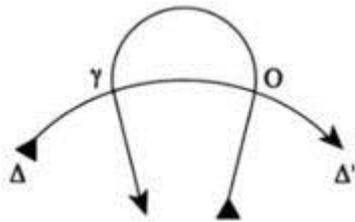
s, the subject, which in turn results from the relation between

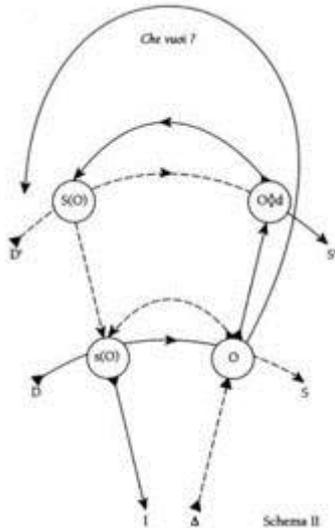
a, the ego and

a', the other (cf., Lacan, 1954-55).

Lacan's second matheme was the 'graph of desire', which was a topological model of the structure of desire. Lacan began to develop the graph of desire in his 1957-58 "Les formations de l'inconscient, Le Séminaire, Livre V".

The graph of desire reappears in some of the following seminars in various forms, although the most well known form of it appears in "The Subversion of the Subject and the Dialectic of Desire in the Freudian Unconscious" (cf., Lacan, 1966, pp. 793-827; Lacan, 1977, pp. 292-325). In this paper, Lacan builds up the graph of desire in four stages (see figures below): the first of these stages is the 'elementary cell' of the graph (cf., Lacan, 1977, p. 303); the horizontal line represents the diachronic signifying chain; the horseshoe-shaped line represents the vector of the subject's intentionality. The double intersection of these two lines illustrates the nature of retroaction: the message, at the point marked $s(\mathbf{A})$ in the elementary cell, is the *point de capiton* determined retroactively by the particular punctuation given to it by the Other, \mathbf{A} ; the pre-linguistic mythical subject of pure need, indicated by the triangle, must pass through the defiles of the signifier, which produces the divided subject, $\$$.





The ‘graph of desire’ (cf., Lacan, 1966, pp. 793-827;
Lacan, 1977, pp. 292-325)

The intermediate stages of the graph of desire are not meant to show any evolution or temporal development, since the graph always exists as a whole; they are simply pedagogical devices used by Lacan in order to illustrate the structure of the complete graph (cf., Lacan, 1977, p. 31). Nevertheless, Lacan never intended to describe the genetic stages of a biological development; rather, it represents the ‘logical moments’ of the birth of a speaking subject (cf., Lacan, 1977, p. 315).

In the completed graph there are not one but two signifying chains: the lower chain (from the signifier to the voice) is the conscious signifying chain, the level of the statement; the upper chain (from *jouissance* to castration) is the signifying chain in the unconscious, the level of the enunciation. The structure is thus duplicated: the upper part of the graph is structured exactly like the lower part (cf., Lacan, 1977, pp. 292-325).

By the same time of the graph of desire’s elaboration, Lacan creates perhaps the most familiar matheme: the ‘algorithm’, which in 1957 replaces Saussure’s simple diagram/arbours (see below) with the notion S/s (cf., Lacan, 1977, pp. 146-178). In 1957, date of the first formulation of “The agency of the letter in the unconscious or reason

since Freud” (cf., Lacan, 1977, pp. 146-178), Lacan replaces Saussure’s diagram of the sign with what is now referred to as the: “Saussurean algorithm” (Lacan, 1977, p. 149).

The matheme links the ‘laws’ of the unconscious *discovered* by Freud to the ‘laws’ of language (metaphor and metonymy) *discovered* by Lacan.

$$\frac{S}{s}$$

The ‘Saussurean algorithm’ (cf., Lacan, 1977, pp. 146-178)

This is to be understood as demonstrating that the signifier is above the signified, showing the primacy of the signifier (which is capitalized, whereas the signified is reduced to mere lower-case italic), and that the two are separated by a bar that resists signification and forces the signifier to ‘slide’ endlessly (cf., Lacan, 1966, pp. 493-528; Lacan, 1977, pp. 146-178).

Lacan first introduced the notion of ‘mathème’ (matheme) in 1973: in his seminar, of course, but more particularly in “The Twit” (‘L’Étourdit’) (cf., Lacan, 1973, pp. 5-52), his last major piece of writing. That was the year of “On Feminine Sexuality, The limits of Love and Knowledge: Encore, The Seminar, Book XX” as I said above: **“Formalization is our goal, our ideal. Why? Because formalization as such is a matheme: it can be fully transmitted”** (Lacan, 1972-73, p. 108; my alterations): that is why throughout this review I ‘apply’ *the* etymological **method; words are semantic envelopes...etymologic containers** (see above; see below, specially “Dora’s Case”/Chapter 3); a **‘secondary discourse’** in its *full* meaning, that is, in its **deconstructive method as I said above concerning Bion and now concerning Lacan**. In “The Twit”, Lacan says that he has **mathematized** his **discourse** so that it could be **taught**: “the unteachable, I turned into a matheme” (Lacan, 1973, p. 39).

But what exactly is a matheme? What does Lacan have in mind? Is he thinking of the formulas that punctuate his teachings, such as the formulas for **metaphor** and **metonymy**, for instance, or the formulas for ‘sexuation’? Or is he rather thinking of the topological constructions on the torus and the cross-cap that he had just introduced, not

as metaphor, but as structure itself?

If one tracks down the word *matheme* in “The Twit”, it first appears to be intertwined with the topological construction presented as contributing to the analytical discourse, to its fabric: “No other fabric to endow it with but the language of a pure *matheme*, in other words, the only **teachable discourse**” (Lacan, 1973, p. 28; my bold).

The definition, which identifies the *matheme* with the teachable, supersedes the mathematizable itself, since the Real can only be apprehended through mathematics, except the real of the impossible sexual relation, which, in point of fact, cannot be transcribed by any mathematical relation: “This is why the *mathemes* which are transcribed as dead-ends by the mathematizable, that is, the teachable in the Real, are likely to be coordinated to this ‘impossible’ from the Real” (Lacan, *op. cit.*, p. 35).

How is the *matheme* apprehended in the structure of our language? The first *mathemes*, the arithmetical figures, are on the border of language, in its fringe: “The *matheme* is a product of the only real which is first recognized in language: the arithmetical figure” (Lacan, *op. cit.*, p. 37). **The arithmetical figure is on the border between common language and mathematical discourse** (see above Bion, 1962b, 1963, 1965, 1977b). The first figures are signifiers, but these quickly become meaningless.

In “L’Oeuvre Claire” (1995), J. C. Milner attempts to define the *matheme* on the basis of the definitions of phoneme (the linguist’s phonetic unit) and mytheme (part of a myth; see above). Milner proposes that the *matheme* is an ‘atom of knowledge’. But, apart from mathematical objects, there is no such thing as an atom of knowledge in mathematics. This is in fact what J. A. Miller means when, talking about the *matheme* in the “Revue de la Cause Freudienne”, he says that the aim of the analytical experience is to ‘know one’s own *matheme*’ (cf., Miller, 1996a, pp. 7-15).

To Miller, what is important, then, is less to formalize the knowledge achieved during the cure, than to identify with one’s own *matheme*. Miller gives the witty example of the triangles and the spheres, but it is obvious that in this particular context the *mathemes* are mathematical objects, such as the triangle or the sphere, but also the Borromean knot, the torus, the Möbius strip, and the geometrical projection (cf., Miller, 1996a, pp. 7-15).

These objects are no longer at the edge of language, but rather at the point where the real, the imaginary, and the symbolic intersect. Rather than being atoms of

knowledge, each one of these objects is a concentrate of knowledge: that which governs the subject's relation to the Real. This means that, as J. A. Miller makes clear in the above mentioned article, **the knowledge which is formalized in the matheme (and intertwined with satisfaction), represents a stake for the ending of the cure: once again, 'secondary and primary discourse' are mutually affected by each other. This is what Lacan has reformulated when he suggested that the experience be carried on to the point when the subject accedes to his own matheme, and more particularly the matheme of the primary fantasy**, since this fantasy conditions, indeed, determines, whatever keeps Mr. So and So going all through his existence (cf., Lacan, *op. cit*, p. 11). The stakes of the matheme are many. After the fundamental stake, which has to do with the aim of the cure, there is teaching, as my first allusions to the matheme and its definitions make clear; then there is a political stake and a clinical one. If the only valuable teaching is the one that can be transcribed into a matheme, then the teacher's role is reduced to the ultimate: to transmit an elaboration without having anything to do with it.

The consequence is the same with all writing: "Scilicet", the journal where "The Twit" ('L'Étourdit') was first published is –except for Lacan's texts– a collection of unsigned articles after Bourbaki's style of presentation, Bourbaki being one of the collective and anonymous mathematical writers of the time. As J. C. Milner points out in his book on Lacan, the master's figure disappears with the mathemes: *we* are left with professors (cf., Milner, 1995).

If one takes Lacan's topology and mathemes seriously, **the clinical scene** changes too. That which makes the symbolic ensnare and bump into the impossible of the real becomes clearer in the light of what Lacan called the topology of signifiers, which taps in the general topology of kinship between signifiers, **a topology which, according to Lacan's "Esquisse", is budding, if not born, in Freud's "Project for a scientific psychology"** (cf., Lacan, 1945-46, pp. 7-15; Freud, 1895, pp. 295-387): once again, 'shared characteristics' of **different** 'secondary discourses'.

Inasmuch as it can be separated from the clinic of signifiers, **the clinic of the object is spotted in, by, and through, the topology of surfaces**, just as Lacan shows in "The Twit" and in some of his later seminars. Later on, J. A. Miller took up the clinical stake. He focused on **interpretation**. There is a trace of this concern in "Revue de la cause Freudienne". The **'classical interpretation that focused on meaning is no**

longer convincing; we are witnessing what S. Cottet would describe as «the decline of interpretation»' (cf., Miller, 1996b, pp. 7-18).

This led J. A. Miller to devise a conception of interpretation aiming at the level of the Real where 'it is loving it' (ça jouit) rather than at the level where 'it speaks' (ça parle). If the **analytical interpretation** is that through which the Real is asserting itself, then **interpretation is a matter of formalization** –supposing that the **mathematical formalization is the only one that can reach the Real**. This is what Lacan explores (cf., Miller, 1996b, p. 18): *once again, the 'common ground'* that I argue (in my Introduction, in this literature review and *unfolded* throughout my entire Thesis) is **nothing more**, as Wallerstein also recognizes (cf., Wallerstein, 1988c, pp. 5-22), **than acknowledge that there are a pluralism of hermeneutic meta-interpretations that configures the form of our 'secondary discourse'** (in *my* terminology): **they are all formalizations** of the analyst's psychic process present in the clinical session; **that is why Bion's Grid, Lacan's mathemes and Matte Blanco's bi-logic are so heuristic: they are the formalization** of the analyst's psychic process not as a 'primary discourse' but as a 'secondary discourse': **they are epistemological tools that have only one purpose: being deconstructed by the 'analyst's mind'** (Laplanche's 'primary discourse') **in the clinical session**. That is why *we* call it a **formalization** of the psychic process: it is its **form**, not its content. Indeed, **Bion's Grid, Matte Blanco's bi-logic and Lacan's mathemes are epistemological tools that use mathematics to represent an attempt to formalize psychoanalytic theory**: once again (and I add), **fecund** 'shared characteristics' of **different** 'secondary discourses'.

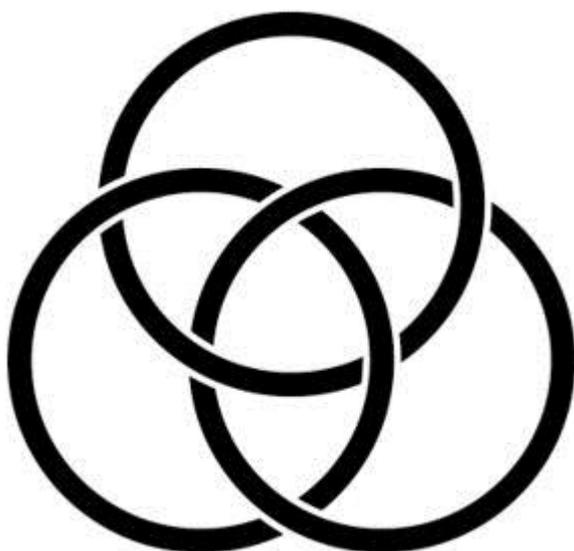
Accordingly, the Borromean knot provides an illustration of what Lacan was striving to achieve with a '**mathematical clinic**'. This knot consists of three 'loops of string': two of these loops are loose while the third is tied. Thus, when one loop becomes undone, all three become undone. This first enabled Lacan to illustrate the solidarity of the three registers, that is, the Imaginary, the Real, and the Symbolic, in the knot which defines the human subject (cf., Lacan, 1972-73).

But in the year of his seminar on Joyce, entitled "Le Sinthome, Le Séminaire, Livre XXIII", is when the question of the structure of the writer arises, Lacan devises a knot with three untied loops that would collapse unless a fourth loop ties them all together. Lacan identifies this fourth loop with the symptom –spelled 'sinthome' in

Joyce's case (cf., Lacan, 1975-76).

Thus, Joyce's psychosis never manifested, because his writing acted as a substitute that held together the three registers, despite Joyce's obvious lack of the paternal function (cf., Lacan, *ib.*).

One could therefore generalize the question of the real of the symptom as being equivalent to the Father, as father version (or to invert elements in the pun, 'père-version'), that holds the knot together. It might *now* be possible to differentiate between types and to outline a clinic. I will develop this dynamic below when I address the 'sinthome' *conceptualization* (cf., Lacan, *ib.*).



The 'Borromean Knot' (cf., Lacan, 1972-73)

Lacan used the concept or image of the knot quite frequently. References to knots can be found in Lacan's work as early as the 1950s "Les formations de l'inconscient, Le Séminaire, Livre V" (cf., Lacan, 1957-58), but it is not until the early 1970s that Lacan begins to examine knots from the point of view of topological properties.

In the mid-1970s he tried to theorize the interrelation of the Symbolic, the Imaginary and the Real in terms of the topology of knots. The study of 'knot theory' marks an important development in Lacan's topology; from the study of surfaces (the Möbius strip, the torus, etc.) Lacan moves to a much more complex area of the topology of knots (cf., Lacan, 1972-73).

Topology is increasingly seen as a radically **non-metaphorical** way of exploring

the symbolic order and its interactions with the imaginary and the real; rather than simply representing structure, **topology is that structure**. In this late period of his work, one kind of knot comes to interest Lacan more than any other: the above mentioned Borromean knot (see figure above). The Borromean knot –shown to the right– so called because the figure is found on the coat of arms of the Borromeo family, is a group of three rings which are linked in such a way that if any one of them is severed, all three become separated as I said above (cf., Lacan, 1972-73; Roudinesco & Plon, 1997).

Strictly speaking, it would be more appropriate to refer to this figure as a chain rather than a knot, since it involves the interconnection of several different threads, whereas a knot is formed by a single thread. Although a minimum of three threads or rings are required to form a Borromean chain, there is no maximum number; the chain may be extended indefinitely by adding further rings, while still preserving its Borromean quality [i.e. if any of the rings is cut, the whole chain falls apart (cf., Roudinesco & Plon, *ib.*)].

Lacan first takes up the Borromean knot in the seminar “On Feminine Sexuality, The limits of Love and Knowledge: Encore, The Seminar, Book XX” of 1972-73, but his most detailed discussion of the knot comes in the seminar of 1974-75. It is in this seminar entitled “R.S.I., Le Séminaire, Livre XXII” that Lacan uses the Borromean knot as, among other things, a way of illustrating the interdependence of the three orders of the real, the symbolic and the imaginary, as a way of exploring what it is that these three orders have in common (cf., Lacan, 1974-75, pp. 105-116).

Each ring represents one of the three orders, and thus certain elements can be located at intersections of these rings. In his view these orders are tied together in the form of a Borromean knot. The Borromean knot is a linkage of three ‘string rings’ in such a way that no two rings intersect. The structure of the knot is such that the cutting of any one ring will liberate all of the others (cf., Lacan, *ib.*).

Lacan used the theory of knots to stress the relations which bind or link the Imaginary, Symbolic and Real, and the subject to each, in a way which avoids any notion of hierarchy, or any priority of any one of the three terms [the ‘hierarchy’ (or not) between the Imaginary, the Symbolic and the Real is an epistemological subject that Lacanians are in disagreement (cf., Roudinesco & Plon, 1997)].

In the seminar of 1975-76 entitled precisely “Le Sinthome, Le Séminaire, Livre XXIII”, Lacan goes on to describe psychosis as the unravelling of the Borromean knot,

and proposes that in some cases this is prevented by the addition of a fourth ring, the *sinthome*, which holds the other three together (cf., Lacan, 1975-76).

According to Lacan, *sinthome* is an archaic way of spelling the French word *symptôme*, meaning symptom. The seminar is a continuing elaboration of his topology, extending the previous seminar's focus (*RSI*) on the Borromean knot and an exploration of the writings of James Joyce as I started to illustrate above. Lacan redefines the psychoanalytic symptom in terms of his topology of the subject (cf., Lacan, 1974-75; 1975-76).

In "Psychoanalysis and its Teachings" published in his "Écrits" (1966) Lacan views the symptom as inscribed in a writing process, not as a 'ciphered message' which was the traditional notion. In his seminar "L'angoisse, Le Séminaire, Livre X" (1962-63) he states that **the symptom does not call for interpretation**: in itself it is not a call to the Other but a pure *jouissance* addressed to no one.

This is a shift from the linguistic definition of the symptom –as a signifier– to his assertion that 'the symptom can only be defined as the way in which each subject enjoys (*jouit*) the unconscious in so far as the unconscious determines the subject' (cf., Lacan, *ib.*).

He goes from conceiving the symptom as a message which can be deciphered by reference to the unconscious structured like a language to seeing it as the trace of the particular modality of the subject's *jouissance*. *Sinthome* then designates a signifying formulation beyond analysis: it is what allows one to live by providing the essential organization of *jouissance*. **The aim of the cure is to identify with the *sinthome*** (cf., Lacan, *ib.*).

Since meaning (*sens*) is already figured within the knot, at the intersection of the Symbolic and the Imaginary, it follows that **the function of the *sinthome*** –knotting together, the Real, the Imaginary and the Symbolic– **is beyond meaning** (cf., Lacan, 1975-76).

According to Lacan, faced in his childhood by the absence of the Name of the Father, Joyce managed to avoid psychosis by deploying his art as *suppléance* that is a supplementary cord in the subjective knot. Lacan emphasizes Joyce's 'epiphanies' [(or 'mystic ecstasies'; Lacan established a 'theory of creation' parallel between Joyce and Saint Thomas of Aquinas; cf., Roudinesco & Plon, 1997)] as instances of radical foreclosure in which the real forecloses meaning. Joyce's texts entailed a special

relation to language, its destructive refashioning as *sinthome*: the invasion of the Symbolic order by the subject's private *jouissance* (cf., Lacan, *ib.*).

The concept of *sinthome* in its particular relations to creativity is connected to the late Lacanian concept of 'feminine supplementary *jouissance*' (cf., Lacan, 1966). To Lacan, topology is conceived as a form of writing, aiming to figure that which escapes the Imaginary. Thus Joyce becomes a *saint home* [this alludes not only to the above mentioned theory of creation but also to Lacan's language games: here he 'plays' with Joyce's 'sinthome' and Thomas of Aquinas 'saint homme' (cf., Roudinesco & Plon, 1997)], who by refusing any imaginary solution was able to invent a procedure of using language to organize *jouissance*.

As I said above Lacan introduces the term *sinthome* in 1975, as the title for the 1975-76 seminar, which is both a continuing elaboration of his topology, extending the previous seminar's focus on the Borromean knot, and an exploration of the writings of James Joyce. Through this *coincidentia oppositorum* (bringing together mathematical theory and the intricate weave of the Joycean text) Lacan redefines the psychoanalytic symptom in terms of his final topology of the subject. Before the appearance of *sinthome*, divergent currents in Lacan's thinking lead to different inflections of the concept of the symptom. As early as 1957, the symptom is said to be: "inscribed in a writing process" (Lacan, 1966, p. 445), which already implies a different view to that which regards the symptom as a ciphered message.

As I started to illustrate above, in 1963, Lacan goes on to state that the symptom, unlike 'acting out', does not call for interpretation; in itself, it is not a call to the Other but a pure *jouissance* addressed to no one (cf., Lacan, 1962-63). Such comments anticipate **the radical transformation of Lacan's thought implicit in his shift from the linguistic definition of the symptom –as a signifier– to his statement, in the 1974-75 seminar, that: 'the symptom can only be defined as the way in which each subject enjoys [*jouit*] the unconscious, in so far as the unconscious determines him' (cf., Lacan, 1974-75).**

This move from conceiving of the symptom as a message which can be deciphered by reference to the unconscious 'structured like a language', to seeing it as the trace of the particular modality of the subject's *jouissance*, culminates in the introduction of the term *sinthome*. **The *sinthome* thus designates a signifying formulation beyond analysis, a 'kernel' of enjoyment immune to the efficacy of the**

symbolic: the *sinthome* is what ‘allows one to live’ by providing a unique organization of *jouissance*. The task of analysis thus becomes, in one of Lacan’s last definitions of the end of analysis, to identify with the *sinthome*: a ‘primary discourse’ in its *full meaning* (see above and below).

The **theoretical** shift from linguistics to topology constitutes the status of the *sinthome* as un-analyzable, and amounts to an *exegetical* problem beyond the familiar one of Lacan’s dense ‘secondary discourse’, but I have to add that this *exegetical* problem is (among many other above mentioned *reasons*) what illustrates that Lacan formulated one of the most heuristic ‘secondary discourses’ ever developed in psychoanalytic theory, hence the immense difficulty of the *exegetes* to **deconstruct it**. Returning to the subject just to *sow* it better, the 1974-75 seminar extends the theory of the Borromean Knot, which in *RSI* (Real, Symbolic, Imaginary) had been proposed as the structure of the subject, by adding the *sinthome* as the fourth ring to the triad already mentioned, tying together a knot which constantly threatens to come undone (see above; cf., Lacan, 1972-73; 1974-75; 1975-76). This knot is not offered as a model but as a rigorously **non-metaphorical** description of a topology: ‘before which the imagination fails’ (cf., Lacan, 1975-76).

I will now return to James Joyce. Lacan had been an enthusiastic reader of Joyce since his youth (cf., Lacan, 1966, p. 25; Lacan, 1972-73, p. 37). In the 1975-76 Seminar, Joyce’s writing is *read* as an extended *sinthome*, a fourth term whose addition to the Borromean knot of *RSI* allows the subject to cohere. Faced in his childhood by the radical non-function/absence (*carence*) of the Name-of-the-Father, Joyce managed to avoid psychosis by deploying his art as *suppléance*, as a supplementary cord in the subjective knot as I said.

Lacan focuses on Joyce’s youthful ‘epiphanies’ (experiences of an almost hallucinatory intensity which were then recorded in enigmatic, fragmentary texts; see above the epistemological and semantic articulation with Saint Thomas of Aquinas) as instances of ‘radical foreclosure’, in which ‘the real forecloses meaning’ (cf., Lacan, 1975-76).

The Joycean text, from the ‘epiphany’ to “Finnegans Wake” (1939) entailed a special relation to language; a ‘destructive’ refashioning of it as *sinthome*, the invasion of the symbolic order by the subject’s private *jouissance*: one of Lacan’s puns, *synthomme*, implies this kind of ‘artificial’ self-creation; Lacan’s engagement with Joyce’s

writing does not, he insists, entail ‘applied psychoanalysis’ (cf., Lacan, 1966). To that extent, rather than a theoretical object or ‘case’, Joyce becomes an exemplary *saint homme* (as St. Thomas of Aquinas; see above) who, by refusing any imaginary solution, was able to invent a new way of using language to organize enjoyment as *we* see in all his work, but specially in the masterpiece “Ulysses” (1922).

After I presented the major tenets of Lacanian algebraic structures (and I add again: one of the most heuristic ‘secondary discourses’ ever developed in our field, especially because of its proximity with the ‘primary discourse’ as shown above), I will illustrate now the (later) epistemological framework from where Lacan conceptualized and re-conceptualized his last ‘secondary discourse’. I say last because, as I said above, ‘the theoretical shift from linguistics to topology marks the final period of Lacan’s work’. But what is topology? And what was his epistemology towards linguistics? I will answer to the former question now and I will answer to the latter question ‘lastly’ in my cogitation concerning Lacan’s last ‘secondary discourse’.

Topology is a branch of mathematics which deals with the properties of figures in space where are preserved under all continuous deformations. These properties are those of continuity, contiguity and delimitation. The notion of space in topology is one of topological space, which is not limited to **Euclidean** two- and three-dimensional space, nor even to spaces which can be said to have a dimension at all [(cf., Euclid, 2002; see above Bion’s ‘theory of functions’ (cf., Bion, 1962b)]. Topological space thus dispenses with all references to distance, size, area and angle, and is based only on a concept of closeness or neighbourhood.

In this context, in what have been called his two ‘**topographies**’ (the first dating from 1900 to 1920 and the second from 1920 to 1939 as I said above), Freud resorted to schemas to represent the various parts of the psychic apparatus and their interrelations (cf., Freud, 1900a, pp. 1-338; 1900b, pp. 339-621; 1905b, pp. 135-243; 1915c, pp. 159-215; 1920a, pp. 7-64; 1923c, pp. 12-59).

These schemas implicitly posited equivalence between psychic space and Euclidean space. Freud used spatial metaphors to describe the psyche in “The Interpretation of Dreams”, where he cites G. T. Fechner’s idea that the scene of action of dreams is different from that of waking ideational life and proposes the concept of ‘psychical locality’ (cf., Freud, 1900b, pp. 339-621). Freud is careful to explain that

this concept is a purely topographical one, and must not be confused with ‘physical locality in any anatomical fashion’ (cf., Freud, 1900b, p. 536).

His ‘first topography’ divided the psyche into three systems: the conscious (Cs), the preconscious (Pcs) and the unconscious (Ucs) (cf., Freud, 1905b, pp. 135-243). The ‘second topography’ divided the psyche into the three agencies of the ego, the superego and the id (cf., Freud, 1923c, pp. 12-59).

Lacan criticizes these models for not being topological enough. He argues that the diagram with which Freud had illustrated his second topology in “The Ego and the Id” (1923c) led the majority of Freud’s readers to forget the analysis on which it was based because of the **‘intuitive power of the image’** (cf., Lacan, 1977, p. 214).

Lacan’s interest in topology arises, then, because he sees it as providing a non-intuitive, purely intellectual means of expressing the concept of structure that is so important to his focus on the symbolic order. **It is thus the task of Lacan’s topological models: “to forbid imaginary capture”** (Lacan, *op. cit.*, p. 333; my bold). Unlike intuitive images, in which: “perception eclipses structure” (Lacan, *ib.*), in Lacan’s topology: “there is no occultation of the symbolic” (Lacan, *ib.*).

Lacan in “The Twit” argues that **topology** is not simply a metaphorical way of expressing the concept of structure; **it is structure itself** (cf., Lacan, 1973, pp. 5-52). He emphasizes that topology privileges the function of the cut (*coupure*), since the cut is what distinguishes a discontinuous transformation from a continuous one. Both kinds of transformation play a role in **psychoanalytic treatment**.

As an example of a continuous transformation, Lacan refers to the Möbius strip (see above Grotstein, 2000), a construct that had its major formulations in Lacan’s ninth and tenth seminars entitled “L’identification, Le Séminaire, Livre IX” (1961-62; unpublished) and “L’angoissee, Le Séminaire, Livre X” (1962-63): just as one passes from one side to the other by following the strip round continuously, so the subject can traverse the fantasy without making a **mythical (hence I have posited that our unconscious is a ‘mental envelope’ written *ab initio* with mythological letters; see above) leap** from inside to outside; as an example of a discontinuous transformation, Lacan also refers to the Möbius strip, which when cut down the middle is transformed into a single loop with very different topological properties; it now has two sides instead of one. **Just as the cut operates a discontinuous transformation in the Möbius strip, so an effective interpretation proffered by the analyst modifies the structure of the**

analysand's discourse in a radical way (cf., Lacan, 1962-63) as a 'primary discourse': once again, here it's *clear* the *proximity* of Lacan's 'secondary discourse' with *the* 'primary discourse'.

While 'Schema L' and the other schemata (see above) which are produced in the 1950s can be seen as Lacan's first incursion into topology, topological forms only come into prominence when, in the 1960s, he turns his attention to the figures not only of the Möbius strip, but also of the torus, the Klein's bottle, and the cross-cap; these were *conceptualized* in "L'identification, Le Séminaire, Livre IX" (Lacan, 1961-62; as mentioned, this seminar remains unpublished). Later on, in the 1970s, Lacan turns his attention to the more complex area of knot theory, especially the Borromean Knot as I said above, but he develops his *conceptualizations* on the other figures as well, like the torus (see below).

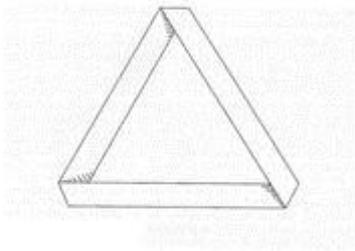
Accordingly, I will now continue to illustrate the Möbius strip's dynamic and inherent continuous discontinuous 'transformations' as I stated above; the torus will be the last topological figure that I will address. The Möbius strip is a three-dimensional figure that can be formed by taking a long rectangle of paper and twisting it once before joining its ends together (see figure below). The result is a figure which subverts *our* normal (Euclidean) way of representing space, for it seems to have two sides but in fact has only one. Locally, at any one point, two sides can be clearly distinguished, but when the whole strip is traversed it becomes clear that they are in fact continuous. The two sides are only distinguished by the dimension of time, the time it takes to traverse the whole strip (cf., Lacan, 1962-63).

The figure illustrates the way that psychoanalysis problematizes various binary oppositions, such as inside/outside, love/hate, signifier/signified, truth/appearance. While the two terms in such oppositions are often presented as radically distinct, Lacan prefers to understand these oppositions in terms of the topology of the Möbius strip. The opposed terms are thus seen to be not discrete but continuous with each other. Likewise, the 'discourse of the master' is continuous with the 'discourse of the analyst' (cf., Lacan, 2001).

The Möbius strip also helps one to understand how it is possible to: "traverse the fantasy" (Lacan, 1977, p. 273). It is only because the two sides are continuous that it is possible to cross over from inside to outside (see above: Grotstein, 2000). Yet, when one passes a finger round the surface of the Möbius strip, it is impossible to say at

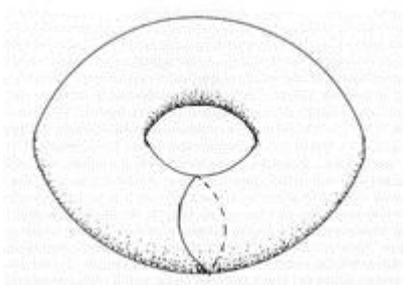
which precise point one has crossed over from ‘inside’ to ‘outside’ (or *vice versa*). In association with this problematic, Lacan coins the term *extimité* by applying the prefix *ex* –from *exterieur*, ‘exterior’– to the Freud word *intimité*, which means ‘intimacy’. The term *extimité* is the Lacanian neologism to denote the structure of subjectivity characterized by an: “intimate exteriority” (Lacan, 1962-63, p. 177).

This heuristic neologism, which may be rendered ‘extimacy’ in English, neatly expresses the way in which psychoanalysis problematizes the opposition between ‘inside’ and ‘outside’ (cf., Lacan, 1962-63, p. 139).



The ‘Möbius strip’ (cf., Lacan, 1962-63)

From Lacan’s ‘secondary discourse’, the real is just as much inside as outside. The unconscious is not a purely interior psychic system but an inter-subjective structure: “the unconscious is outside” (Lacan, 1962-63, p. 139). Again, the Other is: “something strange to me, although it is at the heart of me” (Lacan, *op. cit.*, p. 71). Furthermore, the centre of the subject is outside: “the subject is ex-centric” (Lacan, 1977, p. 165, p. 171). The structure of ‘extimacy’ is perfectly expressed in the topology of the möbius strip and of the torus; the latter will be now developed (very briefly).



The ‘Torus’ (cf., Lacan, 1962-63)

The torus is, in its simplest form, a ring, a three-dimensional object formed by taking a cylinder and joining the two ends together. Lacan's first reference to the torus dates from 1953, but it is not until his work on topology in the 1970s (as I said above), that it begins to figure prominently in his work (cf., Lacan, 1977, p. 105).

The topology of the torus illustrates certain features of the structure of the subject: one important feature of the torus is that its centre of gravity falls outside its volume, just as the centre of the subject is outside himself; he is de-centred, 'ex-centric' (cf., Lacan, *ib.*); another property of the torus is that: "its peripheral exteriority and its central exteriority constitute only one single region" (Lacan, *ib.*). This illustrates the way that psychoanalysis problematizes the distinction between 'inside' and 'outside' as I said above.

After I presented the major tenets of Lacanian algebraic structures (and I add again: one of the most heuristic 'secondary discourses' ever developed in our field, especially because of its proximity with the 'primary discourse' as shown above), and illustrated topology as the (later) epistemological framework from where Lacan conceptualized and re-conceptualized his last 'secondary discourse' (I say last because, as I said above, 'the theoretical shift from linguistics to topology marks the final period of Lacan's work'), I will present now, very briefly, Lacan's 'secondary discourse' concerning the first period of his work.

Lacan's 'secondary discourse', *ab initio*, is summed up in his famous formula: "the unconscious is structured like a language" (Lacan, 1955-56, p. 167; my bold). Lacan's analysis of the unconscious in terms of 'synchronic structure' is supplemented by his idea of the unconscious opening and closing in a: "temporal pulsation" (Lacan, 1977, p. 143, p. 204).

Lacan himself qualifies his linguistic approach by arguing that the reason why the unconscious is structured like a language is that: "we only grasp the unconscious finally when it is explicated, in that part of it which is articulated by passing into words" (Lacan, 1959-60, p. 32).

Lacan also describes the unconscious as a **discourse**: "The unconscious is the discourse of the Other" (Lacan, 1966, p. 16). This enigmatic formula, which has become one of Lacan's most famous *dictums*, can be understood in many ways. Perhaps the most important meaning is that: "one should see in the unconscious the effects of speech on the subject" (Lacan, 1964, p. 126).

