

TRANSFERENCE, HYPNOSIS AND THE FATE OF PSYCHOANALYSIS

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ABSTRACT

This thesis is an enquiry into the psychoanalytic concept of transference. The ‘transference’ refers to a particular kind of relationship that a patient develops towards his therapist and is found, to a greater or lesser degree, in all psychotherapeutic encounters. Psychoanalysis claims that its understanding and handling of the transference relationship provides an unrivalled access into the unconscious mind. Using an historical approach, I examine the pre-history of psychoanalysis from Mesmer to Freud. I then look at the subsequent development within psychoanalysis up to the present, as represented by the school of psychoanalysis known as Object Relations (OR). What I set out to demonstrate, through a critical examination of the psychoanalytic literature, is that the concept of transference does not achieve the epistemological breakthrough for psychoanalysis that is claimed. Firstly I show that the observation connecting transference with the unconscious is by no means a new idea. This connection had already been noted in relation to the concept of the ‘rapport’ developed by Mesmer and his followers some 150 years prior to the advent of psychoanalysis. Secondly I show that the explanation that psychoanalysis gives in terms of the ‘unconscious phantasies’ said to underlie transference, is mistaken. I show that both the formation of transference in terms of ideas about the therapist, and the psychoanalytic interpretation of these ideas in terms of ‘unconscious phantasy’, in fact deny the real nature of the unconscious. This leads me to the development of my central argument against psychoanalysis. Firstly I argue that the real nature of the unconscious is structured around affectivity not ideas. Secondly, I argue that because psychoanalysis misunderstands the real nature of the unconscious, its therapeutic method offers no significant advantage over hypnosis, out of which it directly developed.

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INTRODUCTION

This thesis is an enquiry into the psychoanalytic concept of transference. The ‘transference’ refers to a particular kind of relationship that a patient develops towards his therapist and is found, to a greater or lesser degree, in all psychotherapeutic encounters. Psychoanalysis claims that its understanding and handling of the transference relationship offers an unrivalled access into the unconscious mind. As a consequence of this, psychoanalysis maintains that in relation to other therapeutic methods, both as a form of knowledge and as a therapeutic method, it is unsurpassed as a ‘depth’ psychology.

There are, therefore, two interrelated claims that psychoanalysis makes with its concept of transference. Firstly that it offers a privileged access into the structure of the patient’s unconscious in the form of ideas or more specifically, ‘unconscious phantasies’. Secondly that this knowledge of the unconscious is therapeutically transformative: the more the patient knows about these unconscious ideas, the more this knowledge limits the power these ideas exert. Whilst these two aspects define the therapeutic intent of psychoanalysis, the overall claim is, unfortunately, seriously flawed.

Using an historical approach, I examine the pre-history of psychoanalysis from Mesmer to Freud. I then look at the subsequent development within psychoanalysis up to the present, as represented by the school of psychoanalysis known as Object Relations (OR). I set out to demonstrate is that the concept of transference does not

achieve the epistemological breakthrough for psychoanalysis that is claimed. Firstly, I show that observations connecting transference with the unconscious are by no means a new idea. This connection had already been noted in relation to the historical concept of the ‘rapport’ developed by Mesmer and his followers, some 150 years prior to the advent of psychoanalysis. Secondly I show that the prominence which psychoanalysis gives to the ‘unconscious phantasies’ said to underlie transference, is mistaken. I show that both the formation of transference in terms of ideas about the therapist, and the psychoanalytic interpretation of these ideas in terms of ‘unconscious phantasy’, in fact denies the real nature of the unconscious. This leads me to the development of my central argument. Firstly, that the real nature of the unconscious is structured around affectivity not ideas. Secondly, that because psychoanalysis misunderstands the real nature of the unconscious, in spite of what it implies, its therapeutic method is less than effective.

I argue that the affective nature of the unconscious is primarily demonstrated in two ways. Firstly, I discuss the events in the history of dynamic psychotherapy as defined around claims by therapists to have made original discoveries about the nature of the unconscious. Secondly, the clinical interactions between patients and therapists are discussed involving both the ‘content’ of the interaction and the therapist’s particular theoretical framework. These historical events show a repetitive cycle, where, in the context of the relationship between the therapist and the patient, original discoveries about the nature of the unconscious are apparently uncovered by therapists. Each ‘new discovery’ is characterised both by a ‘forgetting’ what has taken place previously, and vociferous claims about the original nature of the discovery. I argue

that the combination of ‘original claim’ and ‘forgetting’ are strongly suggestive of the need, on the part of the claimant, to assert an identity.

This assertion arises out of the clinical context in which the ‘discoveries’ are made and serves the purpose of a defence against the structure of the unconscious itself. The structure of the unconscious is such that it radically undermines the individual identities of patient and therapist. The nature of this structure is given more clearly in the interaction between the patient’s symptoms and the therapist’s theory about these symptoms. I argue that there is a mimetic relationship between symptoms and theory which is strongly suggestive of an underlying force that subsumes all such expressions (i.e. symptoms and theories) of individual identity.

In short, I maintain that the historical events in the development of dynamic psychotherapy, together with the clinical interactions between patient and therapist, lead to a particular view of the unconscious. This viewpoint is that the unconscious is an affective bond characterised by mimesis; that this bond envelopes and subsumes individual characteristics; that this bond is the foundation of subjectivity and as such lies outside the scope of what is ordinarily taken to be ‘personal’. In this sense this characterisation of the unconscious is in accord with Freud’s description of the ‘Id’ or ‘It’ and is experienced by the individual as an impersonal force - a ‘subjection’. It is the experience of this disconcerting, affective, subjection that leads to the attempt to deny it through the assertion of individuality.

I substantiate this historical argument with a philosophical one using the method of phenomenology to suggest that the enduring essence of subjectivity is the

unconscious, which is best understood as a structure of 'affective mimesis'. I suggest that the philosophical method of phenomenology, when applied to the problem of consciousness, uncovers the foundation of the latter as affectivity. What I mean by this is that the structure of the unconscious has its own mode of manifestation as affect. In keeping with Schopenhauer's analysis of Being, such affectivity is the equivalent of Will. The defining characteristic of affectivity is as a mimetic power that accounts for its contagious nature. Because of this latter characteristic, affect acts as a bond between individuals, the origin of which arises prior to any notion of individual psychology. Defining the unconscious in this way more rigorously contrasts it to the state of consciousness. I argue that the latter is defined by the presence of 'ideas' or rather 'representations'. I suggest that this latter term has a greater utility in conveying the difference between affect and ideas. Affect is defined by immediacy whereas re-presentation implies distance and objectivity.

In spite of the utility that phenomenology has in the clarification between 'ideas' and 'affect' it is not, however, fundamental to my argument. The methodological approach of my argument is one of 'conceptual deconstruction' of various psychoanalytic texts and practices. Phenomenology provides a rigorous model to such 'deconstruction', particularly along the lines developed by the work of Michel Henry (1993). The problem with many philosophical critiques of psychoanalysis is that they can so easily obscure the particular environment of the psychoanalytic encounter by the introduction of an alien conceptual framework. In my view it is the clinical aspect of psychoanalysis that is of prime importance and in so far as phenomenology can clarify certain aspects of this encounter, it serves a purpose.

The consequence of both the historical and the philosophical critique that I present, is the suggestion that there are two distinct forms of knowledge concerning subjectivity. These are unconscious (affectivity) and consciousness (representation). My central argument with psychoanalysis is that it has conflated the two. More specifically, in spite of its insights that the unconscious is that which lies outside of the realm of consciousness, psychoanalysis continues to develop these insights in terms of that which defines consciousness, i.e. representation. The mistake that psychoanalysis makes is that there is no differentiation between a representation of the unconscious (as affect) and the unconscious as representation. I argue that whilst the unconscious is unrepresentable it is not unknowable.

The consequence of not developing a phenomenology specific to the experience of affectivity has, in my view, led to the demise of psychoanalysis as an effective form of psychotherapy. I maintain that for psychotherapy to be effective it must aim towards the recovery and articulation of the unconscious in its specific mode of affectivity. An effective psychotherapy is one that must therefore recognise certain fundamental features of subjectivity. These are firstly that the unconscious and therefore transference is unavoidable. Secondly, that the fundamental characteristic of transference is the avoidance of the experience of the unconscious as affectivity. The idea will be developed that ‘transference’ refers to the attempt to locate (and thus limit) this affectivity within the realm of representation. Thirdly, in order to achieve the goal of psychotherapy, the ‘deconstruction’ of transference as it appears in the clinical interaction, is involved. This is in order to gain access to the fundamental mode of affectivity which transference conceals.

As a consequence of my argument, I maintain that a reconsideration of the therapeutic methods that were in operation prior to their annexation by psychoanalysis is unavoidable. I therefore end my thesis with a reconsideration of hypnosis, and what it offers in terms of a therapeutic method that is commensurate with subjectivity, as I have defined it. I also consider some of the briefer forms of psychotherapy that now pose a therapeutic challenge to the effectiveness of psychoanalysis. My discussion is structured around what I argue to be the main aspects of affectivity, namely actualisation and absorption. I will now summarise the content of each chapter.

Content of Chapters

Summary of Chapter 1

The basis of my argument is set out against a background context of philosophical and therapeutic critiques of psychoanalysis. I contrast two differing responses in relation to what is often claimed to be the singular manifestation of psychoanalysis, described as “empirio-clinicalism” (Laplanche 1989, p.158). The first, which I have loosely referred to as the ‘narrative approach’, concerns a diverse group of philosophers and psychoanalysts who, I argue, are united around a critique of psychoanalysis which they have developed in terms of a philosophy of language. The second response comes from the growing development of ‘manualised therapies’, of which I concentrate on ‘cognitive behavioural therapy’ (CBT). These therapies offer symptom-led approaches to intervention based upon standardised descriptions of pathology on the one hand, and what are arguably the ‘essentials’ of any therapeutic

technique, on the other. The nature of these therapeutic interventions lends itself more readily to research methodologies and there is a growing body of evidence, which seems to emphasise their effectiveness in relation to psychoanalysis.

Against this philosophical/research critique I outline a further response which, in fact, my thesis has developed from. This arises from the work of a small group of French philosophers and psychoanalysts who have developed a critique of psychoanalysis in the name of hypnosis.

Summary of Chapter 2

In relation to the ‘French’ group, I define my similarities and differences with them, outlining where I make an original contribution to this debate. Specifically I develop my argument by a close examination of the dominant form of psychoanalysis in this country known as ‘Object Relations’ (OR). Overall I suggest that OR remains captive to the idea that the unconscious is manifest through representation. At the heart of what I consider to be a misunderstanding are complex representational descriptions of psychical functioning that are claimed by OR to capture the essence of subjectivity. I argue that whilst these descriptions are indeed accurate, they portray the many and varied ways that subjectivity is avoided. OR cannot conceptualise subjectivity as unrepresentable, and therefore its efforts reinforce rather than challenge this avoidance.

To provide a context for this examination of OR, I begin with a brief history of the ‘rapport’ beginning from the work of Mesmer and extending to Freud’s immediate

predecessors. I show how psychoanalysis has mis-interpreted this history in the attempt to demonstrate its unique understanding of the unconscious. I first of all show that there is a remarkable continuity between the pre-psychoanalytic understanding of the ‘rapport’ and the psychoanalytic concepts of transference and counter-transference. In the few psychoanalytic texts that show any interest in the pre-psychoanalytic concept of ‘rapport’, I show how this past has been ‘psychoanalysed’ in order to demonstrate what is claimed to be the superiority of psychoanalytic knowledge.

Summary of Chapter 3

I continue this historical approach by examining the psychoanalytic concept of ‘transference’. Firstly I argue that transference is a part of everyday psychology which functions to deny the experience of the unconscious. I go on to suggest that although psychoanalysis is correct in explaining transference as a ‘false connection’, psychoanalysis nevertheless remains unable to demonstrate its conceptual freedom from the same process. The psychoanalytic method claims to be able to achieve the ‘de-construction’ of transference, as it occurs in the clinical situation, in order to reveal the domain of the unconscious. However, instead of transference representing a unique route to the unconscious, psychoanalytic interpretation reinforces the natural function of transference in its denial of the unconscious.

I continue with a conceptual history of transference, with a review of its place in OR. Using Klein’s seminal paper on transference (1952), I show how OR continues to

reinforce the denial of the unconscious. Principally this entails subsuming the affective aspect of transference within the concept of ‘unconscious phantasy’. I argue that a proper phenomenological perspective of affect has been replaced by a complex topology of representations. This results in psychoanalysis being unable to properly engage with the issues of power, influence and suggestion which remain at the heart of the clinical encounter.

Summary of Chapter 4

In this chapter I discuss how psychoanalysis reinforces the avoidant characteristic of transference. This takes place through the ‘training analysis’ that is required of every trainee analyst. Because the ‘training analysis’ is embedded within the wider educative aspects of psychoanalytic training, it readily becomes a means to impart rigid beliefs rather than the opportunity for free exploration. I go on to suggest that this model of ‘investigation’ leads to the common clinical phenomenon of ‘conversion’. In this situation the patient’s pathology defeats the psychoanalytic method. Instead of leading to an acknowledgement of the limitations of psychoanalysis, it leads to the conversion of the patient into a therapist.

Having suggested that the psychoanalytic concept of transference acts as a denial of the mimetic qualities of the unconscious, I suggest that the phenomenon of conversion shows how mimesis nevertheless remains a problem. This is particularly apparent at the institutional level where rows about the originality of research into the

unconscious display the very hallmarks of mimesis. To illustrate this I give examples of some of the rivalries that mark the history of dynamic psychotherapy.

Summary of Chapter 5

Having suggested that the process of mimesis endures in spite of the attempts to produce stable representations of it, affectivity leaves an indelible trace in various psychoanalytic conceptualisations. These traces consist of images of proliferation, instability and movement. In this chapter I look at examples of various writings and theoretical texts that come close to an acknowledgement of the mimetic character of the unconscious. These texts are linked by the notion of identification which features in the more formal concepts of the ‘super-ego’, ‘projective-identification’ and ‘symbolic equation’, as well as in more literary texts such as Dostoyevsky’s “The Double” (1972) and Hoffman’s “The Sandman” (1986).

Summary of Chapter 6

Here I present what I refer to as examples of ‘mimetic case studies’. Looking at clinical interactions from the entire historical span under consideration, I show how these interactions result in a mimetic confluence between the patient’s symptoms, the therapist’s theories and the dominant cultural ideas of the day. These studies show that ideas arising out of this context cannot serve as the basis for understanding the mimetic process except as a demonstration of the effect of mimesis.

Summary of Chapter 7

I conclude with a discussion about what my foregoing argument means for the practice of psychotherapy. After a brief reiteration of my argument, I focus my discussion around the two parameters provided by affectivity. The first is absorption and follows on from the long tradition that equates the 'rapport' with a form of sleep known as 'artificial somnambulism'. The second is concerned with actualisation and recalls the equally long tradition of catharsis. As a model for the first aspect of the rapport, I discuss the contribution that Buddhist meditation offers to psychotherapy. In relation to the second aspect of affectivity, actualisation, I refer to the work of Milton Erickson (1980). The central thread running through my argument is that psychotherapy always involves a struggle to reveal the full dimensions of subjectivity. The importance of Erickson's work is that it shows both how ingenious, but more particularly how ideosyncratic, the psychotherapist must be in order to help his patient.

The main conclusion that I draw from my argument is that whilst the formation of transference is inevitable, its psychoanalytic conceptualisation and clinical interpretation bring the unconscious no closer.

CHAPTER ONE

“It is quite possible that the functioning of the psychic apparatus described by Kleinian authors is largely correct. But the correctness is the product of a certain point of view which hides the only question which interests us: namely, how to modify this functioning” (Green 1977, p.145)

Introduction

The title of this thesis refers to the relation between psychoanalysis and hypnosis. However, a more succinct title might be: “In defence of the unconscious”. The central thrust of the argument is that the unconscious is an experiential reality and must be recognised correctly if psychotherapy is to be effective. It will be argued that effective psychotherapy should be both capable of symptomatic relief and consonant with a ‘depth psychology’. Whilst psychoanalysis can, with some justification, be described as being the latter, it is argued that this has been achieved at the expense of the former. In other words whilst psychoanalysis acknowledges the existence of the unconscious, it does so in a way that denies its experiential reality. The consequence of this is that psychoanalysis has been unable to develop as an effective psychotherapy. My argument will therefore focus on the problematic way that psychoanalysis conceptualises the unconscious. The reconsideration of how the unconscious is conceptualised inevitably has consequences for psychoanalytic practice. The latter part of the thesis, and in a sense its main aim, will thus be

concerned with developing these consequences in the direction of providing a basis for an effective psychotherapy.

The Problem

Psychoanalysis is commonly described as being both a method of enquiry into, and a body of knowledge about, the structure of subjectivity and specifically the unconscious. Although psychoanalysis originated as a therapeutic method, this has been overshadowed by the theoretical system, which it has spawned. The therapeutic success of psychoanalysis is at best equivocal when compared to other forms of psychotherapy (Roth and Fonagy 1996). However, in many intellectual fields, psychoanalytic ideas continue to exercise a great appeal. I suggest that this discrepancy between therapeutic success and intellectual appeal occur because of a misunderstanding about the nature of the unconscious and the function of psychoanalytic theory. The basis of this misunderstanding is the idea that the unconscious can be comprehensively represented as a theoretical object. What I mean by this is that the representation of the unconscious is understood to have an exact correspondence with the reality of the unconscious. The consequence of this is that the unconscious is understood to be the sum of its representations. This creates the impression that there can be an accumulation of knowledge about the unconscious with the accompanying belief that it becomes recognisable and thus more therapeutically accessible.

Psychoanalysis: transference and the unconscious

The focus of my discussions will be on the relationship between the patient and the therapist, which psychoanalysis conceptualises as 'transference'. The concept of transference is regarded by psychoanalysis as a unique and original contribution to understanding the unconscious and its place in psychotherapy. What psychoanalysis describes as transference refers to the way in which the patient engages with the therapist and in so doing reveals the unconscious origin of his problems. The patient's mode of engagement is characterised by the development of certain ideas about the therapist, which are expressed with intense affectivity. These ideas are understood by psychoanalysis to represent the patient's unconscious determinants of his problems, which have now been displaced onto the therapist. Thus what the patient believes to originate from the present relationship with the therapist is, in fact, derived from the patient's own (unconscious) history.

An example will help to illustrate this psychoanalytic interpretation of transference. A patient arrives for her session only to discover that the door to the waiting room is locked. She is left standing outside for a few minutes before the therapist, realising what has happened, unlocks the door and lets her in. This has never happened before and the therapist apologises for his forgetfulness, offering to make up the lost time. However, in spite of this the patient is furious. On enquiry, the patient says that she is justifiably furious because although the therapist gives the impression of understanding her, this event proves that the therapist is not really interested at all in her or her problems. Further discussion leads the patient, however, to recognise that the source of her fury does not really originate from the therapist's lapse, but from her

father's absence and his emotional unavailability during her childhood. The important part of this exchange is that the patient holds an idea (of abandonment) which is accompanied by an intense feeling (fury). Whilst the patient feels convinced that this is fully justified in terms of the therapist's lapse, the psychoanalytic 'interpretation' of this event is that the patient has 'transferred' something from her history, the source of which she is unconscious of, into the present circumstances of the therapy.

The point that I want to emphasise by this example, however, does not concern this particular manifestation of transference, but rather its overall value to psychoanalysis as a heuristic device:

“Thus the part of the patient's emotional life which he can no longer recall to memory is re-experienced by him in his relation to the physician; and *it is only this re-experiencing in the 'transference' that convinces him of the existence and of the power of these unconscious sexual impulses*” (Freud, 1910, 11, p.51 [my emphasis]).

Transference thus acts to bring the otherwise inaccessible, unconscious 'emotional life' of the patient, into daylight. However, notwithstanding Freud's emphasis that the revealed unconscious concerns 'impulse' and 'emotion', psychoanalysis nevertheless conceptualises these two modalities in the form of 'ideas'. I maintain that by emphasising the unconscious ideas said to be at the heart of transference, psychoanalysis commits two errors. Firstly it misconstrues the affective and impulsive structure of the unconscious which, as will be shown, has its own mode of

manifestation which is not dependent or reducible to ideas. The second error is that the relationship between the transference and the unconscious is misunderstood and thus cannot fulfil its proper therapeutic function. Instead of transference having the function of a route to the unconscious it becomes increasingly treated as simply being the unconscious.

The counter argument

The main aim of my thesis is to demonstrate that the claim that psychoanalysis has in some sense ‘mastered’ the unconscious, is false. The heart of the psychoanalytic claim is that psychoanalysis provides an explanation about the unconscious, which renders it accessible for therapeutic purposes in a way that surpasses previous attempts. A conceptual critique of certain aspects in the development of psychoanalytic thought is included in order to refute this claim. This critique starts from the pre-history of psychoanalysis and extends right through to the more contemporary developments of psychoanalysis known as Object Relations. This conceptual critique is underpinned to a certain extent with reference to Phenomenology. As will be clarified later, phenomenology firstly provides a general model for the conceptual de-construction that my critique entails. Secondly, the phenomenological method as interpreted by Henry (1993), is commensurate with the original claim of psychoanalysis to be a radical form of enquiry. This radicalism consists in demonstrating the limit of conceptual and thus egoic thought. In other words, the phenomenological method helps to restore to psychoanalytic thought the

truth of the latter's thesis that the "ego is not master in its own house"(Freud, 1917, 17, p.143).

Psychoanalytic Refinement

Before I begin my critique I want to establish a context from within various other critiques of psychoanalysis. Since Freud, the development of psychoanalytic ideas has been as much concerned with a distillation of the original theories, as it has been to venture into new territory. In part this is because the original theories quickly exceeded the relatively narrow clinical concerns of a therapy, to portray a comprehensive philosophy of human desire and motivation. It is thus the case that classical psychoanalytic ideas had sufficient breadth to allow future commentators plenty of room for refinement rather than innovation. This is not to say that there has been no originality since Freud, only to note the recurring theme in psychoanalytic writings of purification. This is often portrayed as the wish to rescue Freud's "true" intentions, not only from his own blind spots but also from the 'deviations' of his less perspicacious followers. Examples of this theme can be found in, for instance, Mitchell (1974), Marcuse (1955) and Lacan (1977). Here the authors pan for Freud's 'pure gold of psychoanalysis' within the domains of sexuality, humanism and language respectively.

In spite of the theoretical disputes involved in these differing perspectives, they share a common feature of enduring but paradoxical significance. On the one hand psychoanalytic enquiry, from these differing perspectives, reveals the degree to which

subjectivity is a divided state. Thus whatever manifestation of human nature presents itself as unimpeachable, psychoanalytic enquiry reveals there to be another, often shadowy, but equally compelling side. This is the domain of the unconscious, about which there have been many attempts to bring its 'otherness' within a particular conceptual domain. On the other hand, the constant striving for conceptual purity suggests that psychoanalysis is itself discomforted by the discovery of dividedness. The more it discovers amongst its subjects that 'the ego is not master in its own house', the more it tries to establish the mastery and permanence of its own theoretical knowledge. As I will show in some detail later on, the wish for purity is the same as the claim, which reverberates throughout the history of dynamic psychotherapy to have 'discovered' something new about the unconscious. The question of refinement is thus linked with the attempt to reach the conceptual essence of the unconscious. The hope is, no doubt, that a clearer representation of the unconscious will provide a stronger foundation upon which to base psychoanalysis.

In so far as psychoanalysis is a therapy as well as a body of knowledge, critiques of psychoanalysis tend to emphasise one aspect or the other. Thus, on the one hand, there has been no shortage of critical philosophical investigations either to justify or refute psychoanalytic ideas. Whatever function such critiques serve, their existence alone confirms the magnitude and overall cogency of psychoanalytic thought as a description of the human condition. However, with the exception of a few philosophically informed psychoanalysts, such philosophical critiques have come from professional philosophers external to the practice of psychoanalysis.

In contrast to this, the growing evidence from outcome studies suggests that shorter duration, non-analytic therapies produce effective, stable and wide-ranging changes in people. As a system of thought, psychoanalysis is probably unique in the way it combines ‘philosophical’ and ‘practical’ considerations. The consequences of this however is that it is notoriously difficult to reach agreement about what counts as a psychoanalytic ‘fact’ (Ricouer 1977, Laplanche 1989). The tendency is thus for critical accounts of psychoanalysis to emphasise either the ‘philosophical’ or the ‘pragmatic’ perspective. Putting it crudely, the former, usually in the form of ‘academic philosophy’, adopts a focus which is too removed from the therapeutic encounter. In contrast the latter, more often than not emanating from other forms of therapy, are too ‘matter of fact’ about the therapeutic encounter. In a sense both perspectives are united around the focus of representation but nevertheless choose different means of justification.

Defining Psychoanalysis

Before moving on to the various critiques of psychoanalysis there is the question of how psychoanalysis defines itself with its unique blending of ‘philosophical’ and ‘practical’ considerations. I am going to focus on a form of justification that has been described as ‘empirio-clinicalism’ (Laplanche 1989, p.158). This viewpoint seems particularly prevalent in the British tradition of psychoanalysis and eschews critical discussion of more philosophical or epistemological problems, in favour of reliance upon the impact that the closely observed clinical encounter conveys. Theorising is thus confined to the speculative elaboration of this encounter. Taking his cue from

Freud, the theorist “dislikes the thought of abandoning observation for barren theoretical controversy” (Freud 1914, 14, p77). In spite of the imaginative turn such speculation often takes, it is nevertheless a crude empiricism, centred on the intuitive self-presence of the analyst – ‘what I see or sense is what there is’.

One of the problems with this ‘empirical’ perspective is not empiricism per se, but the fact that it is kept away from any fertilisation with other disciplines. In spite of the fact that psychoanalysis is ‘applied’ widely to other disciplines e.g. anthropology, literature and the ‘arts’ generally; when it comes to the business of therapy, psychoanalysis reverts to its singular understanding. In the absence of wider epistemological questioning, theoretical notions and clinical observations combine into a self-confirming circle. Two brief examples show something of the problem. The first example comes from my early experience whilst training as a psychoanalytic psychotherapist. A senior Jungian analyst was supervising me on my work with a woman whose early life had been characterised, amongst other things, by a brutal and uncaring father. As a result her relationships with men were decidedly ambivalent and recently she had begun an affair with a woman who lived next door to her. During a session she presented a dream - something she rarely did, the central aspect of which was her proximity to a blazing fire in her front room. Her associations to the fire were ‘red’ and quick as a flash the supervisor made the interpretation that this represented her anxiety about me - my hair being red!

The second example of this is to be found in a recent symposium on psychoanalysis and training. In a discussion on the relation between psychoanalytic theory and

clinical practice, Steiner, a psychoanalyst much influenced by the work of Melanie Klein, is quoted as suggesting that the function of theory in psychoanalysis is:

“..more like a theory of history or art appreciation than a scientific theory.. (Steiner) claimed that its function is ‘to create order, give aesthetic satisfaction, reduce anxiety’, and he even went so far as to assert that only ‘bad psychologists’ treat their theories as ‘literally true’. However, despite such strictures, the fact that Steiner does believe what is understood in terms of his theory to be literally true is brought out by such a remark as ‘the theory brings sex into it because the patients bring sex into it’. We are being told that this is simply the way the world is: the theory becomes fact, its truth so taken for granted that the theory, as theory (and most certainly as ‘a way of reducing anxiety, creating order’ etc.) disappears... Implied here is the ‘lo and behold’ of theory being confirmed by evidence” (Davies 1985, p.174-175).

Whilst admittedly these two examples don’t amount to a strong justification for psychoanalytic knowledge, they do indicate the ease with which, for instance, the concept of the unconscious is simply taken for granted in the clinical field. This tradition of psychoanalysis remains strangely impervious to the impact of other intellectual disciplines and also the impact of other forms of therapy.

The philosophic response: The ‘Narrative-Representational’ view

The philosophic challenge presented by psychoanalysis thus arises from Freud’s contention that the ‘unconscious’ has a content of active, but latent, ideas. Freud thus promoted a concept of an ‘unconscious’ that nevertheless has the same structure as ‘consciousness’. In addition to this is the claim that there is an aspect of the ‘unconscious’ that never becomes conscious, yet exercises a fundamental control over the psyche. This has left psychoanalysis with what some philosophers regard as a conceptually fatal flaw: a choice between the ‘unconscious’ being defined precisely by that which defines consciousness, or an unconscious that never manifests itself.

There are two philosophical responses to this. The first is to suggest that the unconscious is simply a useless fiction; the second is to rework the psychoanalytic properties of the unconscious more effectively into a ‘philosophy of representation’. It is from this latter perspective that the most cogent philosophical critiques of psychoanalysis come. This perspective, which could broadly be described as ‘linguistic’, is associated with a formidable range of thinkers who, by and large, have advanced a positive endorsement of psychoanalysis. It is impossible, and outside the scope of my thesis, to advance anything other than an indication of the existence of these complex and diverse presentations, examples of which are to be found, for instance, in the work of Wittgenstein (1958); Ricouer (1970); Wolheim (1984); Lacan (1977); Castoriadis (1987); Elliot (1996); Shafer (1976). In citing these various thinkers I do not want to imply that they all share the same relationship with psychoanalysis or that the many differences between them are not important. At the risk of misrepresenting the particular contribution each makes to psychoanalysis, I am

nevertheless putting them forward as representative of a theme which, for the purposes of my argument, I am going to refer to as the ‘narrative-representational’ view of subjectivity.

What this refers to is a view of language and representation, which at first sight seems eminently suited to psychoanalysis in three ways. Firstly, of course, is the fact that psychoanalysis is a ‘talking-treatment’ whose basic currency is language. Secondly, in so far as psychoanalysis concerns itself with the specific human dimension of desire, the primary focus on language renders “desire as a meaning capable of being deciphered, translated, and interpreted” (Ricoeur 1977, p.837). Thirdly, particularly from a ‘post-structuralist’ perspective, the structure of language itself seems to possess an inherent power in so far as the inter-relationship between representations seems infinite. There is thus both nothing outside of language, and yet sufficient within it, to account for the unseen potential of the ‘unconscious’.

The ‘narrative’ theme, when applied to psychoanalysis, suggests that the central element of the psychoanalytic encounter involves the joint creation of an expanding narrative that progressively encompasses previously unrelated aspects of the patient’s life. This approach which, I suggest, unites the above diverse thinkers, focuses on what Levi-Strauss refers to as the “ ‘effectiveness of symbols’ - a language by means of which unexpressed, and otherwise inexpressible, psychic states can be immediately expressed” (Levi-Strauss 1993, p.198). From this perspective, the ‘otherwise inexpressible’ unconscious is revived by the power of language expressed in the infinite and interconnectedness of words and meaning.

A Critique of the ‘Narrative-Representational’ view

Ricouer, who has produced one of the most compelling philosophical critiques of psychoanalysis, based on ‘hermeneutics’, sums up the central concern of the ‘narrative-representational’ approach. He suggests that:

“..there is no self-understanding which is not mediated by signs, symbols and texts.... Psychoanalysis, as a talk-cure, is based on ...the primary proximity between desire and speech. And since this speech is heard before it is uttered, the shortest path from the self to itself lies in the speech of the other which leads me across the open space of signs.” (Ricouer 1983, p.192).

Ricouer thus argues that it is only through the apprehension of these signs that one can understand that:

“..we actually belong to the world before we are subjects capable of setting up objects in opposition to ourselves in order to judge them and to submit them to our intellectual and technical mastery” (ibid. p191).

Ricouer situates his work within the general tradition of ‘reflexive’ philosophy which “considers the most radical philosophical problems to be those which concern the possibility of *self-understanding*” (ibid. p.188). He is critical of phenomenology which attempts to locate the foundation of such self-understanding in a ‘self’ transparent to itself, “a perfect coincidence of the self with itself, which would make

consciousness of self indubitable knowledge” (ibid.). It is here, therefore, that Ricouer argues for the pre-structuring influence of language on any question of self-knowledge. Accordingly he, like many of the other thinkers mentioned above, would regard the desire for a ‘self transparent to itself’ as an unattainable idealism, which at best can only be approached in the form of a lament. This is a feeling of loss that accompanies the realisation that language functions as the substitution “of the lost objects of instinctual desire” (Ricouer 1977, p.842).

In introducing the paradigm of mourning to this process, Ricouer emphasises the poignant nature of this loss made so, as indeed Freud emphasised in relation to ‘wish fulfilment’, because the object was never possessed in the first place. Accordingly, for psychoanalysis, it is thus only through hallucination and the structure of phantasy, that the deepest foundations of subjectivity- namely desire, can be approached. The longing and loss that this entails is however offset by the richness and diversity that the structure of language provides. This, I suggest, is the great appeal of the narrative-representational perspective: the emphasis on the diversity of words, texts, stories, fables or myths, all helps to ameliorate the sense of loss and longing about our own subjectivity.

Ricouer’s view seems to find considerable support within various post-modern understandings of psychoanalysis. Consider first the characteristics of the post-modern perspective, “which involves a questioning of a modernist epistemology based on a clear distinction between subject and object” (Lechte 1994). Another writer suggests that “This emphasis on plurality and multiplicity highlights that postmodernity involves a rejection of the typically modern search for foundations,

absolutes and universals” (Elliot 1996, p.21). This shift from the universal to the particular thus seems to offer a contextual justification for a similar shift within psychoanalytic thinking away from ‘Classical Freudian’ psychoanalysis towards contemporary ‘Object-Relations’ (OR) psychoanalysis.

The impact of ‘post-modernism’ on psychoanalysis is thus to promote and reinforce a view of subjectivity as the inevitable and inextricable immersion of self and other, in contrast to “a clear distinction between subject and object” which lays the foundation for “The Freudian emphasis on that underlying truth which can be unearthed, given a good enough detective process” (Elliot & Frosh, 1995, p.4). These same authors characterise the direction of contemporary psychoanalysis in the following way:

“In traditional Freudian psychoanalysis, the recovery of unconscious desire is primarily traced along cognitive and developmental lines, through the reconstruction of subjective narratives of the past. But in contemporary psychoanalytic theorising, the core capacity for encountering unconscious knowledge is located in the transmission of affect, and especially of primitive affective states that underlie the process of meaning-construction” (ibid. p.25).

However, in spite of what is acknowledged in relation to affect as “the core capacity for encountering unconscious knowledge” (ibid. p.25), this ‘affective’ knowledge seems to be limited to what Klein conceptualised as “the depressive position” (Klein 1987 p.2). As I will come to later, far from an ‘unconscious knowledge’ structured

around affect, the ‘depressive position’ entails the acceptance of limitation. As I suggested above, what the limit entails is the discovery that the foundation of subjectivity lies beyond the scope of the subject. Undoubtedly such a discovery is painful and wounding and in that sense evokes an experience of affectivity. However, in so far as the foundation of subjectivity is located within the structure of language, such ‘affective knowledge’ is subsumed into that same structure.

In short, I suggest that the ‘narrative-representational’ view, in spite of recognising the limitations of its knowledge concerning the unconscious, is constantly attempting to stretch these limits to provide a ‘content’ to the unconscious. By installing the structure of the unconscious within the, admittedly infinite, boundaries of language, it creates the impression of familiarity. Whilst it is thus argued that the ‘otherness’ of the unconscious is like the potential words in “the signifying chain” (Lacan 1977, p.299) waiting to be uttered, the fact that they can be uttered side steps the issue of ‘otherness’. By locating the unconscious in the context of representation i.e. in the form of words, images, and symbols, this ‘otherness’ is tamed. I suggest that however successful the ‘narrative-representational’ view seems to be in rescuing the unconscious from philosophical eradication, it does so at the price of allowing the possibility of another form of knowledge which is specific to the unconscious. It is precisely the manifestation of affectivity that I claim specifically defines the unconscious; an idea I will develop further. Whilst the unconscious defies representation, it is nevertheless cognisant as a form of knowledge in its own right.

Later, in Chapter Six, I will come back to the question that is implied by my foregoing argument: namely that there is a difference between a representation of the

unconscious as ‘other’, and a representation of the unconscious as constituted by representation itself. I argue that psychoanalysis, in particular the ‘narrative-representational’ view, attempts to have it both ways. In other words, whilst emphasising the alterity of the unconscious as forever fractured and de-centered, the view of psychoanalysis nevertheless clings to the overriding belief that the unconscious is constituted as a representation. So whilst there are many examples in the conceptualisation of the unconscious that represent this ‘otherness’, the narrative-representational belief is either that this represented process is what the unconscious is, or that the unconscious remains simply obscure.

To understand why psychoanalysis seems committed to representation or nothing, it is worth just considering for a moment the position of the French psychoanalyst, Lacan. His view is particularly relevant given both his rigorous commitment to psychoanalysis; to the concept of an infinitely de-centred subject; to the “philosophy of representation” and above all his argument that “the unconscious is structured like a language” (Lacan 1987, p.20). Nowhere has the elusiveness of the foundation of subjectivity been more emphasised than in his use of the “Saussurian” concept of the signifier, where severed from any signified and thus devoid of any pre-formed meaning, the meaning of the subject is to be found in the relation between signifiers. Strongly rejecting the positivistic notions of a psychoanalysis founded on empirical referents, Lacan suggests that “the signifier is that which represents the subject for another signifier” (Lacan 1977, p.316 [my emphasis]).

As Borch-Jacobsen has commented, why:

“..keep the word - and hence also the concept - subject ... nothing like the transcendental and absolute subject of the philosophers, nothing like the strong, autonomous ego of the ego psychologists ...Nevertheless, this infinitely decentered subject, reduced to the desire for that portion of itself that language simultaneously arouses and forbids it to rejoin, is still a subject...Emptied of substance, virtually null, the subject subsists in the *representation* of its lack, in the closed combinative of signifiers in which it stubbornly continues to represent itself” (Borch-Jacobsen 1992, p.18).

What Borch-Jacobsen’s criticism of Lacan aims at is the latter’s claim

“that psychoanalysis irreversibly ‘subverted’ the Cartesian subject... these vocal declarations of rupture with philosophy appear to me rather as elaborate forms of denial ... Nobody was more Cartesian, rigorously Cartesian, than Lacan!” (Oakley 1996, p426).

In spite of Lacan’s attunement to the post-modernist sentiment of the contingency and relativity of self-knowledge; and in spite of the claim that the ‘narrative-representational approach’ does justice to the Freudian invention both of the ‘talk-cure’ and of a divided psyche; in the end it retains a unitary concept of the subject.

I suggest that this retention by Lacan of the word ‘subject’ reveals the flaw in the ‘narrative-representational’ approach. This is made more apparent, particularly by Lacan, in the refusal to allow affect its own phenomenological mode. It may indeed be argued that subjectivity subsists as a ‘lack’ - in the ‘space between signifiers’. However, in the absence of any other mode of knowledge apart from representation, this ‘lack’ quickly takes on a representable form that it is supposed to elude. As I will come to when I discuss the ‘hypnosis critique’ of psychoanalysis, it is precisely the role of affect that, I argue, is instrumental in this paradoxical retention of representation as a means to explain the un-representable.

The Pragmatic response

I am now going to turn to the various critiques of psychoanalysis that come from other forms of psychotherapy. I am going to discount the various types of psychodynamic psychotherapies, as these are, mainly, derived from the same conceptual framework as psychoanalysis. I am also going to leave hypnosis to one side for the moment as I intend to deal with this as a separate issue. Notwithstanding what I will say about the latter, the greatest therapeutic challenge to psychoanalysis comes from the behavioural and cognitive-behavioural therapies. I will refer to the work of Aaron Beck who is the originator of this form of therapy. What is interesting about his work is that he began his research into depression from a psychoanalytic perspective. Specifically Beck was interested in finding support for the idea of a masochistic “need to suffer” which would explain the depressive sufferers’ problem.

“How else could one explain their harsh self-criticisms, their misreading of positive experience in a negative way, and what appeared to be the ultimate expression of self-directed hostility, namely, suicidal wishes?” (Beck et al 1979, preface). Instead, this led Beck towards the idea that the worldview of the depressive is dominated by “negative cognitive distortions”. Such cognitions are based on “attitudes or assumptions (schemas), developed from previous experiences” (ibid. p.3). He thus developed a form of therapy based on a systematic approach to help the patient “correct his distortions through the application of logic and rules of evidence and to adjust his information-processing to reality” (ibid. preface).

There are two aspects of cognitive therapy relevant to my argument, which I will focus on. The first concerns the relationship between the therapist and the patient termed “collaborative empiricism” (ibid. p.6); the second, the role of affect. In relation to the former, the first difference to note when comparing this to the psychoanalytic ‘transference relationship’, is that the relationship is not cultivated by the therapist as the focus of treatment. Rather, as the term ‘collaborative empiricism’ implies, the focus is on the patient and therapist as an investigative partnership: both involved in helping the patient gather information about his thoughts, feelings and beliefs as they occur in the world. Nor does this imply the creation of distance from issues that might otherwise be emotionally ‘hot’, were the focus to be more ‘in the room’. It is generally recognised by cognitive therapists that people learn more readily under the latter circumstances and will thus actively recreate situations through role-play to bring this about. What distinguishes ‘collaborative empiricism’ from the psychoanalytic ‘transference relationship’ is firstly activity on the part of the therapist. The therapist actively encourages and engages with the patient. Secondly the

relationship is not used as evidence of the patient recreating their unconscious: the focus is more resolutely 'here and now'.

As might be deduced from the appellation, 'cognitions' are central to the view of the human mind taken by cognitive therapists. Defined as "any ideation with a verbal or pictorial content" (ibid. p.12) such 'cognitions' are the target of the therapy. The aim is to produce changes in affect e.g. depressed mood, which is generally seen as an effect of the underlying ideas. According to some researchers in the field e.g. Teasdale and Barnard (1993), there are various research findings which suggest that, even if cognitive therapy is effective, the causal explanation offered above is inadequate. So for instance "Cognitive therapy is not uniquely more effective than other forms of psychological treatment that do not explicitly target negative thinking" (ibid. p.240). The authors thus conclude that:

"..cognitive therapy may achieve its effects, not by changing negative thinking, but by some other mechanism, shared with non-cognitive treatments. Changes in negative thinking as a result of cognitive therapy might then be seen as a consequence of the change in depression, rather than the means to of achieving that change." (ibid.)

In other words the underlying priority of ideas over affect may be doubted. It is not proposed to pursue the questions opened up by the above mentioned researchers into the realms of cognitive science. It is enough to note that their research appears to challenge the priority given to cognitions as antecedents of emotional states, although

they replace this with a more complex representational schema. The importance of the cognitive-behavioural challenge to psychoanalysis is that firstly there is a lot of evidence to suggest that it is therapeutically effective. In spite of it being a relatively brief and focussed approach which does not utilise the ‘transference’ and so on, CBT is effective over a wide range of psychological disorders. Although it eschews any notion of the unconscious (at least in the sense as understood by psychoanalysis) in favour of strengthening conscious representation in terms of ‘logic’ and ‘empirical evidence’, this could prove to be, ironically, a greater asset to developing a ‘depth’ psychology than psychoanalysis can currently muster.

But what about the unconscious?

In summary both the philosophical critique, in the form of ‘narrative-representation’, and the pragmatic critique, in the form of cognitive behavioural therapy, pose a powerful threat to the self- confirming nature of psychoanalysis. Both critiques fail, however, to adequately address the nature of the psychoanalytic unconscious. I suggest that what unites these otherwise disparate critiques is the reliance on representation. The first is a philosophic justification of representation which is linked to a comprehensive view of subjectivity whilst the second grounds representation within the cognitive science of information- processing. However the problem is whether any common therapeutic ground can be found between them that would make their critiques more than just statements of intent emanating from competing disciplines. As stated from the outset, my aim is to develop psychotherapy that is both effective symptomatically and also ‘true’ to the human condition. My

contention is that this latter aspect is expressed in the notion of the unconscious as the most fundamental aspect of human subjectivity. Whilst a notion of the ‘unconscious’ is clearly the province of philosophical discussion, it does seem an alien concept to the pragmatic and ‘common-sense’ concerns of CBT.

However although CBT seems intent in distancing itself from psychoanalysis, it nevertheless, and perhaps in spite of itself, does bring a notion of the unconscious that contributes to its therapeutic effectiveness. The reference in the conceptual framework of CBT to ‘schemas’ and ‘automatic thinking’ all point towards an unconscious domain, not just “outside phenomenal awareness”.. but which is “inaccessible to introspection in principle under any circumstances” (Kihlstrom 1987, p.1450). Although Kihlstrom suggests that the ‘cognitive unconscious’ is “quite different to the seething unconscious of Freud” (ibid., p.1451), it seems to me that it nevertheless recognises the same phenomenon, but from the perspective which is therapeutically more accessible than that afforded by the philosophical justification of the unconscious. Moreover the advantage that a CBT notion of the unconscious has over the ‘empirio-clinicalism’ view of psychoanalysis, is that the latter is hampered by its view of transference. As I will show, the way psychoanalysis conceptualises the unconscious, has turned transference into a major obstacle to therapeutic effectiveness.

Representation

As will become clear, representation is at the heart of the argument being advanced here. Whether defined in a philosophical manner, or taken in a more ‘everyday’ sense, representation is what defines consciousness. As such, representation means ‘ideas’ and the very presence of such ideas seems to define the essence of being human as the capacity to think. Consciousness is thus generally accepted as that faculty which distinguishes us from the rest of the sentient world. What challenges this view is the ‘unconscious’. As L.L.Whyte (1962) has shown, the unconscious is not a new concept, but for the moment I am only concerned with Freud’s version of it. Freud relied particularly on two aspects of mental life to promote the idea of the unconscious: dreams, and post-hypnotic suggestion. Firstly these phenomena suggested that there was another, active side, to the life of the psyche other than consciousness. Secondly, particularly in the phenomenon of post-hypnotic suggestion, this aspect of the psyche seemed to be characterised by active, yet unconscious, ideas. However, as I will now show, hypnosis remains as a testimony, precisely, to the unrepresentable, and thus a powerful indictment of psychoanalysis.

The hypnotic critique: the ‘French influence’

So far I have sketched out some critiques of psychoanalysis which, although they recognise the domain of the unconscious, attempt to conceptualise it more rigorously in terms of ‘representation’. In so far as ‘representation’ defines consciousness, such critiques give little substance to the nature of human subjectivity divided by an

unconscious, which radically eludes such representation. So although psychoanalysis itself is unable to sustain its foundational thesis of an unconscious defined by ‘otherness’, neither the philosophical and pragmatic critiques are able to advance much upon this state of affairs.

A more promising angle is provided by a small group of French thinkers who have mounted a challenge to the representational view of the unconscious in the name of hypnosis. It is from within this perspective that I locate my argument. I will give a brief overview of their work before outlining where I make an original contribution to the debate. What is of specific interest about this group is their focus on hypnosis and the hypnotic ‘rapport’ as the continuing problematic for psychoanalysis. What they all acknowledge is the way the phenomenon of hypnosis challenges the boundaries between allied intellectual disciplines. Thus hypnosis poses a problem alike for clinicians, philosophers and social theorists. The first point to note about the work of this group is that it originates exclusively from within the French psychoanalytical ‘scene’ where there is also a long history of cross fertilisation with other disciplines, notably philosophy and anthropology. As I have already indicated, this is quite unlike the situation in this country where psychoanalysis shows little interest in the pre-history of psychoanalysis nor, with a few notable exceptions (e.g. Kennedy 1998, Wisdom 1984) in philosophy as a companionable discipline. What is perhaps relevant to note is that the French interest in hypnosis seems to have grown, at least in part, as a reaction to Lacan’s well known refusal to have anything to do with the phenomenon. (Cf. Lacan 1977, p.49). The work of three key researchers - the psychoanalyst Roustang and the philosophers Borch-Jacobsen and Henry - can be seen as:

“..taking up the Lacanian challenge, which often used expressions having to do with dogs sniffing each other to refer to interest in ‘affective lived experience’, and attempts to demonstrate the internal contradictions in Freudian thought on this point” (Chertok and Stengers 1992, p.219).

In reaction to Lacan’s ‘Structuralist’ purification of psychoanalysis in favour of representation, the ‘French group’ has mounted an equally forceful critique aimed at returning psychoanalysis to its affective roots. What their critique aims to expose is the flaw in psychoanalysis which, on the one hand, is founded on the ‘otherness’ of the unconscious, yet on the other, theorises this ‘otherness’ in the very terms it is meant to oppose i.e. representation. What they hold up as the enduring witness to this ‘otherness’ is the hypnotic state, traces of which remain in the concept of ‘transference’. At the heart of this group’s work, is a philosophical critique of psychoanalysis developed in the name of ‘material phenomenology’, developed by the philosopher Michel Henry (1993). I will firstly outline the contribution that phenomenology makes to understanding psychoanalysis, particularly Henry’s particular interpretation. I will then go on to outline how the other members of the group have taken up this work.

Phenomenology

The philosophical discipline of 'phenomenology' was founded by Brentano (1838-1917) and developed by Husserl (1859-1938). It is beyond the scope of my argument to chart the subsequent development of phenomenology to the present day. Neither is there scope to outline the varied associations between phenomenology and psychiatry and psychoanalysis. In relation to both latter disciplines, there have been many attempts to incorporate the phenomenological viewpoint e.g. Barton 1974; Straus 1966; Binswanger 1963; May 1967; Jaspers 1968. It is worth mentioning the great impact that Jaspers's work has had, and continues to have, on psychiatry. I have singled out his work because in many ways it represents a development of phenomenology that is very different from the one represented by Heidegger. Specifically the emphasis of Jaspers is towards an objectification of psychiatric knowledge in the form of a descriptive terminology supposedly free from the subjective opinions of the observer. Such a view, which features prominently in contemporary psychiatry, has had the consequence of severing the understanding of the symptoms of psychiatric distress from a wider comprehension of human subjectivity. This has led, in my opinion, to an impoverished and static view of the psychiatric patient and an impersonal and mechanistic way of intervening. As I will come to now, the original impetus of phenomenology as understood by Heidegger, lies instead in the other direction; towards uncovering the vitality at the heart of 'Being'.

What, therefore, can phenomenology offer psychoanalysis? Heidegger suggests that:

“Phenomenology is the name for the method of ontology, that is, of scientific philosophy. Rightly conceived, phenomenology is the concept of a method. It is therefore precluded from the start that phenomenology should pronounce any theses about being which have specific content, thus adopting a so-called standpoint” (Heidegger 1927).

Heidegger also refers to the essential character of the phenomenological method as involving “apriori cognition... the leading back or reduction of investigative vision from a naively apprehended being to being” (ibid.). Phenomenology, as Heidegger conceives of it, is thus a method of ‘de-construction’ and it is this, which makes it invaluable to psychoanalysis. Firstly the phenomenological method helps to restore to psychoanalysis that it, too, is primarily a method of investigation.

The basis of this psychoanalytic method is encapsulated in Freud’s advice to analysts that this “technique ... consists simply in not directing one’s notice to anything in particular and in maintaining the same ‘evenly suspended attention’... in the face of all that one hears” (Freud, 1912, 12, p.111). Likewise the psychoanalyst Bion famously suggested that “to be without memory or desire is the mental state which prepares the analyst best for the forthcoming clinical session” (Symington and Symington 1996, p.1). What this ‘analytic attitude’ suggests is one where the analyst tries to understand what is being said to him, uncluttered by his own pre-conceptions.

I maintain, however, that the original impetus of the psychoanalytic method has become burdened by becoming the occasion where psychoanalytic knowledge is *applied* to the clinical situation. As mentioned above, therefore, phenomenology can help to restore to psychoanalysis its proper investigative mode.

There are two important points that need reiterating here. Firstly, the central thrust of my argument is a ‘conceptual de-construction’ of the way psychoanalysis represents the unconscious. My aim is to show that there is no representable content to the unconscious. However what this ‘de-construction’ does lead to is a representation of the unconscious as an affective structure. Secondly, whilst my general aim of ‘conceptual deconstruction’ is facilitated by phenomenology, I am not advocating that psychoanalysis need necessarily become more ‘philosophised’. Whilst the phenomenology of Henry restores a much-needed rigour into the basic theses of psychoanalysis, psychoanalysis is, at the same time, right to resist becoming more clearly demarcated as a philosophic discipline. Whilst psychoanalysis does indeed involve a conceptual rigour to expose the foundation of the unconscious as affect, it is precisely the fact that the ‘language’ of affect is something different to the conceptual method that exposed it.

Michel Henry’s Phenomenological investigation of Freud

Paradoxically, to understand the full significance of the unconscious, the phenomenological investigation must begin with “a fact without parallel, which defies all explanation or description - the fact of consciousness” (Freud, 1940, 23, p.157).

Henry's central contribution to this project is his recognition that Freud is but a 'belated heir' to a long tradition issuing from Descartes, which has misunderstood 'the fact of consciousness'. What is misunderstood is that the:

“..concept of consciousness ... designates appearance considered in itself - not just something but the principle of everything, the original manifestation in which everything that can exist comes to be a phenomenon and so into being for us” (Henry 1993, p.2).

At the centre of the problem is a 'metaphysics of representation' which, almost universally, equates consciousness with consciousness of something - some thought or, more specifically, a representation. The central problem within this metaphysics is that the term 'representation' conflates the object of representation with the act of representing. Henry clarifies this confusion by arguing that:

“ ‘Consciousness’ means representation in the strict sense, in the sense that re-present is to present before, place before (vorstellen), so that it is this position before as such that creates the phenomenality of that which is placed before ... so that the condition of being conscious... is the act of being placed before considered in itself” (Henry 1991, p.4).

However, consciousness tends to be defined by “that which is placed before” (ibid.) i.e. the idea or representation. Therefore, what is left in the dark, or indeed ‘unconsciousness’, is precisely the founding of consciousness: ‘the act of being placed

before', considered in itself. As Freud suggested, what is at issue is the "existence of psychical acts which lack consciousness" (Freud, 1915, 14, p.170)

The problem, however, is how to define this activity without it being either consigned to the unconsciousness of oblivion, on the one hand, or a paradoxical 'unconscious consciousness', on the other. For in spite of Freud's claim of the absurdity of this idea (ibid.), that is precisely how he conceptualises the unconscious, defined as it is by latent representations: "Such is the first state of the Freudian unconscious: it consists of the set of unconscious representations considered to be autonomous formations subsisting outside consciousness, namely, outside of representation, whose ecstatic structure of ex-position they nonetheless retain" (Henry 1989, p.151). Henry's argument, however, shows that when consciousness is accorded its proper phenomenological status, its founding appears as affectivity. As will be seen, the 'otherness' of the unconscious is retained by the very structure of affectivity. As I mentioned above, affectivity thus retains the 'otherness' of the unconscious with its own mode of knowledge. Such affective knowledge challenges the 'representational' knowledge of consciousness, which leads Henry to characterise it as *arch*-consciousness rather than *un*-consciousness. However this is getting ahead of Henry's argument.

Doubt as the Phenomenological Method

Henry achieves his argument through a reconsideration of Descartes' "Method of Doubt... Cogito ergo sum" I am thinking, therefore I exist "- the cogito as it is often

known” (Williams 1990, p.73). The ‘cogito’, as a radical form of doubting, is applied to the process of thinking itself but as Henry reminds us, it is not ‘thought’ per se that is left as the consequence of Descartes’ method. As Henry suggests, the expression “I am thinking” does not refer to “thought as it is understood nowadays, namely, the thought of something, its representation, its conception, its interpretation” (Henry 1989, p.157). Rather, “thought” for Descartes is the equivalent to the passion aroused in the dreamer, which in contrast to the representations that occur can only be true. Descartes thus says of the experience of dreaming,

“I see light, I hear noise, I feel heat. - But all these objects are unreal since I am dreaming. - Let it be so; certainly it seems to me that I see, I hear, and I feel heat. That cannot be false; that is what in me is properly called sensation; and in this precise sense, sensation is nothing but thought” (Williams 1978, p.79).

What Descartes means by sensation is thus not the object of the sensation as such but the act of ‘self sensing’ as reiterated in his phrase “Sentimus nos videre” which Henry translates as “We sense ourselves seeing” (Henry 1989, p.160). The consequence of the ‘cogito’ thus leads from the doubtful knowledge of the ‘fact of consciousness’ defined by representation, to the certain knowledge of passion or sensation. The phenomenality of passion is radically different to that of the representation. The latter “consists of this coming - before into the foreground of light, into this dimension of ecstatic phenomenality wherein all objectivity and thereby any possible ‘object’ and consequently any representation is rooted.” (ibid. p.157). In contrast, the phenomenality of the passion is what remains after the representation has been

disqualified by ‘doubt’ and can thus be considered its foundation. In so far as this foundation is defined by ‘self sensing’ and thus ‘immanence’, it constitutes a power. Henry defines the essence of power as that which “is susceptible of being dispensed at any instant only under the condition that it be immediately in possession of itself, within the radical immanence of its auto-affection and self-experience” (ibid. p.162). This definition of affect as “immediately in possession of itself” is what, I suggest, makes the structure of affect essentially ‘mimetic’ or ‘self-identificatory’¹.

Affective Knowledge

Henry goes on to suggest that the “self-possession” of the passion or affect is:

“..nothing other than the originary and essential subjectivity which is the immediate experience of these powers, and thus their knowledge. This knowledge.... Instead of representing these powers, is identical with them ... is therefore a knowing how to do.
We thus discover an entirely new subjectivity, which is not exhausted by a thinking representative of something other, but

¹ I am using the term “mimetic” as a synonym of “imitation” and “identification”, which follows the general usage of various of the writers to whom I will shortly refer. Whilst, of course, these latter terms are used by psychoanalysis, there is an important difference to be noted. As Leys (2000) points out, “Borch-Jacobsen employs the term “mimesis” rather than “imitation” on the grounds that mimesis... does not refer to the simple imitation of a model or to fictive simulation, both of which presume the existence of the very spectatorial or spectating subject that is in question here” (Leys 2000, p.14, n.18).

which is this immersion into itself by that which experiences itself.”

(ibid. p.162 [emphasis mine]).

The ‘cogito’ thus reveals the foundation of subjectivity as affect, as a power that is also a knowledge and yet not susceptible to representational knowledge.

The consequence of Henry’s analysis thus rids psychoanalysis of the paradoxical concept of unconscious representations but also the principle by which psychoanalysis hopes to achieve its aim of making the unconscious conscious. However, what remains for a therapy which also takes seriously the full dimension of subjectivity is the uncovering of affect, long neglected since Freud assisted in its conceptual and, as a consequence, its experiential concealment. Henry’s analysis therefore clears the ground for a reconsideration of the hypnotic encounter, at the centre of which is the ‘trance state’. Far from this being defined by the activity of unconscious ideas, as suggested, for instance, by the phenomenon of post-hypnotic suggestion, the trance state entails reconsideration purely in terms of affect. As will be seen in a moment, the characteristics of affect give some indication why affectivity and the trance state are avoided by psychoanalysis.

If the ‘cogito’ exposes the fundamental dimension of subjectivity as affect, a question of its relation to representation remains. What is it about affect that, given the originary position being ascribed to it here, can render it so hidden from view or make it so intolerable? The corollary of this question is on what basis can representation maintain the fiction that it is all that subjectivity can hope to be, as illustrated for instance in enduring beliefs or theories? What the ‘cogito’ shows in the exercise of

doubt is that representation “is precisely nothing other than the representation of this force (affect), its imaginary double, a simple image lacking in efficacy, in any real power” (Henry 1991, p.5 [brackets mine]). In other words, the power that maintains an enduring belief or theory is not to do with the representational matrix of which the belief comprises. On Henry’s analysis it is not the representation per se which reveals the reason why someone might ‘hold’ a belief, but the affectivity ‘underlying’ it. Pushing this analysis further thus entails the acknowledgement that the representational *meaning* of subjectivity is no help in *changing* that subjectivity. I would suggest that this be borne out in the commonplace experience in psychoanalytic treatment where a patient can be extremely knowledgeable about their life yet nothing changes.

The paradox of affect

In so far as the mimetic structure of affect must necessarily coincide with itself to be a power, it remains closed off to the exteriority and visibility of representation. At the same time, the undeniable characteristic of affectivity as contagious makes it ‘open’. The structure of affectivity could thus be thought of as involving a process of ‘bi-lateral osmosis’. I suggest that is a sort of structural porosity, like a sieve, through which all affect can pass or resonate with. Representations, on the other hand, can only gather within the ‘confines’ of affect, unable to pass through. It is the porosity of affect which accounts for its contagious nature, whilst the mimetic structure attracts the representations into the sieve giving the appearance of solidity and certainty. Such solidity is the basis of the claim representation makes of itself to be all that the subject

is. It is the basis of the ‘conceptual density’ of enduring ideas and beliefs. What determines the representational appearance of affect is firstly contingency. As Freud pointed out at the end of his essay on Leonardo da Vinci, “we are all too ready to forget that in fact everything to do with our life is chance” (Freud 1910, 11, p.137).

The representational structures that we come to be associated with; the theories, explanations and reasons that we ascribe to our life, or indeed that psychoanalysis ascribes to its patients, thus have no inherent connection with the underlying affective foundation of subjectivity. That such representations have their own internal logic and so on is not in dispute. What is disputed is the claim that such representational knowledge encompasses the essence of subjectivity to the extent that might make it possible for that subjectivity to change. Yet this claim has an extraordinary appeal. It is this claim that, I suggest, features in the myriad of reasons that influence people in seeking psychological relief from the enduring ideas about themselves which seem impervious to change. Equally and paradoxically, it is this claim that dominates the very fabric of the psychoanalytic corpus, turning it from a potentially radical form of investigation, into a crippled and heavily defended article of faith. To understand the appeal of representational knowledge entails an understanding of the dimension of affectivity.

As noted earlier, the phenomenological critique, like the psychoanalytic investigation itself, begins with ‘the fact of consciousness’- which is to say ‘representation’. Freud suggested that “consciousness is in general a highly fugitive state” (Freud 1940, 23, p.159). What Freud was directly referring to was the latency of memory - how can object of consciousness become un-conscious? I suggest, however, that equally, the

appellation 'fugitive' can refer not just to 'hiding' but to its opposite: in other words to the situation where an object of consciousness persists and 'refuses' to disappear. To understand the appearance and disappearance of representation points once more to the underlying state of affect and particularly the role of anxiety, which 'affective state' formed the basis of Freud's summation of instinctual life (Freud 1933, 22, pp.81-111).

Affect, representation and anxiety

As a means of clarifying the relationship between affect and representation and trying to understand why the latter should so readily obscure the former, I am going to briefly discuss the formation of a phobia. Phobic disorder is classified as an anxiety disorder, where "fear is out of proportion to the situation, cannot be reasoned or explained away, is beyond voluntary control, is recognised by the individual as being excessive and results in avoidance of the feared situations" (Katona and Robertson 1995, p.25). In most definitions of phobia, the terms 'anxiety' and 'fear' are used synonymously, although from an etymological viewpoint they suggest different meanings. Anxiety is closely related to both anger and anguish and carries the meaning of "choke", "oppress", "narrowness", "strangle" (Hoad 1993). The etymology of fear yields the meaning of "ambush", "danger", "deceit" (ibid.). I suggest that the meanings associated with anxiety reflect the phenomenological condition of affect in its self-enclosure. Thus, as argued above, the very condition of affect's knowledge and power is also the occasion of what might be referred to as 'auto-subjection'. On this basis anxiety "is the feeling of not being able to escape

oneself, where the ‘self’ is essentially constituted by precisely that impossibility” (Henry 1993, p.312). As Henry suggests therefore, anxiety is the ‘self-sensing’ inherent to the structure of affectivity.

Turning now to fear, the etymological sense given by ‘deceit’ and ‘ambush’ leads to the basis for establishing a distinction from anxiety. In so far as anxiety is the ‘self-sensing’ of affectivity, it is, as Descartes made clear in relation to the structure of passion, incontrovertible. Not so with fear which, as mentioned above, is linked both with ‘lead into error’ and ‘attack from a place of concealment’. Combining these two aspects suggests a state, which does not coincide with itself and is therefore no longer incontrovertible. I suggest that the ‘error’ of the ‘place of concealment’ consist specifically in a representation, which has no *essential* relation to the affect, which it is meant to represent. Thus there is an important distinction to be made between anxiety and fear: anxiety “has a quality of *indefiniteness and lack of object*. In precise speech we use the word “fear” rather than “anxiety” if it has found an object” (Freud 1926, 20, p.165). I suggest that what is at issue in the phobic state is the (attempted) transition from the suffocating and inescapable state of anxiety, made so by affect’s insufferable interiority, into the state of fear, which is defined by a specific object or situation.

The consequence of this transition is, however, an existential crisis in the form of an estrangement from true subjectivity of which anxiety is an integral aspect. The estrangement occurs precisely because fear is defined by exteriority; a representation that is external to the internal condition of anxiety. The price to pay for avoiding the full weight of subjectivity because of its inherent anxiousness, is therefore an

estrangement from affectivity, which is thus also to say an estrangement from life. This accounts for one of the central complaints of the neurotic; estranged from the power inherent to affectivity, they experience the loss of the ‘will to live’.

The contingency of representation

According to this phenomenological analysis, affect and anxiety are the unavoidable foundations of subjective life. The phenomenological nature of these related states shows why representation seems to exert such a tremendous attraction. In fact the representations, in themselves, can exert no attraction. They are present initially because the underlying ‘affective mimesis’ draws them in. Like the phobic object, the representation carries no inherent significance that could illuminate why it and not another representation should be present. Nor can such significance be gleaned from its associations with other representations. The phobic object could be anything - the function it serves is to externalise anxiety; to make it appear that the source of danger is ‘outside’ the subject. In his discussion of anxiety and repression, Freud talked about “traumatic moments, when the ego meets with an excessively great libidinal demand” (Freud 1933, 22, p.94). I suggest that the ‘choice’ of an object to externalise what is an internal problem, is dictated by the context in which the ‘traumatic moment’ takes place. This view receives reinforcement from two sources. First of all is the fact that virtually any object can become the ‘phobic object’. Secondly, tracing the symbolic significance of the object in terms of what it may represent within the sufferer’s history makes little difference to its presence. As Freud himself suggested phobias are notoriously resistant to the interpretative stance of psychoanalysis: “another quite

different kind of activity is necessitated by the gradually growing appreciation that the various forms of disease treated by us cannot all be dealt with by the same technique” (Freud 1919,17, p.165).

The problem of Symbolism

The example of phobias is, I suggest, at the heart of the difficulties of psychoanalysis. In short, representation understood as the defining principle of consciousness cannot reveal its own affective foundation. The ‘other’ nature of this affective foundation severs the connection between it and the associated representations, a point well made by Lacan, mentioned earlier. However, affectivity, in my view, stands untouched by the establishment of its ‘symbolic meaning’ derived from the matrix of related representations that comprise the ‘signifying chain’. As Laplanche and Pontalis point out, the Greek etymological meaning for:

“..symbol...was a means of identification ...consisting of the two halves of a broken object that can be fitted back together. The notion that it is a link that creates the meaning is thus already there in the original conception” (Laplanche and Pontalis 1973, p.445, n.b).

In their discussion Laplanche and Pontalis refer to that aspect of symbolism which suggests a “ ‘constant relation’ between a manifest element and its equivalent or equivalents” (ibid.). This suggests a commonality between “very diverse forms of

expression (symptoms and other products of the unconscious: myths, folklore, religion, etc.) as well as in highly disparate cultural spheres. It is relatively impervious ... to individual initiative” (ibid.). Notwithstanding Lacan’s argument about the sheer mobility of meaning, the constancy referred to by Laplanche and Pontalis suggests that the attempt to create meaning is universal. Although their argument leads towards the question of universal signifiers in the form of ‘primal phantasies’, their reference to symbolic expression ‘impervious to individual initiative’ suggests that the question as to what drives us to create meaning is not answered by the results.

Moreover it suggests perhaps that the attraction of representation and particularly the psychoanalytic belief in the power of representation is derived from the inherent resistant properties of representation. Representation inherently resists the mode of affectivity and anxiety.

The difficulty with a concept of symbolism is highlighted by the example of phobias. In so far as the function of a symbol is synonymous with representation, it cannot shed light on what force produces a symbol or a representation. This difficulty is highlighted by the psychoanalytic concept of “symbolic equation”(Segal 1955). Segal’s concept describes the phenomenon which is encountered in the psychotic’s use of language. If symbolism refers to the possibility of representing an object with a word, the psychotic seems to lose this possibility: “The main difference between the first and second patient quoted in their use of the violin as the symbol for the male genital was...that in the first case it was felt to *be* the genital, and in the second to *represent* it”(Segal 1955[1988, p.161]). Segal uses the term “symbolic equation” to

refer to this psychotic thinking process characterised by “non-differentiation between the thing symbolised and the symbol”(ibid., p.165).

In order to explain how the process of “symbolic equation” operates, Segal employs the concept of “projective identification”. I discuss this latter concept more fully in Chapter 6, but suffice to say that her use of it adds nothing further to her initial observation about psychotic functioning. As I will go on to argue, the problem with these concepts is that whilst they do indeed describe aspects of psychical functioning, they also demonstrate the limits of representation itself, although this latter aspect is denied. The difficulty arises because of the way all aspects of psychical functioning, in particular the unconscious, are conceived of as being potentially representable. Thus whilst the concept of “symbolic equation” acknowledges both the experience of “non-differentiation” and the essentially defensive aspect of representation, it conflates these two aspects as if they belonged to the same psychical mode. I argue, however, that these are essentially different psychical modes. The experience of “non-differentiation” belongs to affectivity whilst the symbol or “symbolic equation” belongs to the mode of representation. This conflation leads to conceptual difficulties which, as I will go on to show, has grave consequences for psychoanalytic therapy.

When Segal suggests that “Symbol formation is an activity of the ego attempting to deal with the anxieties stirred by its relation to the object”(ibid., p.163), she treats the concept of the “ego” as being somehow free from the status of the symbol that it surely is. In other words, as correct as her analysis of the function of symbols may be, without a clearer distinction between affectivity and representation, she is forced to make arbitrary distinctions between types of representation which, in my view,

doesn't address the real problem of the affective unconscious and its characteristic of "non-differentiation". Whilst Segal's concept of "symbolic equation" describes the blurring between subject and object as experienced by the psychotic, she takes for granted that this *doesn't* occur between her and her patients. She is thus able to write of a patient who had dreamt of playing a violin duet with a young girl, "He had associations to fiddling, masturbating, etc. *from which it emerged clearly* that the violin represented his genital and playing the violin represented a masturbation phantasy of a relation with the girl" (ibid., p.160 [emphasis mine]). In other words, Segal doesn't seem to suspect for one moment that the "meaning" of the dream might be a result of a mimetic blurring between herself and the patient.

The Post-Lacanian critique of psychoanalysis

As mentioned earlier, Henry's phenomenological critique demonstrates that consciousness, whilst defined by representation, is nevertheless founded on affect, which radically excludes representation. Henry thus develops a re-interpretation of the unconscious in terms of the immanence of affect. I will now return to the other members of the 'French Group' to illustrate how they take up Henry's critique. The first member to mention is Francois Roustang, an ex-Jesuit priest turned psychoanalyst who has written quite extensively particularly about the hypnotic origins of transference. In three books (1982, 1983, 1990) Roustang explores transference as that aspect of subjectivity which relates to the problem of discipleship and the transmission of psychoanalytic theory and practice. At the heart of his critique

is the “institutional dogmatism of psychoanalytic societies” ... when ... “evaluated by the standard of a pure transference relationship” (Roudinesco 1990, p.633).

Particularly critical of Lacanianism in this regard, Roustang focuses on “the bankruptcy of the great structuralist breakthrough” (ibid.) as summarised in Lacan’s slogan “the unconscious is structured like a language” (Lacan 1987, p.149) On the basis of a close reading of Freud’s remarks on transference and resistance, Roustang concludes that far from eradicating the effects of suggestion from the treatment, the emphasis on the role of the signifier does little to dismantle “this strange force that was the principle of the treatment” (Roustang 1983, p.100). He thus continues:

“It is a question, not of denying the importance of the word in psychoanalysis, but of wondering if the patient’s eventual transformations in analysis are not due to something other than the effect of the word, that is, if the transference is curable through the play of words rather than the play of transference itself, which would have words as its medium: in this hypothesis, it is not the word that liberates one from direct confrontation between unconscious minds and bodies, rather it is the word that makes it possible” (ibid.).

If Roustang’s arguments had caused a rupture with his erstwhile structuralist friends, a later essay by him shows him to have found a new home in the phenomenology of Merleau-Ponty. Strengthened by Merleau-Ponty’s analysis, Roustang understands the transference relation as characterised by “immersion in affectivity” where “If language proves

useful or true, it is because it is the pure translation of affectivity”. (Roustang 1989, p.186). Having thus once participated in Lacan’s structuralist “return to Freud”, Roustang returns to pre-Freud - to the hypnotic rapport and catharsis and thus to the language of affect. He concludes that the “psychoanalytic cure has no other aim but regaining the use of this primitive speech ... no other aim than the progressive apprenticeship of the exact speaking of the affect by the analysand ... until such time as the affect is sufficiently appropriated that it no longer needs to be spoken.” (ibid. p.187, 189).