More precisely, the unconscious *is* the effects of the signifier on the subject, in that the signifier is what is repressed and what returns in the formations of the unconscious (symptoms, jokes, parapraxes, dreams, etc.). All the references to language, speech, **discourse** and signifiers clearly locate the unconscious in the order of the symbolic. Indeed: “the unconscious is structured as a function of the symbolic” (Lacan, 1959-60, p. 12). The unconscious *is* the determination of the subject by the symbolic order. The unconscious is not interior: on the contrary, since speech and language are inter-subjective phenomena, the unconscious *is*: “trans-individual” (Lacan, 1977, p. 49).

The unconscious *is*, so to speak, ‘outside’: “This exteriority of the symbolic in relation to man is the very notion of the unconscious” (Lacan, 1966, p. 469). If the unconscious seems interior, this is an effect of the imaginary, which blocks the relationship between the subject and the Other and which inverts the message of the Other as I said above.

Although the unconscious is especially visible in the ‘formations’ of the unconscious: “the unconscious leaves none of our actions outside its field” (Lacan, 1977, p. 163). For Lacan, the ‘laws’ of the unconscious are those of repetition and desire, and are as ubiquitous as structure itself. The unconscious is irreducible, so the aim of analysis cannot be to make conscious the unconscious [Freud’s injunction, (cf., Lacan, *ib.*; see above)].

I conclude my Lacan’s ‘review’ by stating that in addition to the various linguistic metaphors which Lacan draws on to *conceptualize* the unconscious (discourse, language, speech), he also conceives of the unconscious in other terms. Those terms are that the unconscious is also a kind of memory, in the sense of a symbolic history of the signifiers that have determined the subject in the course of his life: “What we teach the subject to recognize as his unconscious is his history” (Lacan, 1977, p. 52). Since it is an articulation of signifiers in a signifying chain, the unconscious is a ‘kind’ of knowledge (symbolic knowledge, or *savoir*). More precisely, it is an: “unknown knowledge” (Lacan, *ib.*).

Finally and in conclusion of my literature review, and returning (one last time) to Gedo and Goldberg (1973), as I stated many times **throughout** this review of psychoanalytic literature, these authors tried to ‘resolve the problem’ of multiple models by *tying* particular **theories** and **models** to the different *developmental* **[as I said in my**

Introduction concerning Lussier's (1991) statement, *this is the developmental task of science*] periods, and, one last time: throughout my review I have followed Gedo and Goldberg's epistemological stream of thought, but with my own perspective of interpreting each 'model of mind' as a 'secondary discourse' as I have been defending since the beginning of this dissertation, that is, to minimize any *confusion* caused by the *current away of theories* what **I have had illustrated throughout my review (and mainly in its long conclusion)** were the developmental contributions of **those authors who have had a major impact on the field or who have offered a fairly systematized theory of object relations development** as I started to do in my Introduction, and, as above mentioned, and, one last time: **if the ten shared characteristics** of what Kernberg (cf., Kernberg, 1993a, 1993b, 2001a; see my Introduction and below) calls the 'contemporary psychoanalytic mainstream'; **the five shared characteristics** of what he calls the 'intersubjectivist-interpersonal-self psychology' current; **and the fourteen shared characteristics** of what he calls **the 'French psychoanalytic approach' –alongside with the above two– don't constitute new integrations**, not as a *simple* 'common ground', but as promoting valid hermeneutic meta-interpretations that configures the form of an effective 'secondary discourse' (cf., Laplanche, *op. cit.*), **I don't know how one can say that psychoanalytic theory comes after clinical work.**

Accordingly, as showed above, **I have posited that *our* unconscious is a 'mental envelope' written *ab initio* with mythological letters** (cf., Rank, 1909, 1912, 1998; Freud, 1913k; Abraham, 1909; Jung, 1969a, 1969b, 1970c, 1970d; Anzieu, 1966; Bion, 1963, 1970, 1974, 1992) **steering, as I said, into Grotstein's (1981b, 2000) epistemological meta-psychoanalytic syncretism as a unifying conceptualization transversal to all psychoanalytic models as a 'secondary discourse' where the extension in the domain of myth was profusely 'extended'** (with my own *mitigated* 'secondary discourse' about the myth of Persephone and the myth of Orpheus), and Matte-Blanco's bi-logical (1956, 1975, 1988) meta-theory; Lacan's (cf., Lacan, 1966, pp. 93-100, pp. 101-124, pp. 237-322, pp. 401-436, pp. 493-528, pp. 685-695, pp. 765-790, pp. 793-827, pp. 829-850, pp. 855-877; 1967-68; 1968; 1968-69a; 1969; 1969-70; 1970; 1972-73; 1973; 1974-75; 1975a; 1975-76; 1977-78a, pp. 12-34; 1977-78b, pp. 548-556) algebraic structures were developed as a 'epistemological counterpart' to Matte-Blanco's bi-logic; **and now I**

conclude my psychoanalytic review with Kernberg's (1993b) insights towards the psychoanalytic *status quo* regarding a *unified* clinic epistemology unfolding all the above mentioned major 'secondary discourses' inherent to 'it'.

I will paraphrase Kernberg's central arguments and, sometimes, I will quote him directly: 'First there is a **general tendency toward earlier interpretation of the transference, and an increased focus on transference analysis in all psychoanalytic approaches** except, *probably*, the Lacanian (regarding this *exception* I agree with *it* but below Kernberg himself states the convergences between the Lacanian and others school of thought). The heightened stress on the transference is moving the technique of ego psychology, for example, closer to that of **object-relations theory**. There seems to be less emphasis on dreams, on the recovery of concrete memories, on external reality, and more on both early and systematic analysis of the unconscious meanings of transference developments' (cf., Kernberg, 1993b, pp. 45-62).

'Then there is a move toward concentrating on the analysis of character defences instead of the analysis of the unconscious meanings of particular symptoms, experiences, or memories. Here, **it is as if Kleinian technique were moving in the direction of ego psychology**. That character pathology and severe personality disorders are becoming increasingly prevalent indications for psychoanalytic treatment, may be contributing to this trend, but so is the growing awareness that analysis of verbal contents that bypass character structures often leads to intellectualization and pseudo-insight' (cf., Kernberg, *ib.*).

'Further, there is an increasing focus on unconscious meanings in the 'here-and-now', as a crucial precondition for significant analysis of the 'there-and-then' –which Sandler & Sandler have described as the «present unconscious» and the «past unconscious» (cf., Sandler & Sandler, 1987, pp. 331-341; see my Introduction). This tendency is of course linked to an increasing concentration on the analysis of unconscious meanings of the transference. In this regard, *we* seem to be moving toward a broader concept of counter-transference. **Counter-transference as a significant factor for the analyst's internal exploration as a preparatory step to transference interpretation, and consideration of intimate links between transference and counter-transference developments characterize object-relations theories, ego psychology, self psychology, and interpersonal**

psychoanalysis (see below): “**I detect an increasing concern over ‘indoctrinating’ the patient with the analyst’s theories, and an awareness that patients, as part of transference developments, tend to talk in the analyst’s language, and that this fosters intellectualized reconstructions of the past while feeding into character resistances. In this connection, there is a general tendency to interpret genetic antecedents more cautiously, a tendency particularly dramatic in the Kleinian school’s shift away from the interpretation of assumed earliest determinants of intra-psychic conflicts” (Kernberg, *op. cit.*, p. 53; my alterations).**

‘Linear concepts of development –the linear sequence from oral to anal to genital and oedipal conflicts, in contrast to highly individual sequences of condensed oedipal and pre-oedipal structures– are being questioned increasingly so that the analysis of transference paradigms operates with an oscillation between analyses of highly condensed structures incorporating disparate aspects of the past and analyses of a particular line of development that temporarily emerges within those condensed structures’ (cf., Kernberg, *op. cit.*, pp. 45-62).

‘**This development, perhaps most strongly accentuated among Lacanians but characteristic of non-Lacanian French psychoanalysis as well, also focuses on the structural aspects and developmental consequences of early oedipalization, the archaic Oedipus**’ (cf., Kernberg, *ib.*; see above).

‘Then there is a growing consensus regarding the dyadic nature of earliest psychic development as opposed to the traditional assumption of an autistic period, and a corresponding closer attention to the implications of this early development for psychic structure and psychoanalytic technique’ (cf., Kernberg, *ib.*).

Finally, there is a tendency to apply stricter and more precise modifications of psychoanalytic technique to the psychotherapies, a tendency to question the traditionally subtle or not so subtle demeaning of psychoanalytic psychotherapies: “**that are less than the «pure gold» of standard psychoanalytic technique, and less fear that the development of such innovations in method will harm the methodological «purity» of standard psychoanalysis**” (Kernberg, *op. cit.*, p. 54; my alteration).

In conclusion, I steer (as I did and will do throughout my entire Thesis as above mentioned many times) into Kernberg’s (1993a, 1993b, 2001a) and Cooper’s (1991) harbour arguing that only the **cross fertilization, derived from alternative**

theories (cf., Cooper, 1991, pp. 107-122) as ‘secondary discourses’, constitutes the ‘vital’ ingredient of scientific inquiry, research and development: “I have found, for example, the technical approach of systematic analysis of character defences a valuable contribution from ego psychology, which I have been linking with the concept of primitive defences and internalizes object relations derived from American and British object-relations theories in the diagnosis and treatment of borderline and narcissistic patients. Psychoanalytic object-relations theory has also been of great importance in the development of psychoanalytic understanding of the dynamics of the couple, of regressed groups, of organizations, and of psychosis. Self psychology has significantly enriched *our* knowledge of pathological narcissism; the alternative theories regarding the dynamics and treatment of these conditions posed by self psychology, ego psychology, and object relations theory demand empirical inquiry and theoretical discussion” (Kernberg, 1993b, p. 50; my alterations).

Kernberg is highly fecund in his epistemological position, because as I have argued throughout all this review, **what I have suggested is that *hidden within the two major contemporary psychoanalytic currents (or ‘groupings’) into which Kernberg (2001a) separates (at least) the English-speaking psychoanalytic worlds, are many of exactly the same kinds of convergences from seemingly very different theoretical perspectives that Kernberg started to adumbrate in the earlier papers (1993a, 1993b) and that I am focusing one last time.*** What I have developed throughout my Thesis was not an *update* on Kernberg’s views, but illustrate that **the convergences and even the divergences that Kernberg heuristically categorised are all inherent to** (once again I repeat my central argument because it sows the coherence of my doctoral Thesis as a whole: I have had repeated *it* several times throughout my dissertation exactly for this reason; sometimes I have repeated the *full* argument; sometimes, like now, a *part* of the *full* argument because I sow *it* with what is being defended in each specific moment) **how the analyst deconstructs the clinical phenomena independently of what theoretical model he embraces: the keynote here is always how the ‘analyst’s mind’ work (Laplanche’s ‘primary discourse’): by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models.**

The Freudian heritage (hence, the title of my Thesis) is this never-ending

dissolution (*Lösung*) that is psychoanalysis (and its psychoanalytic clinical method) in its essence as I showed in Chapter 1. Freud is the first object relations theorist because object relations have, like all other schools of psychoanalytic thought (as the ‘groupings’ above mentioned by Kernberg), as their ‘primary discourse’ the deconstruction (like Laplanche states): the theoretical meta-interpretations of Freud, Fairbairn, Bion, Matte-Blanco and Lacan (Laplanche’s ‘secondary discourse’) constitute all clinical dissolutions inherent to the psychoanalytic clinical method. That is why I have stated in this literature review that all these authors follow Freud –directly or indirectly, theoretically speaking– building up a syncretic universalist model unified exactly by the Rosetta stone of psychoanalysis: its deconstructive method. I have stated even more: the more the theorist differs from Freud and the more the theorist deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction.

The ‘common ground’, that I have argued in my Introduction and was systematized in this literature review, is nothing more, as Wallerstein (1992) also recognizes, than acknowledge that there are a pluralism of hermeneutic meta-interpretations that configures the form of *our* ‘secondary discourse’ (Laplanche’s ‘secondary discourse’): they are all formalizations of the analyst’s psychic process present in the clinical session; that is why Bion’s Grid; Lacan’s mathemes and Matte Blanco’s bi-logic are so heuristic: they are the formalization of the analyst’s psychic process not as a ‘primary discourse’ (Laplanche’s ‘primary discourse’) but as a ‘secondary discourse’ (Laplanche’s ‘secondary discourse’): they are epistemological tools that have only one purpose: being deconstructed by the ‘analyst’s mind’ (Laplanche’s ‘primary discourse’) in the clinical session. That is why *we* call it a formalization of the psychic process: it is its form, not its content.

And exactly in this context I return to Kernberg’s (2001a) argument: the inclusion of ‘the French psychoanalytic approach’ (mainly Lacanian) alongside the two major contemporary psychoanalytic currents: the ‘contemporary psychoanalytic mainstream’ and the ‘intersubjectivist-interpersonal-self psychology’ current (Bion and Matte Blanco *belong* to the ‘contemporary psychoanalytic mainstream’ and Lacan belongs to the ‘French psychoanalytic approach’ as I showed above). Concerning this subject I was very clear **how** I did my approach: **as I started to do in my Introduction,**

what I have illustrated throughout my review (and mainly in its *long* conclusion) were the developmental contributions of those authors who have had a major impact on the field (like Lacan) or who have offered a fairly systematized theory of object relations development (Fairbairn, Bion, Matte-Blanco, the ‘Kleinian followers’, Grotstein, Kernberg); Freud was approached as the first object relations theorist and I have explained (in detail) why throughout all this review.

On his hand, Kernberg’s (2001a) effort to juxtapose francophone to anglophone analytic thinking was *different* and it could be read in order to lay the basis for the consideration of **discernible convergences** between these major analytic traditions, that have been so significantly isolated from one another, in part because of the language barrier, in part because of the different philosophical traditions (this was one of the major reasons why I have developed, in this literature review, Foucault’s and Bataille’s philosophical contributions to Lacan’s ‘secondary discourse’) in which they are rooted. Parenthetically, just as the Kleinians were the first of the departures from the ego-psychological development (in which Freud’s Viennese followers were taking analytic work in Britain and in America), who refused to be extruded from organised psychoanalysis and even claimed a truer descent from Freud’s own work, in embracing his death instinct theory as central to their theorising, so have the Lacanians and those influenced by them been a later deviation from many of Freud’s propositions, yet also claiming a truer adherence to Freud’s original drive theory and to the continuing centrality of infantile/archaic sexuality as I said (mainly) in my Introduction.

Indeed, these are the *facts*, and my argument, as I showed above, concerning this *status quo*, ***reinforces each theoretical position per se: the more the theorist differs from Freud and the more the theorist deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction.*** Of course all schools of psychoanalytic thought have their ‘roots’ and theories built upon *something* as I have demonstrated threw Kernberg’s (and my own) arguments. As I said above, *mutatis mutandis*, my argument is just *different* because it is focused not in a *simple* ‘common ground’ but on an **effective** ‘secondary discourse’ (Laplanche’s ‘secondary discourse’) that any **valid** theory constitutes (in this literature review I have also explained, not arbitrarily in the beginning, with the example of Grünbaum, and later on following Bion, what are the criteria that *construct* a valid psychoanalytic theory), and I was very clear about my research agenda: **my**

research agenda is an overview of the development to this point of psychoanalysis as a discipline both as a theory of the mind –formulated by Freud, Lacan, Fairbairn, Bion, Matte-Blanco, Grotstein and Kernberg: these formulations unfold my theoretical prolegomena which were my Introduction, Chapter 1 and this Chapter, which constitutes what Laplanche (1999) calls the ‘secondary discourse’– and a treatment of the disorders of the mind: Freud’s clinical text illustrated by Chapter 3, my own clinical cases addressed in Chapter 4 and in my Conclusion, and a clinical update on the MPRP shown in Chapter 5: these are my practical constructs, which Laplanche calls the ‘primary discourse’–, and offer a prediction, in my Conclusion (that prediction was started in my Introduction as I said), concerning evolving psychoanalytic development over its (near) future.

Therefore and to sow even better my argument in this conclusion, and steering in Kernberg’s (1993b) harbour again, **I continue with other heuristic examples that consubstantiates my central argument: ‘M. S. Mahler’s developmental psychology has clarified *our* understanding of the structural consequences of fixation at various stages of early development, and Jacques Lacan’s approach, its problematic technique notwithstanding, has helped *us* focus on the characteristics of archaic oedipal conflicts (see above), and on the irreconcilable contradictions between the adaptive aspects of ego functioning, on the one hand, and the vicissitudes of unconscious desire, on the other (see above). The creative contributions of the French psychoanalytic mainstream, partly in response to the Lacanian challenge, still need to be fully absorbed by the psychoanalytic community at large’ (cf., Kernberg, 1993b, pp. 45-62).**

‘Lacan’s focus on the link between the unconscious and language has strengthened the search for the nature of pre-linguistic psychic reality in some of his former followers (cf., Aulagnier, 1975; see above), while the exploration of the relation between the development of language and early inter-subjectivity in United States has established unforeseen connections with contemporary philosophy (see above). Too, the psychoanalytic study of psychosis owes much to H. S. Sullivan’s interpersonal psychoanalysis’ (cf., Kernberg, *ib.*).

I end my literature review with a *long* statement from Kernberg, which is necessary just to enlighten my biggest epistemological concern: psychoanalysis can be transformed into a doctrine, a religious narrative without the ‘falsification principle’

(cf., Popper, 1959, 1962; see above) that the ‘conflicting’ theories as ‘secondary discourses’ allow, promote and constitute the guaranty of its scientific autonomy: “It is not that I believe all psychoanalytic theories can be combined into one. But I do believe that the implications these theories have for psychoanalysis are important, and that the result of remaining open to them will be an evolving spiral of scientific knowledge. There are undoubtedly psychoanalytic fashions, and facile combinations of incompatible theories can be both reassuring and damaging. How to avoid premature closure and keep the dialogue open is an exciting challenge to psychoanalytic educators. Limiting psychoanalytic candidates’ supervision to one theoretical approach when several are available has a stultifying effect. Psychoanalytic institutions have to protect themselves against the ‘intellectual terrorism’ that could result from charismatic proselytizing of any particular new approach. Will Freud continue to loom as largely in psychoanalytic education and **discourse** as he has until now? **It is of interest that the Lacanian battle cry has been ‘Back to Freud’, similar to that of the contemporary Freudian approach in this country [United States], and to the reaction against traditional Kleinian thinking in some Latin American psychoanalytic societies.** This demand is only, in part, it seems to me, political. To a large extent, it corresponds to a genuine effort for a contemporary rereading of Freud. Such a rereading has historical value and heuristic implications for the English-language reader because it means a loosening of the adherence to one particular reading of Freud, namely that of the ‘Standard Edition’. There is always the danger, of course, of transforming the reading of Freud into a Bible reading –a religious rather than a scientific exercise” (Kernberg, 1993b, p. 62; my alterations).

CHAPTER 3

Practical Constructs: a ‘primary discourse’

“Dora’s Case”

An epistemological bridge between the Theoretical Prolegomena as a ‘secondary discourse’ and the Clinical (Practical) Constructs as a ‘primary discourse’

As I said in my Introduction and throughout my Thesis, and, once again, to be absolutely clear: my research agenda is an overview of the development to this point of psychoanalysis as a discipline both as a theory of the mind –formulated by Freud, Lacan, Fairbairn, Bion, Matte-Blanco, Grotstein and Kernberg: these formulations unfold my theoretical prolegomena which were my Introduction, Chapter 1 and Chapter 2, which constitutes what Laplanche (1999) calls the ‘secondary discourse’ (see above)– and a treatment of the disorders of the mind: Freud’s clinical text illustrated by this Chapter, my own clinical cases addressed in Chapter 4 and in my Conclusion, and a clinical update on the MPRP shown in Chapter 5: these are my practical constructs, which Laplanche (see above Laplanche, *op. cit.*) calls the ‘primary discourse’–, and offer a prediction, in my Conclusion (that prediction was started in my Introduction as I said), concerning evolving psychoanalytic development over its (near) future.

Indeed, to bridge the passage from ‘theory’ into ‘practice’ I will work “Dora’s Case” from a structural semiotic method (below I explain in detail how this *method* unfolds an epistemological bridge between the Theoretical Prolegomena as a ‘secondary discourse’ and the Clinical (Practical) Constructs as a ‘primary discourse’). From my perspective, the ‘semion’ (‘semion’ is the Greek etymological root of the word ‘sign’) constitutes a theoretical container for the praxis to be contained; the theory is a phenomenological container that is only ‘significant’ if the practical data that is contained becomes inscribed in a ‘signifier’: theory and practice are inherently container and container, significant and signifier; ‘secondary and primary discourses’; theory is a ‘phenomenological envelope’ that must be written with ‘practical letters’ (cf., Merleau-Ponty, 1945; Lacan, 1966; Bion, 1974, 1992; see above); Bion in his 5th lecture proffered in New York on April 1977 said that psychoanalysis: “is a word in search of a meaning; a

thought waiting for a tinker; a concept waiting for a content” (Bion, 1980, p. 59; **my bold**).

Hence, I adopt this structural semiotic method as a way of interpreting “Dora’s Case” directly, trying to grasp her ‘primary discourse’ as I will explain below; I also adopt this method because if I put forward in my interpretation ‘any’ psychoanalytical theory per se I will unfold a ‘secondary discourse’, and what I want to do here is to construct a epistemological bridge between the ‘secondary discourse’ which is psychoanalytical theory per se and the ‘primary discourse’ which is psychoanalytical clinical practice per se. Below my argument will be more clear after I approach the *objective* elements inherent to the **clinical** case of Dora.

Indeed, Freud’s case of Dora, first described in a 1905 article entitled “Fragment of an Analysis of a Case of Hysteria”, remains a subject of continuing commentary and **reinterpretation**. Some of this ongoing interest in “Dora’s Case” is related to the **unfinished** elements in it (cf., Freud, 1905a, pp. 7-122).

Dora abruptly left the analysis with Freud after only three months, leaving behind important unanswered questions about the nature of the relationships among Dora, her father, and a couple known as Herr and Frau K. Specifically, commentators have asked whether Herr K’s behaviour toward Dora should be viewed as the seduction of a child, and whether Dora’s father and even Freud himself who thought the fourteen-year-old Dora should have responded to Herr K’s overtures as a mature woman, were culpable parties in the seduction. **Interpretations abound: psychoanalysts** (and psychologists) have attributed unrecognized transference and counter-transference (and I add) as a ‘primary discourse’ as significant influences on Freud’s view and Dora’s termination of her analysis (cf., Lewin, 1973-1974, pp. 519-532; Slipp, 1977, pp. 359-376; Gill & Muslin, 1978, pp. 311-330; Kanzer, 1978, pp. 72-82; Begel, 1982, pp. 163-169; Possick, 1984, pp. 1-11).

Feminist critiques have viewed Dora as a victim of class-based patriarchal values and beliefs and biased Freudian approaches to psychoanalysis (cf., Gallop, 1982; Hare-Mustin, 1978, pp. 311-330; Bernheimer and Kahane, 1985). Literary critics have approached Freud’s study as a ‘text’ that can be subjected to various readings and interpretations (cf., Crapanzano, 1981, pp. 122-148; Marcus, 1984; McCaffrey, 1984).

Therefore, it’s *obvious* that “Dora’s Case” holds a great deal of significance for psychoanalytic theory as a ‘secondary discourse’ and for psychoanalytic

practice as a ‘primary discourse’ because, among the above mentioned reasons, it evokes principles of the incest taboo, the exchange of women, the rules of Kinship, among other minor issues.

Indeed, when Dora’s **first dream** is subjected to structural semiotic analysis it discloses elements of the incest taboo, the exchange of woman, and seduction. This *interpretation* sees a deep **inter-relation** (hence my **epistemological bridge**) **between** the personal and subjective (a ‘primary discourse’ in the ‘analytic setting’) **and** the universal principles (a ‘secondary discourse’ in the psychoanalytic community, which will not be approached through theoretical psychoanalysis but through anthropology as I explain below) of incest taboos, exchange of woman and kinship. Hence, was Dora an object of erotic barter? If so, was Freud justified in his conclusion that Dora should have given herself to Herr K? How might one explain Freud’s choice of the name ‘Dora’ (which means ‘gift’ in Greek)?

Dora, whose real name was Ida Bauer, was born on November 1, 1882, in Vienna to parents of Bohemian Jewish extraction (cf., Rogow, 1978, pp. 331-356; Bernheimer and Kahane, 1985). Her father, Philip, a prosperous textile manufacturer and a dominating figure, endured poor health throughout Dora’s childhood. He suffered from tuberculosis, a detached retina, and finally complications resulting from syphilis, for which Freud treated him six years before the advent of Dora’s analysis. Dora helped nurse her father during his much long illness. Dora’s mother, Käthe, who had a remote relationship with both Dora and her father, had withdrawn into a ‘housewife’s psychosis’, and her attentions had become focused largely on housecleaning tasks (cf., Roudinesco & Plon, 1997).

By the time Dora was eighteen, her parents had terminated sexual relations with each other, and Dora had become drawn to her father. Dora’s brother, Otto, fourteen months her senior, later became the chief theoretician and ideological leader of Austrian Socialism and an important figure in the international socialist movement (cf., Rogow, 1978, pp. 331-356).

The eighteen-year-old Dora, whom Freud regarded as a typical ‘petite hystérie’, was treated by Freud during the months of October, November and December 1900. Dora’s symptoms included migraine headaches, which began when she was about twelve and gradually diminished, and later, coughing attacks that lasted from three to five weeks and that were accompanied by a complete loss of voice. Dora’s analysis was

precipitated by convulsions and loss of consciousness –an event covered by amnesia– following an argument with her father. After terminating therapy with Freud, Dora also experienced facial paralysis (cf., Roudinesco & Plon, 1997).

The family was closely involved with another couple, Herr and Frau K. Frau K had also nursed Dora's father and had become his mistress. Dora's father had acknowledged this relationship to Freud and had related Dora's insistence that he terminate it –and his refusal to do so. Freud quoted the father as saying: “She keeps pressing me to break off relations with Herr K and more particularly with Frau K, whom she used positively to worship formerly. But that I cannot do...I am bound to Frau K by ties of honourable friendship and I do not wish to cause her pain. The poor woman is most unhappy with her husband, of whom, by the by, I have no very high opinion” (Freud, 1905a, p. 26).

The K's, whose ages are not revealed, had also ended sexual relations with each other and had discussed divorce; but Dora believed Herr K would not divorce his wife because of their children. Herr K had seduced one of his children's governesses, an event that had become known to Dora, and shortly afterward, he propositioned Dora, then sixteen, while she and her father were visiting the K's at a summer resort. On this occasion, Dora realized the nature of the relationship between her father and Frau K, and she responded to Herr K's overture by slapping him. Two years prior to this incident, when Dora was fourteen, Herr K had set up an occasion in his office for a seduction. Dora fled from this scene ‘in disgust’ and had not revealed the incident until meeting Freud. She also told Freud that she was ‘ignorant of sexual knowledge’ at that time (cf., Freud, 1905a, pp. 7-122).

In the period between the two attempts at seduction, Herr K had been solicitous of Dora's attention, sending flowers every day for a year and giving her a **gift** of an **expensive jewel case**. Shortly after Herr K's proposition and after learning of the seduction of his children's governess, Dora told her mother of the seduction attempt that occurred at the resort. When confronted, Herr K denied that the incident had taken place. Dora's father told Freud (1905a) that the story was all a fantasy: “I myself believe that Dora's tale of the man's immoral suggestions is a fantasy that has forced his way into her mind” (Freud, *op. cit.*, p. 26). Freud remarked that he found it difficult for Dora to focus on Herr K during their interviews and that Dora denied loving Herr K.

Dora viewed her father's refusal to break off relations with the K's and his

denial of Herr K's advances toward her as a way of handing her over to Herr K and making her a reward for his (Herr K's) toleration of the affair between her father and Frau K. **Freud saw an element of truth in this but implied that this 'exchange' of Dora for Frau K was never openly stated and would have been denied by all the parties involved, especially Dora's father.**

In Freud's words: "The two men had of course never made a formal agreement in which she was treated as an object for barter; her father in particular would have been horrified at any such suggestion. But he was one of those men who know how to evade a dilemma by falsifying their judgment upon one of the conflicting alternatives" (Freud, *op. cit.*, p. 34). **Freud recognized that Dora's rage stemmed from her perception that her father had used her as erotic barter.** Although he acknowledged her feelings of anger and rage in his report, he apparently did not acknowledge those feelings directly to Dora.

In fact, Freud sided with Dora's father (who wanted Freud to 'bring Dora to reason') and even went so far as to say to Dora that to give herself to Herr K was: "the only possible solution for all the parties concerned" (Freud, *op. cit.*, p. 108). Dora left analysis two weeks after this pronouncement.

Freud's analysis of Dora rested on the interpretation of two dreams. Freud wrote a description of the case shortly after he published "Die Traumdeutung" in 1900. Freud hoped to show through the case how dreams can elucidate symptoms, and how, through associations, they can fill in amnesias. Freud saw a dream as 'a fulfilment of a wish' (see below). **His use of Dora's dreams led him back to her early infantile sexual fantasies**, especially her early bed-wetting and autoeroticism, as well as to her **oedipal rivalries** (see above).

Dreams are often recalled and shared with others. As largely visual dream images are recalled during the waking state, they are cast into a **narrative text**, drawing on **language and symbols that have culturally defined and shared meanings**. Moreover, **dreams have a structure** (see above, especially Chapter 1). More precisely, the **narrative text or form of a dream has a structure that, like a myth** (see above, especially the *long* conclusion of Chapter 2), **can be analysed** to reveal deeper meanings and associations. **Subjective and cultural elements are interactive** precisely in the **structural semiotic properties of a dream text and it is exactly following this dynamic that "Dora's Case" unfolds an epistemological bridge between the**

Theoretical Prolegomena as a ‘secondary discourse’ and the Clinical (Practical) Constructs as a ‘primary discourse’, because if I have posited that *our* unconscious is a ‘mental envelope’ written *ab initio* with mythological letters steering into Grotstein’s (1981b, 2000) epistemological meta-psychoanalytic syncretism as a unifying conceptualization transversal to all psychoanalytic models as a ‘secondary discourse’ where the extension in the domain of myth is profusely ‘extended’, the following analysis of the structural semiotic properties of Dora’s first dream examines the interplay among Dora’s subjective realm (her personal mythology; her unconscious fantasy), the family circumstances in which she was enmeshed, and the universal principles of the incest taboo, the exchange of women, and seduction unfolding what could be Dora’s ‘primary discourse’. No psychoanalytical theory will be used in my interpretation, I will just deconstruct Dora’s dream according to its narrative, to its structural semiotic in its ‘primary discourse’: Dora’s dream threw her words (as I say below I am *led* to believe that the dream text is Dora’s rather than Freud’s): I will not use any psychoanalytical theory in order to avoid ‘any’ psychoanalytical ‘secondary discourse’; I will just use anthropology because subjective and cultural elements are interactive precisely in the structural semiotic properties of a dream text.

I use this structural semiotic *method* because of what I above mentioned many times following Laplanche (1999): the ‘magnetism between method and its object (the unconscious fantasy) constitutes any analyst’s ‘primary discourse’, whatever the theory he may espouse as a ‘secondary discourse’, hence, because Dora is not my patient (obviously), only analyzing her ‘unconscious phantasy’ present in her dream threw her words (hence the structural semiotic method of analysis) I can try to grasp her ‘primary discourse’.

Indeed, Freud’s analysis of Dora rested on the interpretation of two dreams as mentioned. Freud wrote a description of the case shortly after he published “Die Träumdeutung” in 1900. Dora’s first dream examines the interplay among Dora’s subjective realm, the family circumstances in which she was enmeshed, and the universal principles of the incest taboo, the exchange of women, and seduction as also mentioned.

Dora’s first dream was a **recurrent dream** and one that she first dreamt at the time of Herr K’s proposition at the summer resort. She had the same dream while in

analysis with Freud. Although Freud reconstructed the Dora case from memory after the case was terminated, he remarked that he recorded both of Dora's **dreams immediately after the session in which each dream was presented and discussed. I am led to believe that the dream text is Dora's rather than Freud's.**

Vincent Crapanzano (1981) rightly remarks that **Strachey's translation** (author of the worldwide English translation and publisher of the 'Standard Edition of Freud's Complete Works') **of Dora's first dream into English inexcusably changed the verb tense from present to past.** Strachey translated the dream into English in this way: "A house was on fire. My father was standing beside my bed and woke me up. I dressed quickly. Mother wants to stop and save her jewel-case; but Father said: «I refuse to let myself and my two children be burnt for the sake of your jewel-case». We hurried downstairs, and as soon as I was outside I woke up. 1) In answer to an inquiry Dora told me that there had never been a fire at their house" (Freud, 1905a, p. 64).

Dora's dream in the original German is: "In einem Haus brennt es, erzählte Dora, der Vater steht vor meinem Bett und weckt mich auf: Ich kleide mich schnell an. Die Mama will noch ihr Schmuckkästchen retten, der Papa sagt aber: Ich will nicht, daß ich und meine beiden Kinder wegen deines Schmuckkästchens verbrennen. Wir eilen herunter, und sowie ich draußen bin, wache ich auf. 1) Es hat nie bei einem wirklichen Brand gegeben, antwortete sie dann auf meine Erkundigung" (Freud, 1905e, p. 225 in GW, V, pp. 163-286).

Dora's dream translates from German into English as follows: "There is a fire in a house. Father is standing before my bed and he wakes me up. I get dressed quickly. Mama wants to stop and save her (little) jewel box, but Papa says: « I do not want me and my two children to burn to death because of your jewel box». We hurry down (stairs), and as soon as I am outside, I wake up. 1) When I enquired she answered, «There was never a real fire at our house».

I am so 'semantically' rigorous because **I am developing a structural semiotic interpretation of the dream trying to unfold its 'primary discourse'**, and in this perspective the significant and the signifier are two different dimensions of the **word** (see the introduction of this Chapter), and **if the word is incorrect its significant and its signifier are also incorrect, hence, its 'primary discourse' is also incorrect.**

Dora's first dream revolves around a fire and an exchange between Dora's mother's jewel box and two children. Freud granted that when Dora first had the dream

it could have referred to only one child: Dora herself. In any event, it establishes an exchange of an adult woman's jewel box and a young child. The action in the dream pivots on a refusal by an adult man: Dora's father. In the dream it is Dora's father who, through a refusal, decides the outcome of the exchange between the jewel box and child. It is through a refusal on his part that the mother's jewel box is burned by fire and **the child** (or children) **is saved** (see my *long* conclusion of Chapter 2).

The structural semiotic features of Dora's dream *suggest* that it is about: (1) the incest taboo (a refusal to act on or grant a wish); (2) a wish underlying that taboo or negative prohibition; and (3) the exchange and ultimate seduction of a child that is the paradoxical consequence of that initial refusal or taboo. This 'transformation' rests on the **various meanings** of the **word** *verbrennen* ('burn') and *retten* (**'rescue'**; see my *long* conclusion of Chapter 2) and on the sexual connotations of *Schmuckkästchen* ('little jewel box'). In my view, **these are the key words in the dream text that can be used to analyse the structural semiotic elements of the dream.**

Verbrennen means: (1) to burn down, to burn to death, to cremate, to incinerate, and; (2) is used figuratively to mean to fire up or ignite, as in passion. *Retten* means: (1) **to rescue or salvage with great effort**; (2) to redeem; and (3) to liberate, free, or (reflexively) to escape. As Freud noted: "*Schmuckkästchen* symbolizes female genitalia" (Freud, 1905a, pp. 69-70). *Schmuckkästchen* literally means 'little box' in German. *Schmuck* collectively means jewels, jewellery. Used figuratively, it means anything that makes things beautiful. The **word** has sexual connotations in both German and Yiddish. In Yiddish *Schmuck* means penis or 'prick'; the pun here is that *Schmuckkästchen* means both female genitals and penis, and therefore is a metaphor for sexual intercourse.

The various meanings of these words are a mean by which the complex significances, structural semiotic properties, and the transformations of the dream text can be *analyzed*. Freud interpreted Dora's first dream as a flight from danger (Herr K) – a resolution to leave the hotel with her father after Herr K's proposition– and, simultaneously, as a retreat to her father. Freud proposed that Dora had resurrected her love for her father as a cover or screen for her love for Herr K. Freud sensed then that some kind of a substitution or exchange between Dora's father and Herr K was associated with Dora's hysteria. Moreover, Freud saw the dream not only as Dora's wish to be **rescued from danger** (Herr K's threat to her virginity) by her father but also

as a wish to sacrifice and replace her mother.

Freud stated: “As you say, the mystery turns upon your mother. You ask how she comes into the dream? She is, as you know, your former rival in your father’s affections...Then it means that you were ready to give your father what your mother withheld from him; and the thing in question was connected with jewellery” (Freud, 1905a, pp. 69-70). In one sense, then, the dream, in exchanging mothers jewel box (genitalia) for Dora, expressed Dora’s wish to burn to death her mother’s genitals and to move into her mother’s place with father. But there is an additional meaning to the exchange. Recall that the action of the dream exchange rests on father’s refusal (“Ich will nicht”).

This refusal results in the burning of mothers jewel box (genitalia) and the freeing of Dora, a chaste child, from that fire. In the dream, Dora’s father is beside her bed and awakens her from sleep. Could he not, through his refusal to let Dora burn, be saving her from (his own) “fires of passion” and burning Dora’s mother in those flames instead? **This refusal, in a ‘primary discourse’, is the incest taboo.** Dora’s dream of burning mother’s genitals by fire and **saving a child** (herself) from that fire is a metaphor in highly condensed form for both the taboo (the refusal) and the wish for incestuous intercourse.

Freud sensed that the dream’s deeper meaning lay in a reversal. Focusing on the fire metaphor, he therefore sought and found associations to it in water, namely in Dora’s early bed-wetting and masturbation. Reversal of the key structural semiotic elements in the dream exchange (jewel box/child) results in the following ‘transformation’: burning of a chaste child (Dora) and saving of mother’s jewel box (genitalia). Viewed in this way, a further consequence of father’s initial refusal and the dream exchange is not only the saving of Dora’s virginity but also the inverse –that of ‘sacrificing’ her virginity/sexuality (letting her burn)– and saving mother’s jewel box/sexuality. A further, ultimate consequence of father’s refusal to let Dora burn is also the reverse of that exchange: Dora’s seduction. In summary, the key elements of Dora’s first dream, viewed from a structural semiotic *method*, point to **a ‘primary discourse’ that unfolds the incest taboo.**

To the extent that Dora’s first dream incorporates elements of the incest taboo – and the exchange and seduction of women that are inevitable consequences of the taboo– Freud’s case presages and confirms anthropological insights that link the incest

taboo to patterns of reciprocity and exchange and to principles of kinship and marriage. Of course when *we* reflect about incest and taboo *we* must take into account the anthropological assumptions and above I've explained my main reasons to develop the anthropological insights in this context and below I explain it again in order to be absolutely clear.

Accordingly, Freud's case incorporates these related principles (kinship and marriage) not only in Dora's existential or family circumstances but also, more important, in the **narrative text of her first dream**. I bring anthropology to my *interpretation*, because, as above mentioned, **subjective and cultural elements are interactive precisely in the structural semiotic properties of a dream text, hence I have to analyse also the cultural elements of Dora's dream text (hence, the epistemological bridge): I use anthropology to avoid any psychoanalytical 'secondary discourse' as I said.**

Gallop (1982) acknowledges in passing the connection between Freud's case of Dora and Lévi-Strauss (as I explain below). She does not, however, explore the association in detail nor does she recognize the related themes of the incest taboo, exchange of women, and seduction in Dora's first dream. **The case demonstrates the deep inter-relation (hence, the epistemological bridge) of the subjective and what are proposed to be universal principles inherent to the structural semiotic properties of a dream text (psychoanalytically and anthropologically).**

The structural semiotic relation between sexual taboos and the exchange of women is developed in detail by Claude Lévi-Strauss in the "Elementary Structures of Kinship" (1949). In this seminal work, Lévi-Strauss proposes that the exchange of women in marriage is a consequence of the incest taboo and its inherent sexual prohibitions. Joining Marcel Mauss's ("**The Gift**, Forms and Functions of Exchange in Archaic Societies" published in 1923-24; my bold) theory of primitive reciprocity to an analysis of kinship and marriage, Lévi-Strauss states that marriages are the most basic form of gift exchange and that women are the most precious of gifts. In this view, the incest taboo should be understood as a mechanism to ensure that such exchanges of women between families and groups occur.

Lévi-Strauss states: "The prohibition of incest is less a rule prohibiting marriage with the mother, sister or daughter, than a rule obliging the mother, sister or daughter to be given to others. It is the supreme rule of the **gift**" (Lévi-Strauss, 1949, p. 481; my

bold). In the same work he also states previously: “The prohibition on the sexual use of a daughter or sister compels them to be given in marriage to another man, and at the same time it establishes a right to the daughter or sister of this other man...The woman whom one does not take, and whom one may not take, is, for that very reason, **offered up**” (Lévi-Strauss, *op. cit.*, p. 51; my bold). And he adds in the same stream of thought: “For the woman herself is nothing other than one of these gifts, **the supreme gift** among those that can only be obtained in the form of reciprocal gifts” (Lévi-Strauss, *op. cit.*, p. 65; my bold).

The structured relation between taboos and the exchange and seduction of women is proposed to be **universal**. Taking issue with Freud’s view on the origin of the incest taboo, Lévi-Strauss (1949) insists that the incest taboo is more than a historical event; rather, it is repeated ‘within each consciousness’. Specifically, Lévi-Strauss argues that: “One can speak of explanations only when the past of the species constantly recurs in the indefinitely multiplied drama of each individual thought, because it is itself only the retrospective projection of a transition which has occurred, because it occurs continually” (Lévi-Strauss, *op. cit.*, p. 491).

Viewed this way, **the subjective and universal are not incompatible or mutually exclusive**. Rather, ‘**universality**’ of structural semiotic principles is, by definition, a consequence of redundancy and repetition within individuals over time and across space. **The incorporation of the themes of the incest taboo, exchange of women, and seduction in Dora’s famous first dream demonstrates that, indeed, these related themes are deeply embedded in individual thought – even in the unconscious *unfolding* in Dora’s dream its ‘primary discourse’.**

Indeed, in her first dream, Dora wished to replace her mother with her father. To the extent that Dora’s father refused to actualize this fantasy or desire –and continued in a married relationship with Dora’s mother and in a sexual relationship with Frau K– Dora was (in principle) to be exchanged through the ensuing rules of exogamy and marriage; she must express her sexuality with a man other than her father. As Lévi-Strauss defends above, the structural semiotic rules of kinship and marriage that follow from the incest taboo necessitate that she be **offered up**, be given to another. Herr K had given Dora gifts of flowers and an expensive jewel case. As recipient of the gifts, Dora was obliged to reciprocate with a return gift (cf., Mauss, 1923-24; Blau, 1964): herself.

It is clear from the structural semiotic analysis of Dora’s first dream and its

themes of an exchange between the jewel case and child and seduction, what kind of counter-gift is expected: her 'jewel case', herself, her sex. **This analysis of Dora's first dream** –seen in light of the related principles of the incest taboo, exchange of women, and seduction– **seems to support Freud's view** (as offensive or perplexing as it is to many critics of the case) **that Dora should have to give herself, if not to Herr K, then to some man.** Moreover, **the incorporation of these themes in the structural semiotic properties of Dora's first dream suggests that Dora herself was reaching the same conclusion, at least on an unconscious fantasy level, which unfolds its 'primary discourse'.**

In "The Psychopathology of Everyday Life" (1901c) Freud explained that the name 'Dora', which he gave to Ida Bauer, was the name taken by a nursemaid, Rosa, who worked for Freud's sister, also named Rosa. In order to prevent confusion, the maid had had to take another name and chose 'Dora'. Freud stated: "When next day I was looking for a name for someone *who could not keep her own*, 'Dora' was the only one to occur to me. The complete absence of alternatives was here based on a solid association connected with the subject-matter that I was dealing with: for it was a person employed in someone else's house, a governess, who exercised a decisive influence on my patient's story, and on the course of the treatment as well" (Freud, 1901c, p. 241).

Rogow (1978) suggests that Freud's choice of his sister's nursemaid's name may have been due to Freud's anger over Dora's abrupt termination of treatment. Dora gave Freud two weeks' notice, acting, according to Freud: "like a maidservant" (Rogow, 1978, p. 341).

Hannah Decker (1982) suggests another possibility for Freud's choice of the name. The daughter of Freud's former collaborator, Josef Breuer, was named Dora and was the same age as Ida Bauer. This coincidence led Decker to note the similarities between Freud's Dora and Breuer's famous hysterical patient, Anna O. Decker remarks that a central and notable feature of each case was **unrecognized transference and counter-transference** (and I add) **as a 'primary discourse'** (cf., Decker, 1982, pp. 113-136).

Decker suggests further that Freud's treatment of 'Dora' opened up lingering and unresolved feelings of hostility between Freud and Breuer, from whom he was estranged at the time: "Although it is a speculation, I think that unconsciously Freud

wanted Breuer's continued approval, that he was aware of the correspondences between Dora and Anna O., and that these obvious correspondences made him feel even more than he had in 1895 that Breuer's scientific desertion was «ridiculous» and «nonsensical»....Combining a remembrance of past naming, a wish that a dead friendship were still alive, and an ironic, nose-thumbing gesture, Freud named his patient in part after Breuer's daughter, who was, after all, the same age and had been conceived (as Freud absolutely believed) in connection with marital difficulties brought on by Breuer's treatment of Anna O" (Decker, 1982, pp. 133-134).

My interpretation of Dora's case trying to grasp its 'primary discourse' suggests still another possibility for Freud's decision to name Ida Bauer 'Dora'. Dora means 'gift' in Greek as I said previously. It is well known that Freud was thoroughly acquainted with **Greek** language, **myth**, and history. Ernest Jones (1953-57) remarks, for example, that Freud's knowledge of classical Greek language was so familiar and deep that the young Freud kept his diary in Greek. Freud's choice of 'Dora', meaning 'gift', as marker for this case further supports my *interpretation* that **Dora's case in its 'primary discourse'** can be found in its themes of incest, refusal, exchange of women, and seduction as I am trying to demonstrate since the beginning of this Chapter, because, as I said above, it is *clear* from the structural semiotic analysis of Dora's first dream and its themes of an exchange between the jewel case and child and seduction, what kind of counter-gift is expected from Dora: her 'jewel case', herself, her sex. **This analysis of Dora's first dream** –seen in light of the related principles of the incest taboo, exchange of women, and seduction– **seems to support Freud's view that Dora should have to give herself, if not to Herr K, then to some man.** Moreover **the incorporation of these themes in the structural semiotic properties of Dora's first dream suggests that Dora herself was reaching the same conclusion, at least on an unconscious fantasy level, which unfolds its 'primary discourse'.**

These themes are reflected –in structural semiotic condensed form– in Dora's first dream and are major themes in **both Dora's and Freud's assessments** of Dora's relationships with her father and the K's. Recall that Dora saw herself as erotic barter between her father and Herr K and that Freud concurred with this assessment in his report. Herr K had given Dora a jewel case as a **gift**. The structural semiotic analysis of Dora's first dream and its theme of the exchange between the jewel case and child, seen in light of the structural semiotic principles of the exchange of women and seduction,

suggest that Dora herself was to be the counter-gift as above mentioned.

The name 'Dora', as well as the centrality of the **jewel box** in Dora's first dream and in her relationship with Herr K, evokes the **Greek myth** of Pandora's Box (see my *long* conclusion of Chapter 2). Kanzer (1978), focusing on the fire metaphor in Dora's first dream, links the case to other imagery and myth. Accordingly, Zeus created Woman, motivated out of anger with Prometheus for stealing fire for men. This first woman, recipient of **gifts** from all the gods, was called Pandora, meaning 'the **gift** of all'. A well-known story about Pandora links her defiance about a **box** presented to her as a gift from the gods to human conditions of misfortune and misery (cf., Kanzer, 1978, pp. 72-82).

Freud's case of Dora, which incorporates the themes of the incest taboo, the exchange of women, and seduction, is important to psychoanalysis in many dimensions, but in my *interpretation* the Rosetta stone is the way in which it presents Dora as erotic barter and views her sexuality as a commodity or **gift** to be traded by her father. **These themes of taboo, exchange, and seduction are inter-related and are reflected in several levels of the case: (1) Dora's family circumstances; (2) the narrative text of her first dream; (3) Freud's interpretation; and (4) Freud's choice of the name 'Dora' for Ida Bauer. The presence of these principles in the Dora case suggests that they are, in fact, **universal**, hence, as stated above, **the incorporation of the themes of the incest taboo, exchange of women, and seduction in Dora's famous first dream demonstrates that, indeed, these related themes are deeply embedded in individual thought –even in the unconscious unfolding in Dora's dream its 'primary discourse'**.**

Freud concluded that Dora should give herself to Herr K. Was Freud justified in arriving at this interpretation? In my view, his conclusion was justifiable in several respects. **Structural semiotic analysis of Dora's first dream points to the related themes of exchange of women and seduction, and suggests that on an unconscious fantasy level Dora was moving toward the same conclusion, which unfolds its 'primary discourse'**. Her first dream is significant from a structural semiotic standpoint because in the dream text Dora drew on symbolic *idioms* such as the jewel case and on language to express themes of taboo, exchange, and seduction.

However, Freud is only partially correct in his interpretation. Structural semiotic analysis of the dream text merely indicates that Dora must be exchanged and seduced

because of the incest taboo, and not necessarily by Herr K. Freud's conclusion is justifiable in light of the structurally related principles of sexual prohibitions and the exchange and seduction of women that are the consequences of the incest taboo: principles made theoretically explicit by Lévi-Strauss as above mentioned.

My interpretation is simply that Freud's position makes sense in light of these formal principles, not because men are inherently superior to women or because his view can be supported by contemporary normative standards on sexuality, courtship, and marriage. In fact, critical judgments about the (im)morality of the positions taken by Freud, Dora's father, and Herr K on Dora's sexuality have obscured, I believe, the presence and significance of these formal principles in the case. To be certain, principles of taboo, exchange, and seduction may vary in their specific cultural content and expression. Anthropologists recognize cross-cultural variation in: (1) the families and groups involved in formal exchanges; (2) reciprocity; (3) choice; and (4) compliance.

Nonetheless, regardless of the varying content of customs and norms governing these exchanges, to the extent that the incest taboo is carried out, daughters are renounced as sexual objects and as marriage partners, and are therefore *in principle* given to another. **Turning to Dora, these formal principles (present in several levels of the case) remained inchoate and obscured in Freud's own interpretation, largely because of unrecognized transference and counter-transference as a 'primary discourse'**, and have been confounded by others with normative elements of the case (i. e., the 'morality' of Herr K as suitor and exchange partner).

In conclusion, I *interpret* that **Dora was correct in her assessment that she was erotic barter**: an item of exchange between her father and Herr K. The dynamics between Dora's family and the K's can be viewed in terms of exchanges of various 'gifts', including jewellery, women and sex. **Freud was, also in light of these formal principles, justified in his conclusion that Dora should be exchanged and seduced**, although whether specifically by Herr K is debatable.

The latter question would have to be evaluated in terms of the 'symbolic norms' about marriage and kinship prevalent in Austria at the turn of the nineteenth century. Freud's choice of a name 'Dora', meaning 'gift', for Ida Bauer is, I believe, related to these central themes. **In naming Ida Bauer 'Dora' Freud encapsulated in a word (see the introduction of this Chapter) the 'primary discourse' of the case. Drawing,**

unconsciously, on Greek language and the Pandora myth, Freud chose a name that confirmed his view that Dora should be given, exchanged, and seduced: the analysis of Dora's first dream –seen in light of the related principles of the incest taboo, exchange of women, and seduction– seems to support Freud's view that Dora should have to give herself, if not to Herr K, then to some man. Moreover the incorporation of these themes in the structural semiotic properties of Dora's first dream suggests that Dora herself was reaching the same conclusion, at least on an unconscious fantasy level, which unfolds its 'primary discourse', hence, if the 'magnetism between method and its object (unconscious fantasy)' constitutes any analyst's 'primary discourse', and Dora was reaching, on an unconscious fantasy level, the same conclusion of Freud, then, Dora's case in its 'primary discourse' is: **Dora is the gift.**

CHAPTER 4

Practical Constructs: a ‘primary discourse’

Clinical cases in a prison setting: my psychoanalytic follow-up

“Flectere si nequeo Superus, Acheronta movebo” (Freud, 1900a, p. 1).

As I said in my Introduction and throughout my Thesis, and, once again, to be absolutely clear: my research agenda is an overview of the development to this point of psychoanalysis as a discipline both as a theory of the mind –formulated by Freud, Lacan, Fairbairn, Bion, Matte-Blanco, Grotstein and Kernberg: these formulations unfold my theoretical prolegomena which were my Introduction, Chapter 1 and Chapter 2, which constitutes what Laplanche (1999) calls the ‘secondary discourse’ (see above)– and a treatment of the disorders of the mind: Freud’s clinical text illustrated by Chapter 3, my own clinical cases addressed in this Chapter and in my Conclusion, and a clinical update on the MPRP shown in Chapter 5: these are my practical constructs, which Laplanche (see above Laplanche, *op. cit.*) calls the ‘primary discourse’–, and offer a prediction, in my Conclusion (that prediction was started in my Introduction as I said), concerning evolving psychoanalytic development over its (near) future.

In epigraph I use the same aphorism that Freud transcribed from Virgil’s Aeneid for his “Interpretation of Dreams”: “If Heaven I cannot bend, then Hell I will arouse” [Freud took this motto, not directly from Virgil, but from a political text by Ferdinand Lassalle on the Austro-Italian War in 1859 (cf., Freud, *ib.*; Roudinesco & Plon, 1997)], exactly by the fact that in investigating criminals in a prison setting *we* are faced with this problematic, which is the following: the deviant feels and thinks to himself ‘If Heaven I cannot bend, then hell I will arouse’; in *his* own words ‘if peace and love I cannot bend, then war and hate I will arouse’. Hell (war and hate) is a metaphor of crime itself.

This chapter attempts to investigate **the clinical and epistemological validity of the psychoanalytic clinical method** (see Chapter 1) in a prison setting. **I will try to explore the *method* of psychoanalytic practice as a ‘primary discourse’ through the analysis of two criminals** who have committed more than three murders, and who

have not been diagnosed (until *that* time...) with any psychiatric disorders. **I will elaborate a detailed analysis (I went every week to the prison setting during the years of 2006 and 2007) of their childhoods, as well as their clinical processes during their stay in prison trying to unfold *its* ‘primary discourse’.**

Additionally, I will attempt to **link, unfolding several psychoanalytic theoretical ‘secondary discourses’, the inmates crimes to their life history and **how in the clinical setting is unfold *its* ‘primary discourse’.**** Indeed, the purposes of this chapter are to determine **how psychoanalytic practice as a ‘primary discourse’ (in the clinical setting; as mentioned many times; see above) **unfolds several ‘secondary discourses’**** and effects a positive improvement on the inmate’s personalities, and if it helps them to develop a sense of self awareness with regard to their inner realities **unfolding *its* ‘primary discourse’, because, once again, the ‘magnetism between method and its object (unconscious fantasy)’ constitutes any analyst’s ‘primary discourse’.**

I have data, taken from interviews with the inmates and their corresponding clinicians. I chose these two inmates for the purpose of this study specifically because they have been submitted to several therapies, which include psychopharmacological treatment under psychiatric orientation, cognitive behavioural therapy, and finally, psychoanalysis, to which they responded positively.

In 1916, Freud published a writing entitled “Some character-types met in psycho-analytic work” (cf., Freud, 1916a, pp. 309-336), in which (among other subjects) he elaborates a fecund ‘**secondary discourse**’ regarding the psychogenesis of crime: “As paradoxical as it may seem, I must say that the feeling of culpability is prior to the crime itself; the guilt is not as a result of the crime, but on the contrary, **the crime is the result of the guilt**. Therefore, we have reasons to describe these people as criminals, that act criminally as the result of a sense of guilt” (Freud, *op. cit.*, p. 317; my bold).

The clinical narratives heard at the Prison Establishment of L... (P.E.L.) are in strict consonance with Freud’s ‘secondary discourse’ (and *other* ‘secondary discourses’; see below). One of the detained, Mr. J., committed six homicides, and proffered some illustrative affirmations: “I deserve everything done to me and much more. Therefore, don’t think that I am sorry for the treatment that I have received because, fortunately, I know what I’ve done and as such, know what I deserve. I could

live 200 years and that would never make up for the suffering I've caused many people. Even in death, I would not be able to make up for it".

The analysis of the **psychoanalytic clinical method** is heuristic in relation to this prisoner. According to his clinician's indication, who has accompanied him throughout his long years of incarceration, the prisoner reported resistance to cognitive-behavioural therapies, as well as to psychopharmacological treatments. The therapist told me that the prisoner always assumed a great **culpability** in relation to the acts he committed, but that culpability appeared to have more remote causes, without any causal linkage to the crimes committed in adulthood.

Freud's 'secondary discourse' is unfolded with this clinical narrative: "where does that obscure sentiment of guilt come from, that is prior to the act, and is it possible that this kind of motive carries an important role in human crimes?" (Freud, *ib.*).

Momentarily putting the Freudian interrogation aside, and returning to the 'phenomenological discourse' (see above Chapter 3, but also Chapter 2) of the inmate: "when I was five years old, my father disappeared. I didn't think it was strange because it was already a habit. But as the weeks passed, I didn't understand what was happening. I questioned my mother and she responded that Dad had gone to a market, very far away, but that he would be returning any day. She told me not to say anything to anyone. At night, I slept with her, and every night I would hear her crying. I asked her if she was sick, if it was because I was doing bad things, or if the things I was doing were being badly done, but the answer was always the same: 'don't tell anyone because mom will cry'".

The clinician treating the prisoner stated that this narrative was only verbalised at the end of his second year of psychoanalytic treatment (never had such been said nor touched upon through the use of other therapeutic techniques), and this was spoken in a moment of very intense emotion (compulsive crying and overwhelming **guilt**). In accordance with the clinician, I also denoted (in speaking with the inmate) a verisimilar and pregnant **oedipal conflict** (see above the *long* conclusion of Chapter 2, but also Chapter 3), specifically when the detained speaks of 'sleeping with mom', and that **sleep** is dedicated to the most absolute and **culpable 'silence'** (see above, in Chapter 2, Alford's and Freud's *dynamic* concerning the Todestrieb), and the fear of having done 'things wrong'. This oedipal conflict is strongly reinforced when the prisoner illustrates

an image of his father's return, like someone coming from 'Inferno', so much that the prisoner barely recognized him: "one day I was at the door and I saw a man approaching, his clothes dirty and ripped, coming in my direction. I thought of hiding (**guilt**). But he called to me by my name. It was then that I knew well and recognized that it was my father. Yes, it was him, but it looked as if he had come from hell".

In consonance, Freud specified the psychic dynamic subjacent to what he himself coined as the Oedipus complex: "The usual result of analytical work demonstrates that obscure sense of **guilt** proven of the Oedipus complex, being a reaction of two great **criminal** intentions, killing the father and have relations with the mother. In comparison with these two crimes, the delicts committed, for which **the guilt feeling becomes fixated**, constitute, without doubt, relief for the tormented Subject" (Freud, *op. cit.*, p. 318; my bold).

The torment that **Freud's 'secondary discourse'** characterizes is the 'semantic shell' (*mutatis mutandis*, see Chapter 3) present in the prisoner's **words**: "having passed only about 15 days, my dad left again, and we did not know where he had been, or to where he was going again. But the **torment** with my mother began again. She only cried, cried and ate nothing. This time not too much time passed before he returned, but he did not look any better. He looked like a 70 year old man; skinny, not even like a bum. I, holding onto the skirt of my mother, cried the same way".

This 'holding onto the skirt of mom' imbricates with the sentiment of an intrusive father, who is visualized as 'a 70 year old man; skinny, not even like a bum', and is acquiescent with Oedipus's narrative in "Oedipus the King", by Sophocles, which Freud described as being the **mythological genesis** of his 'Oedipus Complex' (see above, especially the *long* conclusion of Chapter 2, but also Chapter 3) formulation (cf., Freud, 1897c, pp. 273-274). Indeed, the 'Oedipus Complex' formulation emerged as a result of Freud's association to the **myth** present in Sophocles' "Oedipus the King"; Freud explained this linkage in a letter to Fliess, dated October 15, 1897 (cf., Freud, *ib.*), and afterwards integrated it in "The Interpretation of Dreams" (cf., Freud, 1900a, pp. 1-338; 1900b, pp. 339-621): Oedipus questions Jocasta: "And Laius, how did he look? And, how old?" Jocasta responds: "He is tall, and his hair is beginning to grey"; Oedipus responds illustratively: "Poor old me, I am doomed" (cf., Powell, 2004, p. 460).

The **guilt** that Oedipus assumes when he describes Laius as a finished old man

constitutes the classic psychological fideism between a son and his father, where the son feels that the father is no longer strong or virile, and he must be ‘killed’ so that the mother can finally be his. This desired parricide is prohibited yet pursued *ab initio* as Freud asserts: “parricide and incest with the mother constitute the two greatest crimes of humanity, the only ones that were pursued and abominated in primitive societies” (Freud, 1913k, p. 73).

This oedipal *problematic* is processed and developed under the spectrum of **symbolic** crime, not being arbitrary to affirm that in *our* most severe oedipal conflicts (not being resolved inherently through a *positive* identification with the father), the crime *passes* from being **symbolic** to **real**, dislocating itself from a crime against the father to crime aimed at society, which is, according to **Lacan’s ‘secondary discourse’** (see above my Lacan’s ‘review’ in Chapter 2), represented in the child’s mind precisely as the “Name of the Father”, by the “Law of the Father”: “It is in the *name of the father* that we must recognize the support of the symbolic function which, from the dawn of history, has identified his person with the figure of the law. This conception enables us to distinguish clearly, in the analysis of a case, the unconscious effects of this function from the narcissistic relations, or even from the real relations that the Subject sustains with the image and the action of the person who embodies it” (Lacan, 1966, p. 74).

Lacan created these concepts in his Seminars “Freud’s Papers on Technique, The Seminar, Book I” in 1953 and “The Psychoses, The Seminar, Book III” in 1956 (the former about ‘the Rat Man’ Ernst Lanzer; the latter about Daniel Paul Schreber), where the author explains the figure of the father as having the role of primary signifier. The primary signifier constitutes the first and most important signifier of culture ‘assimilated’ by the infant; this operates as the symbolical function of the law (cf., Lacan, 1953-54; 1955-56; see above my Lacan’s ‘review’ in Chapter 2).

Accordingly, the deviant appears to inscribe himself in an internal dynamic where the law of the father was never internalised and as such, all other laws were interpreted as external to the Self. The deviant does not recognize authority by the fact that he did not obey (symbolically) the primary law (law of the father), and all other laws are merely mitigated reproductions of the law-of-the-father. Therefore, the deviant does not find any psychological reasons for obeying external laws, given the psychological fact that he did not obey his own internal law. It is as though there exists an ‘oedipal wound’ within the deviant that never healed, a **guilt** that only crime pacifies

but which is indelibly reinforced by the primary crime (the very first crime the deviant felt to have suffered): “I was waiting for my mother. The only thing I saw were some headlights of a car passing at a high speed, a deafening sound, and then a scream. The driver never stopped. My mother was 150 meters in front of me, lying in the gutter, mangled like a ball of human meat. She was dead. I was seven years old at the time. In an attempt to teach me, my father had me write whole notebooks every day, but because he did not understand even one word, he would scribble in the notebooks, writing letters and names without meaning”.

This narrative given by Mr. J. reveals a psychic space that becomes crystallized in the mind of the detained, that is, a mother killed by a criminal who escapes, and a father who is someone in which he does not confide because he is a father who understands nothing, he scribbles letters and names that bear no significance at all. These non-significant ‘letters’ and ‘names’ constitute something that is not significant: the very emotional alphabet of the detained, which is nothing more than, according to his own words, letters and names of a non significant father.

The detained only speaks of his mother’s death in the fourth year of analysis, after a massive projection toward the clinician, of whom Mr. J. complains as understanding nothing at all (paternal projection). The incriminating external blame becomes life’s meaning for Mr. J. The dialectic process of blame ‘is the highroad in differentiating bad internal objects (but opaque) susceptible to allowing the expulsion and the transformation of the subsequent’ (cf., Miller, 1990). However, there does not exist a dialectic for Mr. J., an object identification/differentiation does not exist, as Miller defends. Mr. J. sits and thinks of incriminating and punishing the man who killed his mother, the man who also killed him.

The opaqueness of Mr. J. bad internal objects only revealed their existence in analysis: this psychic reality was strongly repressed by the inmate. So strongly that it defined an internal implosion with extremely primitive acting outs: six homicides of men in positions of power: police, prison guards, lawyers; representatives of law that ‘did not understand’ (his father), and a crime that culminated in the death of his mother: the driver never having been punished; the automobile, for Mr. J., characterized a bubble, an organized structure that protects its interveners. The metaphor of a bubble as the law representing an organized structure was stated by the prisoner as the result of a dream to the responsible clinic (and confirmed by me).

Mr. J. transmutes into his mother's avenger. Mr. J. is a Faust who allies himself (perversely) with Mephistopheles (cf., Goethe, 1808), a kind of **pact** (see above my Grotstein's 'review' in Chapter 2) with **the 'structure of evil'**: "One could point to many moments in Western literary history when writers explored the **'structure of evil'**: from the obstructive work of the Devil in the New Testament to his dank and cold presence in the atmosphere of place in Dante's 'Divine Comedy', from Defoe's 'The Political History of the Devil' to Goethe's 'Faust', from the evil structures of seduction in the sentimental novels of Richardson to Hawthorne's 'The Scarlet Letter', from the complex novels of Dostoevsky to Bram Stoker's portrait of «spiritual pathology» in 'Dracula', and from Kafka's novels to Golding's 'Lord of the Flies'. **In the contemporary mind the serial killer is the statement of evil**, and by studying what we imagine he does, we may come to understand what has always been part of our culture, our society, and the varying fates of some of our selves" (Bollas, 1996a, pp. 184-185; my bold).

I quoted **Bollas's 'secondary discourse'** extensively to illustrate that the 'structure of evil' has been present since the beginning of *our* civilization and **is** a cultural heritage just as the superego is the heritage of the Oedipus complex (see below). Therefore, the 'structure of evil' represents the perverse laws present in *our* culture, and the superego is the judge, the categorical imperative of the ego, as Freud affirmed in 1924: 'Kant's categorical imperative is the direct heir of the Oedipus complex' (cf., Freud, 1924b, pp. 159-170). Later, Freud explicitly states that the superego is the heir of the Oedipus complex, with this establishing a direct conceptual linkage between Kant's categorical imperative and the superego itself. As it is widely recognized, Kant's categorical imperative is an ethical formulation, a 'moral law' [Kant states that: 'there is only one categorical imperative, namely this: Act only on a maxim by which you can will that it, at the same time, should become a general law' (cf., Kant, 1785; 1788, p. 42)] aimed at regulating culture and society, analogous to the relationship between the superego and the ego; the superego *regulates* the ego.

If Freud affirms that: 'the superego is the heir of the oedipal complex' (cf., Freud, 1923c, pp. 12-59) then the **culpability** derived from the *mitigated* Superego (because the oedipal complex is not yet resolved) is absolutely more severe than any other transfiguring into a Dostoevskyan punishment, where the crime is *shouted out* by Raskolikoff (the principal character of Dostoevsky's "Crime and Punishment") in a loud

voice, which is what Dostoevsky [the most Freudian literary, according to Freud; see above, in Chapter 2, the end of my reflection concerning Alford and inherently Freud (cf., Freud, 1928b, pp. 177-194)] shows *us* in his “Crime and Punishment” showing, specifically, the **guilt** and the **torment** (superego) that finally drives Raskolikoff to confess to his horrendous crime by publicly shouting aloud a confession (cf., Dostoevsky, 1866).

We already saw the cultural heritage of this ‘evil’, but, *scientifically*, the evil as an act, the perversion of crime as a conscious act, ‘confessed act’, was primarily schematised by Cesare Lombroso (1876) in his book “L’Homme Criminel”. The author, utilizing the phrenological methods of Franz Josef Gall, analysed an impressionable quantity of craniums and studied the morphology of twenty seven thousand ‘abnormal’ people (prostitutes, assassins, epileptics, sexual perverts, etc). Lombroso judiciously describes the following pathology: criminals appear to be the ‘primary primates, the savage horde’ (cf., Lombroso, 1876) to which theme Freud returns to in “Totem and Taboo” (1913). This work was based on anthropological investigations (done mainly by Frazer: see above the *long* conclusion of Chapter 2), defending the universality of the Oedipal Complex and the ethnological validity of psychoanalytic formulations (cf., Freud, 1913k, pp. 1-161).