Whereas Roustang writes from the standpoint of clinical psychoanalysis, albeit with a distinct philosophical interpretation, the next member of the group, Mikkel Borch-Jacobsen, writes purely as a philosopher. However whilst acknowledging that psychoanalysis needs philosophy to help uncover its implicit assumptions, he is clear about the limits of this enterprise. His suggestion about psychoanalysis is that if “you want to transform it into a vast “cultural” enterprise, then philosophy is certainly what you need ... I believe psychoanalysis should have more modest claims ... as a therapeutic technique that came out of the practice of hypnosis in the late 19th century ... we tend too often to forget that this is what psychoanalysis is really about: curing or at least changing people.” (Oakley 1996, p.430).

The central contribution Borch-Jacobsen makes to a philosophical reading of Freud is to be found in his book “The Freudian Subject” (1988), supplemented by a series of essays in “The Emotional Tie” (1992). The former consists of a rigorous critique of psychoanalysis and identity, “to show the extent to which Freud had remained a prisoner of the philosophy of the subject, in order to prepare the ground for a

reformulation of the psychoanalytic conceptuality in mimetic terms” (Borch-Jacobsen 1996, p.433). At the centre of Borch-Jacobsen’s argument is the problem hypnosis continues to pose for psychoanalysis through the “mechanism” of transference. Stripped of its Freudian/Cartesian interpretation, transference is revealed as the same disturbing, enigmatic, affective, relation acknowledged by Freud to be at the centre of the suggestive influence of hypnosis, as well as group behaviour.

Borch-Jacobsen argues that Freud nevertheless denied the connection between transference and hypnotic suggestion is, Borch-Jacobsen argues, for the same reason Plato condemned mimesis: “for one never knows who they are” (ibid. p.431). That is to say what frightened Freud (and continues to frighten contemporary psychoanalysts) is the subversion of the separate identities of analyst and patient through the mimetic action of transference. To recognise transference, as primarily an ‘affective relation’ would thus call into question the difference claimed to exist between psychoanalysis and hypnosis and the supposed lack of suggestive influence of the analyst on his patient. That psychoanalysis maintains its difference from hypnosis largely by denial is not lost on Borch-Jacobsen. He writes:

“You may prove, say, that Freud forged all his case histories (which actually would not be so very far from the truth), these people will go about their business as usual ... That’s why psychoanalysts like literary critics and philosophers so much: however critical they may be, they still legitimise the psychoanalytic theory. So psychoanalysts are more than happy to

let them take care of the theory while they themselves are taking care of business” (ibid. p.434).

This characterisation of ‘splitting-off’ philosophical considerations from clinical concerns is particularly relevant to the situation in this country where, as I noted earlier, there is a strong reluctance to speculate about psychoanalytic assumptions in any terms other than “empirio-clinicalism” (Laplanche 1989, p.158). However if British psychoanalysis resorts to ‘splitting’ as a mode of defending the originality of psychoanalysis, in France this takes the form of absorption. In a discussion on the relationship between philosophy and psychoanalysis, Borch-Jacobsen emphasises how in France psychoanalysis has become the dominant philosophy by taking over questions (e.g. about subjectivity), that were previously the sole domain of philosophy. The consequences of this absorption are that psychoanalysis becomes conflated with literary criticism: analysing a patient’s desire is equivalent to analysing a text. The affectivity of the patient risks simply getting lost as everything *bodily* concerning the human condition is subsumed within the ‘signifying chain’.

From here it becomes easy to demonstrate the manner in which hypnosis is subsumed within transference, understood primarily as a linguistic structure. Under the appeal of a post-modern structuralism, the ‘enigma’ of hypnosis as Freud put it, is reborn as nothing more than transference which power, now stripped of its bodily-affective contagiousness, lies within the seductive power of words alone. The lure of words is found in the production of myth and fantasy and no more is this so than in the case of ‘Anna O’, the founding myth of psychoanalysis. In an effort to combat the absorption and in particular the proliferation of the mythic power of psychoanalysis, Borch-

Jacobsen's latest book "Remembering Anna O" (1996) resorts to a meticulous piece of straightforward historical research. This shows the extent to which psychoanalysis has mis-represented (or perhaps myth-represented) the events and consequences of the life of Bertha Pappenheim, the actual person behind the mythic figure of "Anna O". However Borch-Jacobsen is not suggesting that the 'excesses' of mythologising can be corrected by an appeal to history any more than empirical research can solve the problem of what makes for effective psychotherapy. Indeed he remains sceptical that the transformation of institutional psychoanalysis is possible. This however still leaves the problem of conceptualising the therapeutic encounter and the related question of where 'representation', particularly when organised into myths, derives its power from.

So far I have made no explicit mention to the work of Leon Chertok. It is probably true to say that he has done more than anyone to maintain both a philosophical and clinical interest in hypnosis. Certainly in the psychoanalytical world, since his recent death, he remains one of the very few analysts who has both seriously studied and carried out empirical research into hypnosis, acknowledging its continuing relevance to psychoanalysis. In fact the basis of my thesis owes much of its initial impetus to an article written by Chertok (1988). Crucial in this article is Chertok's view that Freud "saw in transference the means to dispel the mystery of suggestion, and thus to enhance the scientific credentials of psychoanalysis" (ibid. p.102). Along similar lines Chertok (1968) suggests how transference might function in defence of the analyst against the 'erotic complications' of the therapeutic relationship, well recognised even if not acknowledged since the days of Mesmer. It is interesting to note in passing that the first article mentioned was published in the section "Personal View" as if to

emphasise it as a marginal and idiosyncratic interest, separate from the day to day clinical concerns reported in this journal.

Chertok has written extensively about the pre-history of psychoanalysis in many different articles but he presented a succinct version, co written with de Saussure, entitled, “The Therapeutic Revolution: From Mesmer to Freud” (1979). As outlined in their introduction, “The purpose of this book is to retrace the origins of Freud’s earliest fundamental discoveries, whilst placing them in the perspective of the history of psychotherapy from the late 18th century through the 19th century” (Chertok and de Saussure 1979, p. xi). They conclude thus:

“We have shown how Freud derived inspiration from certain methods and concepts of the nineteenth century. But his creative spirit endowed them with new meaning, with the result that everything that he borrowed from the past assumed an unforeseen character. He organised them collectively into a coherent doctrine, *one of such originality that psychoanalysis appears as a revolution in the realm of psychotherapy and in the understanding of the human mind*” (ibid. p.186 [emphasis mine]).

Although my thesis clearly retraces the same pathway as these authors it seems to me, for the reasons that I come to in a moment, that their conclusion idealises the actual achievements of psychoanalysis, particularly as an effective therapy. Of course it is undeniably the case that psychoanalytic thought has infiltrated our present culture to a very great degree. But this, I would argue, comes less from its ‘revolutionary’

character than it does from a deeply enmeshed conservatism, coupled with an extraordinary over-valuation of the power of representation.

However, in some ways this ‘idealisation’ has been corrected in his last book, co-written with Isabelle Stengers (Chertok and Stengers 1992). Here the authors present a powerful philosophic critique of psychoanalysis; organised around the problem that hypnosis continues to pose for psychoanalysis. They make it abundantly clear that mainstream psychoanalysis, to its cost, has no longer any interest in hypnosis. Taking as their motif the two forms of knowledge proposed by Pascal as ‘heart and reason’, the authors consider the failure of psychoanalysis arising from its attempt to explain the ‘heart and its reasons’ by reason. By ‘reason’ they mean ‘the model of rationality guiding modern sciences’ at the centre of which is representation. Nor do Chertok and Stengers attempt to find an alternative representation of the hypnotic foundation of psychoanalysis. Rather they seek to “propagate the question of hypnosis”, with the primary aim of acknowledging that hypnosis:

“..is the crossroads for all levels of physiological and psychological organisation, and ... the phenomenon which we call hypnotism when more fully understood will be one of our most important tools for the study of normal sleep, normal alertness, and of the continuous interplay among normal, neurotic, and psychotic processes” (Kubie 1961, quoted in Chertok and Stengers 1992, p.202).

To round off this brief review of the ‘hypnotic critique’ of psychoanalysis, I mention briefly the work of a French psychiatrist, Jean-Michel Oughourlian. Oughourlian has extended the work of the cultural theorist Rene Girard, central to which is the notion of ‘mimetic desire’, into the realm of psychopathology. The central thrust of Oughourlian’s work, is developing a “critique of Freudian concepts and theories ...on the basis of mimetic desire” (Oughourlian 1991, p.ix). The consequence of this is an exposition of human subjectivity developed around the idea of ‘interdividual psychology’. This concept is used to:

“express the idea that psychological ‘selfhood’ is not a strictly individual matter, but is constituted in the most essential way by a person’s relations with others. The purpose of the term ‘interdividual’ was to emphasise the radically social character of human psychology, so radically social that the self as such had to be conceived of not as individual but as a function of all the relationships in which the individual is involved” (ibid.).

The theory of ‘mimetic desire’ is outlined in several writings of Girard (1978, 1984, 1987) and can be summarised thus: “Man is the creature who does not know what to desire, and he turns to others in order to make up his mind” (Girard 1987(a) - quoted in Oughourlian 1991, p.x). Imitating what the other desires leads to a view of human social development, which fosters rivalry when the process of imitation inevitably converges upon common objects of desire. Jealousy and envy are thus basic configurations of human relationships from which no one is immune. In so far as this leads to society based on universal conflict, Girard maintains that there is a

‘victimising mechanism’ which prevents this process from becoming totally destructive. This takes the form of the ‘scapegoat’ and:

“the identification of one victim who will suffer so that the rest may discover peace and ...serve as the basis for the formation of a society in which future conflict will be fended off through the development of inhibitions and laws to restrict the scope of rivalrous desire and conflict” (ibid. p. xiii).

Although conceived within a cultural context, the notion of the ‘scapegoat’ has a particular relevance to my argument in helping to understand why and how the universal nature of mimesis is avoided. This has specific relevance to the views of psychoanalysis, which, in so far as it locates ‘desire’ as an individual property, thereby propagates a denial of the interindividual basis of ‘mimesis’. As Girard notes “the intimate conviction that our desires are really our own, that they are truly original and spontaneous is “the dearest of all our illusions”...*Far from combating such an illusion, Freud flattered it*” (Girard 1978, p.ix [emphasis mine]). Returning to Oughourlian’s development of mimesis, the key issue concerns the idea of ‘universal mimesis’ which, construed as a force-field like universal gravitation, “is the force of attraction that draws people together and determines their interest in one another” (Oughourlian 1991, p.3).

This force has three dimensions: “mimesis is imitation in space, repetition in time, and reproduction in the species” (ibid.). It is the first two dimensions that Oughourlian argues creates us as “psychological”:

“It is clear that if mimesis did not rapidly supplement its spatial dimension with the temporal, there would be no ontogenesis. If the relation to the other confined itself to the spatial, that is, to merging and imaginary identification, there would be no language and no individual identity; there would be only a vague coalescence like that of some cellular protoplasm. It is memory that guarantees ontogenesis by holding the subject together through the course of his history” (ibid. p.6).

I do not intend to pursue the rest of Oughourlian’s argument, which he establishes, by a critical look at the formations of sorcery, possession, hysteria and hypnotism. The crucial issue, from my perspective, is what the psychotherapeutic consequences are of his theory. Although Oughourlian does no more than hint at this, “future research ...is based on the three possible roles that the model can play or have attributed to him in the context of the interindividual relation: that of model, that of rival, and that of obstacle” (ibid. p.244). Psychotherapy would involve a “submission to reality and recognition of the mimetic rapport. Complete healing and ultimate wisdom will be found in the renouncing of all rivals and obstacles in order to keep only models” (ibid. p.245). Oughourlian thus suggests that the “prototypical form of the interindividual relation, in which the model is simply a model, is hypnotic rapport” (ibid.).

CHAPTER TWO

Introduction

Having sketched out a context for my argument, firstly, consisting of a brief review of various critiques of psychoanalysis, and secondly, identifying those critiques out of which my arguments are specifically derived, I now move on to specify my contribution to the debate. My first aim, which is also the general difference from the ‘French group’, is to help ‘propagate’ the problem posed by hypnosis within the context of psychoanalysis as it exists in this country. My argument will entail a critique of psychoanalytic theory and practice from the perspective of Object Relations Theory (OR). With very few exceptions (Karle 1987, Hayley 1990, Faber 1996, Stewart 1992) the development of OR, like psychoanalysis in general, has remained immune to the question of hypnosis, at least as an explicit topic of research. An indication of the general lack of psychoanalytic interest in hypnosis can be gained from surveying the titles of published articles in various psychoanalytic journals. For instance the American Psychoanalytic Association database yields just 74 citations for “Hypnosis” out of 30,000 references from the psychoanalytic literature.

The second, and more specific, difference between my argument and the ‘French group’, lies in my aim to develop a more effective psychotherapy out of psychoanalysis. Or rather to put it another way, my aim is to build the basis for a psychotherapy, which incorporates a better understanding of the unconscious than that given by psychoanalysis. Of the clinicians amongst the “French group”, (Chertok;

Roustang and Oughourlian), the consequences of their discussion entails a reconsideration of therapeutic hypnosis. To this end, particularly Roustang and Oughourlian mention the work of Milton Erickson as being of specific relevance to their researches. As I have already mentioned neither give much clue as to how Erickson's work might intersect with their own. Apparently Roustang "has recently started using Ericksonian hypnosis in his practice" (Oakley 1996, p.452). Quite what this might involve is unclear although using hypnotic techniques, as an adjunct to psychoanalytic technique is something that Karle (1987) discusses.

Certainly Roustang seems to be moving in the direction of reviving catharsis, although remaining in the context of psychoanalysis. Thus he writes:

"To interpret is to give voice to the affects of the analyst, which are presumed to be those of the analysand. But given that the purification of the analyst, an ideal cherished by Freud, who aimed at being a pure mirror, will never be achieved, the interpretation will be but a provisional approximation, having no other aim than the progressive apprenticeship of the exact speaking of the affect by the analysand. The speaking is indispensable ... But as it is never exact, the process of this play of forces begins anew, until such time as the affect is sufficiently appropriated that it no longer needs to be spoken" (Roustang 1989, p.189).

Apart, therefore, from these rather general references to the work of Erickson, the practical consequences for 'a return to hypnosis' seem unclear. In an effort, therefore,

to extend this part of the debate, I will elaborate, in my conclusion, on the specific contribution that Erickson's work makes. I will also be discussing the role of the Buddhist form of meditation, 'Mindfulness', as a natural therapeutic adjunct to the direction indicated by hypnosis.

However before I come to this, I intend to present my argument in the form of an historical critique of the psychoanalytic concept of transference. Starting with the pre-history of psychoanalysis and the magnetic/hypnotic formulations of the 'rapport', I move on through Freud's conceptualisation of transference to the OR concept of transference and counter-transference. In sketching out this development, I want to show overall how psychoanalysis denies the affective/ mimetic basis of the unconscious. This denial takes two forms. First of all psychoanalysis denies that there is a continuity between the concept of the rapport and the later concepts of transference and counter-transference. What this continuity shows is the extent to which the magnetisers and hypnotists were well aware of the affective nature of the unconscious as it was manifest in the relationship between the doctor and the patient. The second aspect of denial concerns the way that transference and counter-transference is conceptualised. In spite of this avoidance, however, I want to show that throughout the history of dynamic psychotherapy there remains the undeniable imprint of the affective characteristic of the unconscious.

There are several examples of how this is manifest. Firstly there is the phenomenon where each new generation of researcher into the unconscious mind 'forgets' about previous discoveries and makes vociferous claims about the uniqueness of their own discovery. I claim that this tendency to establish claims of originality in the field of

the unconscious is in response to the mimetic (and thus highly disturbing) characteristic of the unconscious. Secondly there are what I have called the ‘mimetic’ case studies. Using paradigmatic cases from Mesmer through to the present day, I show that what are taken to be the unique characteristics of the unconscious are in fact a confluence of ideas, which are derived from the mimetic character of the doctor/patient relationship. Thirdly, in the psychoanalytic literature there are various writings, which represent the affective/mimetic characteristic of the unconscious. In the Freudian era, there are various writings that describe the phenomena of ‘thought-transference’, the ‘doppelganger’ and various other ‘occult’ manifestations. In the contemporary era of OR, this characteristic of the unconscious is represented, for instance, in analytic practice towards concentrating on the ‘here and now’, the concept of ‘projective identification’, ‘symbolic equation’ amongst other examples. I conclude that these ‘imprints’ underscore the phenomenological analysis of the unconscious as being affective and demonstrate its enduring mimetic characteristic.

The history of the ‘rapport’

I am going to begin with some brief remarks about the history of dynamic psychotherapy in relation to the therapeutic use of the ‘rapport’. My first aim is to show that there is continuity between the earlier descriptions of the ‘rapport’ and the later concepts of transference and counter-transference. The term ‘rapport’ originates from the work of Mesmer (1734-1815) and his successors, in particular the Marquis de Puységur (1751-1825). Mesmer understood that a “magnetiser... is the therapeutic agent of his cures: his power lies in himself. To make healing possible, he must first

establish a rapport, that is a kind of ‘tuning in’, with his patient” (Ellenberger 1970, p.69). Many researchers have showed the importance of the discovery of the ‘rapport’ on the development of psychoanalysis e.g. Ellenberger (1970), Crabtree (1993), Chertok (1979). In particular they argue that there is an essential continuity between the concept of the ‘rapport’ and the psychoanalytic concept of transference.

As I have already mentioned, the significance of the relationship between the therapist and patient - the ‘rapport’ - was noted by Mesmer around 1784. However, he did not really conceive of this as an affective relationship but used the term to “indicate the effective contact, the physical contact between individuals” (Chertok and de Saussure 1979 p.5), and he established contact with his patients “by pressing his knees against those of the patient or rubbing the latter’s thumbs against his own” (ibid.). As I will discuss in some detail later when I come to the ‘mimetic case studies’, Mesmer’s concept of ‘rapport’ and his theory of ‘animal magnetism’ was couched in the language of physics dominant at that time.

For this reason some psychoanalytic historians tend to contrast his physiological explanation with later psychological ones implying that the former represented a less personal involvement with the patient. What this particular argument bears upon is the extent to which the theory of ‘animal magnetism’ denied the affective dimension of the doctor/patient relationship. Chertok and de Saussure, in particular, make this point although they do acknowledge that Mesmer did make one significant remark about feelings: “ ‘animal magnetism’ must in the first place be transmitted through feeling. Feeling can alone render its theory intelligible...” (Mesmer 1781, p.25, quoted in ibid.). Notwithstanding his ‘physicalist’ language, Mesmer appreciated the

interconnectedness between the patient, the doctor and planetary movement, through his notion of ‘universal gravitation’.

The idea of the rapport as an affective relationship, however, was developed by Mesmer’s successors, one of the most notable of whom was the aristocrat Armand - Marie-Jacques de Chastenet, Marquis de Puységur (1751-1825). He developed Mesmer’s idea of the ‘rapport’ making it most relevant to the contemporary concept of transference/counter-transference. Puységur’s ideas about the rapport are intertwined with his concept of ‘magnetic sleep’. He regarded this latter state as an artificially induced “somnambulism”, where the “subject is awake while sleeping and capable of carrying out ordinary human activities” (Crabtree 1993, p.40). This ‘in-between’ state of consciousness was mirrored by the ‘harmony’ that existed between the therapist and the patient in the rapport. Thus Puységur writes that, “In this state, the ill person enters into a very intimate rapport with the magnetiser, one could almost say becomes part of the magnetiser” (Puységur 1785, quoted by Crabtree *ibid.* p.41). Puységur understood that this “intimate rapport” was not just concerned with the circulation of a “magnetic fluid” but involved “my principal driving force -my will”. Here, Puységur clearly understood the nature of suggestion where “the intimate rapport of animal magnetism establishes a connection so close and so immediate that the will of the magnetiser is instantly carried out by the magnetised”(ibid.).

By introducing the ‘will’ into healing, Puységur paved the way for an understanding of the ethical dimensions of therapy e.g. the necessity for the therapist to have good intentions and so on towards his patient. This certainly anticipates present day psychoanalytic concerns about the unconscious attitudes and motivations of the

therapist, and the now standard procedure of the ‘training analysis’ to help the analyst become more acquainted with these aspects of himself. Puységur also developed the notion of the rapport involving a ‘sixth-sense’, not just in terms of what the patient could ‘see’ but also that “some magnetisers could sense the seat of the disease in their patients” (Crabtree *ibid.* p.44). The implication of his observations was that the action of the rapport was a reciprocal one between the therapist and the patient, the consequence being that the ‘patient’ could become the ‘therapist’. Crabtree notes that “Puységur equated the sixth sense with “clairvoyance”... or “clear seeing”, a capacity most often employed to discover the seat of disease in the somnambulist or other afflicted persons” (*ibid.* p.45). He was thus “in the habit of using somnambulists to aid him in determining the illness and remedy for those who came to him for cure” (*ibid.*).

Another researcher who emphasised the interconnectedness of the rapport was Charles de Villers who published what amounts to a treatise on magnetism, in the form of a novel, “Le magnetiseur amoureux” (1787). Villers used the expression “amalgam of souls” to express the idea that the “soul of the magnetiser is “identified” with that of the somnambulist, leading to a communication of thoughts and feelings” (Crabtree *ibid.* p.74). In a footnote, Crabtree enlarges on how de Villers used the term “identification” “to explain how the magnetiser can create hallucinations in the somnambulist through the use of imagination. If, for example, he presents the somnambulist with an object and suggests that it is a fragrant rose, the magnetiser’s memory recalls to his imagination the experience of smelling a rose; this is in turn picked up and amplified by the somnambulist, who then believes he is smelling a rose” (Crabtree *ibid.* p.75).

To round off these examples of what are the historical precedents of the concept of transference, there is the work of Alexandra Sarrazin de Montferrier (1792-1863), who published under the pseudonym of Lausanne. According to Crabtree, “Lausanne’s two-volume *Des principes et des procédés du magnétisme animal* (1819) was probably the most thorough treatment of magnetic practice ever published” (ibid. p.128). One important aspect of the magnetisers practice was what Lausanne referred to as “sensing the currents”. He used this term to designate certain experiences which occurred in the course of magnetic healing and he suggested that the magnetist could use “surface sensations (such as tingling), sympathetic feelings (such as pain), and “drawing feelings” - as sources of information for treatment. He counselled that the magnetiser should use this sensing ability to explore the body of the patient to diagnose the illness and determine the proper healing procedure” (ibid. p.131).

The denial of the pre-history of psychoanalysis

I suggest that these latter descriptions by the magnetists of the inter-relatedness of the doctor and patient can be readily seen as anticipating the psychoanalytic concepts of transference and counter-transference. As I remarked in the previous chapter, transference is understood by psychoanalysis to manifest the patient’s unconscious through the way the patient comes to behave towards the analyst.

The concept of counter-transference extends this notion with the idea that the way in which the analyst thinks and feels about the patient also is a manifestation of the

patient's unconscious. Freud described it thus: "Other innovations in technique relate to the physician himself. We have become aware of the 'counter-transference', which arises in him as a result of the patient's influence on his unconscious feelings" (Freud 1910, 11, p.144). Although the term 'counter-transference' now carries many conceptual nuances concerning the nature of the psychoanalytic relationship, one central understanding of it is as a form of unconscious communication between the patient and the therapist.

From this perspective, the concept of counter-transference extends the idea of transference as offering the analyst a more immediate route into an understanding of the patient's unconscious. To put it into contemporary parlance: the analyst resonates to the patient's 'vibes'. This idea originates from Freud's use of the 'telephone' analogy to illustrate the analyst's stance. Freud thus suggested that the analyst:

"...must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone. Just as the receiver converts back into sound -waves the electrical oscillations in the telephone line which were set up by the sound waves, so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient's free-associations" (Freud 1912, 12, p.115).

Freud never really incorporated this idea into his work but since then:

“..the counter-transference has received increasing attention from psycho-analysts, *notably because the treatment has come more and more to be understood as a relationship*, but also as a result of the penetration of psycho-analysis into new fields (the analysis of children and psychotics) where reactions from the analyst may be more in demand” (Laplanche and Pontalis 1973, p.92 [emphasis mine]).

Freud’s remarks formed the basis of a conception of counter-transference “which was *revolutionary* at the time, became extremely influential, and is today part of our common psychoanalytic heritage”(Kohon 1986, p.55 [my emphasis]). Kohon was referring to Heimann’s elaboration of Freud’s idea, which she published in what is now regarded as a seminal paper on counter-transference. Here Heimann wrote, “Our basic assumption is that the analyst’s unconscious understands that of his patient. The rapport on a deep level comes to the surface in the form of feelings which the analyst notices in response to his patient, in his ‘countertransference’ ” (Heimann 1950, p. [Emphasis mine]). The fact that Heimann actually uses the term ‘*rapport*’ in this context suggests an awareness of the pre-history of psychoanalysis that cannot easily be disavowed. Similarly, Freud’s use of the ‘telephone’ analogy and its connection with electricity echoes the early animal magnetisers’ explanations. However, notwithstanding these small eruptions of the past, psychoanalysis behaves fairly consistently as if it didn’t have a past.

A further example, provided by Ernest Jones, illustrates the extent to which such denial operates in order to make it appear that the ‘discoveries’ of psychoanalysis are original. Whilst Jones might not be considered the best person to provide an unbiased view of psychoanalysis, he is nevertheless, one of the few analysts to have written in some depth about the pre-history of psychoanalysis. In a discussion of Babinski’s views about “verbal suggestion” Jones notes that this idea “is only a consequence of a more primary process, namely, affective suggestion or rapport. This, in its turn, is one variety of the transference phenomena characteristic of the psycho-neuroses” (Jones 1911, p.252). In spite of this explicit acknowledgement of the continuity between the rapport and transference, Jones still exercises an extraordinary facility for denial when he writes later that, “Psychoanalysis attempts to answer questions that had previously not been even raised ... It deals almost entirely with a field of knowledge, the unconscious mind, the existence of which is both unknown and denied” (Jones 1932, p.5). Jones’ comments lead me now to give some illustrations of the way psychoanalysis denies its own history, in order to deny the real nature of the unconscious. This psychoanalysis does by a mixture of ‘forgetting’ and re-conceptualising past concepts in terms of contemporary formulations claimed to have greater or more comprehensive explanatory power. The first example I will give concerns the French analyst, Leon Chertok, explaining Freud’s ‘amnesia’ about the magnetic tradition as a result of the latter’s anxiety about sexuality. The second example concerns one of the early English psychoanalyst pioneers, Edward Glover and his attempt to explain the concept of the ‘rapport’ by the psychoanalytic concept of ‘unconscious phantasy’.

Psychoanalysis forgets the past

Freud's lack of any real discussion concerning the history of the rapport and transference has led Chertok, for instance, to suggest that this might serve as a defence against the recognition of the sexual dimension of the encounter. Chertok thus notes that "It ... seems likely that he may have suffered from a certain lapse of memory with regards to hypnosis, for it may well be doubted that so wide a reader as he would not have been aware of Bailly's report, as indeed of the writings of the magnetists of the nineteenth century, which had drawn sufficient attention to the potential of an erotic factor in hypnosis" (Chertok 1968, p.569). However, Chertok goes on to argue that it was not "until he personally came to experience the effects of a female patient's eroticism"(ibid. p.574), that Freud developed the concept of transference. In understanding that "the feelings evinced by a female patient must be intended for another than he"(ibid. p.570), Freud could thus keep such sexuality at arms length and yet at the same time "maintain his equanimity and continue to treat hysterical patients"(Ibid. p.574).

Sex isn't everything!

According to Chertok, the concept of transference thus allowed Freud to understand the sexual dimension of the rapport which the latter suggested "has always seemed to me the most irrefragable proof that the source of the driving force of neurosis lies in sexual life" (Freud 1914, 14, p.12). Chertok concludes that Freud "had the courage to become involved in a problem which, already for a century, had always been more or

less evaded” (Chertok 1968, p.574). However, even if Chertok is right about the concept of transference opening up the vista of infantile sexuality and the sexual structure of libido, this still does not explain why Freud does not refer to the earlier history of the rapport. It is quite clear that Freud regarded ‘transference’ and ‘rapport’ as identical: the “rapport with the patient ... may serve us as a complete prototype of what we call ‘transference’ today” (Freud 1914, 14, p.12). However, in spite of the fact that the discovery of transference was made very early on, Freud was still referring to the “unheimlich” quality of the hypnotic rapport as late as 1921. This suggests that Freud did not have the means to “put an end to the resistances which, since the latter part of the 18th century ... had masked the true role of the participants in this relationship” (Chertok 1968, p. 560). After all there would have been plenty of opportunity for Freud to reinterpret the past accounts of the rapport, precisely in terms of ‘transference’ and ‘infantile sexuality’ that would have, no doubt, strengthened his argument. Whilst, as Chertok correctly identifies, there is indeed plenty of historical evidence of anxiety about the sexual dimension of the ‘rapport’, there is very little evidence that Freud’s discovery of infantile sexuality has lessened the problem that transference continues to pose to psychoanalysis.

In spite of translating the rapport into the language of infantile sexuality, the problem of transference was not so easily disposed of in the way Chertok suggests. Indeed, as Borch-Jacobsen (1996) emphasises, I suggest that Freud, far from making a ‘courageous’ stand in the face of sexuality, resorted to an explanation that, like many of his predecessors, ‘sexualised’ what is, in fact, a problem of mimesis. By suggesting that the erotic dimension of the ‘rapport’ was not explained by the current therapeutic relationship, but was a re-enactment of the patients ‘infantile sexual history’, Freud

avoided having to acknowledge the profound characteristic of the ‘rapport’ as a proliferation of mutual identifications or a mimetic relationship. In other words he skirted around the issue of suggestion and the real possibility that the erotic dimension he encountered in his patients in fact emanated from him and the cultural context in which he was working.

As Ellenberger, in particular, has noted, “Nothing is more remote from the truth than the usual assumption that Freud was the first to introduce novel sexual theories at a time when anything sexual was “taboo” ” (Ellenberger 1970, p.545). Around the turn of the century there was a growing and widespread interest in sexual mores and pathology, that was being published. By the time Freud had come to publish his findings on the sexual structure of the libido in 1905, “ there is not much in Freud’s Three Essays that cannot be found in the facts, theories and speculations contained in that flood of literature” (ibid. p.503). I therefore suggest that the reason Freud ‘forgot’ Bailly’s Report (1784) was not primarily because of ‘erotic’ complications arising out of the therapeutic relationship which the Report outlines in quite graphic detail. Firstly, like the more contemporary references to sexuality, Freud ‘forgot’ in the cause of his attempt to claim originality in this area. Secondly, that a careful reading of the events surrounding the Royal Commission, of which Bailly’s Report was one aspect, and indeed the general literature of the time concerning ‘animal magnetism’, might have led Freud to see something other than an anxiety about the ‘erotic’ complications of the ‘rapport’.

Rivalry and resentment

What Freud would have glimpsed were extraordinary battles between powerful aristocratic families, competing schools of magnetic practitioners, and the scientific and medical establishment. In short he would have seen rivalrous conflicts identical to the ones that surrounded the inception of psychoanalysis, and indeed continue to erupt unabated to this day. As Chertok notes, Mesmer was at the centre of an “epidemic which spread to all of France” and the Royal Commissions were “the attempt to submit to the order of science a practice that seemed threatening to political and to social order” (Chertok and Stengers 1992, p.1). An early example of Mesmer’s work gives some indication of the nature of this “epidemic” and, at least by implication, shows how the ‘sexual theory’ both at the time and in retrospect, is a way of *not* seeing the rapport in its proper mimetic dimension.

In 1777, Mesmer undertook the treatment of an 18-year-old girl, Maria-Theresia Paradis, who had been blind since the age of three. Her blindness “was accompanied by severe spasms of the muscles around the eyes. She was also subject to various hysterical symptoms, including vomiting and “melancholia”. In addition, she underwent “fits of delirium and rage” and sometimes believed herself to be mad” (Crabtree 1993, p.10). Her mother had connections to the Empress Maria-Theresa, who, because “of her precocious talent as a pianist and as compensation for her disability.... granted the Paradis family a generous pension” (Gravitz 1991, p.23). She had been unsuccessfully treated by the medical treatments of the time which include, “bleeding, purging, blistering and electric shocks” (ibid.)

Mesmer started magnetic treatment with her, which apart from the specific procedures of “touches, pointing with the fingers or an iron rod ... magnetic conductors, music, and mirrors ... also involved a great deal of personal attention” (Crabtree 1993, p.11). He moved her into his house, in which he had a clinic, and she gradually began to be able to see. The change in her condition brought Mesmer into conflict, both with the Viennese medical community and with Maria’s parents. The latter, according to Gravitz’ account, became increasingly anxious that their daughter would lose the patronage of the Empress. This led to a confrontation between the parents and Mesmer, the consequence of which was that Maria became blind again. The medical establishment became increasingly hostile towards Mesmer, including his former friend, Dr Anton Von Storck (who had been unsuccessful in his attempt to use conventional treatment with her). As a consequence Mesmer became the subject of “malicious gossip” over his “unorthodox methods and his alleged relationships with his young female patients” (Gravitz 1991, p.24).

Returning therefore to the Royal Commissions’ enquiry into Mesmer’s work, the problem was thus not so much to do with sexuality or even “ whether Mesmer cured his patients but rather his contention to have discovered a new physical fluid.”(Ellenberger 1970, p.65). The conclusion of the Commission was that the “effects ascribed to animal magnetism are contact, imagination and imitation”(Shor and Orne 1965, p.7). Thus in reading the literature, whilst Freud might have had to contend with a pre-history of psychoanalysis already cognisant to the place of sexuality, he would also have had to contend with something far more disturbing to his desire to be an originator.

Freud would have had to contend with (as indeed all psychotherapists have to contend with) the question that if the ‘rapport’ is based on imitation, - who is imitating who? Thus whilst not for a moment suggesting that sexuality does not pose a problem for a therapeutic relationship nor is unrelated to mimesis, I suggest that sexuality acts as a ‘stalking horse’ for the much larger problem of the truth of simulation. At least in respect of the founding of psychoanalysis, sexuality, far from indicating the courage and originality of Freud, is used to perpetuate an illusion with the consequence that psychoanalysis, in spite of its claims, is no nearer the truth about subjective life.

The Mythologising of Breuer

The use to which sexuality is put in the name of denial is clearly seen when considering the ur-case of psychoanalysis -”Anna O”. The development of the concept of transference as the defining principal of psychoanalysis is rooted in the ‘cathartic’ treatment of “Anna O” carried out by Breuer in 1880. As mentioned above, in a later commentary of the case, Freud not only linked transference with rapport, but also defined its nature as specifically sexual. It is over this factor that psychoanalysis declared its difference with hypnosis and Freud, his difference with Breuer. Thus, in his commentary, Freud wrote “Breuer was able to make use of a very intense suggestive rapport with the patient, which may serve us as a complete prototype of what we call ‘transference’ today” (Freud 1914, 14, p.12). Freud continues that in the face of this “very intense suggestive rapport”, Breuer could only flee, unable to acknowledge “the universal nature of this unexpected phenomenon”(ibid.). The epistemological motif of psychoanalysis is thus defined as bold innovation, not to say

courage, in contrast to those like Breuer whose reaction to the ubiquity of sexuality is one of “distaste and repudiation” (ibid.).

Such a mythology, compelling as it may be, does not stand up to straightforward historical research. As Freud said of Breuer’s supposed reaction to “Anna O”; “He never said this to me in so many words, but he told me enough at different times to justify this reconstruction of what happened”(Freud 1914,14,p.12). At the very least, the basis for Breuer’s “conventional horror” as described later by Freud in a letter to Zweig (Freud 1960, p266), is a fantasy. Thus, in contrast to the psychoanalytic myth whereby Breuer fled from the throes of “Anna O’s” fantasy childbirth, the famous scene “constructed of clues, rumours, and lies, ... was Freud’s fantasy” (Borch-Jacobsen 1996, p.48).

There are important conclusions, which arise from the “expanded” versions of this formative case and which have far reaching consequences on the status of psychoanalysis in terms of its effectiveness and originality. That the treatment of “Anna O” as “ the famed “prototype of a cathartic cure” was neither a cure nor a catharsis”(Ellenberger 1972, p.279), is more than adequately born out by careful research. As Borch-Jacobsen has suggested, the attribution of Breuer’s failure of nerve in the face of the sexuality of his patient, is a defence against the essential failure of the “talking cure” to surmount the mimetic property of the rapport. Should it be protested that “Anna O” was nevertheless neither treated by psychoanalysis proper nor was Freud’s patient, I will consider a little later, in “mimetic case-studies”, the case of “Frau Cacilie M”. Here I will show that the case of “Frau Cacilie M”, amongst others, demonstrates the essential mimetic property of the rapport.

Psychoanalysis rewrites the past

I am now going to turn to another facet of the denial that psychoanalysis exercises in relation to its pre-history. I am going to consider the views of Edward Glover (1931), which are very instructive in terms of how psychoanalysis rewrites its past. In essence his view, which is widely shared within the psychoanalytic world, is that psychoanalysis represents a progressive form of knowledge. Thus he regards the earlier explanations provided by the animal magnetists as having been superseded by those provided by psychoanalysis. This he implies when he says, “it is clear that the discovery of fresh phantasy systems set us a problem in the theory of healing ...what are we to make of the cures that were effected before these systems were discovered?” (Glover 1931, p.398).

What I want to show, using Glover’s paper as an example, is that this form of explanation, i.e. ‘unconscious phantasy systems’, said to be progressive, complex, and ultimately more encompassing, does not in fact do the job as claimed. In short, although Glover attempts to demonstrate psychoanalytic thought as mastering what previous psychotherapies have failed to do, it is nevertheless ‘suggestion’ in the form of a ‘homeopathy’ that has the last word. In other words, in spite of the claim that psychoanalytic knowledge masters the unconscious through a more powerful explanation, Glover’s paper in fact demonstrates the degree to which such knowledge amounts to no more than an *effect* of the unconscious.

The full consequence of this will be seen when I discuss the ‘mimetic case studies’: all explanations about the unconscious that are derived from observations arising out

of the rapport/transference simply demonstrate the mimetic characteristic of the unconscious. As such, psychoanalysis is in exactly the same position as the magnetisers. Whether conceptualised as ‘animal magnetism’ or ‘unconscious phantasy’, the mimetic force of the unconscious remains indifferent to these explanations. Glover does indeed recognise that the problem for psychoanalysis is the unconscious and the effect that this has on the capacity of the mind to think (incidentally pre-figuring Segal’s concept of ‘symbolic equation’, which I have already referred to). If the capacity to think means to be able to make conceptual distinctions, the unconscious undermines this. Thus Glover notes that “For the unconscious a thought is a substance, a word is a deed, a deed is a thought” and as a consequence this “innate tendency of the mind is a perpetual stumbling block to analysis” (ibid. pp.407-408). Faced, therefore, with the difficulty of trying to reconcile this ‘innate tendency of the mind’ with the psychoanalytic aim of thinking (i.e.. ‘making the unconscious conscious’), Glover retreats into providing a psychoanalytic explanation of previous ‘suggestive’ treatments.

Glover suggests that “what is a stumbling block to analysis may be a key-stone to suggestion” (ibid. p.409). He maintains that previous attempts to explain suggestion have been infiltrated by the notion of “substance”, for instance, the “magnetic fluid” or the “quite modern ‘implantation’ theories of Bernheim” (ibid.). What this suggests to Glover is that these references to ‘substance’ indicate that these earlier theories have succumbed to the effect of the unconscious. The animal magnetist who theorises about the mind in terms of this mysterious ‘magnetic fluid’ is thus simply reflecting the natural tendency of the unconscious to conflate thought and substance etc. Glover concludes that this leads to the central principle which differentiates the earlier

therapies from psychoanalysis: the earlier ‘suggestive’ treatments exploit “this innate tendency of the mind” whilst psychoanalysis attempts to “uncover this deepest mental system”. To assist in this uncovering, although Glover does not make this explicit, is the notion of ‘unconscious phantasy’. This latter concept, about which I will have more to say about later on is, according to Isaacs, “the primary content of all mental processes” (Isaacs 1943, p.276). Such content originates in infancy where “experience and mental process must be primarily, perhaps at first entirely, affective and sensorial” (ibid. p. 274).

Glover’s essay, although written in the defence of psychoanalysis, nevertheless raises some unsettling questions about its capabilities. This uncertainty is manifest in the form of a footnote that has been added by the editors of a book in which his article appears. The reason perhaps that they do this is to reinforce what psychoanalysis can achieve: “When one reads this paragraph of Glover’s one gets the impression that he deplores the fact that the primary processes interfere, rather than welcoming them as supplying the motor force for the deepening of the analysis”(Bergmann and Hartman 1990, p.328). However, as already noted, Glover ends his article unable to demonstrate the superiority of psychoanalysis except through the understanding it brings to the previous ‘suggestive’ treatments. In particular he mentions that successful treatment by suggestion involves ‘homeopathy’- a treating like with like. What Glover means by this is that the therapist treats the patient from the same perspective as Glover considers the unconscious to function from: “The essential substance, symbolised by words or other medium of communication, must be a friendly curative substance” (Glover 1931, p.409). What he means by this is that the

therapeutic value of words does not lie in their meaning so much as in the way they are conveyed.

Glover's concluding remark about 'homeopathy' is interesting. In one way it suggests the failure of psychoanalysis to overcome the 'innate tendency of the mind'. There is no evidence that Glover's explanation of this tendency, using the concept of 'unconscious phantasy', actually helps his patient's to master this tendency. Whilst the example of his patient who 'entirely spontaneously' offers associations between 'urine' and 'words' may indeed confirm the correctness of Glover's theory about the mind confusing 'words and substance', it is hardly convincing of the efficacy of psychoanalysis curing this confusion. In short Glover is unable to argue that there is a distinction between how psychoanalysis works and how suggestion works. In spite of his claim, both are unable to surmount the stumbling block of the unconscious. However I suggest that this does nevertheless lead on to a concept of the unconscious which both explains Glover's failure, and also explains why psychoanalysis denies its own history.

What Glover fails to recognise is that his explanation of how the unconscious functions effectively undermines the psychoanalytic aim and thus indeed presents psychoanalysis with a 'perpetual stumbling block'. The reason that Glover can't recognise what is, in fact, under his nose, is because he is blinded by the necessity of claiming that psychoanalysis can overcome this stumbling block. If he were less constrained by this belief Glover might have recognised that he had indeed stumbled into the mimetic principle of the unconscious. He might have recognised that the principal characteristic of the unconscious is precisely as he describes it: simply

reproducing whatever characteristics are used to describe it. If the patients of the animal magnetists (as I will elaborate on later) described their symptoms in terms of ‘fluid’, this simply conformed to the terms used by the animal magnetists to elaborate their magnetic theory. Likewise if Glover’s patient describes the relation between his words and urine, this simply reflects the dominant preoccupation of Glover’s psychoanalytic generation to construe ‘unconscious phantasy’ in terms of bodily functions. Whilst the notion of ‘unconscious phantasy’ incorporates some notion of a slippage between the experiential modalities of ‘bodily sensation’, on the one hand, and ‘thinking’, on the other, it is no better placed, on that account, to overcome the problem.

CHAPTER THREE

Introduction

So far I have shown that the concept of transference and the earlier concept of the rapport refer essentially to the same phenomenon. This I have called the state of ‘affective mimesis’ and refers to the affectively charged bond that becomes established between the patient and the therapist. I have argued that this is the domain of the unconscious, which far from being a property of the individual, is ‘transindividual’ in essence. Although psychoanalysis has acknowledged in part the continuity between the rapport and transference, what has been consistently denied is that the underlying mechanism of this relationship is mimetic. Using two main examples, I have demonstrated how psychoanalysis, through a combination of ‘forgetting’ and re-conceptualising, attempts to maintain a distance from the mimetic unconscious and past therapeutic methods.

Transference

If psychoanalysis could be said to have one defining feature that spans both its theoretical structure and its practice, there would be little disagreement that this falls to transference. In this next section I am going to trace the development of this concept, from Freud’s discovery that explained “ the nature of the mysterious element

that was at work behind hypnotism” (Freud 1925, 20, p.27), to its central position in contemporary analytic technique commonly referred to as ‘working in the transference’. This latter description refers to the ‘Object Relations’ (OR) school of psychoanalysis, which represents the dominant form of psychoanalysis in this country. My overall aim is to show that the way transference is theorised represents the attempt to deny the mimetic structure of the unconscious.

It is not my intention to provide a comprehensive review of all the psychoanalytical writings on transference since Freud. What I intend to argue is that firstly, transference is a part of everyday psychology which refers to a specific function of psychical life. As Freud suggested,

“It must not be supposed, however, that transference is created by analysis and does not occur apart from it. Transference is merely uncovered and isolated by analysis. It is a *universal phenomenon of the human mind*, it decides the success of all medical influence, and in fact dominates the whole of each person’s relations to his human environment” (ibid. p.42 [my emphasis]).

I will go on to argue that transference functions in order to deny the mimetic basis of subjectivity, through the installation of compelling representations. In short transference refers to the basic psychic mechanism which promotes the belief that subjective life can be both fully represented and is the property of the individual. Transference thus opposes what, I maintain, is the affective basis of subjectivity. As I

suggested earlier affect is, by its very nature, ‘transindividual’ and undermines what we take to be the enduring boundaries of an individual psyche.

Using this analysis of transference as a standard, I am going to trace the development of the psychoanalytic theorisation of transference against it. I will start with Freud’s formulation of transference. What I want to show is that Freud recognised that the basic structure of transference functioned as a resistance. The resistance consists in the patient holding a ‘transference idea’ which refers to the analyst, with the belief that this idea explains the origin of the unconscious impulses and affects that the patient experiences. In short transference upholds the patient’s belief that the unconscious can be represented.

In spite of this knowledge however, I go onto to show how Freud nevertheless claimed that transference was an ally to psychoanalysis. Specifically he also believed that the unconscious could be represented. Although he discounted the patient’s belief that the ‘transference idea’ referred to the analyst, his response and thus the basis of the psychoanalytic interpretation, was that the ‘transference idea’ represented the patient’s unconscious. In other words, the patient, experiencing the impulsive and affective sway of the unconscious attempts to locate the source of this in the analyst. The analyst, in response, attempts to re-locate the source of the unconscious in the patient. To reiterate the central argument about transference: both the ‘natural’ phenomena of transference and its psychoanalytic interpretation have the same purpose; to avoid recognition of the unconscious as a transindividual, affective - mimetic force.

The original psychoanalytic notion of transference is summed up by Waelder when he states that “Transference may be said to be an attempt of the patient to revive and re-enact, in the analytic situation and in relation to the analyst, situations and phantasies of his childhood” (Waelder 1956, p.367). The implication here is that transference entails more than the patient simply recounting an idea does. The notion of re-enactment introduces the idea that transference also entails an affective or impulsive performance of some kind, commonly referred to as ‘acting out’. In spite of the problems associated with making such a distinction (cf. Laplanche and Pontalis 1973, p.4), the common psychoanalytic view of transference is to contrast the “affective performance” with “verbal recollection”: the patient “acts it before us, as it were, instead of reporting it to us” (Freud 1940, 23, p.176). I suggest that there is usefulness in maintaining a distinction between the ‘transference idea’ that the patient reports concerning the analyst, and the affective, impulsive manner in which the idea is held.

This distinction introduces the central question underlying my thesis concerning the power of ideas. What I want to show is that the power of an idea depends upon something other than its ‘content’, and crucially that there is no representable relationship between the ‘content’ of the idea and the power that produces it. This is why the phenomenon of transference is so important because as Freud correctly saw, it hinges on the question of power, in the form of influence and suggestion, as the hallmarks of the unconscious. Nevertheless, as I have already suggested, Freud gave undue importance to the content of the ‘transference idea’ in the attempt to explain and bring the unconscious under control.

Freud suggested that the patient, in the grip of a transference, views each new situation through a “stereotype plate” formed from earlier, enduring, ideas about the world (Freud 1912, 12, p.100). The imparted meaning of stereotype as a ‘fixed’ or ‘standardised image’ introduces the crucial idea that these stereotypical transference ideas are a resistance to or indeed a denial of, the fluxity of the unconscious. Freud suggested that in the course of an analytic exploration “ when we come near to a pathogenic complex, the portion of that complex which is capable of transference is first pushed forward into consciousness and defended with the greatest obstinacy” (ibid. p.104). In an illuminating footnote to this article, Freud elaborates on this essential connection between resistance and the ‘transference idea’ with the suggestion that this

“..however, should not lead us to conclude in general that the element selected for transference - resistance is of peculiar pathogenic importance. If in the course of a battle there is a particularly embittered struggle over the possession of some little church or some individual farm, there is no need to suppose that the church is a national shrine, perhaps, or that the house shelters the army’s pay-chest. The value of the object may be a purely tactical one and may perhaps emerge only in this one battle” (ibid. p.104, n.1).

The relationship between the ‘transference idea’ and the unconscious impulse is thus one of contingency, which is further reinforced in Freud’s analysis of the structure of dreams. In his discussion of the function of the day’s residues he writes,

“It must be that they are essential ingredients in the formation of dreams, since experience has revealed the surprising fact that in the content of every dream some link with a recent daytime impression - *often of the most insignificant sort* - is to be detected...We learn ...that *an unconscious idea is as such quite incapable of entering the preconscious and it can only exercise any effect there by establishing a connection with an idea which already belongs to the preconscious , by transferring its intensity on to it and by getting itself ‘covered’ by it.* Here we have the fact of ‘transference’, which provides an explanation of so many striking phenomena in the mental life of neurotics. *The preconscious idea... thus acquires an undeserved degree of intensity...* (Freud 1900, 5, p.562 [my emphasis]).

It is clear that the basic idea of transference as initially formulated by Freud amounts to an effacement and formidable resistance to the unconscious. Roustang (1983) has showed this very clearly. Even when Freud recognised that “ the unconscious impulses do not want to be remembered in the way the treatment desires them to be” (Freud 1912, 12, p.108), he persisted in believing (as indeed psychoanalysis continues to do so) that the unconscious can be represented. Thus transference provides “ the inestimable service of making the patient’s hidden and forgotten erotic impulses immediate and manifest” (ibid.).

The question of impulses that are “immediate and manifest” thus brings us back to what was referred to earlier as ‘re-enactment’. A ‘re-enactment’ clearly indicates a

history and Freud relies heavily upon an historical model to try and locate the source of the “immediate and manifest” impulse in the patient’s past. Thus transferences “are *new editions or facsimiles* of the impulses and phantasies” (Freud 1905, 7, p.116 [emphasis mine]), or in a similar vein that the impulse of transference is to “introduce the doctor into one of the psychical ‘series’ which the patient has already formed” (Freud 1912, 12, p.100).

The problem that confronted Freud was that if the impulsive and affective aspect of transference could not be relegated to the patient’s past, it would implicate the analyst in its production. Freud struggled to eliminate suggestion from being the operative principle of psychoanalysis, even when he recognised that “the results of psychoanalysis rest upon suggestion; by suggestion, however, we must understand ... the influencing of a person by means of the transference phenomenon” (ibid, p.106). To bring about the end of suggestion and thus claim that psychoanalysis was distinct from hypnosis, Freud had to argue that transference could be interpreted and thus resolved: “We take care of the patient’s final independence by employing suggestion in order to get him to accomplish a piece of psychical work which has as its necessary result a permanent improvement in his psychical situation” (ibid.).

Such “psychical work” meant rendering the unconscious impulses at the heart of transference and thus suggestion, into the light of consciousness and representation. Unwilling to acknowledge that the “immediate and manifest” impulse of transference could originate in any other way than from an idea with a history and ignoring that this “psychical series” might owe more to contingency than to any sense of certainty,

Freud was unable to advance the concept of transference beyond the logic of the “false connection” (Freud 1895, p.302)

This logic is illustrated in the earliest, clinical reference to transference. Here Freud gives the example of the patient who had the unconscious wish “ that the man she was talking to at the time might boldly take the initiative and give her a kiss” (ibid.). Freud describes that on a further occasion, the patient was horrified to find that she had this thought about him and refused to do any more analytic work. The work did not proceed until Freud discovered the obstacle and removed it. He gives the following explanation for what happened:

“The content of the wish had appeared first of all in the patient’s consciousness without any memories of the surrounding circumstances that would have assigned it to a past time. The wish which was present was then, owing to the compulsion to associate which was dominate in her consciousness, linked to my person, with which the patient was legitimately concerned; and as a result of this *mesalliance* - which I describe as a ‘false connection’ - the same affect was provoked which had forced the patient long before to repudiate this forbidden wish. Since I have discovered this, I have been able, whenever I have been similarly involved personally, to presume that transference and a false connection have once more taken place. Strangely enough, the patient is deceived afresh everytime this is repeated” (ibid. p.303).

However, whilst Freud correctly identified transference as being the patient's attempt to establish a 'false connection' between the source of the unconscious impulse and the analyst, Freud's theory of transference simply restated the 'false connection' the other way round. According to Chertok (1968), Freud made the discovery of transference sometime between 1891 and 1892 during a hypnotic session with one of his patients. Freud describes his patient waking from a hypnotic state when "she threw her arms around my neck ... and I felt that I had now grasped the nature of the mysterious element that was behind hypnotism." (Freud 1925, 20, p.27). The mysterious element was transference and Chertok makes the following comment:

"The violence of his patient's gesture drove Freud to explore a fresh theoretical avenue, and this led him in turn to define specifically the nature of the analytic apparatus: instead of attributing his patient's amorous outburst to his own irresistibility, he depicted himself as a third person in this apparently dual relation, setting the stage for the free expression of the fantasies and fictions of future analysands . The dynamic of the psychoanalytic relation was thus relineated, and ... Freud was in a position to keep hysterics at arms length" (Chertok 1988, p.101).

I have already referred in my previous chapter to Chertok's argument about the appearance of sexuality in the analytic relationship and how Freud's concept of transference might serve as a psychoanalytic defence against this. Notwithstanding Chertok's diligence in showing just how central such 'erotic complications' have been, and no doubt will continue to be part of the intimacy of psychotherapy; I think

he misses a more crucial aspect in his argument. He ends his article with the suggestion that “ sexuality still stands as an epistemological obstacle to progress in psychotherapeutic research”(ibid.). I suggest, however that it is not so much sexuality per se that is at issue but the question of where the impulse originates from - in short whose sexual impulse is it? Freud developed his concept of transference to keep the mimetic characteristic of the unconscious at arms length.

Freud's understanding of the real nature of the unconscious impulse, is brought out in his account of the discovery of transference. In his description of the aforementioned incident, Freud refers to the fact that “I was modest enough not to attribute the event to my own irresistible attraction” (Freud 1925, 20, p.27). I suggest that his ironic comment does indeed indicate that he knows that he is more deeply implicated in the encounter than he would wish. I suggest, however, that the logic of the false-connection prevails to provide a sense of relief to both patient and analyst. What this amounts to is a theory of transference, which defines the unconscious by ideas, which are in the wrong place. Thus the patient, in the grip of impulses that he cannot comprehend or perhaps more importantly cannot bear, attributes them as arising in connection with the analyst. The analyst, in turn, suggests that such attributions are a ‘false connection’ and originate instead from the patient's developmental history.

Although the logic of the ‘false connection’ thus seeks to implicate the other person as the source of the unconscious impulse, it misses the truth of the unconscious. Unable to account for the ‘otherness’ of the unconscious in its own terms, psychoanalysis has ended up with a theory of location that reinforces the ablation of the unconscious with the claim that it can be placed or accounted for. The reason for this, which is the same

reason that transference is formed in the first place, is anxiety about the unconscious. The unconscious is that aspect of subjectivity that cannot be accounted for or represented. Such a view finds support, I suggest, in Freud's enigmatic warning at the end of his essay on transference, which follows on from the quote above concerning the "inestimable service", that transference provides. Thus he concludes "when all is said and done, it is impossible to destroy anyone *in absentia* or *in effigie*" (Freud 1912, 12, p.108), or in a similar vein in a later essay, "one cannot overcome an enemy who is absent or not within range" (Freud 1914, 12, p.152).

I suggest that the enemy is the unconscious, which far from conforming to this 'theory of location', constantly undermines it. The references to transference as "the field that the victory must be won" (Freud 1912, 12, p.108), a "battle" (Freud 1915, 12, p.170), or indeed a "wrestling - ring" (Friedman 1988, p.12) all demonstrate that much is at stake. The reason that Freud and, as I will show in a moment, his successors, theorise the nature of the unconscious in terms of the ideas said to represent it, is as a means to try and protect both the identity of psychoanalysis and the identity of the psychoanalyst, from the affectivity of the unconscious.

Object Relations Theory

Having very briefly described Freud's concept of transference and shown how his conceptualisation actually reinforces the function of denial that is inherent in transference, I want to now go on to discuss the OR development of psychoanalysis. I do not intend to present a detailed analysis of the many strands to the OR view and

how these accord with Freud's conceptualisation: there are two excellent accounts already provided by Ogden (1983) and Greenberg and Mitchell (1983). Instead, I am going to concentrate on two aspects of the OR view, which I think adequately capture its central drift. The first aspect concerns changes in psychoanalytic technique and the second aspect concerns the development of 'unconscious phantasy' which occupies the central conceptual currency of OR. My overall aim is to show how OR, as the dominant form of psychoanalysis in this country, continues with the effacement of the unconscious.

I am going to begin my discussion with the change in psychoanalytic technique, using as my reference point Klein's essay, "The Origins of Transference" (1952). This essay is important because it introduces a substantial re-orientation of analytic technique in relation to Freud. As Lienes notes,

"In the classical conception of transference the patient was really concerned with the major persons of his childhood when addressing the analyst. More recently, the patient has come to be viewed as apt to be unconsciously engaged with the analyst while ostensibly absorbed in somebody else" (Lienes 1977, p.275).

I suggest that this re-orientation in technique is important because it highlights the central dilemma of psychoanalysis in claiming to be able to make the 'unconscious conscious'. As I have already discussed, the psychoanalytic rationale of making transference central to psychoanalytic technique emphasises the existence of the unconscious. As Freud suggested in the face of the anticipated scepticism to the

existence of the unconscious, the phenomenon of transference “plays a decisive part in bringing conviction not only to the patient but to the physician” (Freud 1910, p.52). The importance of transference in this respect is brought out in Freud’s ‘effigie’ remarks, quoted in the last chapter: transference is crucial because it reproduces the ‘unconscious’ in the present setting of the clinical encounter, in a manner which makes it accessible.

The Object of the exercise

However, as I have already noted, the presence of the unconscious in the transference; manifest as the affective impulsive, ‘acting out’; is radically undermined by its psychoanalytic conceptualisation as ‘representation’. The more the attempt is made to represent the unconscious, the more the unconscious recedes. I am going to argue that the emphasis on the ‘here and now’, as exemplified in the way in which the transference is viewed by OR, does not represent a substantial change from this consequence. Indeed, I argue, that the central conceptual term, ‘object’, achieves the same function as ‘representation’: it is simply a more sustained attempt to contain the unconscious - to ‘objectify’ and ‘solidify’ it.

This is reinforced by two aspects of OR. Firstly, the manner in which ‘unconscious phantasy’ is conceived of as being primary to affect. I will come to this in a moment. Secondly, the technique of ‘working in the transference’ takes on an increasingly ‘totalising’ and empirical status. In short, the essential characteristic of the unconscious as affect and thus as ‘other’ to representation is lost.

At the clinical level, Klein's view of what the transference shows, which is very characteristic of the general OR view, is dominated by this all encompassing approach. Klein suggests that "it is only by analysing the transference situation to its depth that *we are able to discover the past both in its realistic and phantastic aspects*" (Klein 1952, p.54 [my emphasis]), and "in unravelling the details of the transference it is essential to think in terms of *total situations* transferred from the past into the present, as well as of emotions, defences, and object relations"(ibid. p.55). What else can Klein mean about the process of discovery than the empirical presence of the analyst serving as a "realistic" marker against which to test the infantile "phantasic aspects" that the patient attributes to the analyst?

Instead of regarding transference as one avenue among many by which to gain access to the unconscious, Klein's view of the 'total' situation encourages the analyst to regard transference as the principal source of psychoanalytic knowledge. The transference is thus regarded more and more as a slice of the preserved past. It "originates in the same processes, which in the earliest stages (of infancy) determine object relations. " (Klein 1952, p.53 [my insert]). What I want to show is the extent to which a univocal view has gradually covered over the original psychoanalytic insight of the unconscious as 'otherness'.

At a theoretical level Klein's emphasis on 'totality' discourages a closer examination of the function of transference and the status of the unconscious. At the beginning of her article she quotes one of Freud's statements on transference:

“What are transferences? They are new editions or facsimiles of the impulses and phantasies which are aroused and made conscious during the progress of the analysis; but they have this peculiarity, which is characteristic for their species, that they replace some earlier person by the person of the physician. To put it another way: a whole series of psychological experiences are revived, not as belonging to the past, but as applying to the person of the physician at the present moment”(Freud 1905, 7, p.116).

It is interesting to note that rather than referring to a definition of transference that might accord with her view of it as a ‘total situation’ e.g. as a “field” (Freud 1912, 12, p.108) or “playground”, (ibid. p.154), she chooses a passage which defines transference as “just a particular instance of displacement of affect from one idea to another” (Laplanche and Pontalis 1973).

In their commentary on transference, Laplanche and Pontalis go on to conclude that although

“..Freud does not look upon the treatment as a whole, in it’s structure and dynamics, as a transference relationship... (he) ran up against the essential contradiction of transference - the reason for the great divergence in his formulations regarding its function: transference ... is ‘transference resistance’ .Yet in another sense ... the transference becomes the terrain upon which the patient’s

unique set of problems is played out with an ineluctable immediacy” (ibid.).

I suggest that Klein’s definition of transference is an acknowledgement that the subjectivity that transference alludes to is indeed elusive. As I have already suggested, the encounter with this characteristic of subjectivity is as dangerous for the analyst as it is the patient: both are threatened with the loss of an enduring identity. It is precisely subjectivity’s elusiveness that transference conceals and even more so when transference dominates the entire treatment setting. However, it is this latter aspect of transference that Klein nevertheless develops in her essay with the consequence that the “fugitive” nature of the unconscious is lost.

What is an object?

The central theme of OR assumes that the developmental force of psychical life can only be understood in terms of a subject’s relationship to an object. Supporters of OR thus argue that this addresses a deficiency of classical Freudian thinking, organised around the principle of instinctual energy. The problem with the instinctual view, it is argued, is that it remains enclosed and monadic in outlook and is therefore unable to account adequately for how any individual latches on to the social world. In contrast the OR view, summarised by Fairbairn’s dictum, “ pleasure is... the signpost to the object” (1976, p.33), emphasises that the primary psychical drive is towards an (other) ‘object’, rather than the discharge of instinctual tension within the individual.

The term ‘object’ has been used in psychoanalysis since Freud, as noted for instance by Ogden (1983), Greenberg and Mitchell (1983), Laplanche and Pontalis (1973), and Hinshelwood (1989). Arising out of the discussions of these authors, there are two points worth noting because they lead straight to the problem of ‘object relations’ as I construe it. Firstly, Hinshelwood suggests that:

“The term “object” is a technical one, used originally in psychoanalysis to denote the object of an instinctual impulse. It is the person, or some other thing, that is of interest for the satisfaction of a desire. The notion of an object comes directly from Freud’s early scientific theories. In that view, *the object had very little about its character that was personal*. It was something upon which impulses of energy were discharged, recognised only for the purposes of the subject’s pleasure- seeking, satisfaction and relief”(Hinshelwood 1989, p.358 [my emphasis]).

Secondly, in the course of their discussion about the term ‘object-relationship’, Laplanche and Pontalis caution the unfamiliar reader about the term ‘object’: “ there is nothing pejorative in this - no particular implication that the person concerned is in any sense not a subject”(Laplanche and Pontalis 1973, p.278).

The first point above has to do with the evolution of the OR concept of an ‘object’ which, although originating with Freud, is a development that seems closer (it is claimed) to the experience of the human psyche in all its variation. In this sense it therefore lends weight to the argument that OR is an advance on the more mechanistic theories of Freud. As Greenberg and Mitchell claim, “ Despite its origin in drive theory, we believe that the term ‘object’, divorced from that origin, retains its

theoretical utility” (Greenberg and Mitchell 1983, p.14). They suggest that this utility be derived from the “ordinary usage “ of the word “object”. One aspect that they cite is that “the concept object suggests tangibility”...which:

“..accords well with the experience of patients, who see exchanges with their objects as having all the experiential reality of transactions in the external world. Although in the phenomenology of the patient’s experience “internal objects” are felt actually to exist, our use of the term does not imply the physical reality of such objects” (ibid.).

The argument advanced by Greenberg and Mitchell is thus pushing in the direction of establishing the reality and accessibility of the ‘internal world’. In contrast to the ‘external world’ what is at issue is the “psychic reality” (Freud 1915, 14, p.187) of the unconscious. In linking the term ‘object’ with ‘ the phenomenology of the patient’s experience’, these authors suggest a greater accessibility of ‘psychic reality’. This ‘achievement’, however, is only made possible by a restricted view of phenomenology. This phenomenology limits itself to simply describing the patient’s experience rather than ‘deconstructing’ it. If it did the latter, which in my view is the proper task of phenomenology, then it would discover that the patient’s experience of tangibility was concealing a less tangible ‘otherness’. It would discover the basis of subjectivity, not in the complex exchange of ‘tangible’ objects but in affectivity. Such affectivity has its own tangibility but to the ‘object’ world, it is resolutely unrepresentable. This point was by no means lost on Freud, as I will come to in the next chapter when I discuss identification and affectivity.

The second point really extends from the first and concerns the confusion between the theoretical utility of an ‘object relations’ description, and its practical utility for a therapy. In short, the representational language of ‘object-relations’ cannot, any more than any other kind of representational language, capture the essence of subjectivity. It is thus of no help for a therapy which, to be effective, must intervene at the level of this essence, which, I argue, is un-representable affect. So when Laplanche and Pontalis urge us to ignore the everyday meaning of “object” as “the idea of a “thing”, of an inanimate and manipulable object as opposed to an animate being or person” (Laplanche and Pontalis 1973, p.273), they seem to be trying to extend the descriptive powers of the ‘object’ language into the modality of affect and drive. In short they claim that subjectivity can be rendered into the language of representation. Ogden does the same by suggesting that “internal objects be thought of as dynamically unconscious sub-organisations” (Ogden 1983, p.227).

This leads on to a serious confusion between, what I argue, are the separate modalities of representation and affect. As I will go on to show, this confusion takes the form firstly of subsuming affect within the structure of representation. Secondly, the attempt is then made to differentiate between sub-modalities of the represented ‘object’. Thus the theoretical effort is directed towards making a distinction between “the representation of an external object, and the conscious awareness of an internal object, or an unconscious object”(Bell 1995, p.224). At the foundation of this typology of objects is ‘unconscious phantasy’ which is meant to act as a point of reference to this ‘internal world’. However because ‘unconscious phantasy’ has the same structure these objects its value as a guiding principle to distinguishing between these different object modalities seems very limited. Furthermore, because affect is

subsumed within the structure of representation and not accorded its own status, it is difficult to see the basis upon which the “object relations” view is an advance on the classical Freudian perspective.

An example of the attempt to distinguish between ‘internal’ and ‘external’ objects is given by Hinshelwood in his discussion of “the concept of ‘internal objects’ as described by Kleinians and ‘representations’ described by orthodox Freudians”...(Hinshelwood 1989, p.361). Of the former, Hinshelwood writes that:

“..there is an experience of an actual physically present object inside the ego, felt as physically inside the body and usually identified with a part of the body: a lump in the throat, butterflies in the stomach, etc., are common experiences in which such concrete thinking percolates through to conscious awareness. The theory of internal objects is that such a belief in a concrete presence inside the ego (self or body) is the currency of unconscious phantasy” (ibid.).

In contrast to this Hinshelwood suggests that “representations... are mental contents which lack that sense of concreteness and are recognised as representations, just as a true symbol is recognised as an object that represents something and is not actually confused as the thing it stands for”(ibid.).

The distinction that Hinshelwood makes between these two modalities hinges on the question of distance. With ‘representation’, the distance lies in the recognition that the

image and what the image stands (in) for are different. With the ‘internal object’, there is no such distance, the image is all there is - there is no sense of it referring to something else. As I have already suggested, this latter aspect is equivalent to the concept of “symbolic equation”(Segal 1955, p.164) and comes close to a recognition of what I suggest is the characteristic of affectivity. Indeed as Hinshelwood suggests, the “world of internal objects loosely corresponds to the concept of ‘affective cathexis’ of representations as used by orthodox psychoanalysts” (Hinshelwood 1989, p.362). This characteristic is defined by force,

“because the essence of affect is its dynamic attribute, its capacity to seep into other domains and inhabit them and finally to transform both itself and the products of the area of the mind which it has occupied” (Green 1995, p.210)

However, instead of developing the ‘internal world’ around the principle of affect and force as suggested by Green, the OR view maintains a ‘referential’ perspective. At the heart of this view is language, understood as words standing in for objects in the world. The fact that what is at issue is the ‘internal’ rather than ‘external’ world makes no difference to the representational logic of distance. Whilst Hinshelwood claims that the distinguishing feature of the ‘internal’ world is precisely a collapse between ‘object’ and ‘representation’, the introduction of the concept of ‘unconscious phantasy’, far from explaining the collapse, maintains the very distinctions that are meant to be at issue. As I will come to in a moment, what is neglected by Hinshelwood’s view is the relationship between subjectivity and ‘unconscious phantasy’. Of the latter Hinshelwood writes that “ as unconscious phantasies are the

psychological manifestations of the instincts they give colour, energy, passion and *meaning* to mental activity; it is therefore the unconscious phantasies of the internal world of objects that give significance to representations”(ibid. [emphasis mine]).

What Hinshelwood seems to imply is that ‘unconscious phantasy’ is the most profound aspect of individual subjectivity defined around ‘meaning’ and ‘significance’. Although it is not clear who might benefit from such ‘meaning’, Hinshelwood comes close to having to acknowledge the ‘transindividual’ origin of subjectivity. This occurs in the example he gives of a dream reported to Segal (1964), his comments about which are very similar to those provided by Glover (see previous chapter, p.22), particularly in justification of the concept of ‘unconscious phantasy’. The dream reported to Segal consisted of

“... a pyramid. At the bottom of this pyramid there was a rough group of sailors bearing a heavy gold book on their heads. On this book stood a naval officer of the same rank as himself, and on his shoulders an admiral. The admiral, he said, seemed in his own way to exercise as great a pressure from above and to be as awe inspiring as the crowd of sailors who formed the base of the pyramid and pressed up from below ... the patient went on to describe how his dream represented himself, his instincts from below and his conscience from above. *As the patient had no knowledge or reading of psychoanalysis* he was using a model of himself that would have heartened Freud”([Segal 1964 p21] (In Hinshelwood 1989 p362) [emphasis mine]).

It seems thus not to occur to Hinshelwood (or at least it does not feature in his discussion), that patients don't have to read psychoanalytic books to know what goes on in their analyst's mind. As Freud astutely observed in his discussion on the motive power of dreams, "What is here in question cannot well be any factor other than the patient's compliance towards the analyst...most of the dreams that can be made use of in analysis are obliging dreams and owe their origin to suggestion"(Freud 1923, 19, p.117).

The problem with Hinshelwood's account of subjective life is that whilst it may indeed accurately describe what goes on in people's 'internal world', it is unable to account for why this may be so. In essence Hinshelwood tries to explain the presence of a representation by a prior representation ('unconscious phantasy'). Although he might argue that 'unconscious phantasy' receives its motivational force from an 'affective cathexis', because such affectivity is explained by the very representation that it 'occupies', it is hard to see on what basis a therapy might enable a patient to break free of this circular logic. I maintain, therefore, that in so far as individuals do indeed perceive themselves and the world in a 'referential' way, the 'object' language of psychoanalysis accurately describes this.

The most that this psychoanalytic perspective achieves however, is a thorough description of the many and varied ways true subjectivity is evaded and defended against. However accurate this description is, from the perspective of therapeutic efforts to overcome this way of seeing the world, it offers no way out. Specifically it offers no passageway into the world of subjective life. This, I claim, is only possible through the path of affect. This should not, however, be construed as an argument,

which seeks to ablate the ‘depth’ of human experience. The problem with the notion of an ‘internal world’ populated by ‘objects’ is that complexity is confused with depth.