Freud was not very interested in criminology as it is presented here. The only kind of crime that fascinated him was parricide that he connected to incest, and the Oedipal Complex (as already referred to), and that he presented as a paradigm of all criminal acts of men. He established a very simple distinction between hysterics and criminals: “hysterics hide a secret that they do know; criminals conceal that same secret with full consciousness” (Freud, 1906b, p. 108). Freud writes this statement in a writing entitled “Psycho-analysis and the establishment of the facts in legal proceedings” (1906), precisely one year after the “Three essays on the theory of sexuality” (1905), which, in my perspective, conceptualizes the psychic dynamic underlying the ‘structure of evil’ (cf., Freud, 1905b, pp. 135-243; 1906b, pp. 103-114).

I will now *unfold*, with more detail, **Freud’s ‘secondary discourse’** to explain and understand the ‘structure of evil’ that the inmates present to *us*. This analysis will be made through the dynamic of infantile sexuality as a broad spectrum. The category within that spectrum that I will focus on is autoeroticism and as Freud states in the famous Chapter II of “The Three essays on the theory of sexuality”: “children can

become polymorphously perverse” (Freud, 1905b, p. 154).

The “Three essays on the theory of sexuality” was one of Freud’s most endeared works exactly because it establishes the major tenets of infantile sexuality and its manifestations in adulthood. In this work, and in “The Interpretation of Dreams”, *we* find the **two major paradigms** upon which Freud constructed **all** his ‘secondary discourse’.

In “The Interpretation of Dreams”, *we* find content on mental functioning as well as the interpretation paradigm (see Chapter 1); in the “Three essays on the theory of sexuality”, *we* find the basis for the construction of the **theory** on human sexuality, which will also be transformed into a **theory** of psychic representation, and into a more global **theory** involving the issue of object encounter. Freud, finally, affirms that: ‘an encountered object is an object re-encountered’ (cf., Freud, 1905b, pp. 135-243), which is in *full agreement* with the descriptions narrated by this inmate (and also Mr. P.; see below): “I committed crimes because it was stronger than me; there is something that **drives me**”. **As if there is an object (perverse) that asks to be re-encountered.**

Freud is assertive: “The object choice of the pubertal period is obliged to dispense with the objects of childhood and to start afresh as a ‘sensual current’. Should these two currents fail to converge, the result is often that one of the ideals of sexual life, the focusing of all desires upon a single object, will be unattainable” (Freud, *op. cit.*, p. 160). Indeed, **it is not only a theory of human sexuality, but also a theory of the object and of the object relation, from Freud’s ‘secondary discourse’ but also from Object Relations School wider ‘secondary discourse’ (see above Chapter 2), and also from the ‘discourse’ of crime as an object.**

Accordingly, in the “Three essays on the theory of sexuality” Freud begins with perversion, descending to its infantile origins, but, very curiously, the text is interrupted with the problem of culture, latency. Latency always appears in its connection with cultural issues, and not only in the obvious sense of defence against incest. This last meaning seems most obvious, since Freud mainly speaks of reaction-formation and sublimation (with regard to the theory of regression and of repression), but it also refers to defences against more primitive drives such as: defences against parricide and against murder in general and even against issues that are far more primitive, relating to man’s necrophilia drives and the cannibalistic mind; defences against cannibalism itself (cf., Freud, 1905b, pp. 135-243; 1913k, pp. 1-161).

Another prisoner of P.E.L., Mr. P., who committed three homicides, is also allocated in this precise anthropophagic thematic that Freud refers to: “I always felt, whenever I fought, like eating the other person. When I killed the first time, I felt exactly that, like I ate him”.

Freud shows that which is common to the human culture, overcoming the instinct barrier and amplifying one’s relationship to the world, which can only have one counterpart, which is the symbolic organization of the human subject and the organized mind. *We* are no longer animals, and that had impious consequences for the species. The human species had to acknowledge those aspects that remained, the moment *we* ceased being animals. To use an expression that is dear to Lacanians, ‘man is a failed animal’ and for that reason, a historical being (cf., Samuels, 1993).

In a certain way, Mr. P. historical being did not turn him into a failed animal but turned him into an animal without faults, as he himself recognizes: “I wanted to commit the perfect crime, without faults, because I never liked anyone. The others irritated me. Even in here (prison), if someone messes with me, they know that I will eat them alive”. The clinician who has been with the prisoner for the past three years reported that he has never shown remorse, but very much to the contrary, he has shown pride for the acts he committed. The **psychoanalytic clinical method** has shown to be efficient from the viewpoint of unfolding phantasms and hidden phantasms such as, for example, a prisoner with latent homosexuality (certain dreams show an intense eroticism toward his father), but presents himself to others as a ‘macho-Latino’, in his own words.

The prisoner has great difficulty in speaking about his father, evidencing a strong defence against primitive cannibalism as described by Freud, but only in relation to his father. It appears as though he would most like to ‘eat’ his father but does not do so. What he does do is eat others, as he himself has stated (its noteworthy that ‘eating someone’ and having sexual relations semantically signify the same in Portuguese vernacular and even in English).

The historical being of Mr. P. is only able to account for his movements in a world of ‘reality’, meaning that he is not capable of organizing those primitive aspects related to the defences that animals use: the instinct barrier; aspects pertaining to the relationship between the human subject and his own development. This idea is very important: the welding of the human species has the development of a barrier of another order as its counterpart; it is no longer the organized instinct barrier in other species. It

is a barrier of ethical order and, curiously, of ontic order, because this is what human nature *is*, as Mr. P. affirms: “I always liked being an animal and shitting on shitty ethics. I am free”.

Therefore, contrary to what it may seem at a glimpse, it is not the cultural nature of man, from the common sense point of view, that appears as part of the central theme of **Freud’s ‘secondary discourse’**. I do not believe that it is by chance that this thematic appears conjoined in a first instance, the description of perversions, and, in a second instance, the explanation of infantile sexual origins, and, finally, the issue of puberty, which Freud presents as a sketch of the final solution of all the problematic drafted throughout the text (cf., Freud, 1905b, pp. 135-243).

In fact, Freud goes on elaborating elements beginning with an approach to homosexuality, moving on to problems of perversions in general, consequently moulding the first significant shift in the passage of perversion to neuroses. This explanation, which appears in that famous phrase: “neuroses are, so to say, the negative of perversions” (Freud, *op. cit.*, p. 165) is recaptured throughout the book. But it is not a negative *per se*, but a positive-negative, because it presents *us* with a *quasi*-paradoxical **theory** in which neurosis is, finally, a concealed perversion: a perversion that suffered repression. Above this first instance, this passage from perversion to neurosis, there is a second instance, which is the passage from neurosis to human sexual life in general. The connection of neurosis established by Freud, as the negative of perversion, and of perversion as something not repressed, almost as a pure instinct (cf., Freud, 1905b, pp. 135-243), clearly articulates with something that Mr. P’s clinician as well as Mr. P. himself told me: “I’ve always lived, since I was young, dependent upon my instincts. I’ve always done what I’ve felt like doing. The first time I violated a woman, I was 14 years old”. Keeping in mind that Freud’s linkage was not arbitrary: first, the description of perversions; second, the explanation of infantile sexual origins; and thirdly, puberty (cf., Freud, *ib.*).

Puberty without repressions, living through one’s instincts, appears to construct what Lombroso coined as a ‘born criminal’ (cf., Lombroso, 1876): this ‘born criminal’ represents the inextricable relationship between psychological perversion, sexual behaviour and social violence.

The current of thought that Freud establishes throughout his ‘**secondary discourse**’, regarding aspects that began as perversion, moving onto more symptomatic

issues (in the sense of anxiety and psychic conflict), and arriving, finally, to the reality of human sexuality in general, is extremely important. It is in this way that Freud sustains an essential continuity in human sexuality that appears as the backdrop in the constitution of all *our* affective, sexual, and **criminal** life (cf., Freud, 1905b, pp. 135-243; 1906b, pp. 103-114). Freud erased *all* moral perspective on human sexuality by establishing that essential continuum which is infantile sexuality. For Freud, the organizer of human sexuality is autoeroticism. *All* of human sexuality is definitively interrelated with autoeroticism, existing as such, a kind of essential perversion as the foundation of *all* sexuality. **It is pertinent to add that Mr. J. and Mr. P. reported compulsive masturbation, which characterizes a pre-pubertal autoeroticism.**

Mr. J's and Mr. P's sexual lives follow the same pattern: relations that lack any affect and are constituted by physical and psychological violence: Both affirm that: "broads only give problems". Mr. P. says: "I dated a woman who was 42 years old and she was crazy because she only liked children, not even young men, she liked children. I thought that was disgusting. Even though I thought this was disgusting, I stayed with her, but I would beat her every day, until one day she took off, she ran away". Mr. P's clinician told me that Mr. P. showed an extreme hatred whenever he spoke of this woman, but was unable to explain his reasons for staying with her. When I spoke with him, I was able to confirm this as well as the existence of a perverse linkage between Mr. P. and the woman, but I also assessed that the perverse linkage was, in fact, between Mr. P. and himself through the above referred dynamic: autoeroticism, infantile sexuality, and puberty. Mr. P's 'woman' liked pre-pubertal children, and as a result, Mr. P. identified himself with these pre-pubertal children who were still autoerotic, as he himself is, in adulthood. In a certain way, he punished this woman for making him feel conscious culpability with regard to his own inner perversion, which unfolds its 'primary discourse': the 'magnetism between method and its object (unconscious fantasy)' constitutes any analyst's 'primary discourse'.

Accordingly, Freud himself divided the *classical* explanations concerning sexuality, perversion and even **crime**: It's the old dilemma, 'nature versus nurture' that Francis Galton formulated (cf., Mousseau, 1984). Freud reconfigured this dilemma into three dimensions: the environmental, the constitutional, and the psychic (cf., Freud, 1905b, pp. 135-243.). Freud inscribes sexuality in these three categories, sustaining the

primacy of the psychic but not conveying the idea of psychic determinism, taking constitutional and environmental aspects into consideration. In relation to the environment, Freud speaks of conditioning but not in the *classical* sense of the term, but as experiential factors that influence the development of aspects that are inherent and innate to the proper structure of the species functioning. These factors, which Freud calls conditioning, are those that are specific to Psychoanalysis (cf., Freud, *ib.*).

The relationship between the real the constitutional and the psychic is constituted under the primacy of the psychic, being autoeroticism created exactly here; **autoeroticism is only found through the psychic**. The issue of autoeroticism gains its singularity, regarding inversion and then perversion (upon which Freud develops his idea of fixation, and then it is broadened), in the explanation of perversion, in infantile sexual choices, in the theories of infantile sexuality, and, as an outcome, in puberty, through the object encounter, which is **the re-encounter of the object** [as previously stated (cf., Freud, *ib.*)].

Autoeroticism is also a mediating factor in relation to the object (mother). The wider this angle that goes on being established between the satisfaction of a need and autonomous satisfaction, the better prepared autoeroticism will be to be a mediating factor in relation to the object. In exchange, the narrower the opening of this angle, to some kind of realization of its wholeness, approximation to the object itself becomes more difficult. The smaller this angle is (as the more the erotogenic zone remains connected to the satisfaction of a need), the greater the fixation: “Our study of thumb-sucking or sensual thinking has already given us the three essential characteristics of an infantile sexual manifestation. At its origin it attaches itself to one of the vital somatic functions; it has yet no sexual object, and is thus autoerotic; and its sexual aim is dominated by an erotogenic zone” (Freud, *op. cit.*, p. 150).

Freud presents many examples of this: when he emphasizes the constitutional factors in a determined problematic, he explains them through the hyper-presence of a stimulus, when the source is affirmed for itself and not as support or reference. In this case, autoeroticism does not constitute a mediating factor in relation to the object, but remains attached to the actual **drive** source, and it is in the opening of this aforementioned angle, that this factor of mediation will be constituted in relation with the other (cf., Freud, *ib.*).

It is this triple condition, the separation of the drive, the independence in the

presence of the object, and autoeroticism, which constitutes the scenario in which *all* human sexuality will be built. If not, the subject would fall into original passivity, into the **death drive** (see above, in Chapter 2, Alford's and Freud's *dynamic* concerning the Todestrieb), into autism. Naturally, the idea of 'Thanatos' is present: it is the fight against it, against this original passivity, which also allows for the structure of autoeroticism.

From the inmate's narratives, **I was able to substantiate the fixation present in the autoerotic stage with regard to both prisoners. For example, Mr. J. spoke of sleeping with his mother, and then having seen her murdered before his very eyes. This, in turn, fixated him at that mental age when autoeroticism is present as a mental organizer in the mind of the child. In Mr. J's case, autoeroticism was not a mediating factor in relation to the object encounter (mother), which allows the re-encounter of that object in puberty (as I said above). Seeing as how Mr. J. lost his object he became fixated on 'it', which unfolds its 'primary discourse': the 'magnetism between method and its object (unconscious fantasy)' constitutes any analyst's 'primary discourse'.**

In summary, the prisoners demonstrate some emotional growth, denoting some self-awareness, but none of them, even those who have been in analysis for longer than four years, evidence any real internal reparation or acceptance of their internal paternal and maternal representations as something that is simultaneously positive or negative, which allows for an elaboration, or of a *synthesis* (see above, in Chapter 2, Bion's 'selected fact') of the internal 'imagos'; on the contrary, the cleavage is excessive, making obvious as well as objective the **oedipal fixation** of the prisoners, taking on an apparently chronic features. The prisoners, after a long time (always after more than two years) said that they really felt more understood by the clinicians who spoke little and **asked few questions** (see above, in Chapter 2, Segal's description about the 'Kleinian Technique'), because, with other previous techniques, as Mr. J. illustrates: "When they ask me questions I feel like I am being interrogated by the police".

The clinicians at P.E.L. welcome the **psychoanalytic clinical method** as it is implemented as a form of treatment and confirmed by me to be frequently practiced. Like so, the inmates at P.E.L. appear to prefer this therapeutic technique to the previous techniques attempted through the course of their incarceration. They have confirmed to feel a much more *mitigated* sense of liberty in speaking of their internal prisons

(without feeling as though they are being interrogated).

The two inmates interviewed for the purpose of this dissertation and who have been submitted to various psychodynamic and psychopharmacological treatments verify through their discourse, as well as confirmed by their corresponding clinicians and me, that they have promoted some self awareness of their inner realities. As Bion says, the purpose of any psychoanalytic treatment is to promote maturity, personal and emotional growth and development (cf., Bion, 1965), which is exactly what this research investigated and substantiated.

To conclude, **the *accounts* of both inmate's life history articulated with the crimes they committed, and, inherently, its 'primary discourse' unfolded in the clinical setting** are in perfect *harmony* with **several 'secondary discourses'** [(Freud; Lacan; Bollas (an object relations theorist); Object Relations School *wider* 'secondary discourse'; among *others*] presented throughout this Chapter (and not only in this Chapter...), which, from my perspective, illustrates **the clinical and epistemological validity of the psychoanalytic clinical method** in a prison setting.

CHAPTER 5

Practical Constructs: a ‘primary discourse’

A Clinical Object Relations approach to the ‘Menninger Psychotherapy Research Project’ (MPRP)

As I said in my Introduction and throughout my Thesis, and, once again, to be absolutely clear: my research agenda is an overview of the development to this point of psychoanalysis as a discipline both as a theory of the mind –formulated by Freud, Lacan, Fairbairn, Bion, Matte-Blanco, Grotstein and Kernberg: these formulations unfold my theoretical prolegomena which were my Introduction, Chapter 1 and Chapter 2, which constitutes what Laplanche (1999) calls the ‘secondary discourse’ (see above)– and a treatment of the disorders of the mind: Freud’s clinical text illustrated by Chapter 3, my own clinical cases addressed in Chapter 4 and in my Conclusion, and a clinical update on the MPRP shown in this Chapter: these are my practical constructs, which Laplanche (see above Laplanche, *op. cit.*) calls the ‘primary discourse’–, and offer a prediction, in my Conclusion (that prediction was started in my Introduction as I said), concerning evolving psychoanalytic development over its (near) future.

Indeed, throughout my Thesis, my focus was (and will be until the next and final Chapter) on the coherence of psychoanalysis as a theoretical structure and that is the coherence of my doctoral Thesis as a whole. I’ve started with Freud’s strenuous endeavours to maintain *the* psychoanalysis that he had single-handedly created as a unitary and unified theory, tracing then the breakdown of this effort, even in Freud’s lifetime into the burgeoning theoretical diversity or ‘pluralism’ that characterizes worldwide psychoanalysis today, and then I’ve unfolded the beginning appearance of evidences –not yet widely remarked– of growing convergences from within very disparate and even seemingly very opposed theoretical perspectives, at least at the level of technical interventions and experience-near clinical theory, with implications, however, even for the level of experience-distant general (metapsychological) theory: this is how the theoretical prolegomena relate to the practical/clinical constructs. All this was done under the hermeneutic meta-interpretation (Laplanche’s ‘secondary discourse’) because I’ve unfolded a

systematization of theories of mind interpreting them according to my clinical experience (the ‘analyst’s mind’; Laplanche’s ‘primary discourse’). Such a development, if sustained, as I anticipate (and this doctoral Thesis also tries to promote), would strengthen the **credibility** of psychoanalysis as a science of the mind, amenable to growth –this growth constitutes the epistemological leap from the hermeneutic categorisation to the positivist research– through empirical research: the MPRP is a heuristic example of how psychoanalytic clinical research should be done; a positivist approach because ‘falsifiable’ research has to be positivist (being the MPRP a psychoanalytic clinical research, it is, by inherence, also a practical/clinical construct and, *paradoxically*, unfolds what Laplanche calls the ‘primary discourse’) in accordance with the canons of scientific method.

In this line of argument I will ‘update’ the fecund epidemiological survey known as ‘Menninger Psychotherapy Research Project’ (MPRP), to infer the clinical validity of psychoanalytic practice in the clinical setting *per se* (unfolding *its* ‘primary discourse’, once again: ‘primary discourse’ is psychoanalytical clinical practice per se, but, as I will demonstrate below: the interaction of ‘types of patients’ and ‘types of treatments’ and how this interaction of these two dimensions is done, unfolds also, in my terminology, how ‘secondary discourse’ and ‘primary discourse’ mutually affect each other), on one hand, and compare its results with those of psychotherapy (psychoanalytic psychotherapy; from now on I will address it as psychotherapy to avoid semantic redundancies), on the other hand. This epistemological *antinomy* will be illustrated with specific psychopathology inherent to the clinical cases.

Analysis of the data from the ‘Menninger Psychotherapy Research Project’ (from now on I will address it as MPRP) have consistently indicated little difference in the therapeutic outcome between patients seen in psychoanalysis and those seen in psychotherapy. Reanalysis of the data from the MPRP, utilizing a distinction between two broad configurations of psychopathology (cf., Blatt, 1974, pp. 107-157; 1990a, pp. 299-335; Blatt & Schichman, 1983, pp. 187-254), however, indicates that patients whose pathology focuses primarily on disruptions of interpersonal relatedness and who use primarily avoidant defences (**anaclitic patients**), and patients whose pathology focuses primarily on issues of self-definition, autonomy, and self-worth and who use primarily counteractive defences (**introjective patients**) differ in their responsiveness

to psychotherapy and psychoanalysis.

Based on recently developed procedures for systematically evaluating the quality of object representation on the **Rorschach**, reanalysis of the Menninger data reveals that anaclitic patients have significantly greater positive change in psychotherapy, while introjective patients have significantly greater positive change in psychoanalysis. **These statistically significant patient-by-treatment interactions (unfolding its 'primary discourse', once again: 'primary discourse' is psychoanalytical clinical practice per se, but, as I said and I will demonstrate below: the interaction of 'types of patients' and 'types of treatments' and how this interaction of these two dimensions is done, unfolds also, in my terminology, how 'secondary discourse' and 'primary discourse' mutually affect each other) are discussed in terms of their clinical implications as well as the importance of differentiating among types of patients in studies of therapeutic outcome and of therapeutic process, unfolding the full dynamic of the above mentioned epistemological antinomy.**

After this introduction, I will now clarify what was and what is the MPRP. Among the scientific (psychoanalytic) community it is a cogent fact that the MPRP has made major contributions to the study of the outcome and dimensions of the therapeutic process in psychoanalysis and in psychotherapy. It has been written up extensively; five books (cf., Kernberg et al., 1972a, 1972b, pp. 87-275; Voth & Orth, 1973; Horwitz, 1974; Appelbaum, 1977; Wallerstein, 1986) and over 60 articles have provided detailed analyses of the **clinical** predictions, the results of the psychological test findings, and quantitative and qualitative presentations of the empirical and **clinical** data (cf., Bachrach, 1988, pp. 164-166).

Initiated almost sixty years ago (1954), the project remains one of the more carefully designed, well controlled, and methodologically and clinically sophisticated comparative studies of two forms of psychological intervention: psychoanalysis and psychotherapy. Though this extensive and comprehensive study has made many important contributions to psychoanalytic and psychotherapy research, one of the disappointments with the results has been the failure of the study, despite extensive analyses of the data, to discern differences between the effects of the two different types of therapeutic intervention.

Wallerstein in a comprehensive statement of the MPRP summarizes the results by noting that overall a fair number of patients in psychoanalysis did less well than

expected while a fair number of patients seen in psychoanalytic psychotherapy did better than expected. Generally there was less difference between the two groups than expected (cf., Wallerstein, 1986; 1988a, pp. 129-151; 1988b, pp. 241-261; 1988c, pp. 5-22; 1989, pp. 563-591; 1994, pp. 120-141).

These results of the MPRP are consistent with other reports that indicate over the long-term that: “no one therapy has been shown to be overall significantly superior to any other” (Frank, 1979, p. 311). Extensive meta-analyses of **comparative therapy outcome studies** have shown few differences between alternative forms of treatment (cf., Smith et al., 1980; American Psychiatric Association Commission on Psychotherapies, 1982; Shapiro & Shapiro, 1982, pp. 581-604). **Differences in treatment techniques appear to account for relatively little of the variance of treatment outcome.**

Kazdin (1986) suggests that **the similarities in treatment outcome among various types of therapy may simply reflect common processes shared by alternative techniques** (cf., Frank, 1982, pp. 5-37; Strupp & Binder, 1984). Kazdin, however, also suggests that **the failure to demonstrate systematic differences may be a function of methodological limitations** (cf., Kazdin, 1986, pp. 95-105). **There is considerable debate about whether the consistent lack of findings for a differential efficacy of various forms of therapy is an accurate description on the field** (cf., Smith et al., 1980; Landsman & Dawes, 1982, pp. 504-516) or a consequence of **methodological limitations** (cf., VandenBos & Pino, 1980, pp. 23-69; Wortman, 1983, pp. 223-260). Support of the null hypothesis of no difference in many comparative studies of different types of therapy may not be a function of the lack of differences between different types of treatment, but a failure to address adequately major **methodological** issues in this type of research.

Imber et al. (1990) argue for the need in comparative studies of therapeutic change to develop not only general measures of global change such as symptom reduction, but, more important, to **develop measures of change directly relevant to possible treatment-specific effects.** They argue for the need to develop precisely specified, appropriately applied, outcome measures: “selected for presumed sensitivity to different treatments” (Imber et al., 1990, p. 352). They believe that: “the possibility remains that differential effects could be detected with measures more sensitive to individual treatments and their distinctive rationales and procedures” (Imber et al., *ib.*).

Though these investigators in the NIMH Collaborative Study of Depression developed outcome measures carefully derived from ‘rationales and procedures’ of three forms of treatment for depression (interpersonal psychotherapy, cognitive-behavioural therapy, imipramine plus clinical management), their results provide little support for their basic hypothesis: “**none of the therapies produced consistent effects on measures related to its theoretical origins” (Imber et al., *ib.*; my alterations). Their findings appear to support the contention of Butler & Strupp (1986) that the search for specific versus non-specific treatment effects is unproductive and that psychotherapy research should move on to more productive areas.**

It is possible, however, that specific effects do occur in treatment, but that these effects pertain to dimensions of the patient rather than to dimensions of the therapist or **aspects of the treatment process**. It is noteworthy that almost all comparative psychotherapy research has been devoted to studying **differences** among types of therapists and types of therapy **and very little attention has been devoted to studying the differential response of various types of patients to the same or different types of therapeutic intervention**. Part of the **difficulty** in being able to identify systematic differences among the results of different therapeutic approaches may be a function of the failure to differentiate among types of patients. Rather than assuming that all patients respond to treatment in the same way, **it may be more productive to distinguish among patients and to examine whether there might be an interaction between types of treatment and types of patient**, with some patients responding more effectively to one form of treatment while other types of patients respond more effectively to another form of treatment (cf., Butler & Strupp, 1986, pp. 30-40).

In this context and exactly because of the above mentioned ‘difficulties’, and once again to be absolutely clear, I evoke my main argument defended throughout my entire Thesis, steering in Laplanche’s harbour: “**The [psychoanalytic clinical] method is one of association and cross-referencing, a deconstruction, and only at the horizon of this dissolution (*Lösung*) or analysis can another reality be sketched: what is called an unconscious fantasy. There is no point-for-point correspondence, however, no analogy or similitude between the behavioral or conscious discursive sequence from which the associations start and the fragment of an unconscious sequence which can be outlined through cross-references. So much so that any**

method of a hermeneutic order –the direct transposition or translation of one discourse into another, be that second discourse Jungian, Kleinian, Lacanian or even Freudian– is ruled out. Ultimately, the reciprocal implication of method and object consists in the fact that the former is not only adapted to the latter but oriented, magnetically attracted by it” (Laplanche, 1999, p. 63; my alterations).

As Laplanche argues, as a ‘primary discourse’ ‘no analogy can be done between the behavioral or conscious discursive sequence from which the associations start and the fragment of an unconscious sequence’, but as a ‘secondary discourse’, ‘scientific metaphors’, as Wallerstein posits, can be done and are done, because, if not, no theoretical advance was possible. And since each of *our* metapsychologies purports to explain the whole spectrum of psychopathology, and the proper roads to its amelioration, Wallerstein defends that *we* are without warrant, at least at this stage of *our* development as a science, to claim the greater heuristic usefulness or validity of any one of *our* general theories over the others, other than by the indoctrinations and allegiances built into *us* by the happenstance of *our* individual trainings, *our* ‘differing personality dispositions’ and the explanatory predilections then carried over into *our* consulting rooms (cf., Wallerstein, 1988c, pp. 5-22).

Exactly for the reasons above mentioned by Wallerstein and also by Laplanche’s arguments, and, once again: my research agenda is an overview of the development to this point of psychoanalysis as a discipline both as a theory of the mind –formulated by Freud, Lacan, Fairbairn, Bion, Matte-Blanco, Grotstein and Kernberg: these formulations unfold my theoretical prolegomena which were my Introduction, Chapter 1 and Chapter 2, which constitutes what Laplanche (1999) calls the ‘secondary discourse’ (see above)– and a treatment of the disorders of the mind: Freud’s clinical text illustrated by Chapter 3, my own clinical cases addressed in Chapter 4 and in my Conclusion, and a clinical update on the MPRP being developed now: these are my practical constructs, which Laplanche (see above Laplanche, *op. cit.*) calls the ‘primary discourse’, and offer a prediction, in my Conclusion (that prediction was started in my Introduction as I said), concerning evolving psychoanalytic development over its (near) future.

My focus was on the coherence of psychoanalysis as a theoretical structure and that is the coherence of my doctoral Thesis as a whole. I’ve started with

Freud's strenuous endeavors to maintain 'the' psychoanalysis that he had single-handedly created as a unitary and unified theory, tracing then the breakdown of this effort, even in Freud's lifetime –with special emphasis on “Dora's Case” (Chapter 3) and Freud's “Interpretation of Dreams”; **because ‘the interpretation of dreams is the royal road to a knowledge of the unconscious activities of the mind’** (cf., Freud, 1900b, pp. 339-621) I've explained *it* through the ‘dream-work’ Laplanche's definition of the psychoanalytic clinical method (Chapter 1)– into the burgeoning theoretical diversity or ‘pluralism’ that characterizes worldwide psychoanalysis today, and then I've unfolded the beginning appearance of evidences (not yet widely remarked) of growing convergences from within very disparate and even seemingly very opposed theoretical perspectives, at least at the level of technical interventions and experience-near clinical theory, with implications, however, even for the level of experience-distant general (metapsychological) theory: this is how the theoretical prolegomena relate to the practical/clinical constructs. All this was done under the hermeneutic meta-interpretation (Laplanche's ‘secondary discourse’; see above Laplanche, *op. cit.*) because I've unfolded a systematization of theories of mind interpreting them according to my clinical experience (the ‘analyst's mind’; Laplanche's ‘primary discourse’; see above Laplanche, *op. cit.*).

Such a development, if sustained, as I anticipate (and this doctoral Thesis also tries to promote), would strengthen the credibility of psychoanalysis as a science of the mind, amenable to **growth: this growth constitutes the epistemological leap from the hermeneutic categorization to the positivist research through empirical research: the MPRP, being developed in this Chapter, is a heuristic example of how psychoanalytic research should be done; a positivist approach because ‘falsifiable’ research has to be positivist– in accordance with the canons of scientific method**, and inherently (after this Chapter) my Conclusion will summarize the present situation of psychoanalysis as one of increasing theoretical and practical diversity (sowing, once again, the theoretical prolegomena with the practical/clinical constructs) illustrating that the final aim of my entire dissertation is to consider in depth the impact of clinical practice on theoretical plurality and *vice versa* because Psychoanalytic theory comes after clinical work. After noting that the analyst has much more than evenly suspended attention in his mind as he

works with his patient in a session, I will review both older and more recent contributions on what the analyst has in his mind when working with a patient. I will suggest that the subject has been addressed mainly from a single-person perspective as mentioned by Wallerstein ('differing personality dispositions'; cf., Wallerstein, 1988c, pp. 5-22). In this connection, and on the basis of clinical material, I will attempt to show how, against the background of the 'implicit use of explicit theories' (Laplanche's 'secondary discourse'; see above Laplanche, *op. cit.*), an ongoing process of decision-making that is co-determined by the patient's action and reaction takes place in the 'analyst's mind' (Laplanche's 'primary discourse'; see above Laplanche, *op. cit.*). In my analysis of a session, I will *introduce* the concepts of 'theoretical reason and practical reason', and will contend that, whatever theories the analyst may have implicitly or explicitly in his mind (Laplanche's 'secondary discourse'; see above Laplanche, *op. cit.*), they ultimately yield to clinical/practical/deconstructive 'reasons' (the 'magnetism' that Laplanche posits between the 'method and its object' as a 'primary discourse'; see above Laplanche, *op. cit.*). Pursuing the same line of thought, I will describe validation in the clinical context as a single, wide-ranging, continuous process of social and linguistic co-(de)construction of the intersubjective reality between patient and analyst [this is seen not only in the MPRP (hence, one more connection between this Chapter and my Conclusion and with my focus, unfolded throughout my entire dissertation, on the coherence of psychoanalysis as a theoretical structure and that is the coherence of my doctoral Thesis as a whole as above mentioned)], but also in the 'The Ulm Psychoanalytic Process Research Study Group'; the latter only referred briefly]. This process includes mutual aspects of observation and of communicative and pragmatic validation. In conclusion, I will suggest that the figure of the *craftsman* is an appropriate description of the analyst in his conception (Laplanche's 'primary discourse'; see above Laplanche, *op. cit.*) of his (deconstructive) work, whatever the theory he may espouse (Laplanche's 'secondary discourse'; see above Laplanche, *op. cit.*).

I've defended (and I will defend it also in my Conclusion as just mentioned) this perspective throughout my entire Thesis because I agree completely with Laplanche (1999): the psychoanalytic clinical method is a deconstruction of what the patient's unconscious manifests to the 'analyst's mind'. It is because of this 'magnetism'

that I defend that the analyst can only be a *craftsman* (in my Conclusion, as mentioned) integrating the theoretical models in his mind as a ‘secondary discourse’ but *never* as a ‘primary discourse’ [only through the ongoing process of decision-making that is co-determined by the patient’s action and reaction which takes place in the ‘analyst’s mind’ the ‘primary discourse’ *emerges* unfolding the analyst’s conception of his (deconstructive) work; *or, in other words*, the ‘magnetism between method and its object’ (the unconscious fantasy) constitutes any analyst’s ‘primary discourse’, whatever the theory he may espouse as a ‘secondary discourse’; *or, more objectively*, psychoanalytical theory, ‘a secondary discourse’, is always applied after the clinical work, which is the analyst’s ‘primary discourse’] as Laplanche argues (see above Laplanche, *op. cit.*). Theoretical models are hermeneutic because there is a meta-interpretation of the theory done by each analyst, and my literature review (Chapter 2) was based entirely in this premise, but the interpretation of the unconscious manifestations is not hermeneutic exactly for the reasons mentioned (Chapter 1) by Laplanche.

I’ve developed throughout my Thesis this dynamic. It seems a paradox but it is not because as it is obvious from what I just said: *Psychoanalytic theory comes after clinical work.*

Returning to the subject, **and exactly in this context of the clinical work**, Frank, for example, notes that research suggests: “the major determinants of therapeutic success appear to lie in aspects of the patients’ personality and style of life” (Frank, 1979, p. 312). Frank sees as crucial the development of better criteria for the assignment of different types of patients to different therapies. Based on research findings by Malan (1976a, 1976b), Frank proposes that: “verbal, psychologically minded patients who have motivation for insight do well in insight-oriented therapies whereas action-oriented patients may do better in behavioural therapies” (Frank, *ib.*). He also suggests that patients who conceptualize their subjective worlds in greater complexity may do better in unstructured situations whereas less conceptually complex patients may respond better to a more structured therapy.

I steer into the harbour of some other theoretical (*mitigated* ‘secondary discourses’; see above my *long* conclusion of Chapter 2) formulations (cf., Blatt, 1974, pp. 107-157, 1990a, pp. 299-335; Blatt & Shichman, 1983, pp. 187-254; Blatt & Blass, 1990, pp. 107-127) that discuss two parallel lines in **personality development** –an

anaclitic line that involves the development of stable, mutually satisfying interpersonal relations, and an introjective line that involves the development of a realistic and positive self-identity. **These two developmental lines interact throughout the life-cycle and are essential components of personality development. These formulations are consistent with Freud's 'secondary discourse' in "Civilization and its discontents", in which he states:** "the development of the individual seems ... to be a product of the interaction between two urges, the urge towards happiness, which we usually call 'egoistic', and the urge towards union with others in the community, which we call 'altruistic'" (Freud, 1930b, p. 140). And Freud adds heuristically: "the man who is predominantly erotic will give first preference to his emotional relationships to other people; the narcissistic man, who inclines to be self-sufficient, will seek his main satisfactions in his internal mental processes" (Freud, 1930b, pp. 83-84). Freud (1914f, 1926a) also distinguished between object and ego libido, and between libidinal instincts in the service of attachment and aggressive instincts necessary for autonomy, mastery and self-definition (cf., Freud, 1914f, pp. 73-102; 1926a, pp. 87-172).