Unconscious Phantasy

I now want to examine in more detail the place of ‘unconscious phantasy’ in OR theory. I have already briefly referred in Chapter Two to the role of ‘unconscious phantasy’ in reinterpreting pre-psychoanalytic treatments. I now want to show in more detail how the concept of ‘unconscious phantasy’ functions in the mental economy of OR. In particular I want to show how affect is subsumed within the structure of representation. As will be seen, the consequence of this is that the OR view of transference can make no further therapeutic advance in the use of the affective, impulsive manifestation of the unconscious, than the traditional Freudian view of transference. The initial part of my discussion repeats some of the argument above, but in the interest of clarity repetition may be useful.

The central place of ‘unconscious phantasy’ in OR owes much to Isaacs’ paper “The nature and Function of Phantasy”, delivered in 1943 as part of the “Controversial Discussions”¹. The central thrust of Isaacs’ paper is to expand Freud’s notion of “the

¹ The “Controversial Discussions” refers to the debate that went on in the British Psycho-Analytic Society between 1940-1946. The central issue was the relationship between the ideas of Melanie Klein and the “Classical” Freudian ideas as represented principally through Anna Freud. It was as a result of this debate that the B.P.S. divided into three streams for the purposes of teaching: Freudians, Kleinians, and the Independents.

inner world of the mind ... with its own laws and characteristics, different from those of the external world” (Isaacs 1943, p.269). She suggests that in order to do this “ we have to give up that prejudice in favour of external reality, that undervaluation of internal reality which is the attitude of the ego in ordinary civilized life today.(ibid.). ‘A return from the over-estimation of the property of consciousness is the indispensable preliminary to any genuine insight into the course of psychic events’ (Freud, S. 1900: 562...)” (ibid.).

However having asserted that “ the primary content of all mental processes are unconscious phantasies. Such phantasies are the basis of all unconscious and conscious thought processes” (ibid. p.271), Isaacs is unable to sustain any conceptual difference between what is unconscious and what is conscious. In other words, it takes us back to the central dilemma of psychoanalysis, namely, on the one hand ‘to make the unconscious conscious’ and on the other, the acknowledgement that “ The psychoanalytical term ‘phantasy’ essentially connotes unconscious mental content, *which may seldom or never become conscious*” (ibid. p.268 [emphasis mine]). Rather than acknowledge a phenomenology of the unconscious that maintains a radical division with consciousness, (but that therefore challenges the whole basis of psychoanalysis which claims to ‘make the unconscious conscious’), Isaacs tries to resolve the problem within the realm of representation. The consequence of this is that in order to preserve the basis of psychoanalysis, the irrevocable division between the unconscious and the conscious is eroded by insisting that the principle means of expression of each system is the same. It is thus unclear what the real difference is between ‘unconscious representation’ (phantasy) or conscious representation (fantasy), and more specifically, who is being represented in either case?

Isaacs' discussion leads her to resolving a similar question posed by Brierley, concerning the confusion between the conceptual and perceptual status of "internal objects", by resorting to the category of "experience". Her use of the term "experience", "to refer to psychic experience as such"(ibid. p.274) reiterates the traditional psychoanalytic view of the equivalence between "psychical reality" and "material reality" (Freud 1917, 16, p.368). At first sight Isaacs' emphasis on the foundation of this 'experience' in terms of the meaning expressed through 'unconscious phantasy' seems to open up an avenue for a phenomenological perspective of 'internal life', a point discussed by Mackay (1981). He argues for the applicability of the phenomenological perspective to psychoanalysis because "the truths and insights of clinical psychoanalysis are about the meanings of experience and of phenomena for the individual"(ibid. p.187).

The problem with Mackay's critique of the Kleinian position is that he limits phenomenology to a process of description, which thus augments what he considers to be at the centre of the psychoanalytic method. However, far from being a method that expands the characteristics of individual subjectivity, a radical phenomenology, as I have already suggested, shows subjectivity to be trans-individual. A radical phenomenological perspective should thus expose the illusory nature of individual psychology. It is in this sense, therefore, that phenomenology joins with the most radical thesis of psychoanalysis in its recognition that "the ego is not master in its own house"(Freud 1917, 17, p.143). The Kleinian notion of 'unconscious phantasy' does little to further this thesis, not least because it avoids the question, 'to whom does the "unconscious phantasy" refer?' On the one hand Isaacs suggests that "the child experiences his psychic reality in terms of his phantasy life"(Isaacs 1943, p.276). On

the other hand she refers to the “implicit meanings” of phantasy. The origin of subjective life is therefore either a generalised abstraction (the child) or a state of latency (implicit meaning). It is unclear how subjectivity could be understood as the dynamic force, which brings representational meaning into being. This difficulty is compounded (and concealed) because representation as phantasy is required to function both as the expression of instinctual urges and as a defence against them.

As part of her argument for phantasy as the primal expression of instinctual urges, Isaacs quotes from a paper by Riviere, which nevertheless suggests that phantasy cannot serve the two functions of expression and defence. Thus:

“..from the very beginning there exists a core and foundation in experience for objectivity ... an experience of bodily pleasure or pain ... if intense enough, is presumably registered as such and must infallibly *have a reality that nothing can alter or destroy*. ... I wish especially to point out, therefore, that from the very beginning of life, on Freud’s own hypothesis, *the psyche responds to the reality of its experience by interpreting them - or, rather, by misinterpreting them - in a subjective manner that increases its pleasure and preserves it from pain. This act of a subjective interpretation of experience, which it carries out by means of the process of introjection and projection, is called by Freud hallucination, and it forms the basis of what we mean by phantasy-life* ... [Riviere, J.1936: 399]” (ibid. p.282 [emphasis mine]).

Riviere’s argument seems to clearly suggest firstly that phantasy is defensive - “a misinterpretation of experience through the process of introjection and projection”.

Secondly when Riviere refers to a separate mode of ‘objective’ experience which has a “ reality that nothing can alter or destroy”; this seems to accord with the phenomenological structure of affect as I have outlined it. I suggest that this ‘objective experience’ refers to the foundation of subjectivity, which has the power to produce a representation, but remains un-representable. However as I mentioned above, Isaacs, in keeping with most Kleinian theorists (with the notable exception of Ogden who I will come to in a moment), does not pursue the elaboration of this ‘objective experience’. Instead she concentrates on elaborating the difference between unconscious representation (phantasy) and conscious representation (fantasy). This, as I have argued previously, simply assumes the prior existence of subjectivity without being able to indicate its origins.

Tantalisingly, Isaacs’ argument cannot help but touch on the very question she seems intent on avoiding. If “ phantasies do not depend for their existence and activity upon the child’s power to express them in words”(ibid. p.287), this suggests that firstly some power other than the “child” produces them and furthermore that such phantasies, far from having a representational structure, are the incarnation of this power. As I outlined earlier, in relation to Henry’s analysis of subjectivity, affect is the phenomenological condition of subjectivity defined as a power that is also knowledge. When Isaacs refers to the “implicit meaning” of phantasy, this perhaps comes close to an acknowledgement that phantasy; in so far as it is “an affective interpretation of bodily sensations”(ibid. p.288); is inherently both a power and knowledge.

Isaacs however does not develop the consequences of her argument that might suggest phantasy as affective knowledge considered in its own right. Instead she follows Freud in founding phantasy not in affect but in the structure of “thing presentations” (Freud 1915, 14, p.201) said to characterise the ‘unconscious’.

Suffice to say that the transition from “Thing-presentation” to “Word-presentation” - and thus from unconscious phantasy to conscious fantasy - is made possible only by the insistence that representation is the only form of knowledge and as such always presupposes “that all presentation systems are ego-object systems, however rudimentary [Brierley, M. 1937: 265]” (Isaacs 1943. p.285). The “ego-object systems” common to both unconscious phantasy and conscious fantasy does not however clarify the problem that if word presentations are absent from the unconscious, what are unconscious phantasies composed of? The corollary of this question, given Isaacs’ acknowledgement that they are composed of “affective interpretations of bodily sensations “, is what is affect?

Before I come to discuss the place of affect in O/R theory I want to refer briefly to the work of Ogden, who from within the O/R tradition, has arguably produced the most cogent review and extension of O/R ideas. In particular Ogden is anxious to correct the widespread conceptual confusion, prominent in Klein’s work, about “whether she views internal object relations as fantasies or as relationships between active agencies capable of feeling, thinking, perceiving etc”(Ogden 1983, p.229). Ogden pursues his argument around the central psychoanalytic motif of identification. If identification (and its variant, projective identification) is the principle means through which an individual acquires characteristics of others, how do these characteristics function? If,

as many OR theorists argue, these are representations - “ ‘unconscious phantasies which people have about what they contain’ [Segal, 1964, p.12]” (ibid. p.230) - it has to be shown how such representations can function in a dynamic manner capable, as Ogden suggests, of generating experience.

Ogden thus argues that an

“..internal object relation necessarily involves an interaction between two subdivisions of the personality each capable of serving as an active psychological agency. Otherwise one’s theory must posit either (1) a direct relationship between non-equivalent levels of abstraction, e.g. the ego (a structure) in relation with an object representation (a thought), or (2) a relationship between two thoughts which would necessarily empower thoughts with the capacity to think” (ibid.p.233).

Ogden claims that central to OR theory is the division of the ego into sub-organisations, rather than a division between ego-representations (and something other that produces them) and it is thus the repression of aspects of the former that maintains the theory’s allegiance with the notion of an unconscious that can be made conscious - that can be represented.

Of particular interest to my thesis is Ogden’s attempt to provide a cohesive explanation of the psychoanalytic subject that does justice to both its agency and fragmented state. His discussion focuses on the issue of transference and counter-

transference understood as “ the interpersonal externalisation ... of an internal object relationship”(ibid. p.234). At the heart of this ‘actualisation’ is the phenomenon of projective identification, which “ presents a conceptualisation of the subject interpersonally decentered from its exclusive locus within the individual; instead, the subject is conceived of as arising in a dialectic (a dialogue) of self and other”(Ogden 1994, p.47). Whilst the place of subjectivity is located in between individuals, it still, according to Ogden, “ presupposes the existence of two subjects who create an intersubjectivity” (ibid.). Thus this intersubjectivity - defined by Ogden, in the context of analysis, as the “analytic third” - is dependent upon the prior subjectivities of the analyst and patient. Even if this intersubjectivity “has the effect of powerfully subverting the experience of analyst and analysand as separate subjects ...The analytic process ... involves the reappropriation of the individual subjectivities of analyst and analysand” (ibid.p.101).

Therefore, as committed as Ogden clearly is to rigorously delineating the psychoanalytic subject, I suggest that in the end he accepts, rather than challenges, the psychoanalytic myth that the ‘unconscious can be made conscious’. Whatever the complexity of subjective life as represented through the prism of OR theory, the origin of subjectivity is still understood as the mythological other side of consciousness. Like the dark side of the moon, the origin of subjectivity is thought of as the same sort of stuff as consciousness, which in the absence of the light of consciousness, is thus the ‘un-conscious’. Whilst Ogden subscribes to the subversion of consciousness by the unconscious he also has to deny the radical nature of the latter in order to fulfil the psychoanalytic dream. Thus he writes that:

“Although the Freudian decentering of the subject begins with the overcoming of the ego’s presumption of mastery of its own house, we must always begin with and return to consciousness in some form in our investigations *since it is only through that which we can perceive that we feel the effects of that which lacks the quality of consciousness*” (ibid. p.27 [emphasis mine]).

Affect

I will briefly reiterate the main argument in this chapter so far. I suggest that in order to maintain the psychoanalytic project of ‘making the unconscious conscious’, the OR school, in particular, has promoted representation at the expense of affect. Rather than recognising that affect has a different structure to representation and yet still enables us to “feel the effects of that which lacks the quality of consciousness”; affect has been subsumed within the structure of representation. This latter structure has been promoted in the form of ‘unconscious phantasy’ which, as the basis of subjectivity, supports a complex typology of ‘object relations’. The representational structure of affect, conceptualised as ‘unconscious phantasy’ receives considerable support from the philosophical work of Gardner (1992, 1992a). I will briefly illustrate what Gardener has to say about affect.

Gardner, whose work addresses the arguments proposed by Wollheim (1984), suggests “ that emotion is a kind of mental state which cannot be understood apart from ... the kind of mental state that psychoanalytic theory refers to as phantasy”

Gardner (1992, p.35). For the purposes of my argument I am going to treat emotion and affect as referring to the same thing. The central target of Gardner's argument is the 'rationalistic account' which "holds that emotions are direct and sufficient outcomes of complexes of belief: those beliefs which identify the emotion's kind, cause, and object and reflect its normative framework"(ibid. p.36). His argument thus begins with the question, "what more is there, then, to emotion than belief?" (ibid.). He suggests that emotions overflow into actions e.g. when guilt leads to reparative behaviour, so that "emotions are understood by those who attribute them as bridging terms in explanation, with beliefs as input and transitions to desires and dispositions to action as output" (ibid. p.37).

The question then is where does this additional power or force come from which makes emotion excessive to belief but commensurate with desire? Gardner suggests that since this excess is not adequately explained with reference to the quality of "feeling", it is explained by contents "which are best conceptualised as instances of expression" (ibid.p.39). What Gardner thus seeks are contents which will explain emotions' central characteristic of "irrationality" - as "fundamentally disruptive" and "intrinsically at variance with the truth - directed concerns of belief" (ibid.). Gardner's argument hinges on making a distinction between 'beliefs' and 'unconscious phantasy' such that the latter embodies the 'thought-like power' that he claims emotion is.

At the heart of Gardner's philosophical argument is the question of how to render emotion intelligible. I suggest that what drives this need for intelligibility is anxiety, which appears mid-way through Gardner's account. He likens emotion to "purely

phenomenal states such as pain, whose role is self-explanatory”, with the suggestion that “there will doubtless come a point in the explanation of emotions at which unanalysable psychological connections will have to be granted” (Gardner *ibid.* p.39)².

Faced with a limit to understanding emotion, which therefore seems to turn its expression into an arbitrary event, Gardner responds with an explanation said to provide complexity and therefore depth. I suggest, however, that contrasting the complexity and depth of ‘unconscious phantasy’ to the ‘unnecessarily shallow’ explanation centred around ‘beliefs’ nevertheless leaves the significance of emotion untouched. It does so, not because Gardner is wrong to suggest that ‘unconscious phantasy’ accompany the expression of emotion. He is incorrect, in my view, because although he links ‘emotion kinds’ with ‘desire’, he attributes the ‘content’ of the emotion as the necessary ‘overflowing’ that brings desire into play and which in turn makes an ‘emotion kind’ recognisable.

Herein lies the problem with this kind of account: if emotion embodies a power and this power can only be understood by its antecedent state of unconscious phantasy, it is difficult to see how that power could ever be realised. The corollary of this is to be found in day-to-day clinical practice where, even when the explanation of an affective

² It is worth noting the similarity between Gardner’s remark and Freud’s concerning dream interpretation: “There is often a passage in even the most thoroughly interpreted dream which has to be left obscure; this is because we become aware during the work of interpretation that at that point there is a tangle of dream-thoughts which cannot be unravelled and which moreover adds nothing to our knowledge of the content of the dream. This is the dream’s navel, the spot where it reaches into the unknown” (Freud 1900, 5, p.525). Both Gardner and Freud thus find themselves at the limit of explanation.

state in terms of “unconscious phantasy” is agreed as making sense, it may make no difference to the expression or experience of that affect. Thus in sidestepping the question of what this power consists of, Gardner is forced back into what I referred to earlier as a typology of representations. This consists of making a distinction between ‘unconscious phantasy’ and ‘beliefs’ on the basis of a shared representational structure. Whilst Gardner may be right in saying that, for example, “guilt ... does not come into existence through the conscious entertaining of moral thoughts”(ibid.), what difference is entailed by the suggestion that they come into existence because of “unconscious phantasies”?

In the end, what does Gardner’s account achieve for the understanding of emotion? In referring to “emotional schemata”, he suggests that it promotes the idea of a “pre-ordained harmony with one another. This thought reduces some of the pressure for thinking that we have to strain to make sense of one another”(ibid.p.51). Here, I suggest, we are back at the fundamental problem of human subjectivity and the question of anxiety. I suggest that the question of “strain” points to the central characteristic of affect. The anxiety we experience when we are confronted with the phenomenon of affect indicates its unrepresentability. Far from having to “strain to make sense of one another”, when it comes to affect, we understand one another only too well and this indeed is the problem. As Green suggests affectivity has the “capacity to seep into other domains and inhabit them and finally to transform both itself and the products of the mind which it has occupied” (Green 1995, p. 210). The problem, therefore, with Gardner’s explanation of emotion with reference to ‘unconscious phantasy’ is that he replaces the ‘rationalising’ account of ‘belief’ with one that is phenomenologically indistinguishable.

Before returning to the question of transference, I just want to make a brief reference to the work of Andre Green (1977, 1995, and 1999). Within the psychoanalytical world, he is probably unique in attempting to provide a systematic and rigorous account of the place of affect. As the quote from Green above suggests, the problem is how to account for the force of affect, and the fact that the

“..essence of affect is its dynamic attribute...is a force capable of invading any or all parts of an individual, crossing even the borders of individuality to reach other entities, for instance, groups, bearing an impressive capacity for unexpected change, shifting from an inside polarity to an outside one, fixing itself either on the subject or being directed towards objects, *forming the basis of the awareness of existence*” (ibid. p.211[emphasis mine]).

The importance of Green’s contribution is in moving the psychoanalytic representation of affect towards the recognition of “a dual system of opposition between representations and affects” (ibid.). What this entails for psychoanalysis is to “separate out the representations from the contradictory affective infiltrations” (ibid.). This, in my view, is very different from what is being proposed by the OR account of affect, in terms of its foundation said to be ‘unconscious phantasy’. By representing affect as having a ‘representational content’, the difference between representation and affect is negated.

What is central in Green's work is the recognition of 'psychic work', as exemplified by the structure of the dream. In the question of separating out the modalities of representation and affect, Green suggests a way forward through:

“research into what I call *primary symbolism*, where the matrices of experience, unaware of the distinction between affect and representation, are formed on the basis of a primary logic, the expression of a minimal unconscious semantic, where we would find the figures of psychoanalytic rhetoric: repetition-compulsion, reversal (turning into the opposite and turning against the self), anticipation, mirroring, inclusion, exclusion, formation of the compliment, mediation between inside and outside, the emergence of the category of intermediary, the situation between the same and the other, the constitution of moveable limits, temporary splitting, the creation of substitutes, the setting up of screens and finally projective identification” (Green 1977, p.152).

What the concept of 'primary symbolism' suggests, therefore, is a representation of affect as transformative; or as capable of differing modes of transformation. This emphasises the function of affect whilst avoiding ascribing a 'content' to the transformation. Such transformative functions are, of course, to be found in Freud's reference to 'condensation' and 'displacement' in the 'dream work', which Lacan extended into the specific linguistic structures of 'metaphor' and 'metonym'. The real problem is whether Green avoids the collapse that, I suggest, marks the failure of Lacan. In his suggestion that 'the unconscious is structured like a language', Lacan

could not avoid the revelation of the unconscious becoming represented as a language. In other words the representation of transformation becomes transformed into a representation.

Fundamental to Green is the psychoanalytic project of ‘making the unconscious conscious’: “Supplying content to what is experienced only in unrepresentable form, is a fundamental task of the psychic apparatus”(ibid.). His criticism of the OR perspective is that the ‘psychic work’ that is necessary for the patient to undertake is seriously hampered by “interpretations couched in terms of unconscious fantasies... the problem is not to inject representations already elaborated by someone else, but to favour the processes which will enable those representations to be put at the disposition of the analysand” (ibid.). Green’s perspective of ‘psychic work’, facilitated by a rigorous distinction between ‘representation’ and ‘affect’, goes a long way to redress, what I argue, is the defensive emphasis on the part played by representation at the heart of OR. Within the psychoanalytic perspective which recognises that “the representation is in effect indispensable material for mental elaboration “ (ibid.); Green, in my view, comes closest to allowing affect to speak its own language. However, as I will come on to later, I suggest that the very structure of psychoanalysis to which Green adheres to; in particular the elaboration of the transference; in fact undermines the ‘psychic work’.

Transference in the light of ‘unconscious phantasy’

In the light of my fore-going remarks about the OR emphasis on ‘unconscious phantasy’ I will now briefly ‘recap’ on the problem of transference. Transference is, as I have presented it, an experience of the affective unconscious, which is denied by the attempt to subsume the latter within a representational structure dominated by ideas (representations). These ‘transference ideas’ are concerned with locating the source of the affective experience and making it bearable: thus the patient, gripped by the destabilising effects of the affective encounter with the analyst, attempts to locate the source of this affectivity as originating from the analyst.

Transference entails the patient saying to the analyst, in effect; “I know who you are!” with the aim for the patient to gain reassurance that he thus knows who he is. In spite of Freud recognising that such ‘transference ideas’ embody a resistance to the affective unconscious, he continued to believe that the source of the resistance lay in the fact that these ideas were ‘displaced’ from the patient’s unconscious. In other words, instead of the patient recognising that these ideas represented his unconscious, the patient clung instead to the belief that such ideas represented the analyst. The possibility, therefore, that transference was a kind of ‘representational exchange’ reinforced the overall psychoanalytic aim of making the ‘unconscious conscious’. This was possible on the basis of representation being the common currency between the unconscious and consciousness.

I have further suggested that the development of OR continue to propagate this mistaken belief that the foundation of psychological life is ‘representation’. This is

embodied in the notion of ‘unconscious phantasy’. Notwithstanding the fact that the clinical technique of ‘transference interpretation’ rightly focuses on the ‘here and now’, thus implicitly recognising the ‘immediacy’ of the affective encounter, such immediacy is immediately subsumed within the representational framework of ‘unconscious phantasy’. The consequence of this is that psychoanalytic practice remains inextricably bound to belief and is unable to intervene at the level of affect. If transference marks the patient’s effort to control affectivity through belief, the conceptualisation of transference in terms of ‘unconscious phantasy’ simply reinforces that belief. In the following chapter, I am going to show how this psychoanalytic theorisation of transference is massively reinforced by the institutionalisation of psychoanalysis.

CHAPTER FOUR

Transference and the institutionalisation of Psychoanalysis

So far I have argued that the psychoanalytic theory of transference; far from being able to illuminate how the patient might be liberated from the illusory transference beliefs in which they are ensnared, actually reinforces this illusion. It does so because psychoanalysis conceptualises the unconscious within the same representational currency as transference operates. Thus instead of introducing the patient to the unconscious in its proper phenomenological domain of affect, psychoanalysis substitutes a representation of the unconscious sketched out in terms of ‘unconscious phantasy’.

In short, the development of the concept of transference, from Freud right through to contemporary OR, represents a movement away from the unconscious. In spite of transference being advertised as the unique entrance into the unconscious that psychoanalysis claims it to be, it has been conceptualised to provide a barrier against the effects of the unconscious. These effects are everything that comes under the rubric of ‘suggestion’ and for which I have used the term ‘affective mimesis’. What is at stake is a stable identity, which from the perspective of the psychoanalyst, can be understood in two ways. Firstly is the preservation of the identity of the psychoanalyst in relation to his patient.

Whatever the complexities that OR describes as going on between the patient and the analyst, it is still in terms of identifiable objects: the psychoanalyst never really becomes the patient. Secondly is the preservation of the unique identity of psychoanalysis in relation to its immediate fore-bear, hypnosis. Although psychoanalysis “rests on suggestion” (Freud 1912, 12, p.106); and the very fabric of psychoanalytic treatment (the couch etc.); owes much to hypnosis, the singular identity of psychoanalysis has to be maintained at all cost. Whereas hypnosis is, by and large, treated as irrelevant to the identity of contemporary psychoanalysis, the same cannot be said of psychoanalytic psychotherapy. As I will come to in a moment it is here, between psychoanalysis and psychotherapies conceived in its image, that the battle for the originality of a therapeutic identity continues.

As I have argued, when understood from a phenomenological perspective, the unconscious should be understood as the foundation of subjective life. As such, this foundation is resolutely transindividual, which fundamentally subverts the everyday notion of individual identity to which we all, to a greater or lesser extent, adhere. Whatever the virtues of an individual psychology built up around the structure of consciousness and representation, the unconscious subverts this through all the many manifestations that Freud spoke about under the rubric of the ‘psychopathology of everyday life’. Whilst the effects of the unconscious in ‘everyday’ life are largely avoided, or at least contained by various social conventions, the intensity and intimacy of any therapeutic encounter brings the unconscious to the fore.

However, paradoxically in view of its claims, psychoanalysis avoids an encounter with the affective origins of subjectivity. The theoretical means through which this

occurs receives considerable reinforcement by the way psychoanalysis operates at an institutional level. There are two areas which illustrate this process, the first being the place of the ‘training analysis’, and the second being the more general ‘politics’ of psychoanalysis. As I will show, both these areas act to inculcate the basic beliefs of psychoanalysis and reinforce these against the unrepresentational and subversive effects of the unconscious. In spite of these precautions, psychoanalysis does not escape the effects of the unconscious. As a prelude to what I argue is the clearest example of the process of ‘affective-mimesis’ shown in the ‘mimetic-case-studies’(Chapter 5), I end this chapter by looking at the phenomenon of psychoanalytic ‘conversion’.

The ‘training’ analysis

All trainee analysts are expected to undergo a personal analysis during the course of their training because as Freud pointed out long ago, “no psycho-analyst goes further than his own complexes and internal resistances permit “(Freud 1910, 11, p.145). I suggest, however, that the possibility for the trainee to experience an encounter with the unconscious is foreclosed not just by his own limitations but, perhaps more importantly, by the theoretical expectations of the ‘training analyst’ and the way the ‘training analysis’ is arranged. Such an arrangement, where the candidate is allocated an analyst and where this analyst will report back to a training committee on the candidate’s progress produces a powerful reinforcement of the analyst’s ideas on what constitutes an analysis. Such a foreclosure thus provides the model of the trainee’s subsequent clinical work. What I want to show first is how, in the history of

psychoanalysis, the ‘training analysis’ has evolved from being a relatively free exploration of the analysand’s personality, to the present day position as the inculcation of psychoanalytical beliefs.

The length of present day analyses suggests that this has indeed become the case. Whereas for Freud an analysis could be measured in weeks or months (Roazen 1992, p.130), nowadays it is not uncommon for this to last 8 - 10 years. The obvious question to ask is why? - What has changed since Freud’s day that justifies this enormous increase in personal commitment? This question is particularly relevant when firstly, the evidence for any accompanying increase in therapeutic effectiveness is at best equivocal (Roth and Fonagy 1996) and secondly, there is also no compelling evidence that suggests that psychological disturbance has increased or become more complex.

There is I maintain a central reason why analysis has become such a prolonged affair. This is the institutionalisation of the ‘training analysis’, which as various researchers point out (Cremarius 1990, Kirsner 1999, Young 1999) has inexorably moved clinical analysis in the direction of the transmission of an ideology. What fuels this move is both a response to the lifelong preoccupation with avoiding the suggestion associated with hypnosis and the fact that, in my view, analysis increasingly fails to live up to its therapeutic claims.

The analysts themselves have long noted the fact that the ‘training analysis’ has evolved into a form of indoctrination. Thus Balint commented that it “ offers an ample opportunity to turn an independent candidate into an enthusiastic proselyte

(Cremarius 1990, p.135). Equally condemnatory was Anna Freud when she suggested that the “training analysis commits in fact every possible mistake, which we in therapeutic practice would call a technical error. The consequences are bad results in training analysis and unresolved transference relationships, all of which would influence decisively the scientific attitude of the analysand” (ibid. p.123). These observations, however, have done little to alter the way in which psychoanalytic ideas are transmitted. Looking at the history of psychoanalysis, such critical observations have been subsumed within the wider ‘political’ aim of preserving the unitary identity of psychoanalysis.

Even a cursory look at some of the psychoanalytic writing shows the gradual hardening from diversity to a singularity of approach. For instance in Freud’s “Technical Papers”, he wrote concerning the rules of psychoanalysis:

“I think that I am well advised, however, to call these rules ‘recommendations’ and not to claim any unconditional acceptance for them. The extraordinary diversity of the psychical constellations concerned, the plasticity of all mental processes and the wealth of determining factors oppose any mechanisation of technique” (Freud 1913, 12, p.123).

Thirteen years later, “Freud expressed the view that training analysis should bring about a far-reaching equalisation of the analysand’s ‘personal equation’ so that one day there would be satisfactory agreement between analysts”(Cremarius 1990, p.119).

In between these two views, the issue that set the course for the ‘training analysis’ to become an instrument of indoctrination, was the “linking of psychoanalytic training to membership of the IPA (International Psycho-Analytic Association)... because only those who are members of the IPA can call themselves psychoanalysts”(ibid. p.116). As Eitingon explained, “The aim of our association is to protect our master’s creation from premature blending and so called syntheses with other areas and from research and working methods of a different kind”(ibid.). This resolve for singularity and purity has thus had the effect of fusing psychoanalytic theory and practice into an ideological mass which, cut off from critical discourse from other disciplines, is totally self serving, in spite of what is claimed to the contrary.

The fusion of theory and practice

Such fusion is illustrated in an excerpt taken from the “Controversial Discussions” referred to in the last chapter, which marked a watershed in the institutionalisation of competing psychoanalytic ideas. This is particularly relevant to my present discussion because it involves a discussion about transference: the point where psychoanalytic theory and practice converge. No doubt most psychoanalysts would agree with Ella Sharpe when she wrote that a “valid technique is not directed to finding support for any theory, it is directed to only one object, the investigation of the psychical problems of a given individual, without apriori assumptions.” (Sharpe 1943 [King and Steiner 1991, p.645]).

However it is quite clear that certain “apriori assumptions” are not open to examination, as shown when a little later Sharpe writes that there “is only one thing that we have the right to insist upon in training students, namely *the conviction of those fundamentals of psychoanalysis which are beyond question and controversy and the acquisition of the technique that revealed those truths, for those truths and technique belong together and constitute the basic theory and practice of psychoanalysis*” (ibid., p647 [my emphasis]). At the heart of Sharpe’s argument concerning “conviction ... beyond question” is “the handling of transference” - the concept which is said to mark out the unique psychoanalytic path towards the unconscious. The irony of her argument is that her ‘conviction is beyond question’ about this concept mirrors precisely the nature of the patient’s ‘transference-ideas’, the analytic ‘handling’ of which is meant to result in its dismantling. In spite of Sharpe’s claim that technique is a separate issue from theory, it is clear that, in relation to training, they reinforce each other with the aim of producing a ‘fundamental conviction’ in the trainee.

An illustration of this in contemporary psychoanalysis is provided by the following example. This is very relevant because it shows how little genuine dialogue occurs between similar therapeutic disciplines, and because it shows how readily psychoanalysis embodies an ideology even whilst professing to challenge the basis of all ideologies. The context is “The Second AOTP Conference on Teaching Dynamic Psychotherapy”, as reported by Davies (1985). One of the problems that is highlighted by Davies is the way psychoanalysis denies being an ideology and as a consequence is “constrained to overemphasise a philosophical idealism when characterising it, while seemingly being toppled into naïve realism when expounding it”(ibid. p.174). This

former aspect is illustrated by the psychoanalyst, Sheilagh Davies who describes psychoanalytic theory as “unlike others in having a self-reflective quality, a unique potential for looking critically and personally at itself”(ibid.). As the author of the report comments, psychoanalytic theory “is no more able to look at itself as theory, in terms of itself, than is any other theory, and for the familiar reason of disappearing up its own analysis”(Davies 1985, p.174).

The ‘fall’ from idealism to naïve realism is shown by the way another analyst, John Steiner describes psychoanalytic theory, particularly “post-Kleinian object-relations”, which he regards as being “a truly interpersonal and intersubjective theory”(ibid.). In discussing the function of psychoanalytic theory, Steiner:

“..mentioned that it is ‘more like a theory of history or art appreciation than a scientific theory’. He claimed that its function is ‘to create order, give aesthetic satisfaction, reduce anxiety’, and he even went so far as to assert that only ‘bad psychologists’ treat their theories as ‘literally true’. However, despite such strictures, the fact that Steiner does believe what is understood in terms of his theory to be literally true is brought out by such a remark as ‘the theory brings sex into it because the patient brings sex into it’. We are being told that this is simply the way the world is: the theory becomes a fact, its truth so taken for granted that the theory, as theory (and most certainly as ‘a way of reducing anxiety, creating order’, etc) disappears.”(ibid.).

The politics of psychotherapy

This sliding from a tentative theoretical proposition to the obvious fact that seemingly supports it is commonly encountered in the politics of the psychoanalytic world. This is particularly acute in the relationship between psychoanalysis and psychoanalytical psychotherapists. This fairly specific skirmish takes place in the wider context of the ‘Freud Wars’, accounts of which can be found in, for instance, Crews (1995) and Forrester (1997). A concise account of the localised skirmish in the U.K. can be found in Young (1993, 1999). At the heart of this particular problem is the fact that the relationship between psychoanalysis and psychoanalytical psychotherapy is founded on similarity or more specifically a “rivalrous resemblance”(Oakley 1993). The structure of training is the same: personal analysis, supervision of clinical work and academic study of the relevant literature. Bearing in mind that at the centre of this ‘psychoanalytic tradition’ are broad conceptual and technical agreements concerning such things as the ‘unconscious’, ‘transference and counter-transference’, ‘interpretation’, one might think that such a structure would be the basis for a relatively homogenous discipline. Nothing could be further from the truth, as anybody with even a passing interest in these matters can testify to.

The degree, to which every opportunity is taken to assert the differences between ‘proper’ psychoanalysis, and those psychotherapies bearing its imprint, is widespread. In particular, this bears upon the question of the ‘obvious fact’ mentioned above, when such differences are often asserted around the most concrete instances. A common example is that to be really analytic requires a patient to be seen 4 or 5 times a week and lying on the couch, whereas twice weekly sitting in a chair is regarded as

‘superficial’. The fact that these differing arrangements may well produce different sorts of consequences for treatment does not, however, amount to the rigorous or even ‘scientific’ distinction that is nevertheless often claimed to be the case.

What is often forgotten in these sorts of debates is the reason Freud changed from seeing analytic patients six days a week to five. As Roazen recounts,

“The five-day analytic week ... had an accidental origin in 1911. Freud had undertaken to accept six new patients, but found that he had time for only five of them...Abram Kardiner remembered that then ‘we spent a very bad night, because we didn’t know what Freud intended to do... he convened us and announced that he had found a happy solution. His daughter Anna, he said, had proved herself a mathematical genius. She had discovered that five times six was thirty, and that six times five was thirty, so that if each of us would renounce one hour a week he could accommodate six of us. This was the beginning of the five-hour week’” (Roazen 1992, p.129).

The ignorance of division

An illustration of how differences seemingly have to be asserted within the same therapeutic discipline is given in the following examples. In 1988 a book was published entitled “Consuming Psychotherapy” by Anne France (a pseudonym). As

the publishers introduction says, “ It is not autobiography; rather, it is a long essay in which she thinks through her experiences, weighing the strengths and weaknesses of various ways of dealing with the problems that arise in the course of psychotherapy”(France 1988). A year after the book was published the author committed suicide. The book was reviewed by Bishop (1989) and formed the centre of a ‘clinical paper’ by Herman (1991). Both the review and the paper are similar in so far as they criticise what they consider to be the shortcomings of the three (psychoanalytic) therapists involved in treating Anne France.

I am just going to refer to the ‘clinical- paper’, firstly because it is more thorough in its reference to France’s book, but also because it illustrates how psychoanalysis resolutely conceals its limitations through the combination of idealisation and naïve realism, mentioned above. What I mean in this instance is that when faced with a clinical problem that does not readily resolve, psychoanalysis resorts to the suggestion that the reason for failure is because the clinician has fallen short of applying the ‘pure’ form of psychoanalysis. In this instance it is the work of three psychoanalytical psychotherapists who attempt, through creative and differing styles, to help someone clearly suffering from complex psychological damage. It is this work that bears the brunt of Herman’s criticism (who, incidentally, is also a psychoanalytic psychotherapist), in the name of psychoanalysis.

Herman’s argument presented in her clinical paper is centred on her view that if suicidal impulses are recognised in what Herman calls the “prodromal” phase, something can be done to help the person experiencing them. What this help might consist of is never made clear by Herman since her article is taken up largely by her

berating, first herself, but especially the three therapists involved with Frances' treatment. In essence Herman blames the therapists for having strayed from "the well-trodden paths" of "rigorous analysis" which, she implies would have prevented France from killing herself. The first aspect of Herman's article which is striking, is that the article begins with her own history; and the fact that her grandmother killed herself; and that Herman's mother "made a series of serious suicide attempts"(Herman 1991, p.249).