Loewald notes that the exploration of: "these various modes of separation and union ... (identify a) polarity inherent in individual existence of individuation and 'primary narcissistic union' –a polarity that Freud attempted to conceptualize by various approaches but that he recognized and insisted upon from beginning to end by his dualistic conception of instincts, of human nature, and of life itself" (Loewald, 1964, p. 490; my alteration): once again, **'shared characteristics' of different 'secondary discourses'**.

Accordingly, various forms of psychopathology can be conceptualized as an overemphasis and exaggeration of either the anaclitic or introjective developmental line at the expense of the other. This overemphasis defines two distinctly different configurations of psychopathology, each containing several types of disordered behaviour ranging from relatively severe to relatively mild forms of psychopathology.

Based on **developmental** and **clinical** considerations, anaclitic psychopathologies are those disorders in which patients are primarily preoccupied with issues of relatedness and utilize primarily avoidant defences (withdrawal, denial, repression and displacement) to cope with psychological conflict and stress. Anaclitic disorders involve a primary preoccupation with interpersonal relations and issues of intimacy and sexuality rather than with issues of self-definition, anger and aggression.

Anaclitic disorders, ranging from more to less disturbed, include non-paranoid schizophrenia, borderline personality disorder, infantile character disorder, anaclitic depression, and hysterical disorders.

In contrast, introjective psychopathology includes disorders in which the patients are primarily concerned with establishing and maintaining a viable sense of self and utilize primarily counteractive defences (projection, rationalization, intellectualization, doing and undoing, reactive formation and over-compensation) to cope with conflict and stress. Introjective patients are more ideational and concerned with establishing, protecting, and maintaining a viable self-concept than they are about the quality of their interpersonal relations and achieving feelings of trust, warmth, and affection. Issues of anger and aggression, directed toward the self or others, are usually central to their difficulties. Introjective disorders, ranging from more to less severely disturbed, include paranoid schizophrenia, the schizotypic or over-ideational borderline, paranoia, obsessive-compulsive disorders, introjective (guilt-ridden) depression, and phallic narcissism (cf., Blatt, 1974, pp. 107-157, 1990a, pp. 299-335; Blatt & Shichman, 1983, pp. 187-254).

These two broad configurations of psychopathology define two different types of patients with different types of personality organization, who have different needs, defences, and preoccupations. Distinctions between these two different types of patients and between these two primary configurations of psychopathology are established in terms of **dynamic organization and functioning rather than on differences in symptoms**.

In contrast to the a-theoretical diagnostic system established by DSM-IV (cf., Kirk & Kutchins, 1992; Livesley, 1995; Mezzich, 1996; First, 1997; Kutchins & Kirk, 1997) and DSM-IV-TR (cf., American Psychiatric Association, 2000), based primarily on differences in manifest symptoms, the diagnostic differentiation between anaclitic and introjective pathologies is based on: ‘dynamic considerations, including differences in primary instinctual focus (libidinal versus aggressive), types of defensive organization (avoidant versus counteractive), and predominant character style (emphasis on object versus self-orientation, and on affects versus cognition)’ (cf., Blatt, 1991, pp. 449-458; my entire Chapter 2 was focused, threw the different ‘secondary discourses’, in these ‘dynamic considerations’, hence, the absolute connection between this Chapter and Chapter

2, and with my focus, unfolded throughout my entire dissertation, on the coherence of psychoanalysis as a theoretical structure and that is the coherence of my doctoral Thesis as a whole as above mentioned).

I have this epistemological position steering into Blatt's *mitigated* 'secondary discourse', who in his earlier investigations (cf., Blatt et al., 1988, pp. 127-158) indicates that these two different types of patients come to treatment with different needs, respond differently to therapeutic interventions, and change in different ways. **Analysis of the data of Blatt's earlier study based on more conventional diagnostic differentiations** (psychosis, severe borderline, and neurotic psychopathology) **was not as effective in understanding differences in change over the course of treatment; these conventional diagnostic distinctions seemed to be clinically much less relevant than the differentiation between anaclitic and introjective types of psychopathology.**

The distinction between anaclitic and introjective patients was made in prior research (cf., Blatt et al., *ib.*) with a **high degree of reliability**, and the results indicate that these two groups of patients change in different ways during long-term, intensive, **dynamically** oriented, inpatient treatment. Introjective patients seem to change more readily, and their improvement was expressed primarily in a reduction of clinical symptoms and in an increase in level of cognitive functioning (a significant diminution of thought disorder on the Rorschach and an elevation of intelligence, particularly Performance IQ). Therapeutic change seemed to occur more slowly and in more subtle forms in anaclitic patients, expressed primarily in changes in the quality of interpersonal relations and their representation of human figures on the Rorschach.

Thus, anaclitic and introjective patients appear to change primarily in the modalities that express their basic concerns and preoccupations. Introjective patients change primarily in symptomatic expression and in cognitive processes, whereas change in anaclitic patients is expressed primarily around interpersonal relations. **These findings suggest that in any comparative study of different types of psychotherapeutic intervention it may be important to examine the possibility that these two types of patients may be differentially responsive to different forms of therapy** (cf., Blatt et al., *ib.*).

In addition to differentiating among different types of patients, **it is also important in studying the outcome of psychotherapeutic interventions to utilize**

assessment procedures that are independent of the judgments of the patient and/or the therapist. **Both patient and therapist are not neutral observers**; both have investment in the treatment process which can distort their judgment of its outcome (cf., Truax & Carkhuff, 1967; Truax & Mitchell, 1971, pp. 299-344; Gurman, 1977, pp. 503-543; Parloff et al., 1978, pp. 233-282; Lambert et al., 1978, pp. 467-489; Frieswyk et al., 1986, pp. 32-38).

Beutler & Hamblin (1986) stress the need in outcome research to develop reliable and sensitive measures of therapeutic change. **Mintz et al. (1979) point out that despite the large number of studies of psychotherapy outcome, only a few multivariate studies consider the issue of change in psychotherapy** (cf., Kernberg et al., 1972b, pp. 87-275; Mitchell et al., 1973, pp. 482-502; Berzins et al., 1975, pp. 10-19).

Common sources for outcome evaluation are information from patient, therapist, relatives, and clinical observers. Areas of outcome assessment include mood, behaviour, and personality based on global assessments of therapeutic success and level of final adjustment. Fiske et al. (1970), Beutler & Hamblin (1986), and Kazdin (1986) **all stress the value of using multiple methods for assessing therapeutic change**. Kazdin argues for multifaceted outcome assessment procedures that include different: “perspectives (patients, significant others, and mental health practitioners), different facets of the individual (affect, cognitions, and behaviour), and different modalities of assessment (self-report, clinician ratings, and direct observation [see Lambert et al., 1983])” (Kazdin, 1986, p. 100; my alteration).

It is especially important in psychotherapy research to include an independent assessment of change because the evaluation of therapeutic change by the therapist, the patient, and members of the patient’s family are not truly independent judgments of therapeutic progress. Though the judgment of patient and therapist can be important sources of insight into aspects of the therapeutic process and contribute in important ways to the evaluation of a patient’s progress, these perspectives have the typical advantages as well as the limitations of evaluations by participant observers. These perspectives need to be supplemented by assessment from independent observers who are uncommitted to the patient and the treatment process.

Psychological tests have the potential for providing aspects of this

independent assessment. They can be administered both early and later in the treatment and can be evaluated by judges who are completely independent of the treatment process. The data can be ‘disguised’ completely so that the judge need not know, for example, which two protocols came from the same patient and when in the treatment process a particular test protocol was obtained. The few studies that used psychological test assessment in psychotherapy research, such as the MPRP, however, have used test data to make clinical ratings of broad constructs such as ego strength or severity of psychopathology. **The rating of these global concepts has the advantage of allowing an experienced and sophisticated judge to integrate a diversity of observations in making the ratings**. These types of ratings, however, have the disadvantage of often being so broad that other judges in other settings may not be able to replicate the ratings. In addition, it is often difficult to specify precisely the various psychological dimensions that were integrated in the ratings.

Other research (cf., Blatt & Berman, 1984, pp. 226-239), however, has led to the development of more systematic ways of evaluating psychological test protocols, **especially the Rorschach (I have to emphasize that Rorschach was a psychoanalyst and the test that has his name and that was developed by him is a psychoanalytical projective test, with the obvious pertinence of its method to a doctoral Thesis in Psychoanalysis, hence, one more connection between this Chapter and my Conclusion and with my focus, unfolded throughout my entire dissertation, on the coherence of psychoanalysis as a theoretical structure and that is the coherence of my doctoral Thesis as a whole as above mentioned), and has demonstrated that these empirical dimensions assess clinically important variables especially relevant to the assessment of change in the therapeutic process. The analysis of psychological tests, such as the Rorschach, can provide systematic ways of assessing **clinically** relevant dimensions that can serve as independent, empirical evaluations of the treatment process and of therapeutic outcome.**

Despite extensive research over many years on **objective** and **projective** psychological assessment, it is noteworthy how seldom psychological tests are used as a potential independent assessment of aspects of the process and outcome of various forms of therapeutic intervention. **Psychological test assessment methods have been infrequently used to evaluate aspects of psychotherapeutic process and outcome** (cf., Waskow & Parloff, 1975) **despite the fact that the Rorschach can provide data**

essentially comparable to the level of observation that frequently occurs in intensive treatment, especially psychoanalysis, e.g., dreams and free associations

(cf., Schafer, 1954).

Indeed, because of more heuristic conceptual developments: mitigated 'secondary discourses', in my terminology (cf., Blatt, 1990b, pp. 394-416, 1991, pp. 449-458), psychological tests, especially the **Rorschach**, can provide a potentially useful methodology for independently assessing clinically relevant dimensions of psychological change in a systematic fashion, particularly in studies of the effects of long-term, intensive therapy. **Research also indicates that some Rorschach variables can be effective predictors of therapeutic outcome** (cf., Tuber, 1983, pp. 379-385; La Barbera & Cornsweet, 1985, pp. 120-124; Gerstle et al., 1988, pp. 277-280), especially with children.

In the study to be reported in my doctoral Thesis, Rorschach protocols were obtained from Blatt's data (cf., Blatt, 1990b, pp. 394-416, 1991, pp. 449-458), and Blatt applied these protocols before the beginning of treatment and again at termination and were independently evaluated to assess the extent and nature of therapeutic change in patients who had been in either supportive-expressive psychotherapy or psychoanalysis.

Despite the numerous attempts to evaluate the differential effects of psychoanalysis and psychotherapy, the results of the MPRP uniformly indicate that there is no differential benefit favouring one form of treatment over the other. Kavanaugh, however, based on an analysis of Rorschach protocols administered to patients in the MPRP both at intake and termination of treatment, concluded that the patients in psychoanalysis: "changed in ways that were not paralleled by patients in psychotherapy" (Kavanaugh, 1985, p. 546; my alteration).

Kavanaugh's conclusions were based on an analysis of the quality of object representation on the **Rorschach** using scoring procedures developed by Urist (1977) and by Blatt et al. (1976). Kavanaugh found a significant increase in the degree of mutuality and benevolence in the representation of interactions of people, animals, or things on the Rorschach in patients in both psychoanalysis and psychotherapy. Patients in psychoanalysis, in comparison to those in psychotherapy, also had a significantly greater increase in accurately perceived, extensively articulated, full human forms engaged in benevolent activity.

These findings are the first suggestion that aspects of the data from the

MPRP may indicate a significant treatment effect, particularly the relative efficacy of psychoanalysis over psychotherapy. This is the main aim of this Chapter because unfolds an attempt to extend the original analysis proposed by Kavanaugh by including in the data analyses a differentiation among type of patients to test for possible 'significant interactions between type of patient and type of therapy' (cf., Blatt et al., 1976, pp. 64-373; Urist, 1977, pp. 3-9; Kavanaugh, 1985, pp. 546-564): this was what I've unfolded in each of all the previous chapters focusing either on a 'secondary discourse' or either on a 'primary discourse' or focusing in both 'discourses' at the same time, because, as mentioned many times: 'secondary discourse' and 'primary discourse' mutually affect each other ('significant interactions between type of patient and type of therapy'); I've defended this 'dynamic' throughout my entire Thesis trying to demonstrate my main focus: the coherence of psychoanalysis as a theoretical structure and that is the coherence of my doctoral Thesis as a whole.

Indeed, repeating the key argument of this Chapter (but connected with all the previous Chapters and connected with the following Chapter which is my Conclusion as, once again, mentioned): in contrast to the a-theoretical diagnostic system established by DSM-IV (cf., Kirk & Kutchins, 1992; Livesley, 1995; Mezzich, 1996; First, 1997; Kutchins & Kirk, 1997) and DSM-IV-TR (cf., American Psychiatric Association, 2000), based primarily on differences in manifest symptoms, the diagnostic differentiation between anaclitic and introjective pathologies is based on: 'dynamic considerations, including differences in primary instinctual focus (libidinal versus aggressive), types of defensive organization (avoidant versus counteractive), and predominant character style (emphasis on object versus self-orientation, and on affects versus cognition)' (cf., Blatt, 1991, pp. 449-458).

As I said, my entire Chapter 2 (the 'lion part' of my Thesis) was focused, threw the different 'secondary discourses', in these 'dynamic considerations', hence, the absolute connection between this Chapter and Chapter 2, and with my focus, unfolded throughout my entire dissertation, on the coherence of psychoanalysis as a theoretical structure and that is the coherence of my doctoral Thesis as a whole (as again and again mentioned), hence, this Chapter is before my Conclusion, because it sows all the 'secondary discourses' unfolded in Chapter 2

with its clinical efficacy (The MPRP demonstrates ‘the relative efficacy of psychoanalysis over psychotherapy’), or, more objectively, in this Chapter the analyst’s ‘primary discourse’ (unfolded in Chapter 3 and 4, but also in the next chapter: my Conclusion) is put under a methodological assessment, in accordance with the canons of scientific method *per se*, trying to demonstrate the scientific accuracy of psychoanalysis (as stated in my Introduction) both as a theory of the mind and a treatment of the disorders of the mind and this was my research agenda since the beginning of this dissertation: as above mentioned many times, my research agenda is an overview of the development to this point of psychoanalysis as a discipline both as a theory of the mind –formulated by Freud, Lacan, Fairbairn, Bion, Matte-Blanco, Grotstein and Kernberg: these formulations unfold my theoretical prolegomena which were my Introduction, Chapter 1 and Chapter 2, which constitutes what Laplanche (1999) calls the ‘secondary discourse’– and a treatment of the disorders of the mind: Freud’s clinical text illustrated by Chapter 3, my own clinical cases addressed in Chapter 4 and in my Conclusion, and a clinical update on the MPRP shown in this Chapter: these are my practical constructs, which Laplanche calls the ‘primary discourse’–, and offer a prediction, in my Conclusion (that prediction was started in my Introduction as I said), concerning evolving psychoanalytic development over its (near) future.

This psychoanalytic development is inherent (obviously) to the scientific accuracy of psychoanalysis as stated in my Introduction (The MPRP demonstrates ‘the relative efficacy of psychoanalysis over psychotherapy’), or, more objectively, and, once again, but better explained, in this Chapter the analyst’s ‘primary discourse’ (unfolded in Chapter 3 and 4, but also in the next chapter: my Conclusion) is put *under* a methodological assessment, in accordance with the canons of scientific method *per se*, trying to demonstrate the scientific accuracy of psychoanalysis both as a theory of the mind and a treatment of the disorders of the mind: this methodological assessment is achieved by illustrating the patient-by-treatment interactions (unfolding *its* ‘primary discourse’, **once again: ‘primary discourse’** is psychoanalytical clinical practice *per se*, but, as I said and I will demonstrate below: the interaction of ‘types of patients’ and ‘types of treatments’ and how this interaction of these two dimensions is done, unfolds *also*, in my

terminology, how ‘secondary discourse’ and ‘primary discourse’ mutually affect each other), which will be now illustrated exactly through the following methodological assessment, in accordance with the canons of scientific method *per se*.

Method

Nature of the sample

The MPRP compared the relative effects of psychoanalysis and psychotherapy as I said. Twenty-two outpatients initially started in psychoanalysis and 20 outpatients initially started in psychotherapy were evaluated systematically at intake, at termination, and through a two-year follow-up period. The initial evaluation, supervised by a senior member of the clinical staff, consisted of extensive psychiatric interviews with each patient and family members, as well as a complete battery of psychological tests. At termination, and again at follow up two years later, all 42 patients were re-evaluated by the research team and administered another battery of psychological tests. In addition, detailed process notes and monthly summaries were independently prepared described therapeutic change as well as aspects of the treatment process. Patients in psychoanalysis and in psychotherapy were treated by experienced clinicians who had, on average, 10 years of clinical experience. There was no significant difference in level of clinical experience between the therapists in the psychoanalysis and psychotherapy groups –in fact some therapists served in both groups– but some of the ‘psychoanalysts’, though experienced clinicians, were still candidates in analytic training (cf., Blatt, 1990b, pp. 394-416, 1991, pp. 449-458; Wallerstein, 1986, 1994, pp. 120-141).

Patients were assigned to the two treatment groups based on clinical judgments about which treatment would be most appropriate for them. By and large, patients assigned to psychoanalysis were considered to be psychologically healthier than those assigned to psychoanalytic psychotherapy. Though all patients seen in psychotherapy and psychoanalysis were outpatients, some of the patients in the study were considered to be seriously disturbed and had been in treatment before with little positive result. During the course of the study, 15 of the 42 patients in the study required some hospitalization even though in the original selection patients were excluded if they had prior prolonged hospitalization, organic brain syndromes, mental retardation, and/or

overt psychosis.

In the MPRP, **33 of 42 patients had been given a Rorschach prior to beginning treatment and again at termination. The analysis of these Rorschach protocols of the 33 patients both at intake and termination are the focus of the present study in this Chapter.** It's noteworthy that Kavanaugh (1985) found no statistically significant differences on various demographic and clinical dimensions between these 33 subjects and the 9 additional subjects in the original Menninger sample that had not been given the Rorschach at termination and therefore could not be included in this study.

Of the 33 patients, 15 were male and 18 were female and their average age at the start of treatment was approximately 32 years. During the initial evaluations prior to the onset of treatment, 14 patients were diagnosed as neurotic, 15 as having character disorders, 2 as being borderline, and 2 as having latent psychosis. **Fifteen of these patients were treated in psychoanalysis** and 18 were treated in psychoanalytically oriented psychotherapy. It's noteworthy that these figures differ slightly from those reported by Kavanaugh (1985), because Blatt (1990b, 1991) considered one patient who began treatment in psychoanalysis but later in the treatment process was switched to psychotherapy as having been in psychotherapy. Kavanaugh has considered this patient in his psychoanalysis group rather than in his psychotherapy group. During the course of treatment, 13 of the 33 patients were hospitalized for varying amounts of time.

Of the 15 patients seen in psychoanalysis, 6 were male and 9 were female, and they were on average 31.0 years of age. At intake, 7 were diagnosed as neurotic, 7 as having character disorders, and 1 as being borderline. They were seen in psychoanalysis on average 4.67 times each week for an average of 733.73 total sessions. Five of the patients in this group were hospitalized at some time during the treatment process. Eighteen patients were seen in psychotherapy, 9 male and 9 female, with an average age of 32.67 years. At intake, 7 were diagnosed as neurotic, 8 as having character disorders, 1 as being borderline, and 2 with latent psychosis. These patients were seen on average for 2.72 times per week (ranging from 2 to 5 sessions each week) for an average total of 453.17 sessions. Eight of these patients were hospitalized at some time during the course of treatment.

Based on a distinction established by Blatt & Shichman (1983), two judges independently reviewed the case history material prepared prior to the beginning

of treatment and classified the patients as either having an anaclitic or an introjective type of psychopathology. Similar to experiences in a prior study (cf., Blatt et al., 1988, pp. 127-158), **the two judges were able to make this distinction with high reliability; they agreed on the distinction in 26 of the 33 cases (78.8 %).** Disagreement between the two judges on 7 of the 33 cases was resolved by a third independent judge who agreed with one judge on 3 of the cases and with the other judge on 4 cases.

*Evaluation of **Rorschach** Protocols*

Prior research with the Rorschach (cf., Blatt & Berman, 1984, pp. 226-239) identified seven primary variables that emerged in a factor analysis of Rorschach scores, each of which defined a crucial psychological dimension. These included the degree of adherence to reality (F + %) (cf., Korchin & Larson, 1977, pp. 159-187); the extent of thought disorder, particularly involving disturbances in boundary articulation (cf., Blatt & Ritzler, 1974, pp. 370-381; Blatt & Wild, 1976); and the amount of differentiated, articulated, and integrated human forms that are accurately or inaccurately perceived (cf., Blatt et al., 1976, pp. 64-373).

Thought disorder

An overall estimate of thought disorder was developed for the **Rorschach** by differentially weighting different types of thought disorder based on the severity of boundary disturbance (cf., Blatt & Ritzler, 1974, pp. 370-381). The most severe boundary disturbance is reflected by the contamination response in which independent concepts or images lose their identity and definition. Boundaries are so unstable that independent representations cannot be consistently maintained, and they merge, or tend to merge, into a single distorted unit. The next major thought disorder on the continuum indicating difficulties in maintaining boundaries is the confabulation response. In this type of response, an initially accurate perception becomes lost in extensive, unrealistic, grandiose, personal elaborations and associations. In confabulatory thinking, ideas and images do not merge and fuse as in a contamination; rather, the extensive, unrealistic elaboration indicates loss of the distinction between the external perception and personal associations and reactions to it. The third major, but less severe, level of boundary disturbance is indicated by the fabulized combination response. In this

response, the separate definition of independent objects or concepts is maintained, as is the distinction between the perception and reactions to it. But unrealistic thinking is expressed by establishing illogical, arbitrary relations between independent and separate precepts or concepts. Two separate precepts are inter-related simply because they are spatially or temporally contiguous. Spatial or temporal contiguity is taken as indicating a real relationship, even though an arbitrary and unrealistic one.

A composite measure of severity of thought disorder measure was derived that included not only these three types of thought disorder, but also milder manifestations of each type of thought disorder as discussed by Rapaport et al. (1945-1946; see my Introduction) and Allison et al. (1968) as thought disorder tendencies. The various types of thought disorder and their differential weighting for the thought disorder measure are: contamination (6); contamination tendency (5); confabulation (4); confabulation tendency (3); fabulized combination (2); and fabulized combination tendency (1) (cf., Blatt & Berman, 1984, pp. 226-239). Higher scores indicate more extensive thought disorder. This measure of thought disorder had been found in prior research to be related to severity of psychopathology (cf., Blatt & Ritzler, 1974, pp. 370-381; Lerner et al., 1985, pp. 47-66; Wilson, 1985, pp. 346-355) and to measures of change in the treatment of seriously disturbed patients (cf., Blatt et al., 1988, pp. 127-158).

Concept of the Human Object

Based on concepts derived from developmental psychology, Blatt et al. (1976) developed a system for assessing the concept of the human figure on the **Rorschach**. The system calls for scoring human responses according to developmental principles of **differentiation** (types of human figures perceived: quasi-human part properties, human part properties, quasi-human full figures, and full human figures), **articulation** (number and type of perceptual and functional features attributed to figures), degree of internality in the **motivation of action** attributed to the figures (unmotivated, reactive, and intentional action), degree of **integration of the object and its action** (fused, incongruent, non-specific, and congruent action), **content of the action** (malevolent, benevolent), and **nature of any interaction** (active-passive, active-reactive, active-active interactions).

In each of these six categories (differentiation, articulation, motivation of action, integration of the object and its action, content of the action, and nature of interaction),

responses are scored along a developmental continuum. This developmental analysis is made for those human responses that are accurately perceived (F +) and for those that are inaccurately perceived (F -). A weighted sum and an average developmental score (mean) for each of the six categories was obtained for F + and for F - responses separately.

Prior research (cf., Blatt et al., 1976, pp. 64-373; Ritzler et al., 1980, pp. 46-55; Lerner & St. Peter, 1985, pp. 77-92) indicates that **these variables develop with age from early adolescence to adulthood and are significantly related to independent estimates of psychopathology**. The composite weighted sum and the composite developmental average (mean) of the differentiation, articulation and integration of accurately perceived human forms (OR +) assess the capacity for investing in appropriate interpersonal relationships; the composite weighted sum and the composite developmental average (mean) of differentiated, articulated and integrated inaccurately perceived human forms (OR -) assess the degree of investment in inappropriate, unrealistic, possibly autistic, fantasies rather than realistic relationships.

Mutuality of Autonomy Score (MOA)

Another measure of object representation was included in the analysis of the **Rorschach** protocols –the assessment of the mutuality of autonomy. The MOA scale assesses the thematic content of interactions on the Rorschach by rating all human, animal, and inanimate relationships (stated or implied) in a protocol along a seven-point continuum ranging from mutual empathic relatedness (1) to themes of malevolent engulfment and destruction (7). Scale points 1 and 2, the most adaptive scores in the scale, refer to themes of reciprocal acknowledgment and parallel interactions, respectively. As an example, a score of 1 is given to a response to Card II of ‘two people having a heated political argument’. An example of a score of 2 is ‘two animals climbing a mountain’ on Card VIII. Scale points 3 and 4 indicate an emerging loss of autonomy in interaction in which the ‘Other’ exists solely either to be leaned upon (a score of 3) or to mirror oneself (a score of 4). An example of a score of 3 is a response to Card I of ‘two men leaning on a manikin’. A score of 4 is given to the response ‘a tiger looking at its reflection in the water’ to Card VIII. Points 5, 6 and 7 reflect an increasing malevolence and loss of control over one’s separateness. A score of 5 is given to responses characterized by themes of coercion, hurtful influence, or threat,

such as ‘a witch casting a spell on someone’ given to the top large detail of Card IX. A score of 6 indicates violent assault and destruction of one figure by another –for example, ‘a bat impaled by a tree’ to Card I. Finally, a score of 7 represents a larger-than-life destructiveness imposed usually by inanimate, calamitous force as depicted, for example, in the response to Card X, ‘a tornado hurtling its debris everywhere’ (cf., Urist, 1977, pp. 3-9; Urist & Shill, 1982, pp. 450-454).

The average MOA score is assumed to express the individual’s usual quality of interpersonal relatedness. To reflect the range or repertoire of interactions, I also use in my data analyses each subject’s single most pathological and single most adaptive MOA scores. MOA scores have been shown to correlate significantly with measures of interpersonal and social functioning in clinical and non-clinical groups (cf., Urist, *ib.*; Tuber, 1983, pp. 379-385; Spear & Sugarman, 1984, pp. 113-129; Harder et al., 1984, pp. 1078-1082; Ryan et al., 1985, pp. 6-11; Blatt et al., 1988, pp. 127-158).

These various schemes for analyzing **Rorschach** responses were scored in the present analysis by judges who previously had established acceptable levels of inter-rater reliability (item alpha > .70) in scoring these schemes in prior research (see below). **Judges scoring the various dimensions on the Rorschach were uninformed about any aspects of the patient including age, sex, and diagnosis as well as to which treatment group the patient had been assigned. Judges were also uninformed about which two Rorschach protocols were from the same patient and about whether a particular Rorschach protocol was obtained before the start of treatment or at termination. When indicated, Rorschach summation scores were co-varied for total response productivity.**

Data Analysis

Beutler & Hamblin (1986) and Mintz et al. (1979) stress the need for statistical procedures that deal with difference or change scores and the translation of these scores into common indices of outcome. They argue for the need to utilize a residualized gain score based on linear scaling procedures (cf., Beutler & Hamblin, 1986, pp. 48-53; Mintz et al., 1979, pp. 319-334). Ecker et al. (1988) also stress the value of residual gain over raw gain scores as an outcome measure. They point out how initial levels can have a distorting effect because patients with extremely low pre-therapy scores have more room to improve than those with less extreme pre-therapy scores (cf., Ecker et al., 1988,

pp. 560-564).

Also, the statistical phenomenon of regression toward the mean may inflate correlations between pre-post therapy test scores and amount of clinical change as a consequence of statistical artefact, and thus not accurately express psychological relations. Though residual gain scores (cf., Fiske et al., 1970, pp. 22-32) provide a more accurate estimate of change, Cronbach & Furby point out that one needs to be cautious with residualized scores because this correction may underestimate the degree of change of discarding a portion of: “some genuine and important change in the person” (Cronbach & Furby, 1970, p. 74). **Residual gain scores, scores that partial out initial levels from later evaluations, however, provide a way of controlling statistically for these possible differences in initial level.** Within-group comparisons of different types of patients in each treatment group, however, would not be affected by the decision of assignment to treatment groups.

Two-way analysis of co-variance (ANCOVA) provides a statistical method that controls for initial levels of the variables being studied and allows for within-group as well as between-group comparisons of the two types of patients in two different forms of therapy. Two-way ANCOVA of Rorschach scores at termination, co-varied on the level of these variables at the beginning of treatment, were used to assess the relative contributions of the two types of therapy (psychotherapy and psychoanalysis) and the two types of patients (anaclitic and introjective) to change of various Rorschach scores over the course of treatment. ANCOVA controls for the initial level of each Rorschach variable prior to the start of treatment. Each Rorschach variable at termination was co-varied on the level of that variable in the psychological test assessment conducted prior to the start of therapy, thereby providing a measure of the residual gain on that variable (cf., Green et al., 1975, pp. 689-699; Fiske et al., 1970, pp. 22-32; Manning & Dubois, 1962, pp. 288-321; Mintz et al., 1979, pp. 319-334). Two-way ANCOVA not only controls for the initial level of each Rorschach variable prior to the start of treatment, but it allows for the evaluation of the relative contributions of the main effects of ‘type of treatment’ and ‘type of patient’, as well as the interaction of these two dimensions (‘secondary discourse’ and ‘primary discourse’ mutually affect each other), in producing change in each of the Rorschach variables over the course of treatment.

Results

Table 1 (shown below) presents a comparison of some descriptive features of the anaclitic and introjective patients in psychoanalysis and in psychotherapy. As expected, there was a significant difference in total IQ; the more ideational introjective patients had a higher total IQ than the anaclitic patients. Also, by design, the patients in psychotherapy had significantly fewer therapy sessions each week than patients in psychoanalysis. But the two therapy groups were not significantly different in the total number of therapy sessions for the entire treatment. **It is noteworthy that there were no significant interactions on any descriptive variables, thereby indicating that there were no systematic differences among the patients assigned to the two treatment groups.** It is also noteworthy that there were no statistically significant differences among the four groups on the Luborsky Health-Sickness Rating Scale (HSRS) either at the beginning of treatment or at termination (see below).

Table 2 (shown below) presents a comparison of psychological test variables derived from the **Rorschach** protocols obtained before the start of treatment. **There were statistically significant differences between the anaclitic and introjective patients at admission on a number of psychological test variables. Introjective patients at the beginning of therapy had significantly more thought disorder and significantly greater investment in inappropriate, unrealistically perceived human forms on the Rorschach (OR –) than anaclitic patients.** Consistent with Blatt's (1974) findings, introjective patients generally seemed clinically more disturbed at the outset of treatment than anaclitic patients. **But there were no statistically significant main effects for treatment assignment, nor any significant interaction terms between 'type of patient' and 'type of treatment', on any of the psychological variables assessed at admission.** These data indicate that though there were some differences in psychological characteristics between anaclitic and introjective patients before the start of therapy, there were no significant differences in psychological characteristics at the beginning of treatment between patients assigned to the two treatment groups, at least in terms of the variables assessed in my research (cf., Blatt, 1974, pp. 107-157; Blatt, 1990a, pp. 299-335).

Based on a two-way analysis of variance for a repeated measures design (time 1-time 2 by anaclitic-introjective patients), significant and positive treatment effects were

found in the HSRS ratings of both anaclitic and introjective patients ($t= 2.53$, $p. < .02$ and $t= 3.55$, $p. < .005$, respectively) regardless of whether the patients were in psychoanalysis and psychotherapy. **But the comparison of the ratings on the Luborsky HSRS between the two treatment groups fails to indicate any statistically significant difference favouring either psychoanalysis or psychotherapy.** Generally, the ratings of clinical protocols at admission and termination by experienced clinicians using the HSRS indicated that patients seemed to have improved significantly regardless of the type of treatment of their character style.

Table 1

Demographic Characteristics of Anaclitic and Introjective Patients in
Psychoanalysis and Psychotherapy

	Anaclitic		Introjective	
	Psychoanalysis	Psychotherapy	Psychoanalysis	Psychotherapy
Males	2	6	4	3
Females	7	6	2	3
Age	27.78	33.42	35.83	31.17
IQ	122.22	121.25	134.33	127.50
<u>Therapy</u>				
Times/Week	4.50	2.54	4.92	3.08
TherapyLength	737.55	344.08	728.00	671.33
Clinical Evaluation <u>Health</u> <u>Sickness</u> <u>Rating Scale</u> <u>(HSRS)</u>				
Admission	46.78	43.83	55.00	46.33
Termination	58.67	50.92	68.67	60.92

Two-way ANOVA (F Ratio)

	Anaclitic versus Introjective	Psychoanalysis versus Psychotherapy	Interaction
Males			
Females			
Age	1.02	.03	3.22
IQ	11.33**	2.05	1.15
<u>Therapy</u>			
Times/Week	2.64	41.26***	.04
Therapy Length	1.08	2.17	1.21
Clinical Evaluation <u>Health Sickness</u> <u>Rating Scale</u> <u>(HSRS)</u>			
Admission	1.19	1.39	.34
Termination	3.57	2.14	.00

*= $p < .05$; **= $p < .01$; ***= $p < .001$ (cf., Blatt, 1974, pp. 107-157; Blatt & Lerner, 1983, pp. 189-249; Blatt & Shichman, 1983, pp. 187-254; Blatt & Behrends, 1987, pp. 279-297; Blatt, 1990a, pp. 299-335; Blatt, 1991, pp. 449-458; Blatt & Shahar, 2004, pp. 393-447; Blatt & Shahar, 2005, pp. 345-349).