This experience equips Herman, she claims, to being "acutely sensitive to those weathers of the mind whose ominous isobars threaten that catastrophe against *which nothing will avail*" (ibid. [Emphasis mine]). There are two points worth noting about Herman's argument: firstly theoretical proposals are made about the nature of the other's mental functioning, which seem to be simply unmodified bits of Herman's self-experience. I will return to this point in the next chapter, when I discuss the 'mimetic case-studies'. Secondly, the limit to therapeutic intervention that Herman briefly recognises to be at the centre of the problem of suicidal impulses is quickly denied. Thus the brief recognition that 'nothing will avail' is quickly turned into the accusation that something should have been done.

It is this denial that finds expression in the contempt with which Herman dismisses the work of the three therapists. More importantly however for the question being considered here, is that this denial forms the foundation of the psychoanalytic claim to prevail over all other forms of therapeutic help. Herman thus provides a good example of the transference that grips psychoanalysis and her own thinking, which is expressed in the idealised terms of sheer, unexamined belief: "rigorous analysis", "virtuoso

accounts”, “a great master”, “profound complexity”. (Ibid.). The fact that Herman’s ‘clinical essay’ is founded on belief is demonstrated in two ways: firstly because there is no discussion by which any of the claims for ‘classically rigorous analysis’ could be tested, and secondly, that the observations on France and the work of the therapists involved is derived from one brief meeting of the author and the reading of her book.

What is extraordinary about Herman’s defence of an idealised ‘pure’ psychoanalysis, is that she does not really believe it. In her autobiographical account of her experience as a psychotherapy patient, she recognises the importance of “knowing that the (ir) therapist was a real and forthright person...How I myself drew heart from the occasional lapses of my Kleinian analyst into some minor confidence, brief discussion or aside” (Herman 1988, p.161). Whilst she criticises the ‘lapses’ of France’s therapists, Herman writes, “As a training therapist I watch sadly how some students can insidiously be scared out of spontaneity, simple warmth and common-sense, out of that direct response which springs from our humanness”(ibid. p.160). What all this suggests is that the need to secure an identity, in this case through identifying oneself with the belief of a ‘pure psychoanalysis’, is so pressing that it can over-rule both ‘common-sense’ and the establishment of a common-cause with other, identical, therapists.

Psychoanalysis in search of an identity

This next example also highlights the problem psychoanalysis has in relation to maintaining a unique identity. John Hill begins his article, “Am I a Kleinian? Is

anyone? (1993), by suggesting ‘of course I am’. However, after demonstrating an impressive Kleinian lineage, Hill goes on to suggest that there is little consistency between the claim to be a Kleinian and the clinical behaviour and thought of the Kleinians he mentions. He thus concludes that “Analysts who call themselves Kleinians behave in my experience in such widely different ways that no common thread can be observed” (ibid, p.474). The question thus remains: Why does Hill nevertheless identify himself in this way?

Why does Hill not, for instance, follow Klein’s example when she said “that she was not a Kleinian but an analyst following Freud’s method”(ibid). In other words why not simply correct the apparently useless nominal distinction in favour of simply declaring himself to be a psychoanalyst? Indeed Hill does do this towards the end of his article when he puts “the above observations in a broader context with reference to my practice as a psycho-analyst which has continued for over thirty years and has included never less than five, five times a week patients with some others coming less frequently”(ibid, p.471).

The argument that is put forward as to the ‘originality’ of psychoanalysis is, to say the least, feeble. Hill presents a list of “essential pre-requisites” and “a series of things that the analyst must not do or say”. None of these things, which include the “chair, the couch ... impeccably punctual, pre-arranged starting and finishing times”(ibid), nor the fact that the analyst “must not give personal information ...advice ... moral judgements ...have any kind of tactile or sexual relationship”(ibid) with the patient, seem to be uniquely psychoanalytic or indeed necessarily therapeutic. Hill claims of

course that these things are uniquely indicative of the fact that “Freud ‘invented’ a wholly new way in which one person could relate to another”(ibid, p.472).

However, there is nothing in Hill’s discussion about being a psychoanalyst, other than his sheer belief in the unconscious, that distinguishes him from any other responsible and ethical psychotherapist. Although his article appears in a broadly based psychotherapy journal, he makes no common cause with other forms of psychotherapy. It is difficult not to conclude that in spite of the Kleinian ‘disclaimer’, Hill relies upon this lineage to nevertheless provide him with an identity that an unaffiliated psychoanalysis is hard pressed to provide. What it is that undermines this identity can only be guessed at, but I think there are sufficient clues. His article, appearing in the context that it does, comes a short time after the withdrawal of the psycho-analysts from the United Kingdom Council for Psychotherapy (UKCP).

I have already referred to this ‘skirmish’ above. In essence the psychoanalysts withdrew from the UKCP, to form and support a rival organisation, the British Confederation of Psychotherapists (BCP). The problem with the UKCP, was that its avowedly democratic organisation, “made it difficult, for the older and more established organisations...to have their seniority recognised” (BCP Website, Questions and Answers). The aim of the BCP is to “ protect the public by ensuring the maintenance of rigorous standards in the selection, training, practice and professional conduct of psychoanalytic psychotherapists”(ibid). Whilst this latter aim seems entirely laudable there is, however, no widespread evidence that the public need protecting from unscrupulous and unqualified therapists in the way, for instance, that the public did in relation to dubious doctors and which led to the Medical Act of

1858. There is, however, plenty of evidence that this issue is primarily about professional identity and rivalry within the psychoanalytic field.

However, if Hill is trying to diplomatically maintain a unique identity from what Freud described more robustly as the “‘wild’ analysts” (Freud 1910, 11, p.227), I suggest that the real problem is his patients. The clinical examples that he gives show his evident good sense in operation. However, the problem occurs in his discussion about what influences the analyst in the consulting room. Rather than his psychoanalytic theories, Hill suggests that it is the analyst’s personality that matters: however the “more unconscious, or the more out of control, these attitudes are the more will the analyst be tempted to give way to them to the detriment of the analytic process”(Hill 1993, p.474). Referring to this “phenomenon...as the ‘counter-transference’”(ibid), Hill then quotes Bion as saying “One of the essential points about counter-transference is that it is unconscious. People talk about ‘making use of’ their counter-transference; they cannot make any use of it because they don’t know what it is”(ibid).

Tellingly (particularly for a Kleinian), is the fact that Hill makes no mention of the other meaning of counter-transference as a form of communication from the patient. In short the real problem for Hill is the mutual process between both patient and analyst which, as Bion suggests, ‘cannot be made use of’. I suggest that it is the experience of being subjected to a process that is unconscious, that pushes Hill to insert himself into an identifiable lineage even whilst disclaiming its validity.

The institutional battles: back to the future

As I have suggested, this need for a *singular* identity arises from the nature of the psychoanalytic encounter with the unconscious, the structure of which produces an affective bond. These examples above, whilst belonging to the politics of contemporary psychoanalysis, in fact are just part of a continuing process which define the very beginning of psychoanalysis. I will now return to this beginning to show the extent to which the founding of the psychoanalytic unconscious is accompanied by the simultaneous attempt to deny its disruptive characteristic. As with the contemporary examples, this denial takes the form of strong assertions of originality in the context of identical research findings.

The first example concerns the row that erupted between Ernest Jones and Pierre Janet during the International Congress of Medicine held in London in August 1913. This particular event can be regarded as the epicentre of a rivalry between competing psychological systems, which is instructive for many reasons. First of all it shows the extent to which the need to be original over-rides any consideration of co-operation, even when there is a considerable convergence of views. What is also interesting about this particular episode (and the examples to follow) is that it suggests that the ensuing rivalry between defined groups or schools is the attempt to deal with the more pervasive, affective-mimetic effects arising from the exploration of the unconscious.

The essence of the row at the 1913 Congress was Janet's accusation of plagiarism on the part of Freud, which was robustly denied by Jones (1915). Later Janet presented a comprehensive summary of the views he expressed at the conference in his book

“Psychological Healing” (1925). What is significant about this latter work is the fact that Janet not only had a good knowledge about the history of dynamic psychotherapy, but “cited all the sources from which he drew, emphasising the analogies between his conceptions of mental life and those of earlier writers” (Perry and Laurence 1984, p.18).

It is worth noting that there is no reference to this work in Freud’s “Standard Edition”. Although reference is made to Janet’s earlier work, this ends with the 1913 report on the Congress proceedings: Janet had clearly gone too far! Janet’s claim to be the originator of certain early psychoanalytic ideas arises from his work, “L’automatisme psychologique” (Janet 1889). This clearly predates Freud and Breuers’ “Studies in hysteria” (Freud 1893, 2,) and Freud’s first systematic account of the unconscious, “The Interpretation of dreams” (Freud 1900, 4, 5,). In his 1925 work, Janet developed (and acknowledged) various theories, both previous and contemporary, concerned with unconscious processes, elaborated by such people as Richet, Ribot, Binet and Charcot. On the basis of this research, “Janet proposed a theory of *desagregation* (often translated into English incorrectly as dissociation). He argued that in various neurotic conditions, ideas and cognitive processes could become detached from the mainstream of consciousness, whereupon they had the power to form neurotic symptoms, and in some cases, secondary personalities” (Perry and Lawrence 1984, p.10).

Other illustrations, apart from the theory “of the fixed ideas of hysterics”, are provided by Janet as examples of Freud borrowing heavily from his work:

“They spoke of “psychoanalysis” where I had spoken of “psychological analysis”. They invented the name “complex”, whereas I had used the “psychological system” ...They spoke of “catharsis” where I had spoken of the “dissociation of fixed ideas” or of “moral disinfection”. The names differed, but the essential ideas I put forward ...were accepted without modification” (Janet 1925, p.601).

Further to this, Ellenberger notes the “remarkable similarity ... between psychoanalytic transference and Janet’s systematic use of those varieties of rapport between therapist and patient that he called ‘somnambulic influence’ and ‘need for direction’” (Ellenberger 1970, p.539).

Janet was acutely aware of how suggestibility arising out of the rapport can seriously mislead the therapist. One example of this arose out of his work with his patient ‘Leonie’, and concerned the assertion made by Charcot that the hypnotic state was a pathological condition, related to hysteria and comprising a distinct phenomenology in three stages. Such an assertion was contested vigorously by Bernheim who maintained that this “was never anything other than a cultivated hypnotism” (Janet 1925, p.186). Essentially agreeing with Bernheim about the nature of suggestion and therefore sensitive to the possibility about inadvertently ‘drilling’ the patient in how to behave hypnotically, Janet nevertheless discovered in his patient ‘Leonie’, the stages as outlined by Charcot.

Although ‘Leonie’ had been hypnotised by Gilbert, a contemporary of Janet’s; a careful appraisal of the possible influences on ‘Leonie’ led Janet to discover not only something about her history, but the history of animal magnetism. It transpired that ‘Leonie’ had come to the attention of “a flourishing school of magnetism at Caen towards 1850” and had been hypnotised and “exhibited “ by Perrier and Dupotet (ibid. p.190). Janet thus concluded that the “hypnotic phenomena exhibited to me by Leonie in 1884 were vestiges of the “somnambulic exercises”that had been made under Perrier’s guidance in 1860”(ibid.). The importance of this history in terms of claims to originality was certainly more appreciated by Janet than Freud. Thus Janet commented that:

“Is it not rather quaint to find that during the years 1878 to 1882 Charcot was presenting to the Academy of Sciences what he believed to be fresh physiological discoveries destined to discredit for ever the claims of the magnetisers, when in reality he was merely reproducing the century -old teaching of these same magnetisers?” (ibid. p.191).

Janet’s sensitivity to the problem of suggestion formed a central aspect of his criticism of psychoanalysis particularly:

“..what they call the method of ‘free-association’. I do not think much of the method, and I regard those who advise it as somewhat simple-minded, for the patient still feels himself to be under observation, and will be more inclined than we are apt to suppose

to arrange his words so as to produce a definite effect” (ibid. p. 608).

It is certainly not to the credit of psychoanalysis that Janet’s comments about the ‘demand characteristics’ of the rapport contributing to an overvaluation of dream interpretation and the role of sexuality in the causation of neurosis, were more or less simply dismissed out of hand by Freud, Jones and Jung.

Ernest Jones’s response to the problem simply misses the point: “ Does Professor Janet seriously believe that Professor Freud, who deliberately withholds from his patients all knowledge of psychoanalysis except what they discover for themselves, conveys, consciously or unconsciously to them such impressions” (Perry and Laurence 1984, p.14). This rather brusque dismissal of the possibility of the suggestive effects of the analyst’s theories on the patient recalls the remark by Steiner, given earlier. In his discussion on the status of psychoanalytic theory, Steiner simply states that “the theory brings sex into it because the patient brings sex into it”. (Davies 1985).

As I have already indicated, this battle between Janet and Freud in many ways simply repeated a whole history of such arguments. Looking back, but still not too distant from the birth of psychoanalysis, was the ‘war’ between the competing schools of Bernheim in Nancy and Charcot in Paris. I have already touched upon an aspect of the Charcot/Bernheim rivalry as seen through the eyes of Janet. From Charcot’s side this consisted of his view that hypnosis was essentially a pathological condition with definable and predictable stages. Charcot was foremost a neurologist whose

reputation, as Gauld informs us, “became first national and then international” (Gauld 1995, p.306). Between 1862, when he came to the Salpêtrière as the physician and 1883, when he was elected to the Academy of Sciences, Charcot effected enormous changes both to the material fabric and the quality of clinical work at the Salpêtrière. As I have already noted, Charcot’s views of hypnosis echoed his views on hysteria. The latter was defined through its “most characteristic symptom ...the hysterical attack, or *grande hysteria*” (ibid. p.308). As Gauld notes, this definition, which consisted of various stages, resembled those found in epilepsy. This can easily be understood in so far as “Charcot had assumed charge of a ward containing large numbers of both epileptics and hysterics. The hysterics had become well acquainted with epileptic seizures; hence epileptoid attacks were unusually prominent in their symptomatology”(ibid.).

What is interesting about Charcot’s views on hypnosis is not so much that these followed his views on hysteria. It is rather that his first acquaintance with hypnosis came through ideas being promoted at the time concerning metallotherapy. In Paris, Charcot came into contact with these views via the work of Burq. Charcot was so impressed with these ideas that he instigated a commission in 1877 to investigate the matter. Amongst the central ideas of metallotherapy was “that contact of the skin with metals could relieve hysterical anaesthesias, and also the paralyses and contractures”(ibid. p.310). In his own research Charcot “found that the ‘cures’ brought about by contact with metals tended to be evanescent, and that sometimes a symptom removed on one side of the body would immediately re-emerge in the corresponding part of the other side, a phenomenon which was called ‘transference’”(ibid.).

The crucial point about Charcot's interest in metallothrapy, from the perspective of my argument, is that it recalled the earlier interests of the animal magnetists, "... Probably without his realising it"(Crabtree 1993, p.167). I suggest that Charcot's 'lack of realisation' amounted to a denial of the whole tradition of 'animal magnetism', in the interest of claiming an original view. The evidence for this denial is firstly that it seems inconceivable that Charcot had no knowledge of 'animal magnetism' when he "was known for his collection of rare old books on witch-craft and possession"(Ellenberger 1970, p.95). However, a second and more compelling reason, for believing that Charcot denied the history of 'animal magnetism', is his relationship with Moritz Benedikt (1835-1920).

Benedikt was a neurologist from Vienna who, as Borch-Jacobsen (1996) notes, was familiar with the tradition of magnetic healing. In a lecture delivered in 1880 on Catalepsy and Mesmerism, Benedikt contested the tradition of magnetic healing associated with the "untenable hypothesis" that explains the "phenomena of artificial catalepsy as effects of imagination and simulation" (Borch-Jacobsen 1996, p.117). As Borch-Jacobsen suggests, Benedikt's remarks seem to allude to the reports commissioned by Louis XVI in 1784 to investigate the existence of the 'fluid' postulated by Mesmer. Although Charcot was undoubtedly familiar with Benedikt's "resolutely physiological" theories (ibid. p.71), he seems to have ignored how these, and his own views, revived the very controversies that had been at the centre of the battles between the 'fluidists' and 'animists' almost a century earlier.

Likewise, Charcot's protagonist Bernheim, whilst insistent on the originality of his own views, seemed also rather oblivious to the past. In his divergence from Charcot,

there seems to be little recognition that they were repeating the similar divergence of opinion that had occurred largely as a result of the inquiries into animal magnetism of 1784. In 1884, Hippolyte Bernheim (1840-1919) published a small book on hypnosis and suggestion. As Gauld notes:

“This brief work was ultimately to have a greater influence than anything which had appeared in the hundred years since Puységur’s *Memoires*. Its publication made, however, no great noise, only a quiet, though audible, detonation, as if a demolition expert had fired a small but strategically placed charge to cause the slow collapse of an imposing edifice. The unsound structure that was shortly began to collapse was of course Charcot’s” (Gauld 1992, p.324).

Two years before publishing his book, Bernheim, who was a professor of medicine at Nancy, had become acquainted with the work of Liebeault (1823-1904), who was practising magnetic healing in the vicinity. Liebeault was a country doctor who had developed an early interest in animal magnetism. In 1864 he gave up his medical practice to devote himself to magnetic healing. That same year he published a book on this work, which although initially made little impact, was later republished under the auspices of Bernheim, who brought Liebeault out of obscurity. The essential point of Bernheim’s disagreement with Charcot was over the latter regarding hypnosis as a pathological condition: “In opposition to Charcot, he proclaimed that hypnosis was not a pathological condition found only in hysterics, but it was the effect of “suggestion” (Ellenberger 1970, p.87).

In spite of his argument about the ‘artefactual’ nature of hypnosis, Bernheim was unable to apply this knowledge to his own ‘original’ ideas. One of these ideas was that “post-hypnotic amnesia was not as complete as generally assumed”(ibid. p.89). Freud relied upon this idea to bolster the distinction between psychoanalysis and hypnosis, in so far as the former did not need the induction of a trance state. Bernheim showed that suggestive effects of hypnosis could be obtained in the waking state by “skillful questioning”(ibid.). Such questioning was the predecessor of the psychoanalytic technique of ‘free-association’. However, as Ellenberger notes, the idea of ‘waking suggestion’ was not:

“..so new as Bernheim believed. As early as 1818, Lowenhielm... claimed that by putting two fingers on the forehead of the subject, the latter was able to recall what he had experienced during the hypnotic state; various methods to the same effect had been commonly used by other magnetisers”(ibid. p.107). Notwithstanding Bernheim’s ignorance about the unoriginality of the idea of ‘waking suggestion’, it also appeared that his early debt to Liebeault was succumbing to amnesia: “After having been Liebeault’s respectful disciple for years, Bernheim now obviously considered him as his precursor and himself as the true founder of psychotherapy”(ibid. p.89).

What the central feature of this fore-going history amounts to, is a series of claims to have discovered a unique characteristic of the unconscious. What these rivalrous pairings reveal is that at the heart of the claims and counter-claims is the profound

similarity of the various discoveries. The fact that each protagonist declares *his* to be the defining characteristic of the unconscious to the exclusion of the others demonstrates, in my view, a defence against the mimetic qualities of the unconscious. As I will go on to show in the “mimetic case-studies”, all of the supposed characteristics of the unconscious that were (and continue to be) fought over, are nothing more than an artefact of the mimetic relationship between the patient and the therapist.

The interesting exception to the shared ‘blindness’ embedded within these rivalries, is Pierre Janet. Apart from his insight into the ‘suggestive’ effects of the rapport, is the fact that he did not form a school around himself. Although he had contemporaries like Moreton Prince who attempted to extend his work, and he taught in various places, he remained relatively independent in his work. As I suggested above, the formation of ‘schools’ organised around particular psychical discoverers seems to be part of the defensive strategy of sealing off such discoveries as discrete concepts. As I will suggest in my conclusion when I come to discuss the work of Milton Erickson, the quality of independence and thus perhaps a greater tolerance of the mimetic condition seems indispensable to the practice of an effective therapy that recognises the essential mimetic, and thus shared, structure of the unconscious.

Before I leave this historical detour to return to transference, I want to briefly mention another hypnotist whose research, like Janet’s, has some bearing upon the state of suggestion. As I have argued, the only enduring characteristic of the unconscious; which is the basis of suggestion; is its capacity to reproduce, like a photocopying machine. Interestingly, Moriz Bendikt, a Viennese doctor who was using hypnotic

techniques around 1865, wrote about “the brain’s capacity to retain virtually anything: “The human brain is a phonograph”; “The human brain is a photographic plate””(Borch-Jacobsen 1996, p.71). Whereas Benedikt used these descriptions to explain the apparent clairvoyant powers of somnambulistic patients on an enhanced capacity for hypermnesia, his choice of metaphors suggests reproduction as much as it does retention.

Transference as conversion

The denial of the mimetic basis of the rapport/transference through institutional structures thus has a long history. As I mentioned at the beginning of the chapter, there is a twist to this denial. In the attempt to deny the mimetic exchange between the patient and therapist, the latter uses theories of representation, which congeal into rigid beliefs and are strengthened by institutional structures. This, however, does not stop the process of mimesis. What happens is that these beliefs become themselves the currency of the mimetic transaction. I suggest that this shows itself in the clinical setting whereby the patient ends up becoming a therapist and is I believe a very common phenomenon. Someone turns to a psychotherapist for help with this or that complaint. Very quickly, but more often than not whilst the therapy continues, they get the idea that they would like to train as a therapist themselves. There are often two factors associated with this. Firstly, the person is often chronically psychologically disturbed, and secondly, the person is often already established in some field or other e.g. as a barrister, artist or doctor.

Rather than accept the limitations of psychoanalytic knowledge as having any real therapeutic effect, the patient is turned into a disciple of psychoanalysis. A good example of this is provided by the analyst, Margaret Little. As given in two published accounts (Little 1986, 1990), Little suffered from severe episodes of psychotic depression, beginning when she was a young doctor. Within weeks of beginning of her first analysis, she was being encouraged to train at the Tavistock. Later on, near the start of her analysis with Ella Sharpe, she was encouraged to train at the Institute of Psychoanalysis. During her third analysis with Winnicott, having qualified as an analyst, she was hospitalised because she was suicidal.

As I will note in the “mimetic case-studies”, there is plenty of evidence that Little’s own disturbance became irretrievably conflated with her patients’ disturbances. Although she was certainly considered to be unorthodox in her views, her mental instability seems to have presented no real obstacle to the high estimation of her contribution to psychoanalysis. It seems clear that psychoanalysis did little to ameliorate Little’s psychotic illness, but instead came to serve as the basis for her work as an analyst. This seems to me the most striking characteristic of conversion: the patient is not cured by the psychoanalytic method, but nevertheless continues to propagate the possibility of success by attempting to cure others.

CHAPTER FIVE

The mimetic case studies

So far I have discussed various examples in which psychoanalysis conceptualises the phenomenon of transference in order to deny the nature of the unconscious. Whilst recognising the defensive nature of transference, psychoanalysis assumes, incorrectly, that this involves a misplaced representation. In other words the transference idea that the patient develops about the therapist is simply a distortion of the patient's unconscious representation or phantasy. Psychoanalysis thus believes that the unconscious of the patient can be extricated via the transference. I have argued, however, that the structure of the unconscious lies outside representation in the mode of affect. In relation to affect, representation is never anything but a denial of affect's phenomenality. The consequence of the psychoanalytic belief that the unconscious can be represented through transference does no more than strengthen this denial of the affective unconscious.

The conceptual development of transference, within psychoanalytic theory, has moved from being recognised as a road to the affective mode of the unconscious, to being considered an equivalent of the unconscious. At best such psychoanalytic theories simply describe the various ways in which people avoid recognising the affective foundation of subjectivity. At worst, these psychoanalytic theories simply reflect the mimetic relationship between the patient and the therapist. As Oakley writes, “ what value does a theory of madness and ways of responding to it have,

when much of that theory has been developed within a relationship that has played a significant part in bringing about the very phenomenon under investigation?”(Oakley 1993, p.281).

I have thus argued that psychoanalytic theory is no better placed than the theories of Mesmer’s day that were resorted to explain the ‘rapport’. In short I have suggested that the phenomenon of transference offers no therapeutic advantage to psychoanalysis. This will only be possible once the underlying nature of the unconscious is recognised for what it is - a process of affective mimesis. In my concluding chapter I discuss what this might mean for psychotherapy. In the meantime I want to discuss what I consider to be the most compelling argument for affective mimesis. Here I am going to give examples from clinical interactions from different eras of the time span under consideration. Although I will concentrate on contemporary psychoanalytic accounts, I want to show that at the heart of the clinical interaction, mimesis has always been, and continues to be, a problem for all therapeutic interventions. The problem is increased to the extent that it remains unrecognised.

What the therapist takes to be confirmation of his unique insight into the unconscious is, in fact, simply a marker of the mimetic process between patient, therapist and the dominant cultural concerns of the day. In particular what psychoanalysis is unwilling to recognise is the extent to which the symptoms of the patient and the explanations of the therapist are, to use Balint’s phrase, a “ harmonious interpenetrating mix-up” (Balint 1984, p.66). As such, these ‘mimetic effects’ merely indicate the unconscious at work and cannot, as is claimed, serve as the foundation for theoretical knowledge

that could surmount or transform the unconscious. The greatest difficulty for psychoanalysis is therefore accepting that ‘transference’ is simply the most contemporary expression of a relationship defined around, paradoxically, by what Borch-Jacobsen refers to as “invariant variation”: Thus “each culture, each epoch, each theoretical set-up emphasises one or another of the phenomenon to the detriment of the others, in order to try and master its disconcerting ambiguity”(Borch-Jacobsen 1993, p.102). I suggest that this ambiguity arises from the ‘affective mimetic’ structure of the unconscious, which merely reproduces whatever representational efforts are made in the attempt to surmount it.

Even if such psychoanalytic theory cannot function as a direct path to the unconscious, it has, nevertheless, been indelibly marked by the affective nature of the unconscious. This has shown itself through various references to problematic identifications, which emphasise the mimetic character of the unconscious. As I will suggest in the following chapter, there are many indications within the psychoanalytic literature of recognition of the mimetic nature of the unconscious. Such recognition is, however, by no means explicit either as posing a problem between psychoanalysts or between psychoanalysts and their patients.

Two notable exceptions to this state of affairs are the accounts by Oakley (1993) and Roustang (1982). The former concerns the relationship between R.D.Laing and David Cooper, whilst the latter concerns the relationship between Freud and Tausk. Both accounts describe the characteristics of the ensuing relationship in terms of the struggle to maintain an individual identity in the face of the thought, that each has of the other, of being stolen from.

What neither of these accounts really develops is firstly that this characteristic, in my view, marks all therapeutic interactions to a greater or lesser degree. Secondly the consequence of this for psychoanalysis is averted: neither of the authors - both psychoanalysts seem willing to pursue their argument to its conclusion. This, I suggest, is that psychoanalysis persists in making the problem worse because it cannot let go of the idea of pursuing its 'unique' identity based on the attempt to demonstrate that the transference is a translucent window to the unconscious. It is the sheer obstinacy with which psychoanalysis clings to this idea that I want to illustrate in these case studies. In particular I want to show that central to these interactions is the psychoanalyst attempting to maintain an original identity for psychoanalysis in a context where this is impossible.

Although I argue that this is a common phenomenon, this is very difficult to show, given the enclosed nature of clinical interactions. Where it is relatively easy to show the mimetic effects at work is in examples of the published work of psychoanalysts. What I want to show is how their subsequent theory/practice is mimetically derived from the encounter with their own analyst. In fact, invariably, this does not involve just having a single analysis, but typically two and sometimes three or four. These 'analytic series' all share the same characteristic. The justification for having more than one analysis is connected with the failure of the preceding one to have got to the bottom of things. Although this is often passed off as the failure of a particular psychoanalyst or the 'analytic fit' between patient and analyst, I am going to argue that it is more to do with the failure of psychoanalysis per se.

Instead of the therapeutic limitations of psychoanalysis being acknowledged, the failure is incorporated into a belief that knowledge of the unconscious is accumulative: the more analysis that one has, the more one learns. In fact, what one does learn from scrutinising these cases is the extent to which the need to uphold a psychoanalytic identity takes precedence over any real recognition of the mimetic basis of the relationship and; following this; how little the limits of psychoanalysis are discussed. Before I come to discuss the contemporary examples of ‘mimetic case studies’ I am going to give some brief examples from the period leading up to Freud. My aim in doing this is to show that the ‘mimetic’ phenomenon is not one that is simply the problem for psychoanalysis.

Mesmer

In 1759 Mesmer studied as a doctor in Vienna, completing his studies with a thesis on ‘animal gravity’. This referred to the “ generalised influence of celestial bodies on the human organism”(Crabtree 1993, p.4). This idea of a subtle, influential force gave way to the later idea of ‘animal magnetism’. During the course of his medical practice, Mesmer came into contact with Maximillian Hell, a Jesuit priest, who had developed “a cure for stomach cramps ... involving the use of an iron magnet”(ibid.p.5). Mesmer used Hell’s magnets to successfully relieve the long standing symptoms of a young hysteric, Francisca Oesterlin: “After making her swallow a preparation containing iron, he attached three specially conceived magnets to her body, one on her stomach the two others on her legs” (Ellenberger 1970, p.58). During the course of this treatment the “patient soon began to feel extraordinary

streams of a mysterious fluid running downward through her body, and all her evils were swept away for several hours”(ibid. p.59).

The first point to note is the fact that Oesterlin reported a “fluid” running down her, a symptom that is surely not unrelated to the rationale for Mesmer attaching the magnets. Mesmer’s aim was to produce an “artificial tide”(ibid.) on the analogy of the gravitational effects on the ocean tides. In other words Mesmer’s treatment produces Oesterlin’s symptom. As Ellenberger goes on to note, Mesmer realised that the curative action:

“..could not be possibly caused by the magnets alone ...that these magnetic streams in his patient were produced by a fluid accumulated in his own person, which he called animal magnetism. That magnet was but an auxiliary means of reinforcing that animal magnetism and giving it a direction”(ibid.).

As various commentators have noted, although Mesmer believed in the reality of ‘animal magnetism’ as a kind of ‘matter’ or ‘fluid’, the explanatory shift that Mesmer effected from the mineral magnet to his person, laid the foundation for a ‘psychological’ rather than a ‘physical’ explanation.

I suggest, however, that what appears to be an epistemological shift in explanatory power (i.e. physical explanation to psychological explanation) is illusory and is simply a displacement in kind. In fact Mesmer’s ‘shift’ achieves no more than Freud’s does when the latter claimed that the concept of ‘transference’ explained ‘suggestion’.

I argue that the problem with this kind of explanation is that it is unable to see beyond the particular representation to the mimetic ‘mechanism’ that produces it. Even if Mesmer noted the close connection between the symptom and the treatment, he did so in the cause of ‘finding’ the evidence in Oesterlin’s symptoms that confirmed ‘his discovery’. I will leave to my later discussion the question as to whether exposing the mimetic basis of the ‘rapport’ necessarily entails making a claim for originality. Nevertheless what is suggestive about this inaugural event, as indeed is repeated later with Freud’s ‘discovery’ of transference, is that it is accompanied by a battle about originality. Shortly after Mesmer’s ‘discovery’, Father Hell published a treatise claiming that the success of the treatment was due to his magnets. Duly Mesmer responded by publishing his counter-claim that the success was due to ‘animal magnetism’.

Puységur

Of the many immediate successors to Mesmer’s work, Puységur is credited with having developed animal magnetism “in a new and clearly psychological direction” (Crabtree 1993, p.52). I have already given some indication of the nature of his ideas in Chapter 2. His main difference with Mesmer was over the nature of the ‘magnetic crisis’. In contrast to the violent agitations that Mesmer’s patients would fall into, Puységur maintained that the true crisis is the “calm and tranquil state which, to the onlooker, reveals only a picture of well-being and the peaceful work of nature effecting a return to health”(Puységur 1784[Crabtree 1993, p.48]). Puységur referred to this state as “artificial somnambulism” which he noticed was also characterised by

what appeared to be a separate consciousness. During this latter state, the person would manifest a part of their personality not available to ordinary consciousness.

One of Puységur's patients was a peasant called Victor Race, who worked on the Marquis' estate. According to Gauld's account:

“Victor had been suffering for four days with an inflammatory condition of the lungs. He had pain in his side, was spitting up blood, and was greatly enfeebled by fever. After quarter of an hour of magnetisation he fell into what seemed to be a sleep. He then began to talk, loudly, about his domestic worries” (Gauld 1995, p.41).

After four days of treatment Victor appears to have been well on the way to recovery. During his somnambulistic phases he seemed to develop the capacity for clairvoyance, not only in terms of what he ‘saw’ about his own condition but also others. Henceforth he became a ‘somnambule’, being able to diagnose and prescribe treatments for other patients.

Puységur's treatment has been heralded as the beginning of modern psychotherapy. What has been emphasised in particular both by Ellenberger (1970) and Crabtree (1993), is an aspect of the treatment which highlighted three aspects associated with later developments in hypnosis and psychotherapy. These are catharsis, confession and a ‘second consciousness’ which all made their appearance in Victor's treatment. During his treatment and whilst in a somnambule state, Victor had confided about a

family dispute he was engaged in with his sister, over the property deeds of their mother's house. On hearing this Puységur arranged for the deeds of the house to be given to him for safe-keeping. When this was accomplished, Victor seemed less disturbed about the whole issue. These contemporary commentators thus regard this episode as an early example of the important ingredients of psychotherapy.

Be that as it may, what is less emphasised, if at all, is the mimetic quality of the interaction between Race and Puységur, which seems present on two counts. Firstly, it seems perfectly plausible to argue that what were taken to be unique discoveries about the mind; in particular a 'second consciousness' and 'clairvoyancy'; in fact were artefacts of Victor Race's feverish condition. The fact that Victor spoke, whilst somnambulistic, in an unusually eloquent manner, seems suggestive of a deep identification with Puységur made easier, initially, by the effects of a high temperature. Secondly is the conversion factor whereby Victor, now cured by magnetism, goes on to treat others. This was, of course, not something unique to Victor but a very wide phenomenon amongst both the eras of animal magnetism and hypnosis. As I mentioned in the last chapter, this phenomenon occurs in the present time where some patients in psychoanalysis later go on to train as analysts¹. Whilst I suggested that an important aspect of this conversion has something to do with the failure of psychoanalysis to really cure, Victor's case seems to suggest a further aspect. Bearing in mind his peasant status, the transition to becoming a 'somnambulistic healer' must have also brought with it an elevated social position.

¹ It should be noted that I am not referring to people who have already decided to become analysts and then have a "training analysis", but "ordinary" psychoanalytic patients.

Freud

According to the indefatigable researches of Peter Swales (1986), Freud regarded his patient, 'Frau Cacilie M', as "his teacher". During the course of her involvement with him, Freud was to "modify his method of treatment in a manner fateful for the whole future of his work" (Swales 1986, p.43). Freud had begun the treatment of "Frau Cacilie M" in 1888, some 7-8 years after Breuer had treated 'Anna O'. Around the age of 41 years when Freud started treating her, 'Frau Cacilie M' had "For no less than 30 years ... been afflicted with a 'chronic hysteria' featuring numerous psychic and somatic symptoms" (ibid. p.6). Although Freud had begun by using direct hypnotic suggestion to remove her symptoms, after about a year this gave way to catharsis à la Breuer and then to "subsequently ... replacing it with the 'association' technique" (ibid. p.45).

The 'official' account of why Freud dispensed with hypnosis is associated with the great impression that the work of Bernheim had on Freud. In particular was Bernheim's observation that the amnesia concerning the origin of a post-hypnotic suggestion was only apparent. When pressed, the patient could be induced to remember what he had previously 'forgotten'. After a visit to Bernheim in 1889, Freud thus continued to treat 'Cacilie M' for about three years through catharsis. Instead of suggesting that her symptoms would disappear through suggestion, Freud attempted to trace their origin and "unravel many highly intricate and complex trains of thought" (ibid. p.8). Although this led to an improvement, "Freud mentions, it was

his regular custom to hasten the end of each attack by the use of some unspecified ‘artificial means’”(ibid.).