Table 2

Comparison of Rorschach Variables at Beginning of Therapy in Anaclitic and Introjective Patients in Psychoanalysis and Psychotherapy

	Anaclitic		Introjective	
	Psychoanalysis (N=9)	Psychotherapy (N=12)	Psychoanalysis (N=6)	Psychotherapy (N=6)
<u>Cognitive Processes</u>				
Reality Testing (F+ %)	62.69	74.02	65.40	74.31
Thought Disorder ^a	-3.09	-2.88	5.92	7.54
<u>Interpersonal Relations Concept of Object</u>				
Adaptive Representations (OR+)				
Developmental Index ^a	-.55	-2.22	1.05	5.21
Developmental Mean	1.45	-.56	1.10	2.75
Maladaptive Representations (OR-)				
Developmental Index ^a	-1.07	-1.59	5.52	1.13
Developmental Mean	-2.01	-1.52	3.82	.76

<u>Mutuality of Autonomy(MOA)</u>				
Average Score	2.38	2.62	2.70	2.43
Most PathologicalScore	3.67	3.83	4.67	4.00
Most Adaptive Score	1.67	1.83	1.50	1.17

Two-way ANOVA (F Ratio)

	Anaclitic versus Introjective	Psychoanalysis versus Psychotherapy	Interaction
<u>Cognitive Processes</u>			
Reality Testing (F+ %)	.04	1.87	.03
Thought Disorder ^a	7.48**	.07	.04
<u>Interpersonal Relations Concept of Object</u>			
Adaptive Representations (OR+)			
Developmental Index ^a	4.15	.32	1.73
Developmental Mean	1.53	.02	2.32
Maladaptive Representations (OR-)			
Developmental Index ^a	4.61*	1.28	.79

Developmental Mean	7.31**	.74	1.32
<u>Mutuality of Autonomy (MOA)</u>			
Average Score	.05	.00	.70
Most Pathological Score	.73	.13	.37
Most Adaptive Score	3.82	.15	1.37

*= p <.05; **= p <.01; ^aScore co-varied to control for total number of Rorschach responses (cf., Blatt & Ritzler, 1974, pp. 370-381; Blatt et al., 1975, pp. 235-288; Blatt & Wild, 1976; Blatt et al., 1976, pp. 64-373; Blatt & Berman, 1984, pp. 226-239; Blatt et al., 1988, pp. 127-158; Blatt & Blass, 1990, pp. 107-127; Blatt et al., 1990, pp. 711-728; Blatt, 1990a, pp. 299-335; Blatt, 1990b, pp. 394-416; Urist, 1977, pp. 3-9; Urist & Shill, 1982, pp. 450-454).

As indicated in Table 3 (shown below), however, **statistically significant treatment effects and significant type of patient-by-treatment interactions were found on several Rorschach variables, particularly on those designed to assess differences primarily within the neurotic range.** No significant treatment effects or significant patient-by-treatment interactions were found, however, on those Rorschach variables expected to differentiate primarily within the psychotic range (e.g., degree of reality testing, thought disorder, and investment in unrealistically perceived, distorted, possibly autistic types of object representation [OR-]).

The significant results presented in Table 3, especially the findings with the Mutuality of Autonomy Scale (MOA), indicate a substantial patient-by-treatment interaction [once again, in this Chapter the analyst's 'primary discourse' (unfolded in Chapter 3 and 4, but also in the next chapter: my Conclusion) is put *under a methodological assessment*, in accordance with the canons of scientific method *per se*, trying to demonstrate the scientific accuracy of psychoanalysis both as a theory of the mind and a treatment of the disorders of the mind: this methodological

assessment is achieved by illustrating the patient-by-treatment interactions (unfolding *its* 'primary discourse', once again: 'primary discourse' is psychoanalytical clinical practice per se, but, as I am demonstrating, the interaction of 'types of patients' and 'types of treatments' and how this interaction of these two dimensions is done, unfolds *also*, in my terminology, how 'secondary discourse' and 'primary discourse' mutually affect each other), as is being illustrated exactly through this methodological assessment] in which anaclitic patients improve more in psychotherapy than anaclitic patients in psychoanalysis, whereas introjective patients seen in psychoanalysis had significantly greater improvement than introjective patients seen in psychotherapy. It's noteworthy that these differences in treatment effects for the two different types of patients are based on an evaluation of the patients' responses to the Rorschach administered at termination, controlling statistically for the level of that variable on the Rorschach obtained at the outset of treatment.

In addition to the **significant patient-by-treatment interaction** noted with the MOA scale, a significant treatment main effect was also noted on the developmental level of object representation of accurately perceived human figures (OR+) on the Rorschach, indicating significantly greater constructive change for introjective patients in psychoanalysis than for introjective patients in psychotherapy. While a similar trend also occurred on this Rorschach variable with anaclitic patients favouring psychoanalysis over psychotherapy, this difference with anaclitic patients is relatively minor and likely due to chance variations.

Table 3

Two-Way Analysis of Co-Variance of Rorschach Variables –Termination/
Intake– for Anaclitic and Introjective Patients in Psychoanalysis and Psychotherapy

Co-variate Means

	Anaclitic		Introjective	
	Psychoanalysis (N=9)	Psychotherapy (N=12)	Psychoanalysis (N=6)	Psychotherapy (N=6)
<u>Clinical Ratings</u>				
Health Sickness Rating Scale (HSRS)	58.76	52.12	65.68	60.34
<u>Test Record Variables</u>				
Reality Testing (F+ %)	68.37	72.48	72.30	65.77
Thought Disorder ^a	-1.89	-1.62	-1.79	4.80
Object Representation (Accurate) (OR+)				
Developmental Index ^a	.41	-.55	1.47	-1.98
Developmental Mean	-.02	-1.63	.93	-2.56
Object Representation (Inaccurate) (OR-)				

Developmental Index ^a	-.16	-.16	-1.58	.26
Developmental Mean	1.96	-.32	-.72	-.11
Mutuality of Autonomy (MOA)				
Mean MOA Score	3.30	2.23	2.41	3.23
Most Pathological MOA Score (7= Most Pathological)	4.98	3.37	3.63	5.49
Most Adaptive MOA Score (1= Most Adaptive)	1.32	1.45	1.02	1.77

Analysis of Co-Variance (F Ratio)

	Anaclitic versus Introjective	Psychoanalysis versus Psychotherapy	Interaction
<u>Clinical Ratings</u>			
Health Sickness RatingScale (HSRS)	1.98	1.02	.02
<u>Test Record Variables</u>			
Reality Testing (F+ %)	.17	.05	1.05

Thought Disorder ^a	.86	1.20	1.02
Object Representation (Accurate) (OR+)			
Developmental Index ^a	.04	6.34**	1.93
Developmental Mean	0	4.99*	.62
Object Representation (Inaccurate) (OR-)			
Developmental Index ^a	.34	1.26	1.27
Developmental Mean	.62	.34	1.01
Mutuality of Autonomy (MOA)			
Mean MOA Score	.06	.27	14.57***
Most Pathological MOA Score (7= Most Pathological)	.54	.06	11.00***
Most Adaptive MOA Score (1= Most Adaptive)	0	5.55**	2.47

*= $p < .05$; **= $p < .01$; ***= $p < .001$; ^aScore co-varied to control for total number of Rorschach responses (cf., Blatt & Ritzler, 1974, pp. 370-381; Blatt et al., 1975, pp. 235-288; Blatt & Wild, 1976; Blatt et al., 1976, pp. 64-373; Blatt & Berman, 1984, pp. 226-239; Blatt et al., 1988, pp. 127-158; Blatt & Blass, 1990, pp. 107-127; Blatt et al., 1990, pp. 711-728; Blatt, 1990a, pp. 299-335; Blatt, 1990b, pp. 394-416; Urist, 1977, pp. 3-9; Urist & Shill, 1982, pp. 450-454).

Discussion

The relative therapeutic efficacy of psychoanalysis versus psychotherapy seems contingent to a significant degree on the nature of the patient's pathology and character structure. Anaclitic patients, those patients whose pathology and character structure focus on issues of interpersonal relatedness and who are likely to use avoidant defenses (e.g., denial and repression), have more constructive therapeutic response in psychotherapy than psychoanalysis, as measured by independent assessment of Rorschach protocols obtained prior to the initiation of treatment and again at termination. In contrast, **introjective patients whose pathology and character structure focus on issues of self-definition, self-control, and self worth, and who utilize primarily counteractive defenses (e.g., projection, isolation, intellectualization, doing and undoing, reversal, overcompensation), have significantly more constructive change in psychoanalysis than in psychotherapy, as assessed by independent scoring of clinically relevant dimensions on Rorschach protocols.**

These findings are consistent with Blatt's findings about the nature of therapeutic change (cf., Blatt et al., 1988, pp. 127-158) and indicate the importance of including in **future research on psychoanalysis** and psychotherapy process and outcome **clinically relevant discussions among different 'types of patients' and 'types of treatments' and how the interaction of these two dimensions is done, or, in my terminology, how 'secondary discourse' and 'primary discourse' mutually affect each other,** hence my key argument: **this psychoanalytic development is inherent (obviously) to the scientific accuracy of psychoanalysis as stated in my Introduction** (as shown above The MPRP demonstrates 'the relative efficacy of psychoanalysis over psychotherapy'), or, more objectively, and, once again, **in this Chapter the analyst's 'primary discourse' (unfolded in Chapter 3 and 4, but also in the next chapter: my Conclusion) was put under a methodological assessment, in accordance with the canons of scientific method *per se*, trying to demonstrate the scientific accuracy of psychoanalysis both as a theory of the mind and a treatment of the disorders of the mind, which I think I did** (but I will still add some more elements to consolidate my argument).

Indeed, these findings are **also** consistent with the report by Horowitz that in

brief therapy for bereavement, patients with developmentally lower levels of self-concept had poorer outcome in insight-oriented treatment, whereas patients with developmentally more advanced self-concept responded less well to supportive treatment (cf., Horowitz et al., 1984, pp. 438-448). It seems consistent than more dependent, interpersonally oriented patients worked more effectively in a therapeutic context in which there was greater face-to-face contact and personal interaction with the therapist. **It also seems consistent that more ideational patients who stress their separation, autonomy, and independence should find the context of psychoanalysis more conducive to therapeutic progress.**

The data found in my research indicate **a significant patient-by-treatment interaction** in which the congruence between the patient's character style and important aspects of the therapeutic situation determine the efficacy of treatment outcome. It's noteworthy, however, that these results reflect the effects of these forms of psychological intervention as they were practiced by the clinicians who participated in the data found in my research, once again: this data illustrates **the interaction of 'types of patients' and 'types of treatments' and how this interaction of these two dimensions is done, or, in my terminology, how 'secondary discourse' and 'primary discourse' mutually affect each other.**

Therefore, it is my epistemological position that caution needs to be exercised about generalizing from these findings about the therapeutic effects of psychoanalysis and psychotherapy to other settings, without more specific information about the clinicians who participated and their detailed **conceptualizations** (*mitigated 'secondary discourses' in my terminology*) of each of the two forms of treatment (something that is not doable here because of the very nature of a doctoral dissertation).

These results suggest that *we* must be aware that the **therapeutic context** presents at least two major dimensions to patients –a therapeutic relationship and the possibility of insight and understanding (cf., Blatt & Behrends, 1987, pp. 279-297). **Though these two dimensions are intertwined in the therapeutic process, some patients seem to value and be more responsive to the quality of the therapeutic relationship, while other patients seem to value and be more responsive to the interpretive activity of the therapist and the process of insight.** While most patients undoubtedly gain from both of these therapeutic dimensions, **the**

results of my research suggest that different ‘types of patients’ may be more responsive to one or the other of these dimensions of the therapeutic process.

These same issues may also apply to the therapist’s attitudes toward the therapeutic process. While in a broad and general sense psychotherapy may highlight more the interpersonal and relational dimensions **and psychoanalysis more the interpretive dimensions**, both these dimensions exist in any treatment process, whether psychotherapy or psychoanalysis. Depending on the therapist’s therapeutic style and **conceptualization of the treatment process, or, *mutatis mutandis*, in my terminology, how ‘secondary discourse’ and ‘primary discourse’ mutually affect each other**, these two dimensions should appear in a relative balance in every psychotherapeutic endeavor (cf., Blatt & Behrends, 1987, pp. 279-297).

While the data of the present research indicate that different ‘types of patients’ may respond differentially to these two dimensions of the treatment process, these results do not necessarily indicate that therapists should alter their therapeutic style to accommodate the characterological emphasis of a particular patient. The data do suggest, however, that therapists should be alert to the fact that different patients, at least in the early phases of the treatment, may be relatively more responsive to one or the other of these dimensions. **These formulations of some of the dynamics of the treatment process around issues of the therapeutic relationship and the interpretive activity of the therapist suggest that these dimensions should be important considerations in transference interpretations and in the appreciation and understanding of counter-transference dynamics to infer the clinical validity of psychoanalytic practice in the clinical setting *per se*, unfolding its ‘primary discourse’, because, once again: ‘primary discourse’ is psychoanalytical clinical practice *per se*, but, as shown threw the data of the present research: the interaction of ‘types of patients’ and ‘types of treatments’ and how this interaction of these two dimensions is done, unfolds also, in my terminology, how ‘secondary discourse’ and ‘primary discourse’ mutually affect each other.**

As discussed by Blatt and others, these results also suggest that it may be useful to view the therapeutic process, like psychological development more generally, as a process that involves a series of attachments and separations: ‘gratifying involvements’ and ‘experienced incompatibilities’ (cf., Blatt & Behrends, 1987, pp. 279-297) that

facilitate and contribute to internalization and the development of more mature levels of psychological structures or schema (cf., Blatt & Blass, 1990, pp. 107-127; Blatt, 1991, pp. 449-458).

Though anaclitic patients may be more responsive to the interpersonal dimensions of the treatment process and express their gains primarily in changes related to interpersonal relations, eventually anaclitic patients also have to deal with issues of self-definition. Overrideational introjective patients, in contrast, appear to be more responsive to the **interpretive** aspects and the insights gained than to the relational aspects of the treatment process, and to express their gains primarily in a reduction of manifest symptoms and in better cognitive functioning. Introjective patients, however, must also deal with issues of interpersonal relatedness once major conflicts around self-definition and self-worth have been resolved. **In this way the therapeutic process enables both anaclitic and introjective individuals to reinitiate a disrupted dialectical developmental process unfolding, once again, in my terminology, how 'secondary discourse' and 'primary discourse' mutually affect each other.**

Normal personal development involves an integrated and coordinated development of self-definition and interpersonal relatedness, with each dimension developing in its own right as well as synergistically contributing to overall development. The therapeutic process, like *normal* development, should ultimately lead to the integration of the relatedness and self-definitional developmental lines, with the individual progressing to higher and more mature expressions in both developmental lines.

The results of my research also indicate that the Rorschach can be a valuable method for the systematic and independent assessment of the effects of long-term, intensive treatment. The analyses of Rorschach protocols used in this research appear to provide greater differentiation of therapeutic effects than clinical judgements, as expressed, for example, in the HSRS ratings. In addition, the Rorschach can provide levels of observation and assessment of clinically relevant dimensions that are congruent with the level of **discourse** and the types of changes expected in long-term, intensive treatment.

Relatively recent developments in the analysis of **Rorschach** responses now provide ways of systematically assessing changes in the quality of object representation and the representation of interpersonal interactions (cf., Blatt, 1990b, pp. 394-416; Blatt

& Lerner, 1983, pp. 189-249; Blatt et al., 1976, pp. 64-373; Blatt et al., 1988, pp. 127-158; Blatt et al., 1990, pp. 711-728; Urist, 1977, pp. 3-9; Urist & Shill, 1982, pp. 450-454). **Empirical research has demonstrated that these dimensions are significantly related to important clinical distinctions.** The assessments of these dimensions on the **Rorschach** present in my research were differentially sensitive to therapeutic change in the two types of treatment evaluated in the MPRP.

It's noteworthy that the dimensions of the **Rorschach** that were sensitive to therapeutic change with the outpatients present in my research, were variables designed to assess aspects of functioning in the neurotic range. Dimensions of the Rorschach designed to assess functioning more in the psychotic range (e.g., reality testing, thought disorder, and investment in inaccurately perceived, distorted, and possibly autistic object representations [OR-]) did not yield significant finding in my research of the relative efficacy of two forms of therapy with an outpatient sample.

Prior research, however (cf., Blatt & Ritzler, 1974, pp. 370-381; Blatt et al., 1976, pp. 64-373; Blatt et al., 1988, pp. 127-158), indicates that these other aspects of a **Rorschach** protocol were more effective in evaluating therapeutic change in the intensive treatment of seriously disturbed, hospitalized adolescents and young adults.

In conclusion, **the results of my research indicate a relative efficacy for the two different forms of therapy studied in the MPRP, but that the relative therapeutic efficacy of psychoanalysis over psychotherapy is contingent on the congruence of the type of treatment with the character structure of the patients.** **The findings also indicate that the Rorschach can be an effective independent method** for assessing therapeutic change and the efficacy of different forms of therapy, particularly if the Rorschach protocols are evaluated systematically for dimensions that are congruent with the general level of psychological organization of the patients being studied. The Rorschach has not been used extensively in psychoanalytic and psychotherapy research in the past, but the *recent* development of new procedures for systematically assessing the quality of object representation on the Rorschach (cf., Blatt, 1990b, pp. 394-416) suggests that **the Rorschach is capable of providing data that may be particularly useful in assessing the effects of long-term, intensive psychotherapy and psychoanalysis, hence, my key argument: the 'Menninger Psychotherapy Research Project' (MPRP) infer the clinical validity of psychoanalytic practice in the clinical setting per se unfolding its 'primary**

discourse', once again: 'primary discourse' is psychoanalytical clinical practice *per se*, but, as demonstrated by the data : the interaction of 'types of patients' and 'types of treatments' and how this interaction of these two dimensions is done, unfolds also, in my terminology, how 'secondary discourse' and 'primary discourse' mutually affect each other.

Indeed, repeating, once again and finally, the key argument of this Chapter (but connected with all the previous Chapters and connected with the following Chapter which is my Conclusion as mentioned): in contrast to the a-theoretical diagnostic system established by DSM-IV (cf., Kirk & Kutchins, 1992; Livesley, 1995; Mezzich, 1996; First, 1997; Kutchins & Kirk, 1997) and DSM-IV-TR (cf., American Psychiatric Association, 2000), based primarily on differences in manifest symptoms, the diagnostic differentiation between anaclitic and introjective pathologies is based on: 'dynamic considerations, including differences in primary instinctual focus (libidinal versus aggressive), types of defensive organization (avoidant versus counteractive), and predominant character style (emphasis on object versus self-orientation, and on affects versus cognition)' (cf., Blatt, 1991, pp. 449-458): as I said, my entire Chapter 2 (the 'lion part' of my Thesis) was focused, threw the different 'secondary discourses', in these 'dynamic considerations', hence, the absolute connection between this Chapter and Chapter 2, and with my focus, unfolded throughout my entire dissertation, on the coherence of psychoanalysis as a theoretical structure and that is the coherence of my doctoral Thesis as a whole (as again and again mentioned), hence, this Chapter is before my Conclusion, because it sows all the 'secondary discourses' unfolded in Chapter 2 with its clinical efficacy (The MPRP demonstrates, as shown threw the data, 'the relative efficacy of psychoanalysis over psychotherapy'), or, more objectively, in this Chapter the analyst's 'primary discourse' (unfolded in Chapter 3 and 4, but also in the next chapter: my Conclusion) was put under a methodological assessment, in accordance with the canons of scientific method *per se*, demonstrating –threw empirical data– the scientific accuracy of psychoanalysis (as stated in my Introduction) both as a theory of the mind and a treatment of the disorders of the mind and this was my research agenda since the beginning of this dissertation.

CONCLUSION

Practical Constructs: a ‘primary discourse’

The ‘analyst’s mind’: Epistemological conjectures and Clinical refutations

Concluding as I started (see my Introduction) and to **sow my Thesis all together one last time**: it is the issue of **the collapse of Freud’s original unitary vision for psychoanalysis and the rise in its place of a burgeoning and, in some ways, bewildering theoretical diversity, or pluralism as *we now call it***, that Wallerstein undertook to present in his Presidential Address to the 35th International Psychoanalytical Congress in Montreal in 1987, entitled “One psychoanalysis or many?” (cf., Wallerstein, 1988c, pp. 5-22), as a topic of importance and concern to the worldwide psychoanalytic community, in the hope that a dialogue about it enhance *our* shared psychoanalytic understanding and commitment. In that Presidential Address, Wallerstein proposed that this growth in *our* theoretical diversity, by then widely acknowledged and accepted as reflecting *our* discipline’s state of affairs worldwide, even in United States, raised two fundamental questions: (1) **what, in view of this ever-growing pluralism, still holds *us* together as common adherents of a shared psychoanalytic science and profession**; and (2) **the corollary, what do *we* have in common that marks *us* off from other, non-psychoanalytic psychologies, for surely not every kind of psychological understanding is psychoanalytic** (cf., Wallerstein, 1988c, pp. 5-22)?

Wallerstein’s response at that time –which subsequent analytic debate has revealed to be far from widely shared (cf., Roudinesco & Plon, 1997)– is **that *our* ‘common ground’ is to be found in *our* experience-near clinical theory**, *our* concern with anxiety and defence, with conflict and compromise, with self and object representation, with transference and countertransference, **and with the like *clinical constructs* (Laplanche’s ‘primary discourse’) that Wallerstein posited as a ‘common ground’ for *our* understandings and *our* interventions across the entire array of theoretical (Laplanche’s ‘secondary discourse’) perspectives** (cf., Wallerstein, 1988c, pp. 5-22).

Wallerstein argues whereas *our* diversity is to be found in *our* experience-distant

general theories or metapsychologies, which *we* invoke to try to explain the structure and functioning of *our* minds, and how *we* think *our* **technical interventions that are guided by *our* clinical theory (psychoanalytical theory, ‘a secondary discourse’, is applied after the clinical work, which is the analyst’s ‘primary discourse’ as mentioned many times throughout this dissertation)** alter that mental functioning towards desired changes or psychic maturity or mental health –however *we* conceptualise those (cf., Wallerstein, 1988c, pp. 5-22).

Towards that end, Wallerstein dubbed *our* diverse general theories, *our* metapsychologies, as nothing but *our* scientific metaphors (Laplanche’s ‘secondary discourse’), ‘quite loosely coupled’ to *our* clinical theories and observations (the ‘magnetism’ that Laplanche posits between the ‘method and its object’ as a ‘primary discourse’): “The [psychoanalytic clinical] method is one of association and cross-referencing, a deconstruction, and **only at the horizon of this dissolution (*Lösung*) or analysis can another reality be sketched**: what is called an unconscious fantasy. There is no point-for-point correspondence, however, no analogy or similitude between the behavioral or conscious discursive sequence from which the associations start and the fragment of an unconscious sequence which can be outlined through cross-references. So much so that any method of a hermeneutic order –the direct transposition or translation of one discourse into another, be that second discourse Jungian, Kleinian, Lacanian or even Freudian– is ruled out. Ultimately, the reciprocal implication of method and object consists in the fact that the former is not only adapted to the latter but oriented, magnetically attracted by it” (Laplanche, 1999, p. 63; my alterations).

As Laplanche argues, as a ‘primary discourse’ ‘no analogy can be done between the behavioral or conscious discursive sequence from which the associations start and the fragment of an unconscious sequence’, but as a secondary discourse ‘scientific metaphors’, as Wallerstein posits, can be done and are done, because, if not, no theoretical advance was possible. And since each of *our* metapsychologies purports to explain the whole spectrum of psychopathology, and the proper roads to its amelioration, Wallerstein defends that *we* are without warrant, at least at this stage of *our* development as a science, to claim the greater heuristic usefulness or validity of any one of *our* general theories over the others, other than by the indoctrinations and allegiances built into *us* by the happenstance

of *our* individual trainings, *our* ‘differing personality dispositions’ and the explanatory predilections then carried over into *our* consulting rooms (cf., Wallerstein, 1988c, pp. 5-22).

Exactly for the reasons above mentioned by Wallerstein and also by Laplanche’s arguments, my research agenda was an overview of the development to this point of psychoanalysis as a discipline both as a theory of the mind – formulated by Freud, Lacan, Fairbairn, Bion, Matte-Blanco, Grotstein and Kernberg: these formulations unfold my theoretical prolegomena which were my Introduction, Chapter 1 and Chapter 2, which constitutes what Laplanche (1999) calls the ‘secondary discourse’– and a treatment of the disorders of the mind: Freud’s clinical text illustrated by Chapter 3, my own clinical cases addressed in Chapter 4 and in this Conclusion, and a clinical update on the MPRP shown in Chapter 5: these *were* (my Conclusion is being done now, hence the ‘were’ in italic) my practical constructs, which Laplanche (1999) calls the ‘primary discourse’–, and offer a prediction, in this Conclusion, but that I’ve started in my Introduction, concerning evolving psychoanalytic development over its (near) future.

My focus was (and will be also my focus in this Conclusion) on the coherence of psychoanalysis as a theoretical structure and that is the coherence of my doctoral Thesis as a whole: I’ve started with Freud’s strenuous endeavors to maintain ‘the’ psychoanalysis that he had single-handedly created as a unitary and unified theory, tracing then the breakdown of this effort, even in Freud’s lifetime – with special emphasis on “Dora’s Case” (Chapter 3) and Freud’s “Interpretation of Dreams”; because ‘the interpretation of dreams is the royal road to a knowledge of the unconscious activities of the mind’ (cf., Freud, 1900b, pp. 339-621) I’ve explained *it* threw the ‘dream-work’ Laplanche’s definition of the psychoanalytic clinical method (Chapter 1)– into the burgeoning theoretical diversity or ‘pluralism’ that characterizes worldwide psychoanalysis today, and then I’ve unfolded, in Chapter 2, but also in my Introduction, throughout my entire Thesis (Chapter 4, Chapter 5) and (will be unfolded also) in this Conclusion, the beginning appearance of evidences (not yet widely remarked) of growing convergences from within very disparate and even seemingly very opposed theoretical perspectives, at least at the level of technical interventions and experience-near clinical theory, with implications, however, even for the level of

experience-distant general (metapsychological) theory: **this was how the theoretical prolegomena as a ‘secondary discourse’ relate to the practical/clinical constructs as a ‘primary discourse’.**

All this was done under the hermeneutic meta-interpretation (Laplanche’s ‘secondary discourse’) because I’ve unfolded a systematization of theories of mind interpreting them according to my clinical experience (the ‘analyst’s mind’; Laplanche’s ‘primary discourse’). Such a development, if sustained, as I anticipate (and this doctoral Thesis also tries to promote), would strengthen the credibility of psychoanalysis as a science of the mind, amenable to growth: this growth constitutes the epistemological leap from the hermeneutic categorization to the positivist research) through empirical research: the MPRP (**Chapter 5**) was a heuristic example of how psychoanalytic clinical research should be done; a positivist approach because ‘falsifiable’ research has to be positivist– in accordance with the canons of scientific method.

Inherently, this Conclusion will summarize the present situation of psychoanalysis as one of increasing theoretical and practical diversity (sowing, once again, the theoretical prolegomena as a ‘secondary discourse’ with the practical/clinical constructs as a ‘primary discourse’) illustrating that the final aim of my entire dissertation is to consider in depth the impact of theoretical plurality on clinical practice and vice versa, because, as mentioned many times, Psychoanalytic theory comes after clinical work.

Indeed, after noting that the analyst has much more than evenly suspended attention in his mind as he works with his patient in a session, I will review both older and more recent contributions on what the analyst has in his mind when working with a patient. I will suggest that the subject has been addressed mainly from a single-person perspective as mentioned by Wallerstein (‘differing personality dispositions’; cf., Wallerstein, 1988c, pp. 5-22). In this connection, and on the basis of clinical material, I will attempt to show how, against the background of the ‘implicit use of explicit theories’ (Laplanche’s ‘secondary discourse’), an ongoing process of decision-making that is co-determined by the patient’s action and reaction takes place in the ‘analyst’s mind’ (Laplanche’s ‘primary discourse’).

In my analysis of a session, I will *introduce* the concepts of ‘theoretical

reason and practical reason’, and contend that, whatever theories the analyst may have implicitly or explicitly in his mind (Laplanche’s ‘secondary discourse’), they ultimately yield to clinical/practical/deconstructive ‘reasons’ (the ‘magnetism’ that Laplanche posits between the ‘method and its object’ as a ‘primary discourse’). Pursuing the same line of thought, I will describe validation in the clinical context as a single, wide-ranging, continuous process of social and linguistic co-(de)construction of the intersubjective reality between patient and analyst [this was seen not only in the MPRP (**Chapter 5**) but also in the ‘The Ulm Psychoanalytic Process Research Study Group’; the latter only referred briefly)]. This process includes mutual aspects of observation and of communicative and pragmatic validation.

In *conclusion* of my **Conclusion**, I will suggest that the figure of the *craftsman* is an appropriate description of the analyst in his conception (Laplanche’s ‘primary discourse’) of his (deconstructive) work, whatever the theory he may espouse (Laplanche’s ‘secondary discourse’). Indeed, I’ve defended this perspective throughout my entire Thesis because I agree completely with Laplanche (1999): the psychoanalytic clinical method is a deconstruction of what the patient’s unconscious manifests to the ‘analyst’s mind’. It is because of this ‘magnetism’ that I defend that the analyst can only be a *craftsman* (in this Conclusion as just mentioned) integrating the theoretical models in his mind as a ‘secondary discourse’ but *never* as a ‘primary discourse’ [(only through the ongoing process of decision-making that is co-determined by the patient’s action and reaction which takes place in the ‘analyst’s mind’ the ‘primary discourse’ *emerges* unfolding the analyst’s conception of his (deconstructive) work; *or, in other words*, the ‘magnetism between method and its object’ (the unconscious fantasy) constitutes any analyst’s ‘primary discourse’, whatever the theory he may espouse as a ‘secondary discourse’; *or, more objectively*, psychoanalytical theory, ‘a secondary discourse’, is always applied after the clinical work, which is the analyst’s ‘primary discourse’] as Laplanche argues. Theoretical models are hermeneutic because there is a meta-interpretation of the theory done by each analyst, and my literature review (**Chapter 2**) was based entirely in this premise, but the interpretation of the unconscious manifestations is not hermeneutic exactly for the reasons mentioned (**Chapter 1**) by Laplanche.

I've developed throughout my Thesis this **dynamic**. It seems a paradox but it is not because as it is obvious from what I just said: *Psychoanalytic theory comes after clinical work* as all Freud's 'cases' illustrated and the best example of my statement is the "Interpretation of Dreams". The importance of the analysis of Freud's "The Interpretation of Dreams" and how it related to my literature review (**Chapter 2**) and what this analysis contributed to the achievement of my initial research goals was demonstrated by what I said in **Chapter 1** concerning the psychoanalytical clinical method: 'it was only during the 19thC, particularly after the impact caused by Comtian positivism, that the term «clinical method» was introduced in medicine specifically to name a set of social, analytical, therapeutic and propædeutic techniques. These practices did spread rapidly. By the end of the century even Freud had adopted them as the hidden epistemological structure but he abandoned it with the publication of the "Interpretation of Dreams" where he created the «psychoanalytic clinical method»'.

Accordingly, once again: the key difference between the clinical method and the psychoanalytic clinical method is that in the latter there is a never-ending deconstruction "work[ing] out the dissolution [Lösung] of the dream" (Freud, 1900, 2, in Studienausgabe, p. 280; my alterations); 'the dream is the royal road to the unconscious' and what is an *absolute* of the psychoanalytic clinical method is its deconstructive 'way' to 'follow/explore/discover' the 'unconscious fantasy' (cf. Laplanche, *op. cit.*): **'when at the bedside (couch) of a sufferer' is an analyst where: "the reciprocal implication of method and object consists in the fact that the former is not only adapted to the latter but oriented, magnetically attracted by it"** (Laplanche, *op. cit.*, p. 63; my alteration). On the contrary, the clinical method is a 'way to follow when at the bedside of a sufferer' not by a deconstructing way of explore the unconscious fantasy but as a way of constructing nosological categorizations of how to explain the organic or conscious pathology, **hence my epistemological distance concerning the a-theoretical diagnostic system established by DSM-IV (cf., Kirk & Kutchins, 1992; Livesley, 1995; Mezzich, 1996; First, 1997; Kutchins & Kirk, 1997) and DSM-IV-TR (cf., American Psychiatric Association, 2000), based primarily on differences in manifest symptoms** as I've illustrated over and over again in Chapter 5.

Only the psychoanalytic clinical method (**Chapter 1**) tries to understand

(verstehen), not explain (erklären), the unconscious fantasies. That is why (following Freud's own words as I've illustrated) the "Interpretation of Dreams" as a 'secondary discourse' relate with the psychoanalytical practical/clinical constructs as a 'primary discourse' –hence the importance I gave to it in elaborating an entire chapter (Chapter 1, which is entitled precisely 'The Psychoanalytical Clinical Method') on the foundational text of the psychoanalytic clinical method: the "Interpretation of Dreams"–, meaning, as I above mentioned, the "Interpretation of Dreams" is where Freud created the 'psychoanalytic clinical method': all psychoanalytic practical/clinical constructs as a 'primary discourse' are inherent to the psychoanalytic clinical method created by Freud in the "Interpretation of Dreams": the 'magnetism between method and its object' (the 'unconscious fantasy') constitutes any analyst's 'primary discourse': all the theories that I've schematized in my literature review (Chapter 2) constitute a 'secondary discourse' regarding Freud's psychoanalytic clinical method: the analyst's 'primary discourse'.

After this *final* clarification, in my Thesis I've also established (and will be also established in this Conclusion) the scientific accuracy or truth-value interpretations in clinical work (mainly in my Introduction, Chapter 5, but also throughout my Thesis) providing concrete examples of how the analyst deconstructs the clinical phenomena independently of what theoretical model he embraces: the keynote here was always how the 'analyst's mind' work: by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models.

Indeed, the Freudian heritage (hence, the title of my Thesis) is this never-ending dissolution (Lösung) that is psychoanalysis (and its psychoanalytic clinical method) in its essence. Freud is the first object relations theorist because object relations have, like all other schools of psychoanalytic thought (like Laplanche states), as their 'primary discourse' the deconstruction: the theoretical meta-interpretations of Freud, Fairbairn, Bion, Matte-Blanco, Lacan, Grotstein and Kernberg (Laplanche's 'secondary discourse') constitute all clinical dissolutions inherent to the psychoanalytic clinical method. That is why I've stated in my literature review (Chapter 2) that all these authors follow Freud –directly or indirectly, theoretically speaking– building up a syncretic universalist model

unified exactly by the Rosetta stone of psychoanalysis: its deconstructive method.
I've stated even more: the more the theorist differs from Freud and the more the theorist deconstructs Freud, the more the theory is following the vital essence of psychoanalytic clinical method: once again, the deconstruction.