This “artificial means” was in fact morphine, to which ‘Frau Cacilie M’ was severely addicted and to which, furthermore, there is no mention in Freud’s and Breuer’s ‘Studies’. Swales speculates about the role of morphine in accentuating her rich fantasy life and helping to produce the ‘free associations’ that were to become the hallmark of psychoanalysis. Swales, furthermore, suggests that far from illuminating her past, these ‘free associations’ arose out of a mimetic relation between Freud and his patient and the interplay “between symptoms and ideas”(ibid. p.47). Thus given her aristocratic position within a family with an “intrinsically pathological quality”(ibid.), the high expectations for a cure from her chronic condition; coupled with Freud’s ambitions to succeed and be accepted by the already well established Breuer; suggests “current flights of mutual fantasy between patient and doctor in the manner of a folie a deux”(ibid.). This question of a mutually reinforcing fantasy is also suggestive of transference, and what is perhaps relevant here is the question of its discovery.

In one account of the development of psychoanalysis, after having ‘described’ how Breuer ‘retreated in dismay’ from “Anna O”, Freud gives an account of his own difficulties with a patient. Thus he writes:

“It related to one of my most acquiescent patients, with whom hypnotism had enabled me to bring about the most marvellous results, and whom I was engaged in relieving of her suffering by

tracing back her attacks of pain to their origins. As she woke up on one occasion, she threw her arms around my neck. The unexpected entrance of a servant relieved us from a painful discussion, but from that time onwards there was a tacit understanding between us that the hypnotic treatment should be discontinued. I was modest enough not to attribute the event to my own irresistible personal attraction, and I felt that I had now grasped the nature of the mysterious element that was at work behind hypnotism. In order to exclude it, or at all events to isolate it, it was necessary to abandon hypnotism” (Freud 1925, 20, p.27).

It seems clear from the context of this account that the “mysterious element” Freud refers to is transference and that “ the personal emotional relation between doctor and patient was after all stronger than the whole cathartic process, and it was precisely *that factor which escaped every effort at control*” (ibid. [Emphasis mine]). Freud gives no details as to the identity of this patient but Chertok, writing about this event suggests that the “discovery of the transference may, therefore, be placed between the date when the article of 1891 was written and that of 28 June 1892” (Chertok 1968, p.567). Although Chertok doesn’t reveal the identity of the patient, the dates he deduces and the general description and context of the encounter are highly suggestive of ‘Frau Cacilie M’.

If the discovery of transference did indeed involve the co-instigator of ‘free association’, then Freud’s remark concerning “that factor which escaped every effort at control”, does not bode well for the future of psychoanalysis that will, nevertheless,

make the representation of these elements its distinctive feature. The model of psychic freedom is thus, ironically, derived from an addiction with all the problems involved in stopping it. Now there is no suggestion, of course, that Freud was addicted to morphine but it perhaps could be said, following Swales remarks about a “mimetic relationship”, that Freud became addicted to ‘Frau Cacilie M’ in her addicted state. Swales reports that Freud attended to her “twice a day for some three years” (Swales 1986, p.48). Likewise, according to Borch-Jacobsen, “over the period of a year and a half, Breuer spent more than a thousand hours in Bertha’s (“Anna O”) company” (Borch-Jacobsen 1996, p.43). From these examples I suggest that the birth of psychoanalysis is indelibly linked with the addictive and ‘the uncontrollable factor’ of the rapport with little indication that the ‘cathartic process’, later to become ‘free association’ can do anything but proliferate the problem. In the face of this ‘uncontrollable factor’ which marks the beginning of psychoanalysis, it is clear that the subsequent development of psychoanalysis involves a massive effort to maintain a stable identity. As I have mentioned previously, this can be taken to refer both to psychoanalysis and to the psychoanalyst.

Guntrip

The next case study that I am going to consider is interesting in so far as it demonstrates the extent to which psychopathology, psychoanalytic theory, and practice can be so muddled up and yet not be seen to challenge any of the basic premises of psychoanalysis. Guntrip is an important figure in the development of OR , particularly in relation to the work of Fairbairn and Winnicott. What makes his work

of particular interest here is that he went to both of these psychoanalysts for help with “a total amnesia for a severe trauma at the age of three and half years, over the death of a younger brother”(Guntrip 1975, p.145).

The article in which Guntrip recounts his experience has a sub-title:”How Complete A Result Does Psycho-Analytic Therapy Achieve?” To which question one quickly finds out that “ Two analyses failed to break through that amnesia, but it was resolved unexpectedly after they had ended”(ibid.). At the end of the article Guntrip poses another, related question: “What is psychoanalytic psychotherapy?” Guntrip’s answer is specific to his own case: “ It is, as I see it, the provision of a reliable and understanding human relationship of a kind that makes contact with the deeply repressed traumatised child in a way that enables one to become steadily more able to live, in the security of a new relationship, with the traumatic legacy of the earliest formative years, as it seeps through or erupts into consciousness”(ibid. p.155).

The specificity of Guntrip’s theory of psychotherapy is directly related to the poignant account that he gives of his own undoubtedly traumatic childhood for which he is seeking analytic relief. What is interesting, however, is the function that these details of his life carry in relation to his overall theoretical argument. Guntrip concludes that psychoanalytic theory “must be rooted in our psychopathology”(ibid. p.156). For Guntrip this is his concept of ‘the regressed ego’ which is clearly formulated around the regressive pull he experiences in his symptoms of exhaustion and depression rooted, as he suggests, in his own experience of maternal deprivation. Equally Guntrip suggests that “Balint’s ‘basic fault’ and Winnicott’s ‘incommunicado core’

must be their ways of ‘intuitively sensing’ their own basic reality, and therefore other people’s” (ibid.).

What Guntrip is pointing to is the difficulty for the psychoanalyst in being able to overcome his own pathological biases. The implication of this is that the patient is unlikely to advance beyond the limit imposed by the analyst’s pathology - a point recognised by Freud in his reference to counter-transference. The relevant question is, however, to what extent is Guntrip’s problem (by which I mean his child-hood trauma and his later psychoanalytic theorisation of it), actually a problem of mimetic identification with his two analysts? This question is particularly pertinent (but unanswered) given Guntrip’s belief that in spite of the personal origin of psychoanalytic theory, it is a way of “intuitively sensing ... other people(s)”.

Before, during, and after his analyses, Guntrip has extensive theoretical discussions with both Fairbairn and Winnicott. Although aimed at clarifying the differences between each other’s theory of regression, it seems that these theoretical excursions highlight just how entangled the three of them were. Reading his account, it is sometimes very difficult to tell who is analysing who. For instance, whilst an analysand of Fairbairn, Guntrip writes how it “came to *our* ears that Winnicott and Hoffer thought my adherence to his theory was due to not allowing him to analyse my aggression in the transference”(ibid. p.148 [emphasis mine]). Later Guntrip reports Winnicott saying to him:

“You too have a good breast. You’ve always been able to give more than take. I’m good for you but you’re good for me. Doing

your analysis is almost the most reassuring thing that happens to me. The chap before you makes me feel I'm no good at all. You don't have to be good for me. I don't need it and can cope without it, but in fact you are good for me"(ibid. p.153)

In short, it raises the question as to how much his analyses actually exacerbated, rather than resolved, his problem of a childhood marked by traumatic identifications? The weakest evidence for this is given by the simple fact that his problems started to resolve once he had finished being a patient. In fact towards the end of his analysis with Fairborn, Guntrip "suddenly saw that I could never solve my problem with an analyst"(p.151). In spite of this insight, however, Guntrip sought out a further analysis with Winnicott. His account of persisting childhood identifications; as malignant as they seem to have been; cannot conceal the fact that it is the mutually reinforcing identifications between patient and analyst arising out of the psychoanalytic encounter itself that are problematic.

Commentators often point to Guntrip's "over-dependence upon, and exaggerated use of, cerebral capacities which constituted his main form of "resistance" to the psychotherapeutic process" (Hazell 1996, p.xi). At one level Guntrip clearly recognised this when he wrote, "Theory is only a schizoid defence. It doesn't lead to change. This only occurs in an enduring personal relationship"(ibid. p.xii). Whilst it is true that intellectualisation in the form of theory building is a resistance, it is certainly not the case that this can be dealt with by "an enduring personal relationship". As I hope has been illustrated, it is precisely the latter, in so far as it is also the basis of a mimetic relationship that causes the problem.

Margaret Little

Margaret Little, whom I mentioned in the previous chapter, trained initially as a GP before becoming a psychoanalyst, qualifying in late 1945. Little is chiefly known for her views about the concept of ‘counter-transference’ (1986). Her analytic style, which informs her theoretical musings about ‘counter-transference’, is candid in terms of what she reveals about her emotional reactions to her patients. She is also equally candid about the more personal details of her life, which have been published in relation to her experience of being a patient of D.W. Winnicott (1999). Little had three periods of analysis, precipitated by a severe depressive illness, which had begun when she was studying medicine.

Little’s work can be regarded as paradigmatic of the argument that I am advancing in this thesis. Her work comes close to an acknowledgement that transference is essentially a mimetic relationship which develops between patient and analyst. It also demonstrates how the therapeutic failure of psychoanalysis becomes transformed into a theoretical success. In the previous chapter, I concentrated on showing how this transformation functions in relation to begetting more analysts. Here I want to focus more on the mimetic relationship between Little and her analysts. Notwithstanding this, her work is presented as an achievement for psychoanalysis: Langs, an American psychoanalyst, suggests in the introduction to her work that “Her papers on this subject provide not only a program for present-day research, but a guide to modern therapeutic and analytic practice”(Little 1990, p.xii).

However, a close scrutiny of her writings reveals how her anxiety; intensified to psychotic levels through her various transference encounters with her analysts; is mimetically transformed into a psychoanalytical theory. There is scant evidence that this theory achieves much for her patients. In fact the very thing that Little has become renowned for is precisely those moments when she unleashes therapeutic interventions which are redolent of “hypnosis and strong suggestion” which, as I will come to in a moment, she ostensibly rejects. At the heart of her work, both as analyst and as patient, is containment. What this work illustrates is how much more is owed to the long tradition of libertarian asylum, than to psychoanalysis; particularly in the example of her own hospitalisation by Winnicott,.

Her first period of psychotherapy began in 1936, when she was about 35 years old, and consisted of thrice weekly sessions with a Jungian. What is interesting about Little’s induction into psychotherapy, is the account she gives concerning another’s madness. Little writes “In 1936 a woman friend who lived with me was persuaded to seek psychotherapy. She had broken down in 1933 following what she understood to be lesbian advances made to her by a colleague. For three years I had endured long bouts of weeping and sulking, accusations, and suicide threats that I believed to be serious. She would flounce off, drive madly on the motorway, and hide for hours, coming back only late at night when I had given up trying to find her ...As soon as she started in treatment I knew that I needed it too, and set out to find it” (Little 1990, p.25).

As I will come to in the following chapter, this story is reminiscent of Dostoyevsky’s story, “The Double”(1972), with Little and her friend reproducing the same type of

relationship as Golyadkin and his “selfsame”. What is at issue is not primarily Little’s obvious struggle about personal identity: “I spoke once of how I wanted “to be somebody,” meaning to be a real person, not nobody, or an un-person, as I felt I was”(ibid. p.34). The problem is rather that the belief in psychoanalysis becomes the vehicle for achieving this identity through her mimetic relationships with various psychoanalysts. This, in turn, is reinforced by her own work as a psychoanalyst.

The first period of psychotherapy lasted two years. Little says of this first therapist that “he enabled me to break free from my clinging and dominating friend and establish a different relationship with her” (ibid. p.26). This break with her “double” seems to have been quickly transformed into one with psychoanalysis when her therapist “ encouraged me to train as a psychotherapist at the Tavistock clinic” (ibid.). After ending with Dr. X, Little describes how “I found myself emotionally involved with a patient”, and this precipitated her going to her next analyst, Ella Sharpe. Six weeks after the start of this analysis, in late 1940, Little told Sharpe “ that I would like to train as an analyst. She encouraged me to apply and after interviews with Dr.Edward Glover (then Chairman of the British Psycho-analytical Society) and Dr.Payne (the Training Secretary) I was accepted.”(ibid. p.34).

In her interview with the psychoanalyst Robert Langs, Little presents this event in an interesting way: “ I had already realised that to me the Tavistock attitude was inadequate. I had a discussion with one very senior therapist there about what to do with a patient when you have analysed his symptoms, and analysed and analysed, till you both know all about them, and still they persist. Her solution was hypnosis and strong suggestion! At that point I knew this wasn’t for me ... so I left the Tavistock,

and taking Freud as the founder of all we know, I chose psychoanalysis”(Little 1986, p.282). What is interesting about Little’s account is that it is a reproduction of the earlier mimetic encounter with her friend. It is clear that this struggle with the ‘other’ (which is also herself) is becoming more intense.

She describes her first meeting with Sharpe as “utter destruction, being bodily dismembered, driven irretrievably insane, wiped out, abandoned, and forgotten by the whole world as one who had never been”(Little 1990, p.32). Little’s overwhelming need for an identity, however, is matched by an analyst who, as I mentioned in the previous chapter, adheres to “the fundamentals of psychoanalysis which are beyond question” (Sharpe 1943). Little’s need to end her psychosis is matched by Sharpe’s belief in psychoanalysis. Both participants hope that psychoanalysis will be enough to deal with Little’s psychosis. Instead of this however, the process of mimesis is exacerbated because the need to establish the identity (of psychoanalysis) won’t allow the acknowledgement of its limitations.

It is tempting to suggest that the patient described by Little whose symptoms ‘persist’ in spite of analysis, is in fact Little herself. Although she turned her back on “hypnosis and strong suggestion”(Little 1986, p.282); these are exactly what is needed to halt her mimetic identifications. In a way this is borne out precisely because Little’s work is renowned for her emphatic clinical interventions. Just one example occurs in the course of Little’s dialogue with Robert Langs (Little 1986). Here she describes working with “borderline patients” where she considers “Everything beyond verbal interpretation”. (ibid.p295)

What she conveys by this, in contradiction to her faith in psychoanalysis, is the importance of “strong suggestion”. This is brought out in the following clinical example:

“One morning, I had a phone call from a patient. My neighbour had told me that this woman had twice parked her car in a very dangerous position and had not only done that, but when she came to go away, she had turned the car around, having to reverse in a terribly dangerous stretch of road. After we’d finished talking about some troubles that she was having in her personal life otherwise, I said to her:” Now when you come next time, I have to say, you must not park in this road; you must park your car up that side turning.” She felt very persecuted; she’d been “spied upon” by my neighbours, and so on. And I said: “I forbid you to park your car there. And most particularly, in no circumstances whatsoever are you to turn in that stretch of road.” I said: “You have the right to kill yourself, but you have no right to endanger other people. Cars just come tearing down there, and it’s a frightfully dangerous bit of road.” (Little 1986, p.297).

However, in spite of ‘strong suggestion’ being embedded in Little’s work, she ostensibly turned her back on this for psychoanalysis, and continued an analysis with Sharpe. This analysis lasted until Sharpe’s death in 1947. The account that Little gives of this analysis is concerned largely with what “Ella Sharpe didn’t do” (ibid. p.289). Towards the end of this analysis (1945), Little was due to read her membership paper

to the British Psychoanalytical Society but a week before this event her father died. Little writes that “I wanted to put it off, but Miss Sharpe insisted that I should go ahead”(Little 1990, p.36). This event is at the centre of Little’s complaint about Sharpe not understanding her: “ I went to see Dr. Payne, and on her couch I raved and wept wildly for an hour. At the end of it she said in tones of surprise, “But you’re very ill!” I replied, “That’s what I have been telling Miss Sharpe for the last six years”. I knew that my real troubles had never been touched”(ibid. p.37).

Little’s complaint about Sharpe was “of her inability to see the true nature of my anxieties”(ibid. p.33), so that the latter interpreted Little’s “material” as being Oedipal rather than “pre-Oedipal”. In some ways Little’s accusation has substance: In her essay “Cautionary Tales” (1943a), Sharpe gives a (disguised) account of the initial session with Little “when the Oedipus situation was the main theme of analysis”(ibid. p.170). Sharpe’s intention is to argue that “phantasy can be used as an aid to instinct control”(ibid.). The account that Sharpe gives is titrated through the story of “Miss Muffet”, the gist of which is this: In subsequent sessions the patient revealed having “taken a violent dislike” to Sharpe in the initial session. The patient (Little) found that:

“..at moments I became a blurred figure, only my head and face remaining clear. She had to look at my hair in a kind of mesmerised way. An eerie quality pervaded the room. The whole interview became nightmarish. Finally she thought: “She’s like a spider in a web. I’m not going to be caught, she’s not getting me”.

She was thankful to get out of the house. So Miss Muffet sought safety in flight” (ibid. p.175).

The gist of Sharpe’s understanding is that what Little experienced was a ‘phantasy’. The suggestion was that the ‘phantasy’ was a defence against the awareness of ‘infantile sexuality’, although the fact that Little “literally ran from the house in panic”(Little 1990, p.31), seems not to have occurred to Sharpe as being a more primitive, and obvious, form of defence. In many ways Sharpe’s ‘misunderstanding’ of this episode is entirely consistent with her belief in psychoanalysis but I suggest, not for the reason that Little complains about. After all Sharpe was not unknowledgeable about regressed or psychotic states: “A year ago I paced up and down Devonshire Place with a patient whose anxiety had reached a climax of frenzy in which murder and suicide were imminently possible. The crisis had been unpredictable through a synchronisation of a repressed trauma nearing consciousness and an unforeseeable external event. Free association methods on the couch were out of the question.”(Sharpe 1943, p.178).

If Sharpe did not recognise Little’s ‘psychotic transference’ to her, neither did Little: “My terror in that first session...being expectation of total annihilation was part, not of a transference neurosis, but, *as I came to realise much later*, of a transference psychosis, based on actual experiences from childhood and earliest infancy”(Little 1990, p.33 [emphasis mine]). I suggest that Little’s misgivings about Sharpe have to be understood firstly in terms of their *joint belief* in the power of psychoanalysis. For different but entirely compatible reasons, this belief overrides any recognition of just how ill and therefore just how unsuitable psychoanalysis as a treatment is for Little.

As far as the latter goes, the ‘limit’ of psychoanalysis only later becomes focussed on Sharpe, once Little is under the mimetic sway of Winnicott.

I am not going to reiterate the details of Little’s analysis with Winnicott. She saw him for a period of some six years beginning in 1949, during which time she was sometimes in a very regressed state. This culminated, as mentioned above, in a five-week admission to a psychiatric hospital during Winnicott’s vacation. In the ‘aftermath’ of her account of this analysis, Little says “I was no longer a nonperson, my identity being acknowledged by D.W. and other people...The overriding feeling is one of deep and lasting gratitude, for D.W. enabled me to find and free my “true self” “(Little 1990, p.69-70).

Mimetic markers

I argue that what Little’s case illustrates is not a victory for psychoanalysis, but the effects of mimesis. Notwithstanding the understanding of the different analysts with obviously differing personalities and capacities, it seems to me that her “true-self” and identity comes from identification with psychoanalysis. Like Puysegur’s patient Victor Race, the personal transformation of Little is deeply embedded in becoming identified with the therapist. Telltale ‘mimetic’ markers signify this transformation of patient into therapist. I argue that these have no “symbolic” significance, but simply function as indicators of identification.

One example occurs in the case of Hill discussed in the last chapter. During Hill's discussion of the way he felt Bick "mechanically interpreted", he relates the following incident: "I bought myself a leather jacket which I was pleased with and, in retrospect, one might wonder whether this might be connected with the skin. But I was told there could only be one meaning- the Nazis wore leather jackets therefore I was identifying with them and attacking her Jewishness. I must stress that there was no evidence whatsoever for this in the material"(Hill 1993, p.467). Hill's observation about "skin" is, nevertheless, revealing about his identification with Bick: she wrote about skin (Bick 1967) and indeed was well known for wearing a leather jacket herself.

Another example comes from Little/ Winnicott and in a sense is a better illustration of the process of mimetic transformation between patient/analyst/ patient. The mimetic marker in this case is the breaking of a vase. Little writes of the incident, " In one early session with D.W. I felt in utter despair of ever getting him to understand anything. I wandered round his room trying to find a way. I contemplated throwing myself out of the window, but felt that he would stop me. Then I thought of throwing out all his books, but finally I attacked and smashed a large vase filled with white lilac, and trampled on it. In a flash he had gone from the room, but he came back just before the end of the hour. Finding me clearing up the mess he said, "I might have expected you to do that [clear up? Or smash up?] but later." Next day an exact replica had replaced the vase and the lilac, and a few days later he explained that I had destroyed something that he valued."(Little 1990, p.43).

Some years later Little contributed to a symposium on counter-transference (at which Winnicott was present) where she stated that “My views come very near to those of Dr. Winnicott (1960)”. (Little 1986, p.129) Little goes on to describe the problems of “patients whose reactions and behaviour are unpredictable” (ibid.) and where the “desired way of working is frustrated” (ibid. p.130). This happens in two ways; firstly, interpretations made by the analyst “are often merely meaningless remarks to the patient”. Secondly the patient may “frequently present the analyst with a situation that does not allow time for this examination and sifting to happen before some remark or action must be made to forestall him in some way if a dangerous piece of acting out is not to happen”(ibid.). To illustrate the latter situation Little gives a clinical example from the “analysis of a very disturbed patient who could not possibly be described as psychoneurotic”(ibid.).

Little recounts that in:

“..one of her sessions there was a disturbance in the house. My rather excitable cleaning woman had an altercation with someone who came to the door. The patient stopped short in what she was saying and waited till it was over. She looked at me and then asked: “What were you thinking? I’ve seen that expression on your face before. What does it mean?” I had plenty of time to consider, and I decided to answer her question. “I was just thinking that I would like to knock their two heads together,” I said. She laughed and then said rather seriously:” I know now what you meant when you said that it isn’t necessary to do what you feel you’d like to.”...

Some time later she arrived one day in a state of frenzy. She looked wildly around the room, and said, “I must smash something, what about your sham mink [sic] pot?”...I was aware only of sudden anger, which was expressed before I knew it...I said, “I’ll just about kill you if you smash my pot” (ibid. p.131).

As part of Little’s further discussion around this incident, she differentiates her views from Heimann’s, in favour of Winnicott’s view about the need for the “analyst to merge with the patient”(ibid.p.133).

The point that I want to bring out in this example, is not Little’s view of the inevitability of the analyst and patient merging. It is the fact that this merging is part of a wider mimetic process which, in Little’s case, includes herself and Winnicott. The fact that Little responds to her patient’s threat to break her pot seems to owe as much, if not more, to Little breaking Winnicott’s vase. This is particularly apparent when Little says of her patient, “I had had many of these episodes of frenzy with her without reacting”(ibid.p.131). It seems to me therefore that such moments cannot help the patient to learn “ a great deal about reality and the difference between psychic and factual reality”, as Little suggests. Such reality would have to acknowledge that these ‘mimetic moments’ are part of a larger and more uncontrollable process. This is something that neither Little, or psychoanalysis in general, is prepared to do.

That Little can both be attuned to the process of mimesis and yet not really challenge it is, I argue, because of her investment and overriding belief in psychoanalysis. To challenge this belief would be to challenge the basis of her “identity” through which

mimesis is kept (only just) at bay. As I will discuss further in my conclusion, the very institutional structures and ‘professionalisation’ of psychoanalysis reinforce the denial of the mimetic effects of the psychoanalytic encounter. Although this pushes, in my view, towards a view that psychotherapists should be unaligned; the denial of mimesis remains a problem. Just to provide one last example of this, I will briefly return to considering Janet.

I have already remarked that Janet was extremely sensitive to the idea that the ‘suggestive’ effects of the ‘rapport’ might mislead psychotherapists about the nature of their knowledge garnered from their work. This view was echoed in his relationship with his contemporaries in so far as he resisted forming a “school” around his work, or identifying with one. In spite of this, there is a small detail in his work, which suggests the presence of a mimetic process about which he remained unaware. It concerns ‘Marcelle’, one of Janet’s early patients at the Saltpetriere.

According to Ellenberger, ‘Marcelle’ was amongst the “first patients on whom he demonstrated his method of psychological analysis and synthesis”(Ellenberger 1970, p.364). During this therapy Janet reports that:

“The stream of thought was often interrupted by what the patient called *clouds* during which her mind was invaded by all kinds of confused ideas and hallucinations... Janet now undertook to range the symptoms according to their depth (*profondeur*). On the most superficial level were the clouds, which he compared to the effects of posthypnotic suggestions. He wondered whether *their content might not be a partial*

reflection of the popular novels she had read with passion for several years”(ibid. [Emphasis mine]).

The term “clouds” occurs in the account of Breuer’s patient ‘Anna O’. He writes that the “regular order of things was: the somnolent state in the afternoon, followed after sunset by the deep hypnosis for which she invented the technical name of “clouds”. If during this she was able to narrate the hallucinations she had had in the course of the day, she would wake up clear in mind, calm and cheerful.”(Freud and Breuer 1893, 2, p.27). Breuer goes on to relate how ‘Anna O’ gradually incorporated the recounting of stories during the phase of “clouds”: “The stories were always sad and some of them very charming, in the style of Hans Andersen’s Picture -book without Pictures, and indeed, *they were probably constructed on that model*” (ibid. p.29 [emphasis mine]).

“Marcelle” was 20 when Janet saw her around the end of 1899 and ‘Anna O’ was 21 when Breuer started his treatment of her in 1880. Although separated by almost 20 years it is interesting to speculate that in spite of Janet’s caution about “drilling” the patient, or choosing “only fresh patients at the Salpetriere to avoid the ill effects of the mental contagion that was rampant there “(Ellenberger 1970 p366), nevertheless there is some indication that “Marcelle” was reproducing aspects of ‘Anna O’s’ case.

CHAPTER SIX

The imprint of the ‘other’

So far, I have examined the development of the concept of transference in terms of how this involves a denial that the structure of the unconscious is one of ‘affective mimesis’. In spite of recognising the manifestations of affectivity at the centre of transference, (conceptualised as the ‘compulsion to repeat’), psychoanalysis has nevertheless attempted to explain such affectivity in terms of representation. Rather than understanding the source of repetition as arising from affectivity’s inherent structure, psychoanalysis has sought to trace it’s genesis through a series of repeating representations. Thus the source of the ‘transference idea’ that the patient holds about the therapist is part of a ‘psychical series’ of such representations which is ultimately traced back to an unconscious representation or phantasy.

In putting forward this explanation, psychoanalysis has sidestepped the affective-mimetic structure of the unconscious. In reducing this structure to the representations associated with it, psychoanalysis reinforces the natural function of transference as a primary and universal mechanism of defence against the experience of the unconscious. The consequence of this is that whilst psychoanalysis claims therapeutic mastery of the unconscious, it in fact colludes with the patient in trying to avoid the unconscious. The reason for this collusion lies in the nature of the unconscious, which as Freud quite rightly recognised, is wounding to the narcissistic notion that ‘we know fully who we are’. The anxiety associated with the de-structuring nature of the

unconscious leads to the overvalued and ultimately illusory notion that subjectivity is a fully representable condition. At the centre of this notion is the mechanism of transference.

As I have argued, understood properly, subjectivity is rather a trans-individual state, each of us affectively embedded in the other. In my concluding chapter I will enlarge on the relationship between ‘affective mimesis’, individuality and psychopathology. For the moment, I will state that underlying much (neurotic) psychopathology is an intolerance of the unconscious affective state. In other words, psychopathology is the attempt to secure an individual identity. The inflexibility and intransigence of symptomatology is a testimony to the degree to which the fluidity of affectivity is feared.

However, the immediate effect of the patient coming into close contact with a therapist in order to try to cure the psychopathology, is that the process of unravelling the pathological identity begins. In the close encounter of psychotherapy, the very affectivity that was avoided in the first place is brought to the fore. In this state both patient and analyst are affectively swayed to the point where their individual characteristics and identity no longer feature. Here, everything that has been described under the rubric of suggestion occurs. This state, I suggest, is no more than a heightened version of ‘normal’ subjectivity but everything hangs on how much this state of subjectivity can be tolerated. By definition the patient is here because he can neither tolerate the ‘normal’ subjective state, nor his pathological attempts to make the former condition bearable. However to help the patient, the psychoanalyst must also be able to tolerate affectivity. Herein lies the problem for the psychoanalyst: not

just the problem of what he can personally tolerate in terms of de-structuring affectivity, but the fact that his position here is constrained by the identity of psychoanalysis. This identity, I maintain, is as pathological as the conditions it hopes to treat.

The irony of the development of psychoanalysis is that in the effort to distance itself from the whole question of suggestion and the unconscious embodied in the hypnotic rapport, it has nevertheless been pulled back into having to consider subjectivity as an inextricably mixed up state between ‘self’ and ‘other’. What I will consider now is how the development of psychoanalytic theorisation is marked by signs of this mixed-up state, indicating the essential mobility of affect. The fact that these signs indicate an implicit recognition that subjectivity exceeds representation does little to dampen the hopes that such representation will somehow capture the essence of affect. However, as Freud noted, after pinning all his theoretical hopes on resolving transference, the ‘compulsion to repeat’ inexorably continues.

At the centre of the texts that I will consider is the phenomenon of the “Double”. The “Double” points to some irrevocable process of identification which emphasises the uncanny and sheer ‘otherness’ of the unconscious which haunts psychoanalysis. This amounts to more than just involving the proliferation of identical images. I am going to examine a range of psychoanalytic thought, from the more ‘literary’ expression (Freud’s essays on the “Uncanny”) to the more recent and specifically theoretical (the concept of ‘projective identification’).

The Riddle of Suggestion

In spite of all the theoretical advances that Freud promoted for psychoanalysis, he was constantly pulled back to reconsider “the riddle of suggestion after having kept away from it for thirty years” (Freud 1921, 18, p.89). His discussion in this essay involves the inter- related themes of love, hypnosis and suggestion and the close connection between the relationship of the hypnotist and patient on the one hand, and group dynamics on the other. The central thrust of this essay is Freud’s attempt to explain suggestibility in terms of his libido theory. Thus whether manifest in the extreme docility of the hypnotic subject or the loss of individual characteristics of the mass, suggestibility arises out of the love of, and for, a leader.

The libido theory had already been pressed into service, both as one aspect of the Oedipus complex (‘object cathexis’) but more importantly for purposes here, as an explanation of transference. For instance in an earlier publication Freud had described transference as the attachment of “libidinal anticipatory ideas ... to the figure of the doctor” (Freud 1912, 12, p.100). What is therefore puzzling about Freud’s 1921 essay, is the absence of anything other than a passing reference to transference. Why doesn’t Freud employ, what is by now, the central and highly developed concept of transference to address the ‘riddle of suggestion’?

In his earlier writings Freud had written quite explicitly about the connection between the states of ‘transference’ and ‘suggestion’. Thus Freud argued “ that the results of psychoanalysis rest upon suggestion; by suggestion, however, we must understand ... the influencing of a person by means of the transference phenomenon” (ibid. p.106).

The distinction however between the methods of hypnotic suggestion and psychoanalysis is achieved only “ when the transference has ... been dissolved, which is its destined end “(ibid. p.143). Freud wrote later of this “destined end”; “ We do not regard an analysis as at an end until all the obscurities in the case are cleared up, the gaps in the patient’s memory filled in, the precipitating causes of the repression discovered”(Freud 1917, 16, p.452).

Nor has Freud given up, in this present essay, the idea of differentiating psychoanalysis from the methods of hypnotic suggestion. Thus he writes, “I can remember even then feeling a muffled hostility to this tyranny of suggestion. When a patient showed himself unamenable he was met with the shout: ‘What are you doing? *Vous vous contre - suggestionnez!*’ I said to myself this was an evident injustice and an act of violence. For the man certainly had a right to counter-suggestions if people were trying to subdue him with suggestions”(Freud 1921, 18, p.89). Why doesn’t Freud therefore take the opportunity to refer more fully to the very mechanism - transference - the interpretation of which is meant to make the crucial difference between the psychoanalytic method and the ‘tyranny’ of hypnotic suggestion?

I suggest that the answer to this question is that Freud is beginning to realise that the transference is not so easily dissolved. If the interpretation of the transference idea doesn’t result in the lifting of the patient’s repression and the emergence of the unconscious memories, then the psychoanalytic method is no different to hypnotic suggestion. It is also clear that Freud understood the reason why transference might not be so easily dissolved because he glimpsed something about the nature of transference that does not conform to the explanation of an “object cathexis”.

Freud provides a clue to the nature of the tyranny that is common to the psychoanalytic transference and hypnotic suggestion, even though he wants to deny the link. The clue takes the form of the riddle, with which he chides Bernheim for claiming that suggestion is capable of no further explanation, and thus has no foundation. The riddle goes like this, “Christopher bore Christ; Christ bore the whole world; Say, where did Christopher then put his foot?” (ibid). I suggest that this is an allegory about the problem of personal identity and its lack of foundation. The reason Freud hesitates in using transference to subsume the phenomenon of hypnotic suggestion, is that he recognises something uncontrollable, indeed tyrannical, about the nature of identity within the transference/hypnotic relation. It is around this point that Freud attempts to link certain aspects of group formation in order to explain the hypnotic relation (‘the group of two’). The explanation that he offers around the cohesive power of a libidinal ‘object cathexis’ however, does little to offset the unsettling question posed by the riddle.

Freud seeks to explain group cohesion based on the primacy of “object cathexis” by referring to the contrasting phenomenon of panic. The members of a group cohere around a shared love for and of the leader. In so far as each member invests the leader with the libidinal characteristics of love, admiration, prestige, power etc. it is thus possible for mutual identification, and thus cohesion, to occur between the group members. This thesis is easily demonstrated, argues Freud, when there is a lack of group cohesion as found in the phenomenon of panic. Remove the leader of the group, the ties between the group members cease and panic sets in: “It is impossible to doubt that panic means the disintegration of a group; it involves the cessation of all feelings

of consideration which the members of the group otherwise show one another”(ibid. p.97).

Both Borch-Jacobsen (1988) and Girard (1984) have convincingly shown that not only is Freud’s argument flawed but that he knows it. In essence they reverse Freud’s argument to show that of the two forms of emotional bond possible between people (‘object cathexis’ and ‘identification’), it is the latter that is primary, not the former. Far from the investiture of love in the group leader or hypnotist which thus allows the possibility of a harmonious identification of either the group members or patient, the two authors, above, show that identification can arise without precedent.

Freud had already acknowledged identification at work in-group behaviour in his review of McDougall’s work. Thus:

“The manner in which individuals are carried away by a common impulse is explained by McDougall by means of what he calls the ‘principle of direct induction of emotion by way of the primitive sympathetic response’... that is, by means of the emotional contagion with which we are already familiar” (Freud 1921, 18, p.84).

The real flaw in Freud’s argument (and the reason for his later criticism of McDougal) is that the phenomenon of panic, far from manifesting a lack of emotional ties as Freud concludes, is “ the perfect manifestation of the social tendency towards the ‘sympathetic induction of emotions’” (Borch-Jacobsen 1992, p.8). Freud is thus left

with the problem (for his libido theory and indeed for psychoanalysis) of the possibility of an emotionally contagious bond (identification), without the prior necessity of an object relation: “ Desire bound to mimesis, without reference to a desired object ... at least not before some mediator -teacher, friend, books, fashion, culture, etc.- intervenes to tell it what is desirable” (Borch- Jacobsen 1988, p.26).

The importance of Freud’s essay on “Group Psychology” cannot be understated for the indication it contains of what is most radical about psychoanalysis. Both by virtue of the absence of a discussion on transference, where there is every justifiable reason to have one; and a curious riddle, it opens up a perspective on identity and identification which is disturbing. What disturbs both the identity of psychoanalysis and personal identity is precisely the very phenomenon, ‘transference’, which is meant to secure an independent identity for psychoanalysis and an independent identity for the patient. In spite of Freud’s efforts to anchor transference within the structure of ‘libidinal cathexis’ the problem, of what he characterises elsewhere as “an intense emotional relationship” (Freud 1925, 20, p.42), does not go away. In short what this essay reveals, in spite of Freud’s efforts to conceal the fact, is that transference, as this ‘intense emotional relationship’, is founded on a bond of identification.

The Double

I will now return to the significance of the “Double” that, as mentioned earlier, accompanies the theoretical writings of psychoanalysis. As I have argued there is a

constant drive within psychoanalysis to establish a unique identity by representing the unconscious. However, in so far as the structure of the unconscious is affect, it comprehensively resists any such representation. In my introduction I suggested that the phenomenological condition of affect is such that it “coincides with itself”, suggesting that the intrinsic property of affect embodies identification. Returning to Freud’s riddle mentioned above: it is suggestive of a struggle to form an identity that cannot be resolved by embodying either ‘pole’. I suggest that the ‘doubling’ of identity between Christopher/Christ embodies the most primary characteristic of identity as an affective process.