Accordingly, once again: the 'common ground' that I've argued (in my Introduction, in my Chapter 2 and *unfolded* throughout my entire Thesis) is nothing more, as Wallerstein also recognizes (cf., Wallerstein, 1988c, pp. 5-22), than acknowledge that there are a pluralism of hermeneutic meta-interpretations that configures the form of our 'secondary discourse' (Laplanche's 'secondary discourse'): they are all formalizations of the analyst's psychic process present in the clinical session; that is why Bion's Grid, Lacan's mathemes and Matte Blanco's bi-logic are so heuristic: they are the formalization of the analyst's psychic process not as a 'primary discourse' but as a 'secondary discourse': they are epistemological tools that have only one purpose: being deconstructed by the 'analyst's mind' (Laplanche's 'primary discourse') in the clinical session. That is why we call it a formalization of the psychic process: it is its form, not its content.

In this connection, what I will summarize in this Conclusion (repeating myself *ipsis verbis* to be absolutely clear about what were and what are my Thesis aims) is the present situation of psychoanalysis as one of increasing theoretical and practical diversity (sowing, once again, the theoretical prolegomena as a 'secondary discourse' with the practical/clinical constructs as a 'primary discourse') illustrating that the final aim of my entire dissertation is to consider in depth the impact of theoretical plurality on clinical practice and vice versa, because, as mentioned many times, *Psychoanalytic theory comes after clinical work.*

Indeed, after noting that the analyst has much more than evenly suspended attention in his mind as he works with his patient in a session, I will review both older and more recent contributions on what the analyst has in his mind when working with a patient. I will suggest that the subject has been addressed mainly from a single-person perspective as mentioned by Wallerstein ('differing personality dispositions'; cf., Wallerstein, 1988c, pp. 5-22). In this connection, and on the basis of my own clinical material, I will attempt to show how, against the background of the 'implicit use of explicit theories' (Laplanche's 'secondary discourse'), an ongoing process of decision-making that is co-determined by the

patient's action and reaction takes place in the 'analyst's mind' (the analyst's 'primary discourse'). In my analysis of a session, I will *introduce* the concepts of 'theoretical reason and practical reason' (concepts that sow the theoretical prolegomena as a 'secondary discourse' with the clinical/practical constructs as a 'primary discourse'), and contend that, whatever theories the analyst may have implicitly or explicitly in his mind (Laplanche's 'secondary discourse'), they ultimately yield to clinical/practical/deconstructive 'reasons' (the 'magnetism' that Laplanche posits between the 'method and its object' as a 'primary discourse').

Pursuing the same line of thought, I will describe validation in the clinical context as a single, wide-ranging, continuous process of social and linguistic co-(de)construction of the intersubjective reality between patient and analyst: this was seen not only in the MPRP (**Chapter 5**) but also in the 'The Ulm Psychoanalytic Process Research Study Group'; the latter only referred briefly in this Conclusion. This process includes mutual aspects of observation and of communicative and **pragmatic validation**. In this Conclusion, I will also suggest that the figure of the *craftsman* is an appropriate description of the analyst in this conception of his (**deconstructive**) clinical work (Laplanche's 'primary discourse'), whatever the theory he may espouse (Laplanche's 'secondary discourse') as again and again mentioned.

Indeed, after **sowing my Thesis all together one last time**, and returning to the introduction of this **Conclusion** [(which will also sow my Thesis all together, but in a conclusive way (obviously))]: the last decades have been characterized by increasingly vigorous debate on **theoretical (as a 'secondary discourse')** and **practical/clinical (as a 'primary discourse')** diversity in psychoanalysis as I've illustrated throughout my entire Thesis. Two contributions by Wallerstein mentioned many times throughout this dissertation (cf., Wallerstein, 1988c, pp. 5-22; Wallerstein, 1990, pp. 3-20) marked the *official* birth of a period of institutional discussion in international psychoanalysis. Wallerstein recognized: "our increasing psychoanalytic diversity (...), a pluralism of theoretical perspectives, of linguistic and thought conventions, of distinctive regional, cultural, and language emphases" (Wallerstein, 1988c, p. 5).

In the light of this evidence, as I said above, Wallerstein asks *us*: "what it is, in view of this increasing diversity that still holds us together as common adherents of a shared psychoanalytic science and profession?" (Wallerstein, *ib.*). In his search for

‘common ground’, Wallerstein suggests that this must be located: “in the **clinical enterprise**” (Wallerstein, 1990, p. 7; my bold). **In Wallerstein’s (1990) view, what we can have in common is a similar way of relating to our patients in the here and now of the interplay of transference and counter-transference, or, in my terminology, the similar way of relating to our patients in the here and now of the interplay of transference and counter-transference is how ‘secondary discourse’ and ‘primary discourse’ mutually affect each other.** At any rate, Wallerstein is here pleading for a change of focus **from theory to practice** –that is, to the privacy of therapeutic activity in the analyst’s consulting room. And there is no doubt that the ‘**analyst’s mind**’ (the analyst’s ‘**primary discourse**’) is an essential part of the intimacy of the ‘**clinical enterprise**’.

What *we* see in psychoanalysis is in fact not so much pluralism as mere plurality, or, worse still, theoretical fragmentation, since *we* lack a **methodology for systematic comparison of the various theories and technical approaches (hence the absolute pertinence that I attribute to Chapter 5 and inherent connections, for example, with Chapter 2).** Ricardo Bernardi (2005) seems to share these *fears* when he wonders what comes after pluralism, and enquires into the conditions necessary for the diversity observed in the psychoanalytic field to become a factor of progress. Bernardi’s (2002, 2003) research on how we psychoanalysts argue in *our* controversies leaves *us* with a pessimistic feeling about *our* capacity to meet on ‘common ground’, but, **once again: the ‘common ground’ that I’ve argued in my Introduction, in my Chapter 2 and unfolded throughout my entire Thesis is nothing more, as Wallerstein also recognizes (cf., Wallerstein, 1988c, pp. 5-22), than acknowledge that there are a pluralism of hermeneutic meta-interpretations that configures the form of our ‘secondary discourse’(in my terminology).**

Yet David Tuckett considers that this crisis carries with it an opportunity for change: “For too long, and too often, psychoanalysts have tended to conduct arguments in a manner more **ideological** than subject to reason. Arguments warranted by reference to authority, arguments derived from analogy or metaphor, the canonization and ‘Indexing’ of texts, and a certain tendency towards isolationism from other disciplines relevant to our field, have been standard features of our discipline. (...) **It is time not only to review our methodology for assessing our truths, but also to develop approaches that will make it possible to be open to new ideas while also being able**

to evaluate their usefulness by reasoned argument. The alternative is the Tower of Babel (Tuckett, 1994a, p. 865; my bold; **see my Introduction and Chapter 2 with Kernberg's arguments at the end**).

It therefore seems *impossible* to overcome the impasse without improving the rational basis of *our* arguments and, ultimately, without modifying the **paradigm of the construction of theory in psychoanalysis** (cf., Thomä & Kächele, 2006; **see my Chapter 2, where I explain, not arbitrarily in the beginning with the example of Grünbaum, and later on, following Bion, what are the criteria that *construct* a valid theory in psychoanalysis**).

In this Conclusion, however, **rather than concentrating on the fears expressed by some of the just mentioned authors, I will summarize** (repeating myself *ipsis verbis* to be absolutely clear about what were and what are my Thesis aims) **the present situation of psychoanalysis as one of increasing theoretical and practical diversity** (**sowing, once again, the theoretical prolegomena as a 'secondary discourse' with the practical/clinical constructs as a 'primary discourse'**) illustrating that **the final aim of my entire dissertation is to consider in depth the impact of clinical practice on theoretical plurality and vice versa** because, as mentioned many times, **Psychoanalytic theory comes after clinical work** as I've argued throughout my entire Thesis and present now my final argument as again and again mentioned.

Ultimately, after all, *we* clinicians must be capable of finding *our* bearings in the midst of an enormous diversity of theories of very different origins and levels of abstraction. This presents *us* with the challenge of **operating with a number of theories as a 'secondary discourse' simultaneously in *our* minds without losing coherence** as *we* work with the patient unfolding *its* **'primary discourse'**.

Moreover, the situation has lately become even more *complicated*, as the growing permeability of the psychoanalytic community to neighboring sciences and disciplines (the cognitive and affective neurosciences; **research on the early mother–baby relationship as I've illustrated in Chapter 2 especially with Bion; research on psychotherapeutic process and outcome as I've shown in Chapter 5**) has added still more 'secondary discourses' to the psychoanalyst's clinical work and **how** *he* unfolds *its* **'primary discourse'**. Besides metapsychological and theoretical-clinical publications, *we* are witnessing a growing number of applications of

the theory of therapeutic change from fields outside but related to psychoanalysis proper (cf., Beebe & Lachmann, 2002).

In this way, **a tension arises in the theory of therapeutic technique between traditional clinical knowledge and modern approaches based on empirical and experimental research, and this calls for a process of reflective integration with a view to maximizing synergy and coherence in *our* therapeutic activity.**

Yet the enormous range and diversity of theories as a ‘secondary discourse’ currently available to the analyst contrasts with the rarity of studies that seek to explore how the ‘analyst’s mind’ (the analyst’s ‘primary discourse’) works in a situation of pluralism as a ‘secondary discourse’. Quite probably, apart from possible causes in epistemology (cf., Fonagy et al., 1999) and in the sociology of knowledge, the origins of the theoretical fragmentation may lie precisely in the lack of interest in exploring the complex psychological and knowledge-acquisition processes that unfold in the ‘analyst’s mind’ (the analyst’s ‘primary discourse’) as one of the main sources of diversity and pluralism as a ‘secondary discourse’ in psychoanalysis.

Identification of the conditions in which pluralism as a ‘secondary discourse’ operates in the ‘analyst’s mind’ (the analyst’s ‘primary discourse’) thus becomes an urgent challenge (and my Thesis tries to *answer* to this challenge), since, as Victoria Hamilton points out: “although many psychoanalysts agree that pluralism is here to stay, it is not easy to spell out the connections between the ideology of pluralism and its application in clinical practice” (Hamilton, 1996, p. 24; my alterations). **In the psychoanalytic debate, a frequent question is whether the different theories as a ‘secondary discourse’ might have arisen partly from the analysis of different ‘types of patients’ as I’ve illustrated in Chapter 5.**

This may be the case in part, but **there are indications that pluralism as a ‘secondary discourse’ goes much deeper, because the last few decades have brought confirmation that interpretations vary considerably even with material of one and the same patient (cf., Bernardi, 1989; Pulver, 1987) as I’ve shown in my Introduction.**

If the question is posed in these terms, the exercise of pluralism as a ‘secondary discourse’ of course becomes a difficult task. At any rate, the practical/clinical problem as a ‘primary discourse’ is how to work with the

different theoretical models as a ‘secondary discourse’, given Strenger’s view that: “**pluralism is not identical with relativism.** (...) The relativist says that the same proposition can be both true and false, depending on how you look at it. **The pluralist shows that the standards of rightness associated with different versions can neither be reduced to each other nor meaningfully be taken to compete.** The pluralist does not believe that the same proposition can be both true and false; he assumes that certain theories are incommensurable, i.e., not comparable with each other” (Strenger, 1991, p. 160; my bold).

From my perspective, **as I’ve argued throughout my entire dissertation, pluralism as a ‘secondary discourse’ does not preclude realism, since the *a priori* condition of possibility for any theory in psychoanalysis and for any dialogue between psychoanalysts is that there shall be a reality that transcends the observer, even when it can be apprehended only fragmentarily and partially: the ‘unconscious fantasy’ (cf., Strenger, 1991; Cavell, 1993; Laplanche, 1999), as mentioned throughout my Thesis over and over again, but specially in Chapter 1 with Laplanche’s arguments.** On the other hand, the assumption of an intersubjective viewpoint does not on any account eliminate the concept of an objective world with which *we* are in contact and with respect to which *we* endeavor to be more or less **objective.**

As Cavell notes: “both a real, shared, external world and the concept of such a world are indispensable to propositional thought, and to the capacity to know one’s own thoughts as thoughts, as a subjective perspective on the world” (Cavell, 1998, p. 79). **An idea such as this opens the door to pluralism as a ‘secondary discourse’, that is to say, to an intermediate path between a situation of total incommensurability between theories and a theoretical monism that could be upheld only from an authoritarian posture as I’ve illustrated in Chapter 2 specially at the end with Kernberg’s arguments.**

Jordán (2004) suggests that the capacity to make correlations and thereby to work with common sense with the patient in the session is facilitated if the analyst operates with more than one theoretical system in his mind as I’ve argued in all the Chapters of my Thesis and I will also argue in this Conclusion. But as Gabbard reminds *us*: “for some clinicians, however, shifting from one clinical perspective to another, depending on the patient’s needs, is too cumbersome and unwieldy” (Gabbard,

1990, p. 58; concerning Gabbard's heuristic arguments see my **Introduction**).

Wallerstein (1988c), on the other hand, claims that it is possible to pay attention to the clinical phenomena described by each theoretical perspective without espousing the entire theoretical model as a 'secondary discourse' per se (in my terminology) as I've showed in my Introduction, Chapter 1, Chapter 2, Chapter 3, Chapter 4, Chapter 5 and I will also show in this Conclusion. Many psychoanalysts do indeed consider that different patients with different psychopathological structures need different theoretical approaches as my last Chapter concerning the Menninger Psychotherapy Research Project illustrated.

In this connection, Gabbard advocates **pragmatism**: “Each of these approaches to the theoretical pluralism of modern psychoanalysis is workable for some clinicians. **Regardless of which approach is found more suitable, all clinicians should be wary of rigidly imposing theory onto clinical material. The patient must be allowed to lead the clinician into whatever theoretical realm is the best match for the clinical material.** (...) **Finding the theoretical framework that best fits a particular patient entails a great deal of exploratory trial and error**” (Gabbard, 1990, p. 58; my alterations).

The analysing mind: Something more than evenly suspended attention

I use the concept of the 'analysing mind' to denote the mind of the analyst working with his patient in the session trying to unfold its 'primary discourse'. The idea is that the analyst's analytic competence extends far beyond the 'analysed mind'.

It is hardly necessary to say that if it is necessary to find 'common ground' as a 'secondary discourse' in clinical practice as a 'primary discourse', the study of what the analyst 'has in his mind' is bound to encounter problems from the beginning, for the simple reason that **what the analyst may really have in his mind during analysis is not obvious on an absolute level: it is here that the formalization of psychic process in the clinical session like Bion's Grid, Lacan's mathemes, or Matte-Blanco's biologic become vital epistemological 'tools' to the analyst as I've illustrated in Chapter 2.** All that is really clear is what *he* ought to have in *his* mind –or rather, what *he* ought not to have in *it*. **This was determined by Freud himself in his 'recommendations on technique' (cf., Freud, 1912f, pp. 109-120).**

Freud's advice can ultimately be subsumed in a single precept, inherent in the

rule of ‘evenly suspended attention’, whereby the analyst is counselled to behave like a remote surgeon who puts aside all his feelings, or a mirror that reflects only what is shown to it.

Yet, Freud’s *perceptive* intent met with an important obstacle –namely, **the inevitable existence of blind spots in the analyst’s psychoanalytic perception as I’ve illustrated in Chapter 2 with Freud’s, Bion’s, Alford’s and (a part of) Object Relations School ‘secondary discourse’ concerning ‘the world of «thanatos»’.**

Freud had no doubt that observance of the **psychoanalytic clinical method (Chapter 1)** was constantly jeopardized by various resistances arising within the analyst himself. It was but a vain hope that Ferenczi (1928; see below) was expressing when he claimed that **the training analysis**, the: “psycho-analytic purification” (Freud, 1912f, p. 116) **would help to eliminate the blind spots and, with them, the theoretical and technical divergences in psychoanalysis.**

However, Ferenczi himself stressed the immense complexity of the mental work expected of the analyst: allowing the patient’s free associations to act on him; giving free rein to his ‘**unconscious phantasy**’ (**as I’ve illustrated with Laplanche’s arguments in Chapter 1**) to enable him to elaborate the material supplied by the patient’s associations; comparing in the here and now newly emerging links with previous results of analysis; and exercising unremitting vigilance over, and maintaining a critical eye on, his own subjectivity. In the view of Ferenczi, the ‘analyst’s mind’: “swings continuously between empathy, self-observation and making judgements” (Ferenczi, 1928, p. 96).

We do now know, from his letter of 4 January 1928 to Ferenczi, that Freud was aware of the limitations of his recommendations. With regard to the title of Ferenczi’s contribution on the *elasticity* of technique, Freud writes: “For my recommendations on technique which I gave back then were essentially negative. I considered the most important thing to emphasize what one should not do, to demonstrate the temptations that work against analysis. Almost everything that is positive that one should do I left to ‘tact’, which has been introduced by you. But what I achieved in so doing was that the obedient ones didn’t take notice of the elasticity of these dissuasions and subjected themselves to them as if they were taboos. That had to be revised at some time, without, of course, revoking the obligations” (Freud & Ferenczi, 2000, p. 332).

Of course, *we* analysts are to this day debating the nature of the ‘obligations’ that

are held to define what is specifically **psychoanalytic**, but have not arrived at clear or definitive *conclusions*. Be that as it may, a growing **consensus** has arisen in the last few years to the effect that **there is much more to the analyst–patient relationship than the mere interplay of transference and counter-transference.**

Indeed, **if**, as Wallerstein (1990) argues, **what we can have in common is** a similar way of relating to *our* patients in the here and now of the interplay of transference and counter-transference, or, in *my* terminology, **the similar way of relating to our patients in the here and now of the interplay of transference and counter-transference is how ‘secondary discourse’ and ‘primary discourse’ mutually affect each other, and there is much more to the analyst–patient relationship than this interplay of transference↔counter-transference and ‘secondary discourse’↔‘primary discourse’ mutuality: that much more is, from my perspective, the ‘magnetism’ that Laplanche posits between the ‘method and its object’ as a ‘primary discourse’ per se,** as I’ve defended throughout my entire Thesis, but specially in **Chapter 1** with **Laplanche’s** arguments, which sows with the **‘common ground’** that I’ve argued in my **Introduction**, in my **Chapter 2** and *unfolded* throughout my entire Thesis, **which was nothing more, as Wallerstein also recognizes (cf., Wallerstein, 1988c, pp. 5-22), than acknowledge that there are a pluralism of hermeneutic meta-interpretations that configures the form of our ‘secondary discourse’ (in my terminology). I’ve defended this perspective throughout my entire Thesis because I agree completely with Laplanche (1999): the psychoanalytic clinical method is a deconstruction of what the patient’s unconscious manifests to the ‘analyst’s mind’. It is because of this ‘magnetism’ that I will defend in this Conclusion that the analyst can only be a craftsman integrating the theoretical models in his mind as a ‘secondary discourse’ but never as a ‘primary discourse’:** only threw the ongoing process of decision-making that is co-determined by the patient’s action and reaction which takes place in the ‘analyst’s mind’ the ‘primary discourse’ *emerges* unfolding the analyst’s conception of his (deconstructive) work; *or, in other words, the ‘magnetism between method and its object’ (the unconscious fantasy) constitutes any analyst’s ‘primary discourse’, whatever the theory he may espouse as a ‘secondary discourse’; or, more objectively, psychoanalytical theory, ‘a secondary discourse’, is always applied after the clinical work, which is the analyst’s ‘primary discourse’ as*

Laplanche argues. Theoretical models are hermeneutic because there is a meta-interpretation of the theory done by each analyst, and my literature review (Chapter 2) was based entirely in this premise, but **the interpretation of the unconscious manifestations is not hermeneutic exactly for the reasons mentioned (Chapter 1) by Laplanche. I've developed throughout my Thesis this dynamic, because as it is obvious from what I have been saying since the beginning of this dissertation: Psychoanalytic theory comes after clinical work.**

Indeed, according to a broad conception of the psychoanalytic relationship, the: “real characteristics of the participants and a **highly primitive** object relationship” (Infante, 1968, p. 767; my bold) are the support and framework of the analytic process. **Various authors (cf., Arlow & Brenner, 1988; Pulver, 1987; Bernardi, 1989) have demonstrated the effect of the theories the analyst has in his mind on selective listening to the material as I've illustrated in my Introduction.**

Meyer (1988) points out that the analyst's personal equation is also manifested in cognitive styles that condition his attitude and the way he perceives and thinks of the patient. Stein suggests that the: “analyst's emotional reactions in the analysis depend on the analyst's theoretical convictions of what does and does not constitute good analysis” (Stein, 1991, p. 326). On the other hand, it is hard to overestimate the *perceptive functions of the visions of man and the world implicit in the various theories, whether personal as mitigated 'secondary discourses' or those of schools of thought as wider 'secondary discourses' as I've illustrated in Chapter 2.*

In the last few years, exploration of the mental processes of the analyst as he works with his patient has been boosted by the activity of **the European Psychoanalytical Federation's Working Party on Theoretical Issues (EPF-WPTI)**, which **opted to consider first the issue of the role and significance of 'implicit (private, preconscious) theories in clinical practice'** (cf., Canestri et al., 2006, pp. 29-44; Silvan, 2005).

This research programme takes as its starting point the pioneering view expressed by Joseph Sandler in 1983, hence the importance I gave to him in my Introduction: “With increasing clinical experience the analyst, as he grows more competent, will **preconsciously** (descriptively speaking, ‘unconsciously’) construct a whole variety of **theoretical segments which relate directly to his clinical work.** They are the products of unconscious thinking, are very much *partial theories, models or*

schemata, which have the quality of being available in reserve, so to speak, to be called upon whenever necessary. That they may contradict one another is no problem. They coexist happily as long as they are ‘unconscious’” (Sandler, 1983, p. 38, my alterations).

In the construction of the ‘map of private (implicit, preconscious) theories in clinical practice’ (cf., Canestri et al., 2006, pp. 29-44) the WPTI offers the psychoanalytic community a systematic qualitative research design based on the study of: (a) **clinical** reports of analytic work; (b) the **clinical** experience of the group members; and (c) each analyst’s negotiation of the public **theory** that he espouses in a wide range of contexts.

On the basis of these experiences, the authors have identified six categories, or vectors that seem relevant to how concepts are used in the practice of psychoanalysis (once again, it is *here* that the formalization of psychic process in the clinical session like Bion’s Grid, Lacan’s mathemes, or Matte-Blanco’s bi-logic become vital epistemological ‘tools’ to the analyst as I’ve illustrated in **Chapter 2**). Applying a heuristic model, they explore the psychic space of the analyst’s theory, ordering it in accordance with differing **theoretical** and motivational **elements** and knowledge structures with its topographical classification (*mutatis mutandis*, see **my Lacan’s review in Chapter 2**). The vectors are not independent of each other, and various elements classified within one vector may also be included in another. In terms of the model, these vectors interact dynamically, determining the formation of clinical judgements and the analyst’s therapeutic interventions in accordance with the weight or value assigned to them (*mutatis mutandis*, see **my Bion’s review in Chapter 2 specially Bion’s Grid, but also Chapter 5**).

Very briefly, the six **vectors**, or categories, are: ‘(1) the topographical vector, which contains the psychic level on which theoretical thought takes place (non-public, conscious, preconscious, or unconscious); (2) the conceptual vector, which includes ideological formations or ones containing a vision of the world (*e.g.* tragic or romantic); (3) the ‘action’ vector, which includes the role ascribed to evenly suspended attention in listening, the way in which interpretations are formulated verbally, and the way the analyst interacts practically with the patient; (4) the ‘object relations of knowledge’ vector, which includes the affiliations and loyalties resulting from the psychoanalytic training system; (5) the ‘coherence versus contradiction’ vector, which includes the way

in which contradictions are handled theoretically (elasticity and tolerance of contradictions); (6) the developmental vector, which includes evaluation of the preferred type of material (verbal or non-verbal) or of a given phase of development' (cf., Canestri et al., 2006, pp. 29-44; *mutatis mutandis*, see my entire Chapter 2, specially Bion's review and Bion's Grid, but also Chapter 5).

Indeed, exploration of the 'implicit understanding of clinical material beyond theory' (cf., Canestri, 2006, pp. 13-28) **admittedly casts light on the *concrete conditions brought about by pluralism as a 'secondary discourse' in the 'analyst's mind' trying to unfold its 'primary discourse'***. However, from my perspective, one aspect is insufficiently considered in this approach. This concerns the way in which the various vectors or categories described by the WPTI interact in the 'analyst's mind' and in the analytic situation. It seems to me, as I will illustrate later with my clinical material that **what could be called the 'movement' or 'dynamic considerations' of 'partial theories, models or schemata' (cf., Sandler, 1983; see my Introduction, Chapter 2 and the end of Chapter 5 concerning these 'dynamic considerations' and with my focus, unfolded throughout my entire dissertation, on the coherence of psychoanalysis as a theoretical structure and that was and is the coherence of my doctoral Thesis as a whole as again and again mentioned) is co-determined by the patient in his interaction with the analyst**. The problem of an interpersonal and intersubjective heuristic arises here, because what is involved is the role *we* assign to the link (or interaction) between two minds working together.

By this I am suggesting that in the 'analyst's mind' there comes into being an ongoing process of decision-making which, against the background of the 'implicit use of explicit theories' (**'implicit use' indicates a process of decision-making determined by practical/clinical reasons that assess the use-related value, or utility, of explicit theories at a given moment; the guiding question in this case is not why but for what purpose**), is constantly influenced by the patient's action and reaction, because, as again and again mentioned: **the psychoanalytic clinical method is a deconstruction of what the patient's unconscious manifests to the 'analyst's mind'**. **It is because of this 'magnetism' that I defend in this Conclusion that the analyst can only be a craftsman integrating the theoretical models in his mind as a 'secondary discourse' but never as a 'primary discourse'**: as I said just now, only threw the ongoing process of decision-making that is co-determined by

the patient's action and reaction which takes place in the 'analyst's mind' the 'primary discourse' *emerges* unfolding the analyst's conception of his (deconstructive) work; *or, in other words*, the 'magnetism between method and its object' (the unconscious fantasy) constitutes any analyst's 'primary discourse', whatever the theory he may espouse as a 'secondary discourse'; *or, more objectively*, **psychoanalytical theory, 'a secondary discourse', is always applied after the clinical work, which is the analyst's 'primary discourse' as Laplanche argues.**

Indeed, **the processes of validation –or invalidation– of the analyst's interpretations take place in the course of this interaction**, that is (once again): **only through the ongoing process of decision-making that is co-determined by the patient's action and reaction which takes place in the 'analyst's mind' the 'primary discourse' *emerges* unfolding the analyst's conception of his (deconstructive) work.**

Accordingly, the recent work in progress of the EPF's Working Party on Theoretical Issues is connected with earlier developments that date back to **Ferenczi** (1928; see above) himself and can be included in what I am arguing since the beginning of this dissertation as just now mentioned. Indeed, in addition to the study by Ramzy (1974) on analytic inference, some authors, influenced, paradoxically, by the 'emergence of cognitive psychology' (Holt, 1964), have made important contributions to the investigation and description of the analyst's mental phenomena during a session (cf., Greenson, 1960; Bowlby, 1969; Peterfreund, 1975). **What all these authors have in common is their dissatisfaction with metapsychology as an appropriate theory for describing and understanding how the 'analyst's mind' works in session with the patient.**

In the view of Holt (1964), the analyst's cognitive processes include a wide range of phenomena: "perceiving, judging, forming concepts, learning (especially that of a meaningful, verbal kind), imagining, fantasizing, imaging, creating, and solving problems" (Holt, 1964, p. 650). In his study of the analyst's processes of 'emotional knowing' (that is, the process of empathic understanding), Greenson (1960) suggests that in his daily work with the patient –concretely, during breaks or in the explanation of disruptions of empathy– the analyst constructs a '**working model**' that combines different aspects and characteristics, both physical and psychic, of the patient. In the

course of analytic work the analyst listens: “through this **working model**. (...) The conception of a working model of the patient implies a special kind of internal object representative. It is an **internal representation which is not merged with the self and yet is not alien to the self**. By cathecting the working model as a supplement to the external patient one approaches the identificatory processes” (Greenson, 1960, pp. 421-423; my bold), that is (*advancing* in my final argument): **even with the ‘implicit use of a explicit theory’ ‘which is not merged with the self and yet is not alien to the self’, this implicit use of a theory still unfold a ‘secondary discourse’**. I do agree that the recent ‘map of private (implicit, preconscious) theories in clinical practice’ (cf., Canestri et al., 2006, pp. 29-44) the WPTI offers the psychoanalytic community unfolds the ‘implicit understanding of clinical material beyond theory’ and Greenson’s older contribution on this subject tried to do the same, but in spite of these contributions **sow the theoretical prolegomena as a ‘secondary discourse’ with the practical/clinical constructs as a ‘primary discourse’, they just try to unfold the analyst’s ‘primary discourse’, which is different from unfolding it.**

Indeed, empathic listening through the ‘working model’ is a function of the analyst’s experiential self (*mutatis mutandis*, see my **Bion’s review in Chapter 2 specially Bion’s Grid**). Accordingly, Bowlby (1969) argues the same: “models described here (...) are (...) none other than **the internal worlds of traditional psychoanalytic theory** seen in a new perspective” (Bowlby, 1969, p. 82; my bold). Peterfreund defends the same: ‘the stored programs and data that make up the various **operational models** represent specific selections of the total data available over time’ (cf., Peterfreund, 1975, p. 61).

Therefore, as the authors themselves acknowledge, a ‘working model’ or a ‘operational model’ or even a ‘internal world of traditional psychoanalytic theory’ should be seen as: “mini-theories in action” (Bowlby, *ib.*), or ‘partial theories’ (Sandler’s expression; see above), or as ‘a supplement’ (Greenson’s expression just mentioned), or ‘selections’ (Peterfreund’s expression just mentioned), **in their concrete reference to the here and now of the clinical setting sowing the theoretical prolegomena as a ‘secondary discourse’ with the practical/clinical constructs as a ‘primary discourse’, but neither the older contributions (mainly: Greenson, 1960; Bowlby, 1969; Peterfreund, 1975) or the recent contributions (mainly: the European Psychoanalytical Federation’s Working Party on Theoretical Issues,**

Canestri et al., 2006, pp. 29-44) grasp the analyst's 'primary discourse' *per se*, because, one thing is what the analyst has in his mind when working with a patient (as showed above with this reflection concerning the use 'implicit use of explicit theories'), another *thing* is what is the analyst's 'primary discourse' *per se* (the 'analyst's mind' *per se*). After all my reflections throughout my Thesis I can finally state my final position concerning what is the 'analyst's mind' *per se* in its *full* meaning as just mentioned (that I will clarify even further in this Conclusion).

Indeed, the processes of validation –or invalidation– of the analyst's interpretations take place in the course of the interaction in the here and now of the clinical setting, which both older and recent contribution agree upon but this is the 'why': the for 'what purpose' is not *answered* (as mentioned above, regarding this 'implicit use of explicit theories', 'implicit use' indicates a process of decision-making determined by practical/clinical reasons that assess the use-related value, or utility, of explicit theories at a given moment; the guiding question in this case is not why but for what purpose): the 'what purpose' is, as defended throughout my entire Thesis: the 'magnetism between method and its object': the unconscious fantasy, which constitutes any analyst's 'primary discourse', because, once again and finally: the 'common ground' that I've argued (in my Introduction, in my Chapter 2 and *unfolded* throughout my entire Thesis) was nothing more, as Wallerstein also recognizes (cf., Wallerstein, 1988c, pp. 5-22), than acknowledge that there are a pluralism of hermeneutic meta-interpretations that configures the form of our 'secondary discourse' (in *my* terminology): they are all formalizations of the analyst's psychic process present in the clinical session; that is why Bion's Grid, Lacan's mathemes and Matte Blanco's bi-logic are so heuristic: they are the formalization of the analyst's psychic process not as a 'primary discourse' but as a 'secondary discourse': they are epistemological tools that have only one purpose: being deconstructed by the 'analyst's mind' in the clinical session. That is why we call it a formalization of the psychic process: it is its **form**, not its content.

In this connection, what I've summarized until now in this Conclusion (repeating myself *ipsis verbis* to be absolutely clear about what were and what are my Thesis aims) was the present situation of psychoanalysis as one of increasing theoretical and practical diversity (sowing, once again, the theoretical prolegomena as a 'secondary discourse' with the practical/clinical constructs as a 'primary

discourse') illustrating that the final aim of my entire dissertation is to consider in depth the impact of theoretical plurality on clinical practice and vice versa, because, as mentioned many times, Psychoanalytic theory comes after clinical work.

Indeed, what I did until now in this Conclusion was that after noting that the analyst has much more than evenly suspended attention in his mind as he works with his patient in a session, I've reviewed (very briefly, because I am concluding...) both older (mainly: Greenson, 1960; Bowlby, 1969; Peterfreund, 1975) and more recent contributions (mainly: the European Psychoanalytical Federation's Working Party on Theoretical Issues, Canestri et al., 2006, pp. 29-44) on what the analyst has in his mind when working with a patient clarifying that one thing is what the analyst has in his mind when working with a patient (as showed above with the reflection concerning the use 'implicit use of explicit theories'), another thing is what is the analyst's 'primary discourse' per se (the 'analyst's mind' per se); concerning what is the 'analyst's mind' per se in its full meaning as just mentioned I will clarify it even further in this Conclusion, and now I will suggest that the subject has been addressed mainly from a single-person perspective as mentioned by Wallerstein ('differing personality dispositions'; cf., Wallerstein, 1988c, pp. 5-22).

In this connection, and on the basis of my own clinical material, I will attempt to show how, against the background of the 'implicit use of explicit theories' (as mentioned, still a 'secondary discourse'), an ongoing process of decision-making that is co-determined by the patient's action and reaction takes place in the 'analyst's mind' (the analyst's 'primary discourse'). In my analysis of a session, I will *introduce* the concepts of 'theoretical reason and practical reason' (concepts that sow the theoretical prolegomena as a 'secondary discourse' with the clinical/practical constructs as a 'primary discourse'), and contend that, whatever theories the analyst may have implicitly or explicitly in his mind (still a 'secondary discourse'), they ultimately yield to clinical/practical/deconstructive 'reasons' (the 'magnetism' that Laplanche posits between the 'method and its object' as a 'primary discourse').

Pursuing the same line of thought, I will describe validation in the clinical context as a single, wide-ranging, continuous process of social and linguistic co-(de)construction of the intersubjective reality between patient and analyst: this

was seen not only in the MPRP (**Chapter 5**) but also in the ‘The Ulm Psychoanalytic Process Research Study Group’; the latter only referred briefly in this final part of my Conclusion. This process includes mutual aspects of observation and of communicative and **pragmatic validation**. In the end of this Conclusion, I will also suggest that the figure of the *craftsman* is an appropriate description of the analyst in this conception of his (**deconstructive**) clinical work (Laplanche’s ‘primary discourse’), whatever the theory he may espouse (Laplanche’s ‘secondary discourse’) as again and again mentioned.

An analytic session

Mrs. C. is just starting her sixth year of analysis at a frequency of four sessions a week; she came for a consultation on reaching the age of 60 because she could no longer tolerate the depressive pain that had been afflicting her for many years.

She had been involved in the resistance to the Salazar dictatorship (in Portugal), during which she had been exposed to dangerous situations and suffered traumatic losses of companions of both sexes in the struggle. Forty years earlier, her partner had been killed, and this had plunged her into profound mourning. Mrs. C. had then consulted a psychotherapist, but the relationship had ended abruptly after a few weeks following a session in which he made sexual advances to her, taking advantage of her helplessness and need for protection. This experience exacerbated her sense of emptiness and gave rise to a feeling of resentment towards therapists, so that she postponed a further consultation until her symptoms became very difficult to tolerate. Ten years previously, she had married. The relationship with P. had: ‘helped me to endure the pain’.

The first years of her therapy, characterized by a climate of sensitivity and patience, were occupied by the analysis of her mourning, guilt feelings, and idealization of her dead and ‘disappeared’ companions. The result was the gradual appearance of greater vitality, accompanied by aggression and rivalry. Mrs. C.’s modesty and gentleness were interrupted a few times by episodes of intense rage directed at myself, in which she contemplated the idea of abandoning the treatment. As a rule, these were triggered by situations in which she could no longer keep at bay the knowledge that I was a separate person, with independent opinions of my own: her intense rage arose out of the painful experience of rejection and humiliation.

The idealization of the analyst concealed feelings of resentment towards men, and, in particular, towards her father. As the idealization diminished, there developed a threatening erotic transference which, as the expression of a phantasy of erotic and narcissistic fusion, proved to be a defence against the consciousness of her wish to be a man and her profound sense of inferiority at being a woman (without going into detail, I am here referring to the concept of penis envy, or the wish to have a penis. This has no implications with regard to Mrs. C.'s sexual orientation. In fact, her sense of inferiority at being a woman affected her gender role identity, so that her view of men was permeated with resentment and rivalry. This theme appears in the session reproduced here).

The symptomatic and structural changes taking place in Mrs. C. were obvious and in line with Freud's hypothesis of the bond [Junktim] between self-knowledge and cure, all within the framework of a vigorous analytic process. Just before the session transcribed here, the last of the week, Mrs. C. spent a week abroad for work reasons. The session takes place a few days prior to a break for a week and a half on my account. So it is a session between two breaks, hers involving four and mine six missed sessions. The report I am about to present was written up immediately after the session, based on memory. The text in square brackets gives information on what I felt and thought during the interaction with the patient.

Patient: Last night I had a dream: I was with P. [her husband] and there were three other men, dressed in black. One of them lifted up his shirt and showed me a patch of skin that was red with eczema and weeping. This had quite an effect on me. Another man said: 'Finally I meet someone with the same thing as myself'. He lifted his trouser leg up to the knee and also showed an area of inflamed skin that was weeping; liquid was oozing out of it. Something happened with the other man, but I can't remember. I did not like this at all, and told P. we should leave. We crossed a desolate, stony piece of land, like those panoramas you see in science fiction films after a nuclear catastrophe, and then we met up with a group, this time of women, also all dressed in black. We had to cross a place like a dammed-up lake or ravine, but this was very dangerous, because every so often the water came and flooded everything. We thought we would have a go, but one of the women, M., an old acquaintance of mine, told me that it was extremely dangerous, and that she had decided not to do it, because one had only a few minutes to find somewhere to cross without the water coming. P. and I began to cross, but in a

funny direction; instead of going straight across, we set off the other way, lengthwise. It was a place full of caves –very odd. Eventually some narrow stone staircases appeared which you could go up to reach the other shore. I said: ‘Let’s save ourselves by going this way’, and we began to climb the stairs. But P. did something –made some movement– that suddenly pushed me up together with the steps and left me hanging, on the verge of plunging into an enormously deep abyss. I panicked; I could feel the wind in my face, and did not want to die. I told P.: ‘Please let me down, as I could fall and die at any moment’. I woke up in terror, like at five in the morning, and had trouble falling asleep again; I was afraid of continuing the same dream.

[Several long minutes passed after she brought the dream. The dream itself had been told slowly, with dramatic intensity and very cautiously, as if she were choosing every word. Her account grabbed my attention, aroused my curiosity, and immediately set my own theories-cum-phantasies in motion. Fleeting ideas passed back and forth in my mind: today, I thought, was Thursday, before the weekend break and a few days before a six-session break attributable to me. Might P. stand for me, P. (as my middle name)? Might this movement that leaves her on the verge of the abyss have anything to do with my absence? Have these men showing their wounds been castrated? Men and women in black and a desolate landscape put me in mind of prolonged mourning, Mrs. C.’s chronic depression, the traversal of the analysis. Men and women separate from each other, a couple trying to traverse a landscape already devastated by a nuclear catastrophe –what kind of primitive tragedy is being staged in the dream? An **oedipal** tragedy, or traumatic losses? After all, her account had taken up about a quarter of an hour, and I felt that there was more in it that had not been said than had actually been expressed. It seemed to me that what was most important were the silences. For this reason I opted for a circumspect, expectant attitude. Of course, I had many things that I could use as a basis for breaking the long silence that followed her account. For example, I could ask her for associations, or enquire what might have caused M. to decide not to cross to the opposite shore. But I waited for a few more long minutes. I went on thinking and observing how she settled down on the couch, wrapped in the blanket. What a difference compared with the beginning of the analysis, five years ago, when she hardly looked at me on coming in and going out, and always had a gloomy, scared expression on her face! How hard it had been for her to decide to lie down on the couch. It was only after a couple of months that she had dared to abandon the face-to-

face setting. Now, on the other hand, she would come in with a broad smile, look me squarely in the face, and, after taking the blanket, wrap herself up in it and lie down in relaxed fashion on the couch]. [She interrupts my train of thought].

Patient: The dream must have something to do with my sexuality. Er ... It's hard for me to talk about this. Er ... Even though I have been in analysis for years, I feel ashamed and frightened. I don't know –why is it so difficult for me? Why can't I speak more freely, and simply tell you things ...?

[A fresh silence ensues].

Analyst: Tell me things which you already know about your dream, but which you keep quiet about, which you reserve for the silences, the pauses, and put them into your slow, cautious telling. For example, I think you know why M. appears in the dream; you must know what kind of difficulties made M. decide not to cross the dammed-up lake.

Patient: Er ... M. is gay, and men cause her enormous panic. [A silence]. Yes, of course, this fear of talking about my sexual phantasies. I've always been used to casting them aside as soon as they appear, and it terrifies me to get in touch with them.

Analyst: Panic ... about getting turned on? That's something very dangerous. Crossing this ravine, going into the caves –sex. It seems you have to do it, but without getting turned on, without pleasure, and without enjoyment. Getting turned on and enjoying yourself brings you to the verge of the abyss. The dam might burst and flood you all of a sudden with dangerous pleasure.

Patient: Er ... All right then. [Resolutely]. Yesterday there was something I didn't mention. At X., I was given a fantastic room, with a spectacular view. I took a few books along with me, and the music I prefer, and I enjoyed lying down reading and listening to music. It was a huge pleasure. For three nights I had intense erotic dreams about the Spanish delegate, the enfant terrible of the seminar, the one you said yesterday had been the star. That man ... Er ...

Analyst: Lying down, settling down, starting to feel good here and to feel pleasure –phantasies come up, talking to me about them, here ... it's all very dangerous.

Patient: Every day lately I've been thinking I should go far away and meet an attractive, intelligent fellow so that I can have sexual phantasies and feel secure, without a catastrophe happening. But, er ... I realize that the Spanish is a substitute for you. The whole thing is with you. It makes me feel very ashamed and, what is more, afraid. As if

I were a little girl and you were going to punish me severely for these thoughts.

[I wonder if not only the Spanish but also P. in the dream is a substitute for CP – that is, for me. I feel wrapped up in the erotic idealization. I let myself be moved by her and think of the boundaries between analysis and life. Working with Mrs. C., I often have the impression that she experiences me directly as a primary experience –as if it was not a matter of transferences, but of very early experiences: there is an element of fusion and lack of differentiation in the relationship with her. The thought crosses my mind: how far does transference interpretation go? If I interpret that I am identified with her husband, saying something like ‘The people crossing the dammed-up lake are you and I, as a couple, and so I am the one who turns you on’, would I not be committing an iatrogenic act? The catastrophe –going to bed with her analyst? I realize that Mrs. C. is indeed right to perceive the danger; what must it have been like with the first therapist? I must tread a narrow path between accepting the idea of occupying her husband’s place and not crossing the line of seduction. I think of the **incest taboo**. How am I to do this? I decide on a cautious approach to the transference-related erotic phantasies].

Analyst: Be that as it may, it seems obvious that, yesterday and today, you feel more secure on the couch, because you are gradually bringing me closer to your sexual phantasies. Of course, the problem is that, the more you can settle down here, wrap yourself up in the blanket ...

[She interrupts me].

Patient: Yes, that’s right, ideas I dare not mention come up in me.

Analyst: You don’t only have to travel abroad; there also has to be a step, a situation here, a bridge, between your trip and my break next week. There, there’s no danger. You can talk today, Thursday, and then there will be three days’ break; another few days, and you won’t see me for six sessions.

Patient: Yes, that must be what makes me feel secure here ...

Analyst: That there won’t be any catastrophe. At any rate, there are so many things in the dream, so much information that we can’t manage to analyse today –there are only a few more minutes to the end of the session. You have taken your time, you’ve been very slow and cautious. It’s as if you were showing and not showing at the same time.

[I stop there, although I would have liked to continue, saying something more or less along the lines of: what is it that’s being hidden? The skin with eczema, oozing pus,

inflamed –a painful, agonizing sexual excitement? Who are we talking about? Mutilated men inside yourself? Something of yours that you see in men? What is this business about homosexuality? On the other hand, you have always presented P. as uninterested in sex and unattractive to you. Yet in the dream, P. is evidently capable, with just one movement, of turning you on, making you panic, and putting the fear of death into you. And another thing: won't this dream have the effect that you'll go underground until there's another opportunity here in the analysis –another situation that will make you feel secure?]. [Just as I am having this last thought, she surprises me with the following words].

Patient: Hopefully the subject will not go underground –because I realize it's crucial and important. A great deal depends on understanding my sexuality. I'm different; a lot has changed. I'm not terrified any more by the things that used to frighten me. I feel more secure in my life and work, and with myself. On this trip, some very important things happened to me inside, even though I haven't fully understood them yet. Evidently I feel that I can do things in another way –that I can live differently, with more enjoyment, and have more pleasure in life.

Theoretical reasons and practical reasons

I wanted to present this particular session of a six-year analysis because I believe it illustrates the thesis (my main thesis inherent to my doctoral Thesis as again and again mentioned) **that whatever theories the analyst may have 'implicitly or explicitly in his mind', whether consciously or preconsciously (see the end of the first part of this Conclusion), they ultimately yield to clinical/practical/deconstructive 'reasons' (the 'magnetism' that Laplanche posits between the 'method and its object' as a 'primary discourse') unfolding the analyst's 'primary discourse', and now, to conclude my doctoral Thesis, I will illustrate exactly that: the analyst's 'primary discourse', in this case, my 'primary discourse', because it was unfolded with my patient according to my 'secondary discourse' (be that a *mitigated*/personal 'secondary discourse' or a wider/school of thought 'secondary discourse' or a 'implicit use of explicit theories' 'secondary discourse'), unfolding what is the 'analyst's mind' *per se* in its full meaning.**

Indeed, by a practical reason, I mean the capacity to use reflection to answer the question of what one must do at a given time: the distinction between theoretical and

practical reasons is an ancient philosophical problem that can be traced back to Aristotle himself. The *νοσ θεωρητικος* differs from the *νοσ πρακτικος* in the character of its end. Practical reason is stimulated by the object of the appetite. The Scholastics followed the tradition by drawing a distinction between speculative reason and operational reason; this distinction was also taken up by Kant, who emphasizes that the two reasons –theoretical and practical– are not two distinct types of reason, but one and the same reason, which differs in its application (cf., Ferrater Mora, 1969).

In this case, the question is: what consideration made me wait rather than making an interpretation, even though I had so many possible interpretations in my mind? Looking at events after they have happened, one can ask why they occurred. However, if *we* put ourselves in the situation in which they are happening –that is, in my place at the time when Mrs. C. is telling her dream and settling down on the couch in silence –it will be understood that my problem there was not one of explanation, but of prediction; that is to say, of determining what would happen in the future, how Mrs. C. would react if I were to interpret in this way or that.

Practical reasons *per se* thus seek, on the basis of a set of alternatives, none of which has yet come about, to answer the question as to which alternative is the best, that is, as to what is to be done. So it is not a matter of questions of fact and their explanation, but of issues of value, of what it is desirable to do. **In the ‘analyst’s mind’ during the session, there is a constant movement between, on the one hand, theoretical reasons which, in the form of ‘partial mini-theories’ (conjectures), will make it possible to understand and explain the interaction of the moment in terms of the knowledge acquired during the course of the process, and, on the other hand, practical reasons, which guide the taking of decisions on what to say and when and how to interpret.**

If material from subsequent sessions were to hand, *we* would surely find answers to many of the questions I silently put to myself during and after the telling of the dream. However, that is not a situation that corresponds to the reality of the **moment**, because it is not a matter of finding *ex post facto* explanations (theoretical reasons), but of venturing predictive hypotheses about something that has not yet occurred. In practical reasoning, the agent seeks to evaluate and weigh up his reasons for acting –to ponder about what argues for and against the alternative courses of action open to him (if this involves the *use* of theories, the question now shifts towards the *utility or use-*

related value of these theories as above mentioned).

Furthermore, this decision is finally taken in the first person –that is, from a subjective point of view, in terms of the particular situation in which one finds oneself at that moment. **The decision thus carries with it the full singularity of an encounter with another in the here and now. This is an ideographic, creative, and ineffable moment, when the analyst takes a risk which, for reasons of principle, can never be covered by theory; it is so to speak a moment ‘devoid’ of theory.** At this point, we must perhaps espouse the epistemological doctrine of probabilism, according to which only approximate knowledge is possible, and any claim to absolutely certain and sure knowledge is precluded on principle (see Ferrater Mora, 1969).

However, that is not the end of the problem. **The decision to intervene in the way I did –that is, the decision not to intervene– remained in abeyance, pending Mrs. C.’s reply. It was she who validated my action** by saying, ‘The dream has to do with my sexuality’, and by confiding in me about her fear and shame of confessing her erotic wishes and phantasies concerning myself. By her intervention, she ‘gave me permission’ to *select* some of the many interpretations that I had thought up in silence. **In analytic work, in other words, practical reasons are validated by the patient’s ‘unconscious fantasy’.**

So what was the consideration that made me wait, rather than interpreting, even though I had so many possible interpretations in my mind? The answer does not seem difficult: the patient’s way of bringing the initial dream suggested to me that, through the telling, **an emotional experience** whose *development* I had to respect **was unfolding, even though I was not clear about what precisely was being staged at that moment.** Very probably, I was aware, in some part of my mind, of Mrs. C.’s sensitivity and the traumatic situation with the previous therapist, so that I perhaps thought that it was good for her to ‘use’ me in her internal world as a sexual object in a context of security [... I feel wrapped up in the erotic idealization. I let myself be moved by her and think of the boundaries between analysis and life ...].

What is *certain* is that my posture of silence and non-intervention seems to have made it possible for **Mrs. C. herself to have been the one who explained the meaning of this emotional experience** –for her to have interpreted her own conduct. What unfolded was her own sexuality –and, furthermore, **it did so in the register of her transference on to me. The counter-transference affect that guided**

me in my silent waiting was one of positively toned calm expectation: I felt good when I saw that Mrs. C. was able to be with me without the anxiety she had shown at the beginning [What a difference compared with the beginning of the analysis, five years ago, when she hardly looked at me on coming in and going out, and always had a gloomy, scared expression on her face! ... Now, on the other hand, she would come in with a broad smile, look me squarely in the face, and, after taking the blanket, wrap herself up in it and lie down in relaxed fashion on the couch].

In addition, **the primacy I attribute to emotional experience in the analytic situation presumably arises also out of my knowledge about research on process and outcome in psychotherapy and psychoanalysis (as I've shown in Chapter 5 and that I give so much importance as again and again mentioned throughout this Thesis), which show that the patient's experience of the analyst is of crucial importance as a prognostic element and curative factor.**

In this connection, I am aware that my approach here also presupposes the *theory* that the analyst must, in the analytic situation, create the conditions of security necessary for the **unfolding of a new emotional experience** in which ancient fixations on to bad objects can be overcome, while at the same time encouraging new, more positive identifications. **My conception of the analytic process is thus a relational one. The creation of such conditions in this case took priority over interpretive work, at least as regards interpretation of the dream contents and of the 'unconscious fantasy' per se (as I've illustrated in Chapter 1).**

Validation in the clinical context

Validation in the clinical context –that is, **within the session with the patient**– **is a continuous and inescapable process.** As Tuckett writes, it: “is part and parcel of accepted analytic technique that we seek to amend our understanding and interpretation according to a constant subjective monitoring of the ‘truth’ of what we think is happening” (Tuckett (1994b, p. 1162). Tuckett distinguishes two levels in the overall validation process: micro-validation within the session, and macro-validation, which takes place in the absence of the patient.

Rubovits-Seitz, too, presupposes the existence of these two levels in his statement that: “Interpretive validation during the treatment of patients depends on the error-detecting and error-correcting strategies of checking, revising, comparing, and

selection of alternative (de)constructions. [However, he adds] more definitive [*ex post facto*], post-analytic validation requires a record of the analytic process, which the analyst can study systematically and retrospectively in as much detail as necessary” (Rubovits-Seitz, 1992, p. 162; my alterations).

Although I am concerned here to explore in more detail the process of micro-validation– that is, **the constant activity of monitoring, together with the patient, what we believe is happening during the session**– I must again point out **that my focus in this doctoral Thesis (and specially in this Conclusion) is** not so much on the validation of interpretations as **on exploration of the working of the ‘analyst’s mind’ and its ‘primary discourse’ in a situation of theoretical pluralism as a ‘secondary discourse’**.

At any rate, with regard to the scope of micro-validation, I agree with the recommendation of Kächele, Schachter, and Thomä (2009) that *we* should put an end to the interminable debate about the validity of individual interventions and interpretations, given that all these interventions and interpretations are part of a wider game. As Freud’s chess metaphor implies, the value of an individual move can be determined only on the basis of the general state of the game. **Hence the scientific accuracy or truth-value of the interventions in a given session stems from their ‘magnetism with the object’ at a particular moment in the overall process, because, as defended again and again (mainly in my **Introduction, Chapter 5** and **this Conclusion, but also throughout my Thesis**): the scientific accuracy or truth-value interpretations in clinical work is provided by concrete examples of how the analyst deconstructs the clinical phenomena independently of what theoretical model he embraces: the keynote here was always how the ‘analyst’s mind’ work: by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models: the Freudian heritage (hence, the title of my Thesis) is this never-ending dissolution (Lösung) that is psychoanalysis (and its psychoanalytic clinical method) in its essence.**

With regard to ‘extra-clinical validation by an empirical methodology’ –as consistently pursued by these authors over a period of 40 years threw ‘The Ulm Psychoanalytic Process Research Study Group’– Kächele, Schachter, and Thomä (2009) seem to incline towards the epistemological doctrine of statistical probabilism. Multi-dimensional single-case studies using empirical methodology reveal tendencies or

statistical regularities in the patient's response, which, during the course of the treatment, lose stability and are replaced by others (cf., Kächele et al., 2009). **Whereas the study of an individual session can throw light on aspects of the preferred techniques applied by the analyst or the explicit use of his implicit theories, it cannot provide a *definitive* answer to certain questions that are crucial to psychoanalysis, such as, for example, the issue of curative factors.** This would require systematic research on aggregated single-case studies (cf., Kächele et al., 2009).

Indeed, in spite of these authors seem a *little bit extreme* I do agree that concerning the '**extra-clinical** validation by an empirical methodology' they are correct. It is exactly by this reason (in addition to other reasons already mentioned) that the MPRP constitutes a vital Chapter of this dissertation because, as mentioned many times, this doctoral Thesis also tries to promote the credibility of psychoanalysis as a science of the mind amenable to growth (this growth constitutes the epistemological leap from the hermeneutic categorisation to the positivist research) through empirical research (the MPRP is a heuristic example of how psychoanalytic research should be done; a positivist approach because 'falsifiable' research has to be positivist; being the MPRP a psychoanalytic **clinical** research, it is, by inference, also a practical/clinical construct and, *paradoxically*, unfolds what Laplanche calls the 'primary discourse') in accordance with the canons of scientific method.

From this point of view, the micro-validation procedure corresponds to the application of practical rules, or rules of the **art** –that is to say, the set of precepts to be followed by the analyst in order for his interventions to lead directly to the desired end. Micro-evaluation thus belongs to the sphere of practical implementation of the **psychoanalytic clinical method (Chapter 1)**.

The subject of valid knowledge is related to the philosophical issue of 'truth'. There are three classical criteria of 'truth': correspondence, coherence, and pragmatic *utility*. In this context, attempts have been made to apply such criteria to the matter of validation of the **psychoanalytic clinical method** (cf., Hanly, 1990; Strenger, 1991). For a long time, the idea prevailed that the object of psychoanalysis was the search for the 'truth' of the unconscious. The last few decades, however, have witnessed: "a redefinition of the object of [psychoanalytic] study; **that is, the particular intersubjective figure constituted by the analyst–patient relationship**" (Canestri, 1994, p. 1079; my alterations).

In this last sense, **it is no longer possible to continue to separate investigation of the unconscious from consideration of the investigative dynamic of patient and analyst, and much more is clearly involved than contemplation of the conjectured ‘truth’ of the unconscious.** To paraphrase Sandler and Dreher (1996), *we* cannot continue to ignore ‘what analysts and **patients** want’. From the point of view of the validation of psychoanalytic work during the session, the three classical criteria of ‘truth’ can be regarded as abstractions of a single, broad validation process that includes observation, conversation, and **interaction** (cf., Kvale, 1995).

For it to be applicable to psychoanalytic reality, the classical idea of knowledge as a reflection of reality must be *replaced* by a conception in which *knowledge* is **also social and linguistic co-(de)construction of the intersubjective reality between patient and analyst**. In the analytic situation, analyst and patient are constantly interpreting and negotiating the meaning of the relationship between them, and this becomes the material of their communication with each other. Conversation becomes the *ultimate* context within which knowing must be understood (cf., Rorty, 2000). ‘Truth’ is *constituted* by way of dialogue, and valid knowledge emerges as the result of alternative, conflicting interpretations and possibilities of action, which are discussed, negotiated, and discerned in accordance **with the *rules* of the psychoanalytic clinical method**.

This certainly has nothing to do with relativism or the notion that ‘anything goes’. The *a priori* condition of the dialogue between patient and analyst is the belief in (and, in a strong sense, the affirmation of) a truth that transcends *us*, that is, as above mentioned, the *a priori* condition of possibility for any theory in psychoanalysis and for any dialogue between psychoanalysts and for any dialogue between patient and analyst is that there shall be a reality that transcends the observer, even when it can be apprehended only fragmentarily and partially: the ‘unconscious fantasy’ (cf., Strenger, 1991; Cavell, 1993; Laplanche, 1999), as mentioned throughout my Thesis over and over again, but specially in Chapter 1 with Laplanche’s arguments.

In the clinical context, what *matters* is the relationship **between patient and analyst and what is apprehended only fragmentarily and partially: the ‘unconscious fantasy’**. If the dichotomy between facts and values is abandoned, the dimensions of aesthetics and ethics are added to that of this ‘truth’. In the case of a

social (de)construction, the beauty and use-related value of the (de)constructed knowledge move into the foreground. The result is a shift from a psychoanalytic model based on archaeology, whose object is the discovery of a concealed ‘truth’, to an architectural model, in which the main concern is the (de)construction of a *new house*.

Hence, **validation in the analytic session is an ongoing process of checking of hypotheses and conjectures, of questioning, and then deconstruction of all these:** “The [psychoanalytic clinical] method is one of association and cross-referencing, a deconstruction, and only at the horizon of this dissolution (*Lösung*) or analysis can another reality be sketched: what is called an unconscious fantasy” (Laplanche, 1999, p. 63; cf., Freud, 1937b, pp. 257-269; my alterations).

Indeed, this validation is only valid if involves the relevant knowledge with the patient: the ‘unconscious fantasy’. Through dialogue, analyst and patient arrive at a consensus, or take note of their differences, on what has been observed, on what will, for them, be deemed as a ‘**selected fact**’ and on *its* ‘meaning’: in the above mentioned session **the decision to intervene in the way I did –that is, the decision not to intervene– remained in abeyance, pending Mrs. C.’s reply. It was she who validated my action** by saying, ‘The dream has to do with my sexuality’, and by confiding in me about her fear and shame of confessing her erotic wishes and phantasies concerning myself. By her intervention, she ‘gave me permission’ to **select** some of the many interpretations that I had thought up in silence. **In analytic work, in other words, practical reasons are validated exclusively by the patient’s ‘unconscious fantasy’**; as I’ve illustrated in detail and throughout my entire Thesis (especially in my Chapter 2, the ‘lion part’ of my dissertation), Bion explains that the ‘**selected fact**’ describes the **synthesis processes experienced by the psychoanalyst**, similar to the way in which paranoid-schizoid objects become coherent and initiate the depressive positions, as adumbrated by Klein, and also being **very similar to Laplanche’s ‘primary discourse’** (see my Chapter 2, specially Bion’s review): **this synthesis processes experienced by the psychoanalyst is only valid, from my perspective, if *its* ‘method is one of association and cross-referencing, a deconstruction, and only at the horizon of this dissolution (*Lösung*) or analysis can another reality be sketched: what is called an unconscious fantasy’: the horizon of this dissolution (*Lösung*) unfolds the ‘analyst’s mind’ *per se* and that is *its* (only) pragmatic validation, that is: the a priori condition of possibility of any dialogue**

between patient and analyst is that there shall be a reality that transcends the observer, even when it can be apprehended only fragmentarily and partially: the ‘unconscious fantasy’; the *a posteriori*/pragmatic condition of possibility of any ‘analyst’s mind’ is its ‘primary discourse’ in its full meaning: **the dissolution (*Lösung*) of analysis itself.**

The analyst as a craftsman

To conclude and to *clarify* my final statement which will be also inherent to the closing statement of this doctoral Thesis I will put forward my conception of the analyst as a craftsman. As *we* have seen, in the theory of technique there has been a tendency to restrict the analyst’s mental processes to description of the ideal conditions of observance of the rule of evenly suspended attention. This position, first formulated by Freud (1912f) in his recommendations, presupposes an ideal mating between the understanding of the unconscious and therapeutic change, in which the latter is seen as a consequence of insight, in accordance with the classical interpretation given to Freud’s affirmation of the ‘Junktim’ –that is, of the inseparable bond between cure and research: “In psycho-analysis there has existed from the very first an inseparable bond [Junktim] between cure and research. Knowledge brought therapeutic success. It was impossible to treat a patient without learning something new; it was impossible to gain fresh insight without perceiving its beneficent results. Our analytic procedure is the only one in which this precious conjunction is assured. It is only by carrying on our analytic pastoral work that we can deepen our dawning comprehension of the human mind. This prospect of scientific gain has been the proudest and happiest feature of analytic work” (Freud, 1927b, p. 256).

Yet, Freud was perfectly aware at this time that observance of the rule of evenly suspended attention created a genuine tension between the search for the ‘truth’ of the unconscious and *the* ‘knowledge’ thus obtained: “One of the claims of psycho-analysis to distinction is, no doubt, that in its execution research and treatment coincide; nevertheless, after a certain point, the technique required for the one opposes that required for the other” (Freud, 1912f, p. 114).

More is in my view gained if *we* accept that **the unity of insight and treatment is not regarded as an *a priori* characteristic of the psychoanalytic clinical method, but instead as a unity in the course of achievement, meticulously deconstructed by**

the analyst in the manner of a craftsman, day by day, in the sessions with the patient.

Of course, this deconstruction may be appropriate or otherwise; it may give rise to therapeutic change for better or for worse. Equally, this deconstruction is co-determined in a continuous process by the patient's verbal and non-verbal action and by his reaction to *our* verbal and non-verbal interventions.

At the back of their minds, all analysts have specific models of the therapeutic change that is desirable and feasible for each patient –that is, theories concerning the strategies that will have the effect of bringing about these changes (cf., Sandler and Dreher, 1996). In each interaction with his patient, the analyst decides on the best way of intervening to promote a small change on the road to 'cure' in the patient. In this complex **process**, the analyst is guided by many (partly) learned rules, which he endeavours to apply as best he can.

In addition, he possesses 'working models' (see above), **be that a mitigated/personal 'secondary discourse' or a wider/school of thought 'secondary discourse' or a 'implicit use of explicit theories' 'secondary discourse' as showed above; I use Greenson's expression not only because I am sowing my Conclusion and inherently my Thesis, but also because illustrates, as I will show below, that, like a craftsman, the analyst stands mid-way between conscious (or preconscious; see above) concept as a 'secondary discourse' and unconscious precept as a 'primary discourse'; this mid-way, in Greenson's expression is a 'internal representation which is not merged with the self and yet is not alien to the self' which sow beautifully with my final argument.**

Indeed, this 'working models' enable the analyst to evaluate the impact of his interventions and permit the correction of any adverse side-effects they may have. In a word, the analyst is concerned not only with listening to the unconscious, but also with the regulation of the patient's psychic equilibrium and with the therapeutic relationship moment by moment, **so as to preserve an optimum level of regression to the 'unconscious fantasy' both in himself and in his patient.**

Therefore, I argue that the figure of the craftsman is a valid description of the analyst in this conception of his work. **Like a craftsman, the analyst stands mid-way between conscious (or preconscious; see above) concept as a 'secondary discourse' and unconscious precept as a 'primary discourse'.** For example, let *us* imagine a

successful piece of craftsmanship: a beautiful spoon carved in the shape of a hand. To make it, the craftsman gave form to **the phantasy of the instrument as a prolongation of the human body**. There is an isomorphic **relationship** between the hand and the spoon –that is, a **relationship of form and function**, which coincide and are the product of the various **processes made manifest** by the craftsman’s aesthetic sense. If the carving is defective –for instance, if the cavity is not deep enough– the isomorphism will be imperfect, the spoon will be useless, and it will forfeit its beauty.

Indeed, like a craftsman, threw the deconstruction of ‘working models’ as **a ‘secondary discourse’** and of the **unconscious reality** of the patient **as the ‘primary discourse’**, the **‘analyst’s mind’**, also guided by the aesthetic sense, *deconstructs* equivalences that are capable, in a single **movement**, of combining understanding and treatment, ‘knowledge’ and *utility*. The structuring of the analytic situation presents a ‘scale’ model of the intersubjective reality (**the regression in the ‘analyst’s mind’ to the unconscious fantasy both in himself and in his patient**) involving patient and analyst.

A craftsman will normally use limited amounts of materials and theoretical and practical instruments in order to create his works. Similarly, the analyst utilizes heterogeneous information, accumulated during his training and experience, which must be **creatively** adapted to each concrete case. Analytic work thus comes to resemble a *recycling* process. In *our craft* of psychoanalysis, *our* ‘norm’ is the use of pre-existing *materials* (‘working models’, ‘partial theories’, and ‘schemata’, **be that a mitigated/personal ‘secondary discourse’ or a wider/school of thought ‘secondary discourse’ or a ‘implicit use of explicit theories’ ‘secondary discourse’**). The combination of evenly suspended attention and free association facilitates the moment-by moment, spontaneous evocation and **deconstruction** of these models in the dyadic interaction.

Therefore, I am describing the deconstructivist, **second**-hand nature of clinical work, whereby the analyst uses heterogeneous **raw** materials –that is, ones that are diverse in their origin and nature, because any investigation of the **‘analyst’s mind’ trying to unfold its ‘primary discourse’**, regardless of the scope or explanatory force of the theories as a **‘secondary discourse’** that an analyst may use, there are always **areas that we don’t know**: “Nobody really knows. Even the more consistent thinkers practice inconsistently and in ways that are **personal** and idiosyncratic. There are many

uncertainties” (Hamilton, 1996, p. 317; my bold). It may be more accurate to say that, in his daily work and having regard to the decisions he is constantly taking, every analyst is immersed in **uncertainty**. At the moment when the analyst decides to intervene and chooses a particular interpretation from a diversity of possibilities, he takes a risk, which, although to a greater or lesser extent calculated, nevertheless constitutes a leap into the **void**.

This is a singular and unique **creative** moment which involves and demonstrates the complexity of the ‘analyst’s mind’ and which **transcends** any theory or technique, whether explicit or implicit: it is praxis itself: **it is the ‘analyst’s mind’ unfolding its ‘primary discourse’ in its full meaning: the ‘magnetism between method and its object’ in the clinical setting unfolds the ‘unconscious fantasy’, which constitutes any analyst’s ‘primary discourse’: its ‘method is one of association and cross-referencing, a deconstruction, and only at the horizon of this dissolution (Lösung) or analysis can another reality be sketched: what is called an unconscious fantasy’: the horizon of this dissolution (Lösung) unfolds the ‘analyst’s mind’ per se threw its ‘primary discourse’ in its full meaning: the dissolution (Lösung) of analysis itself: the psychoanalytic clinical method is a never-ending deconstruction: “work[ing] out the dissolution [Lösung] of the dream” (Freud, 1900, 2, in Studienausgabe, p. 280; my alterations). The Freudian heritage (hence, the title of my Thesis) is this never-ending dissolution (Lösung) that is psychoanalysis and its psychoanalytic clinical method in its essence: the ‘analyst’s mind’ unfolding its ‘primary discourse’ in its full meaning works by a permanent deconstructionist method; a methodological deconstruction of what the analyst meta-interprets: the theoretical models as a ‘secondary discourse’, as defended throughout my entire dissertation.**

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