Here I propose therefore that ‘the riddle of suggestion’ be addressed by a consideration of affect. Not so much that affectivity undermines an individual’s ‘personal’ identity as already noted in relation to group phenomena; but that such an ‘individual-personal identity’ is the attempt to resolve the problem of the process of identification inherent to affectivity. This leads me to a consideration of a series of essays by Freud, which deals with the problem of ‘individual- personal identity’ and reflect Freud’s interest in, not to say preoccupation with, occult matters. In particular these involve aspects of identification e.g. thought- transference, clairvoyance and the phenomenon of the ‘double’ which undermine individual identity. What these texts bear upon is not so much obscure modes of communication between individual subjects. Rather, in my view, these texts emphasis how much subjectivity is constituted through this process of identification. Moreover I argue that such individual distinctions that coalesce to produce an ‘identity’ are attempts to deny the experience of this primal subjectivity.

I suggest, therefore, that the notion of the ‘Double’ expresses this primal subjectivity, about which Freud wrote:

“Thus we have characters who are to be considered identical because they look alike. This relation is accentuated by mental processes leaping from one of these characters to another - by what we would call telepathy - so that the one possesses knowledge, feelings and experience in common with the other. Or it is marked by the fact that the subject identifies with someone else, so that he is in doubt as to which his self is, or substitutes the extraneous self for his own. In other words there is a doubling, dividing and interchanging of the self.” (Freud 1919, 17, p.234).

At the heart of the experience of ‘doubling’ is the uncanny feeling of familiarity and strangeness. Freud’s investigation of the matter begins with “the subject of aesthetics ... understood to mean not merely the theory of beauty but the theory of the quality of feelings” (ibid. p.219). He starts by defining ‘uncanny’ as “that class of the frightening which leads back to what is known of old and long familiar. How this is possible, in what circumstances the familiar can become uncanny and frightening, I shall show in what follows” (ibid. p.220). Freud confirms this initial definition by examining the German word for familiar (heimlich) with its apparent opposite (unheimlich). He concludes, “heimlich is a word the meaning of which develops in the direction of ambivalence, until it finally coincides with its opposite, unheimlich.” (ibid. p.226). Freud next goes on to discuss the story of “The Sandman” by ETA

Hoffman (1986), prompted to offer an alternative explanation of the story's uncanny effect, to the one produced by Jentsch.

I will not repeat the details of "The Sandman", except to comment on a curious error that Freud makes in his retelling of the story. At the end of the story, the protagonist Nathaniel and his fiancée Clara are standing at the top of the tower on the Town Hall: "Clara's attention is drawn to a curious object moving along the street. Nathaniel looks at this thing through Cuppola's spy-glass ... and falls into a new attack of madness" (ibid. p.229). Freud suggests that it is the reappearance of Coppelius the lawyer that Nathaniel sees in the glass: " We may suppose that it was his approach, seen through the spyglass, which threw Nathaniel into his fit of madness"(ibid.).

However the original story says something rather different:

" 'Just look at that funny little grey bush that seems as if it is coming towards us,' said Clara. Nathaniel reached mechanically into his sidepocket; he found Coppola's telescope and gazed through it. Clara *was standing before the glass!* Then a spasm shuddered through him; pale as death, he stared at Clara, but soon his eyes began to roll, fire seemed to flash and glow behind them, and he started to roar horribly, like a hunted animal; then he leaped high into the air and laughing hideously, cried in a piercing voice: 'Spin, puppet, spin!' - and with terrible force he seized Clara and tried to throw her off the tower"(Hoffmann 1986, p.123 [emphasis mine]).

It is the simultaneous experience of seeing Clara beside him on the tower *and* walking along the street that sends Nathaniel mad and, in the end, to his death.

Freud dismisses Jentsch's theory that the uncanny effect of the story is derived from 'intellectual uncertainty' which might arise from doubt created in the readers mind about the separate identities of certain of the characters. Freud says quite firmly:

“..the conclusion of the story makes it quite clear that Coppola the optician really is the lawyer Coppelius and also, therefore, the Sandman. There is no question, therefore, of any intellectual uncertainty here ... and yet this knowledge does not lessen the impression of uncanniness in the least degree”(Freud 1919, 17, p. 230).

Freud's conclusion is “to refer the uncanny effect of the Sand-Man to the anxiety belonging to the castration complex of childhood” (ibid. p.233). It is, of course, the many references to eyes and blinding in the story which principally suggest this conclusion, evoking as it does for Freud, the 'Oedipus Complex'. I suggest, however, that Freud too quickly dismisses the uncertainty that comes about when vision is disturbed. Indeed vision (and not just perception) is what is principally involved in the apprehension of the 'Double', and it is certainly capable of misleading Freud, as his error betrays.

Freud's explanation of Hoffman's story in terms of the 'Oedipal Complex' is reinforced by a long footnote. Interestingly this provides the opportunity to emphasise an implicit aspect of his argument, the consequences of which convey more readily the full significance of the 'uncanny'. I suggest that the central issue conveyed by the story of the 'Sandman' is the problem of maintaining a stable identity in the face of

the process of identification. The Freudian interpretation of the story is to evoke the 'Oedipus Complex' and to explain the interchanging of identities as arising from "the young man, fixated upon his father by his castration complex"(ibid. p.232, n.1). Such an identification is put forward as a consequence of the boy's prior, libidinal attachment to mother.

It is not clear however, at least from the story itself, from where Freud derives the other elements necessary for the castration anxiety to arise; namely a libidinal cathexis towards the mother. Freud suggests that "the psychological truth" of his formulation is "amply proved by numerous analyses of patients"(ibid.). He reinforces this with the suggestion that Hoffmann's actual experience of his father leaving when he was three years old "was always a most sensitive subject to him" (ibid.). Keen as he is to evoke the 'Oedipus Complex' within this story, Freud can only, however, convincingly present that aspect of it concerned with identification between the boy and his father.

As mentioned earlier, the whole stability of psychoanalysis is built around the 'Oedipus Complex' and the dialectic between 'object cathexis' and 'identification'. In spite of trying to explain the 'Sandman' by this dialectic, Freud is left with the problem of a proliferation of identities. In the absence of a prior 'object cathexis' from which he could convincingly argue such identities arise, he is left with a problem. The uncanniness of the Sandman thus doesn't result from the threat of castration but from the proliferation of identities (the process of identification itself) which provokes madness. Indeed it could be argued that castration is the only means

of halting this process, when, for instance, Nathaniel, tormented by his ‘double vision’ of Clara, kills himself.

Such drastic action - killing oneself in order to preserve the illusion of identity - is precisely the dilemma of psychoanalysis. In spite of its insight to the contrary, psychoanalysis asserts the primacy of the libidinal tie to the object over the identificatory tie, in the effort to anchor the process of identification. As Freud says elsewhere, the tie to the mother (“object-cathexis”) is certain, whereas the tie to the father (“identification”) is not (Freud 1909, 10, p.233, n.1). In other words, psychoanalysis disavows the uncertain origin of mimetic identification to preserve the illusion of a singular identity arising from an identifiable source.

A further example of the untrammelled effect of identification is to be found in Dostoyevsky’s novel “The Double” (1972). The protagonist Golyadkin summarises the problem when he says “ Here’s a man on his way to destruction, a man is losing his identity, and he can hardly control himself - and you talk about a wedding! And how will it all end? How will it be settled now ? I’d give a lot to know”(ibid. p.265) Thus Golyadkin despairingly hopes that an invitation to elope with Clara will halt his descent into madness. Alas the invitation turns out to be the final cunning ploy by the perpetrator of this madness and to whom Golyadkin is already wed. It is none other than another Golyadkin who appears to the first as an exact replica or double of him. Again without repeating the whole of Dostoyevsky’s tale, there are elements which cast some light on identification and its denial. In his book which studies the phenomenon, Rank suggests that “ the idea of death, therefore, is denied by a duplication of the self incorporated in the shadow or in the reflected image”(Rank

1989, p.83). Thus Rank suggests, for instance, that the images painted on the coffins of the ancient Egyptians were to guarantee immortality.

Rank (and more recently Becker [1997]) emphasises that “the idea of death, (which) is extremely painful to our self esteem”(ibid. p.70) and this leads to an understanding of the essential defensiveness of narcissism. However I think that there is an added dimension not present in Rank’s argument but which has to do with the denial of subjectivity in its affective dimension, and thus a denial of life. I suggest that a distinction can be made between doubling, where I *am* the other, and coupling, where I am *like* the other. The aim of making such a distinction is to show the way that affectivity (doubling) is denied by representation (coupling). This effectively reverses Rank’s formulation by suggesting that, as with the example of Hoffman’s protagonist mentioned above, subjectivity is denied by death.

I am suggesting, however, that what is at issue is not just actual death, but living death. What I mean by this is the denial of affective life through representation - where real life is replaced by a replica of living. Dostoyevsky’s story captures the distinction between ‘doubling’ and ‘coupling’ when on at least two occasions Golyadkin’s initial feeling of reassurance, gained from the belief that what confronts him is his reflection in the mirror, gives way to horror as the other Golyadkin is seen departing through what turns out to be a doorway. I have deliberately chosen the term ‘coupling’ with its obvious sexual connotation as a means to emphasise the link between the libidinal object- cathexis, and representation. Just as Golyadkin hopes that marriage to Clara, or Nathaniel’s infatuation with the automaton Olympia, will put an end to the tormenting double, so too Freud hopes that his assertion of the

primacy of the libidinal cathexis will keep the more troubling bond of identification in check.

Theories and Myths of Psychoanalysis

Having discussed these two examples in psychoanalytic thought which indicate some recognition of the unconscious as a process of identification, I am now going to consider where this theme has been taken up in an obviously more theoretical way. I am going to consider the concepts of the ‘super-ego’ and ‘projective-identification’. What is interesting about these concepts is that they demonstrate the tension within psychoanalysis which is brought about by insisting that representation can encompass subjectivity. This tension shows itself by an unremarked sliding between the categories of mythology and theory, on the one hand, and a rigid distinction between these categories, on the other.

As is illustrated in the essay on ‘Group Psychology’ discussed above, Freud made much use of myths to illustrate aspects of human nature. However, he (as do his successors) went to some lengths to distinguish these from the ‘scientific’ nature of his theoretical concepts. This is meant to imply that the latter have a more enduring basis than the former. However, as I will come to presently, there are no grounds for thinking that the theory of the ‘super-ego’ is any less of a mythology than the ‘Primal-Horde’ which deals with the same problem. I suggest that the transition from the acknowledged myth to the ‘scientific’ theory shows how psychoanalysis avoids having to contend with the origin of myth itself. Instead it offers an explanation of

myth in terms of psychoanalytic theory, as if these are differing modalities of experience, when in fact they are, in my view, the same.

The ‘super-ego’ marks the point in psychoanalytic thought where social psychology meets individual psychology. Around this point the most problematic aspects of resistance and repetition converge, which not only forced Freud to rethink his model of the mind but also led to the development of OR. Freud was forced to reconsider things because patients were presenting symptoms dominated by manifestations of aggression towards themselves. Of these, there are two clinical observations that converge around the same issue. Firstly, the marked self-reproaches found in melancholia led to Freud’s justly famous aphorism: “the shadow of the object fell upon the ego” (Freud 1917, 14, p.249). Secondly, was what Freud called “the negative therapeutic reaction”(Freud 1923, 19, p.49) - where patients got worse in treatment instead of better. What both these conditions converge upon is the question of guilt and punishment which, as I will show, sheds further light on the structure of affect and thus the foundation of subjectivity.

The myth of the Primal Father

As mentioned earlier, Freud suggested that group-cohesion is achieved in the name of love whereby the members “put one and the same object in the place of their ego ideal and have consequently identified themselves with one another in their ego” (Freud 1921, 18, p.116). The authority of the leader is dependent upon his exhibiting characteristics that are identical to the structure of the ego ideal. Freud explored the

origin of the leader's authority with reference to Darwin's myth of the Primal-Horde. Freud suggested that the Primal- Father was differently endowed from the 'horde' from the beginning: " His intellectual acts were strong and independent even in isolation, and his will needed no reinforcement from others" (ibid. p.123). In an earlier essay Freud had described the structure of the ego ideal: " What he projects before him as his ideal is the substitute for the lost narcissism of his childhood in which he was his own ideal" (Freud 1914, 14, p.94).

Freud thus concluded that the authority of the Primal- Father rested on his embodiment of an 'individual psychology', which is precisely what the horde yearn for under the aegis of the 'ego ideal'. Thus the 'horde's' 'thirst for obedience' is met by a tyrannical father who forces the horde into sexual abstinence and thus into 'group psychology'. Freud suggests that the 'horde' submits to this father out of fear, which may be for two reasons: "Fear in an individual is provoked either by the greatness of danger or by the cessation of emotional ties (libidinal cathexes)" (Freud 1921, 18, p.97). Freud's explanation of the transformation of 'group psychology' into 'individual psychology', however, is only made possible by presupposing the latter from the start: "...from the first there were two kinds of psychologies, that of the individual members of the group, and that of the father, chief, or leader"(ibid. p. 123).

Freud's explanation is problematic: on the one hand, if 'individual psychology' is simply a separate category, it is difficult to understand the question of it being the consequence of a transformation from 'group psychology'. On the other hand, when the father dies, "he had to be replaced...by... a member of the group like any other"(ibid. p.124). The source of the fear of the group members cannot be loss, since

this would imply having already established individuality. Neither can the source of fear be any characteristic of fatherhood since he can be replaced by any other group member *ad infinitum*. Nevertheless, this possibility of an endless cycle of transformation leads Freud to suggest that guilt acts as the stabilising factor:

“These many individuals eventually banded themselves together, killed him and cut him in pieces. None of the group of victors could take his place, or, if one of them did, the battles began afresh, until they understood that they must all renounce their father’s heritage. They then formed the totemic community of brothers, all with equal rights and united by the totem prohibitions, which were to preserve and expiate the memory of the murder” (ibid. p.135).

There is, however, another version of the myth where Freud gives a different insight into the explanation of guilt as the means to “expiate the memory of the murder”. This version is found in “Totem and Taboo”(Freud 1913, 13, pp.1-161) where:

“Freud was well aware that the dominating, jealous male of the Darwinian tribe is no Father ... his power resides in strength alone ... Thus it is only *after* the murder, *after* having killed and devoured their tyrant, that his murderers submit to him, by virtue of a guilt and an obedience enigmatically described as “retrospective”. The “Father”, in other words, appears only after the fact”(Borch-Jacobsen 1992, p.30).

Since there is yet no external authority and law, the transgression of which would lead to the feeling of guilt, there arises the question about the nature of ‘retrospective guilt’.

Again Borch-Jacobsen draws attention to Freud’s insistence that the primary feeling that the ‘horde’ exhibit towards the tyrant is one of ambivalence: “This peculiar “love” was an admiring, identifying, envious love, and so it led to the cannibalistic incorporation of the model”(ibid. p.32). This leads to the heart of what is truly the radical edge of Freud’s thesis: “ the stakes of the murder are not the possession of an object of love or of pleasure but rather the acquisition of an identity” (ibid. p.33). What is radical about Freud’s thesis (and on that account so elusive) is precisely because this desire for an identity ultimately fails, since the murdered person is ‘no-one’, and it is this failure that is expressed as ‘retrospective guilt’.

At the heart of subjective life, as expressed through the earlier myth of the ‘Primal-Father’ and the ‘Horde’, is a compelling, murderous, incorporating, bond that cements the ‘Horde’ together. If in the later version of the myth, Freud contrasts ‘individual psychology’ to ‘group psychology’; he does so in such a way that conceals the fact that there is no mediating presence necessary for the ‘Horde’ to cohere (exemplified in the phenomenon of panic). The identity of this primal group is fluid, contagious and, on that account, inherently anxious.

The question is what turns this anxiety into ‘guilt’? How does the cycle of murderous incorporation halt except through the perception of death? Such a perception is not about the death of someone in particular. As Freud says the ‘father’ only becomes

identified as such after his death. So the feeling of 'guilt' arises not in relation to the loss of a 'someone' but in the apprehension of 'no-one'. In other words the consuming incorporation fails, and it is this anxiety of failure that becomes 'retrospective guilt'. If this failure means a failure to apprehend or identify subjective life, it also means that it is a failure to stop the unstoppable, which is death itself. Equivalent to the 'unstoppable' is the 'unknowable', emphasised when the guilty person says of the deceased, 'I never really knew him'. The feeling of 'guilt' thus marks the limit of representation, which only ever reaches its effect 'retrospectively'. Equally, death is marked by the expression, 'life goes on', which again locates anxiety as the primal marker of the life/death cycle.

What this myth of the "Primal Father" deals with is the primacy of affects which, through its inherent tendency towards unstoppable identification (incorporation), generates anxiety. The transformation of this anxiety into 'guilt' signifies the failure of identification because it never identifies itself and cannot be represented except in retrospect. As the origin of the word 'guilt' suggests through 'stumbling' or 'stumbling-block', the process of affective incorporation can perhaps be diverted for a moment or two as we attempt to name the unnameable, but, like death, it can never be stopped.

The myth of the Super-Ego

If it is the perception of death that lies at the heart of 'life-drive' of the Primal-Horde, it is the same question around which Freud developed the 'scientific' theory of the

‘Super-Ego’ (The over-I). Of the clinical problems that Freud uses to illustrate and develop the theory of this “special psychical agency”(Freud 1914, 14, p.95), the one most relevant to my argument concerns melancholia. It is important because it combines affectivity, identification and loss. Freud describes melancholia as:

“..an affection which counts among the most notable of its exciting causes the real or emotional loss of a loved object. A leading characteristic of these cases is a cruel self-depreciation of the ego combined with relentless self-criticism and bitter self-reproaches. Analyses have shown that this disparagement and these reproaches apply at bottom to the object and represent the ego’s revenge upon it” (Freud 1921, 18, p109).

Why should there be revenge if not because the loss (through withdrawal or death of the object) is intolerable. I suggest that what is intolerable for the melancholic is not so much the missing object per se, but of being deprived of the possibility to identify with the object. The revenge conceals an intolerance of anxiety over the reminder, brought about by the object’s demise, of the precariousness of life as being an unending process of affectivity. In other words, melancholia is the pathological inability to accept the un-representability of identification that lies at the heart of subjective life.

The concept of the super-ego can thus be thought of as the theoretical expression of this inability. It marks the individual’s preoccupation to find a sure foundation for identification with an identifiable object. Thus just as the story of the Primal Father

illustrates the mythic elevation of an individual to whom we ‘must’ submit in order to avoid the anxious experience of subjectivity, so too does the conceptual terminology of a ‘super’ ego or more literally as the “Uber- Ich”. The intent is the same; to escape acknowledgement that identification is endless and endlessly un-representable. The ‘guilty’ individual hopes to locate the source of his guilt as arising from the presence of a tyrannical ‘object’ rather than acknowledge it as arising from identification itself. As the ‘de-construction’ of the Primal-Father myth makes clear, the real tyrant is the unstoppable, contagious bond that creates the ‘Horde’, which is also death.

In spite of trying to locate the development of guilt as a consequence of identification with a fear inducing parent (whose conceptual/mythic predecessor is the Primal Father), Freud does however recognise things differently. A particular example of where Freud recognises that subjectivity involves an undifferentiated state of identification is evoked in his idea of ‘primary narcissism’. Here Freud suggests that “the ego has not yet marked itself off sharply from the external world and other people” (Freud 1919, 17, p.236).

Far from Freud being able to maintain that the development of subjectivity (ego and super-ego) is derived from the dialectic relationship as represented by the “Oedipus Complex”, he has to concede that “the amount of distance between this ego ideal and the real ego is very variable... and that with many people this differentiation within the ego does not go further than with children” (Freud 1921, 18, p.110). He thus locates subjective life at base as an undifferentiated state which continues to haunt us through the uncanny “factors of silence, solitude and darkness...are actually elements

in the production of the infantile anxiety from which the majority of human beings have never become quite free”(Freud 1919, 17, p.252).

There is a further example of Freud’s recognition of the primal nature of this undifferentiated state and the way in which the accompanying anxiety is defended against. This is brought out in Freud’s short essay on various ‘character’ formations met in psychoanalysis. In particular Freud described a type of person “who was suffering from an oppressive feeling of guilt, of which he did not know the origin, and after he had committed a misdeed this oppression was mitigated. His sense of guilt was at least attached to something”(Freud 1916, 14, p.332).

The myth of Psychoanalysis

It was this question of ‘unconscious guilt’, that led Freud to consider the “negative therapeutic reaction” encountered in analysis where “Every partial solution that ought to result, and in other people does result, in an improvement or a temporary suspension of symptoms produces in them for the time being an exacerbation of their illness; they get worse during the treatment instead of getting better”(Freud 1923, 19, p.49). By no means an unusual problem, the “negative therapeutic reaction”(ibid.) brings psychoanalysis to the very limit of its powers: “there is often no counteracting force of a similar order of strength which the treatment can oppose to it” (ibid. p.50, n.1).

In his discussion of why a sense of guilt should remain inaccessible, Freud draws close to the suggestion that it is the ‘rules of analysis’ that is the problem. Apart from the “intensity of the sense of guilt”, Freud suggests that to “unmask” this sense, may depend upon:

“..whether the personality of the analyst allows of the patient’s putting him in the place of his ego-ideal, and this involves a temptation for the analyst to play the part of prophet, saviour and redeemer to the patient. Since the rules of analysis are diametrically opposed to the physician’s making use of his personality in any such manner, it must be honestly confessed that here we have another limitation to the effectiveness of analysis” (ibid.).

The principle ‘rules of analysis’ concern representing the unconscious-’making the unconscious conscious’. Yet here is a situation where “the sense of guilt is dumb; it does not tell him he is guilty; he does not feel guilty, he feels ill”(ibid. p.50). Moreover, Freud suggests that “this factor has to be reckoned with in very many cases, perhaps all comparatively severe cases of neurosis”(ibid.). As Freud has already suggested guilt, as a feeling of conscience and remorse, is derived from the Oedipus Complex. In so far guilt can become conscious it has to be connected with “word-presentations (concepts, abstraction)” (ibid.). Such a “representation” of guilt is not, however, the same as its affective source. This source, which Freud refers to as “cathectic energy” is derived from the unconscious: “the super-ego” displays its independence of the conscious ego and its intimate relations with the unconscious id”(ibid.).

In short, I suggest that this manifestation of ‘unconscious guilt’ is not guilt but the affectivity or ‘cathectic energy’ which issues directly from, and in fact defines the unconscious. Here again is a representation of identification, or fusion, between the ‘super-ego’ and ‘id’, or between the “Primal Father” and the “Horde”. It is precisely this process of identification that defeats psychoanalysis and leads it to seek respite in ‘retrospective’ explanations concerning the power of representation, which have a limited therapeutic effect.

The mythology of the Kleinian Child

I am now going to turn to Freud’s successors to show the way in which, what might be described as this ‘mythology of representation’, has been sustained. I suggest that the problem of ‘unconscious guilt’ has propelled psychoanalysis into mythologising childhood in the attempt to find a solution to identification. Faced with the recognition that identification is the foundation of subjective life, psychoanalysis has redoubled its efforts to indicate where the process begins in order to buttress its claims that it can bring the process to an end. Whereas Freud knowingly (if in the end unconvincingly) resorted to an obvious mythology about origins, the problem with his successors is to have further conflated the origins of subjectivity with childhood: actual childhood has become conflated with mythological childhood.

Most notable in this respect is the work of Melanie Klein whose work I have already touched on in relation to ‘unconscious phantasy’. Here I am going to consider first some general aspects of her work in relation to identification before considering her

specific contribution to the debate in the form of the concept of ‘projective identification’. What is particularly interesting about this concept is how it exhibits the tension within psychoanalysis between describing certain states of mind, and making such descriptions the basis for therapeutic change. So whilst ‘projective identification’ describes the inextricably mixed-up states that occur between people, it relies upon someone in that state, to be sufficiently *un*-mixed up to be able to appreciate the fact.

One of the outstanding contributions made by Klein to psychoanalytic thinking is the linking of identificatory processes with aggression. In particular Klein comes close to a recognition of the primacy of identification when she connects “the epistemophilic impulse and sadism”(Klein 1928, [1986, p.72]) In trying to discover the origin of knowing in the child, Klein recognises the extent to which the child is dominated by “this tremendous questioning impulse...and the desire to take possession ...consists of a very early identification with the mother”(Ibid.). Klein suggests that “ the child himself desires to destroy the libidinal object by biting, devouring and cutting it, which leads to anxiety ... The child then dreads a punishment corresponding to the offence: the super-ego becomes something that bites, devours and cuts”(ibid. p.71). This anxiety which is experienced as guilt is thus seen as a consequence of the child’s sadistic impulses driving the desire for identification and knowledge.

Like Freud, Klein makes guilt the consequence of the child’s aggressive acquisition of knowledge by insisting that the child must have some prior understanding of that knowledge. Thus Klein suggests that from “ the beginning of life, the infant turns to the mother for all his needs but ... this first bond already contains the fundamental

elements of an object relation. Furthermore, this relation is based on an *innate factor*; for the breast, towards which all his desires are directed, is *instinctively felt* to be not only the source of nourishment but of life itself". (Klein 1956 [1986, p.211] [My emphasis]).

The child, according to Klein, has an innate recognition that the breast has everything he wants. If the child attempts to take possession of all this goodness, the suggestion that the motivation is greed and envy and thus open to retaliation, simply conceals the question about the origin of this innate recognition. For without this prior recognition why should the act of identification be punishable when the law forbidding this 'crime' is yet to be discovered - in fact can only be discovered after the act? Klein is thus in the same position as Freud in so far as primal identification leads to the abyssal problem of a subjectivity, which defies (representational) knowledge. In part I suggest Klein comes close to a recognition of the problem when she writes; " One of the most bitter grievances which we come upon in the unconscious is that this tremendous questioning impulse, which is apparently only partly conscious and even so far as it is cannot yet be expressed in words, *remains unanswered*." (Klein 1928 [1986 p.72] [my emphasis]).

Rather than accept that 'guilt' is the realisation that subjectivity is endlessly unanswerable (at least from the point of view of representation), Klein submits to the psychoanalytic myth. Here it takes the form that knowledge, as innate unconscious phantasy, can provide a certain foundation to the identity of subjectivity. The problem, as I have stated earlier, is that psychoanalysis considers these representations of subjective life e.g. 'the super ego', 'unconscious phantasy', to have

two separate functions. On the one hand they are taken to be descriptively vivid accounts of the way in which subjectivity is avoided; on the other hand they are taken to be the very basic structures of subjectivity. This conflation of functions leads psychoanalysis into submitting to, rather than challenging the myth that subjective life can be mastered.

I mentioned earlier that the concept of the ‘super-ego’ converges upon the formidable problems of resistance and repetition that marked the later writings of Freud. At a clinical level, the involvement with a harsh, punishing figure, either as an ‘external’ object or an ‘internal’ image suggests the means by which the patient tries to bring the intolerable experience of identification to an end. Freud encapsulated the problem of identification by describing it as consisting in “a mental act in one person instigating the same mental act in another ...this is the original, archaic method of communication between individuals”(Freud 1933, 22, p.55). I suggest that the most troubling aspect of identification is the ‘same mental act’ occurring simultaneously in different individuals, with the maddening implication that these individuals are thus both identical and ‘other’, to each other. In these circumstances, I suggest that the extent to which the ‘super-ego’ figure is felt to be a tyrant, is directly in proportion to the degree of identificatory entanglement: the more entangled, the greater the wish for an identifiable figure to whom the origin of these entanglements can be attributed. In many ways the ‘Kleinian child’ takes the place, conceptually, of the “Primal Father” as a theoretical/mythology concerning the origins of identity.

Projective Identification

I am now going to consider the psychoanalytic concept of projective-identification as being a more obvious example of psychoanalytic theorising. This concept not only brings together these disparate threads concerning identification, which I have been pursuing in this chapter, but also connects up with the overall theme of transference. In keeping with the general drift in OR to emphasise the ‘here and now’ of the clinical encounter, ‘projective identification’ is increasingly used as a synonym for transference. Thus psychoanalysis is forced to consider that at the heart of the clinical encounter, in the ‘rapport’ or ‘transference relationship’ between the patient and the therapist, is a troubling bond of identification. What emphasises this ‘return of the repressed’ in a double sense, is that in the very few places where contemporary psychoanalysis still discuss hypnosis, the concept of ‘projective identification’ is used to try and explain the hypnotic rapport.

Klein (1946) introduced the concept of ‘projective identification’. Here Klein suggests that:

“..in the first few months of life anxiety is predominately experienced as fear of persecution and that this contributes to certain mechanisms and defences which ... are part of normal development and at the same time form the basis for later schizophrenic illness”.

(Klein 1946 [1986, p.197]).

The central notion:

“..is consistent with the narrow sense to which psycho-analysis tends to confine the term ‘projection’: the ejection into the outside world of something which the subject refuses in himself - the projection of what is bad” (Laplanche and Pontalis 1973, p.356).

The problem with Klein’s usage of the concept is that she uses it both to designate a ‘mechanism of defence’ to deal with anxiety as well itself being the “the basis of many anxiety situations”(Klein 1946 [1986, p.186]). In relation to its defensive structure, projective identification:

“..consists of projecting in fantasy parts of the self into an object for the purpose usually of ridding the self of some unwanted aspect, say infantile characteristics, and simultaneously taking possession in fantasy of some envied and desirable quality of the object, say wisdom and strength. It is frequently used to defend against the terror and despair of helplessness” (Mason 1994, p.658)

There are two points that arise from this account, which, I argue, demonstrate the limitations of representation. Firstly, the fact that ‘projective identification’ in itself embodies anxiety, suggests that its defensive capabilities are limited. Thus Klein suggests that the “phantasy of forcefully entering the object gives rise to anxieties relating to the dangers threatening the subject from within the object ...By introjecting and reintrojecting the forcefully entered object, the subject’s feelings of inner

persecution are strongly reinforced” (Klein 1946, p.11). In other words the attempt to locate and represent the source of anxiety not only does not succeed, but in fact makes the anxiety worse.

The second point concerns the fact that the defensive strategy of projective identification (fantasied occupation of the other) is built upon a prior demarcation between self and other. The content of the fantasy is thus at best an imaginative elaboration of a defensive demarcation that has already taken place. What this demarcation rests on or rather defends against is, I suggest, the state of ‘affective mimesis’. Such a state is, as noted earlier, one where there are no boundaries between ‘self’ and ‘other’. As psychoanalysis makes no distinction between the phenomenology of representation and affect, the concept of ‘projective identification’ cannot help the patient resolve his problem of anxiety. Even if the concept of ‘projective identification’ correctly describes a psychic state, the problem of resolving it cannot be achieved *through* representation, but only by making a rigorous distinction *between* representation and affect.

The problem for psychoanalysis is that it is unable (or unwilling) to locate the boundaries of subjective experience in any way other than through representation. Were it to do so, it would of course have to relinquish the claim for a unique and original understanding of subjective life. This is because it would have to contend with the problem of affect in its constantly transforming, influencing and suggestive state. In short it would have to concede that the hypnotic rapport remains as problematic as ever. Whilst it appears that psychoanalysis advances our understanding of this state, it does so only by a sleight of hand. What is concealed is

the relationship between affect and representation or to put it another way, between the suggestive, trans-individual subjectivity of the ‘rapport’ and the individual subjectivity of consciousness. What is substituted is a hierarchical representational explanation where the ‘top’ is meant to be explained by the ‘bottom’. Thus the latter (fantasy of psychic occupation) is used to explain the former (demarcation between self and other).

I will now consider further this representational strategy as it is applied specifically to explaining the hypnotic rapport. My discussion is based on articles provided by two psychoanalysts (Mason 1994 and Stewart 1992). Interestingly both the articles follow roughly the same format, which is the same path taken by Freud: after an initial period of experimenting with hypnosis, it is given up in favour of psychoanalysis. The argument is the same; the results or the experience of hypnosis are not durable enough. I propose that the reasons for giving up hypnosis be connected with the inability to tolerate, what in fact is the inescapable, transient nature of subjectivity. Such transience forms the basis of ‘suggestion’ and thus these authors, as did Freud, believe that in psychoanalysis, they have reached some kind of bedrock explanation.

The first point to note is that these two authors show, although with no obvious awareness of this, that their ideas are almost identical. Far from this arising from isolated working conditions (in fact one author taught the other hypnotic techniques), I suggest that this is indicative of the state of ‘rivalrous resemblance’, that I referred to in the previous chapter. What this entails is a disavowal of the undermining effects of ‘affective mimesis’ at the clinical level displaced onto the institutional level. Thus the problem for the psychoanalyst in distinguishing himself from his patient is

displaced into the fierce battles between clinicians over establishing originality. As noted earlier, the history of dynamic psychotherapy is marked by the constant claims for originality, which can only be achieved by ‘forgetting’ what others have ‘discovered’.

Thus both Mason (1994) and Stewart (1992) advance theories that the hypnotic state is a ‘folie a deux’ between patient and therapist. Neither makes anything more than a passing reference to the work of the other. Whatever else this might convey, I think that it reflects something about the nature of this folie -a-deux that is not easily disposed of. The adoption of a psychoanalytic explanation may appear to be able to put the ‘hypnotic folie-a-deux’ safely in the past, but I argue that such “suggestive madness”, nevertheless, continues to exercise its effect. This is manifest both in the way this ‘folie a deux’ is now theorised as projective identification, but also in the ‘amnesia’ that these two authors suffer from in relation to each other’s work.

Stewart is noteworthy in being a member of the ‘Independent Group’, which he is anxious to point out is neither a ‘Kleinian’ nor ‘Contemporary Freudian’. I suggest that this emphasis on establishing a precise identity, where a disinterested observer might be hard pushed to tell the difference between such views, represents the effort to dispel the mimetic effects arising from an encounter with the ‘rapport’. Stewart’s views are relevant here as they are “firmly based on what I consider are two of the main characteristics of British psychoanalysis. These are the importance of object relations and the importance of the here-and-now of the transference” (Stewart 1992, p.2).

Having learnt hypnotic technique from the other author (Mason), Stewart used it for a while and then gradually gave it up in favour of becoming a psychoanalyst. His theory about hypnosis is based on the contention that it is a “collusive deception between the subject and the hypnotist, a deception based on an unspoken secret agreement that the hypnotist must pretend to the subject that he is omnipotent, all-powerful.” (ibid. p.11). Using the concept of ‘projective identification’, Stewart envisages this working in the direction from the patient to him. Thus the patient projects his “omnipotent, controlling, hostile aspects” into the hypnotist. Stewart suggests that the:

“..hypnotist meanwhile passively accepts these projections (projective identifications) and glories in them in a manic fashion, by his feelings of magical omnipotence as a hypnotist. It is only with analytic self-awareness that the hypnotist comes to recognise his feelings of being controlled by the subject and that he has been projecting his own helpless and controlled feelings into the subject” (ibid).

What is interesting about Stewart’s explanation of the trance state is that it is hedged in between the idea that it might involve magic, and the thought that “I could not accept participating in a collusive experience which by its very nature could not be examined and analysed”(ibid. p.14). The first idea arises from the hypnotised subject’s belief that he is “under the control of the hypnotist and has little or no volition of his own...that unless one believes in magic, the hypnotic phenomena are primarily the product of the subject’s psyche and not of the hypnotist’s”(ibid).

Stewart then goes on to suggest, however, that the trance state can only be maintained by the hypnotist colluding with the idea that he is, in fact, magically omnipotent. Moreover the subject too “ is ‘aware’ of the pretence”(ibid).

At the heart of hypnotic state is a:

“..collusive manic denial of an omnipotent, controlling, hostile attack on the hypnotist, together with the denial of anxieties of retaliation and guilt associated with it. This is a form of manic defence, albeit in a two-person situation, exhibiting the other characteristics of this defence; splitting, projective-identification, denial, omnipotence, idealisation, and ambivalence” (ibid).

Stewart’s ‘analytic insight’ allows him to see that the basis of this state is, in fact, being perpetrated by the subject who needs to believe that it is he who is controlling the hypnotist. I suggest that Stewart be right about this involving collusion, although for the wrong reasons.

I suggest that both subject and hypnotist collude in the attempt to locate the source of the trance state in the other. Stewart suggests that it:

“..is a commonly observed fact that occasionally there are spontaneous outbursts of anxiety in the hypnotised subject for no apparent reason...if the subject does not comply with the hypnotist’s suggestions, intense anxiety is aroused in the subject, a situation

akin to the anxiety aroused in the obsessional patient if he does not carry out his obsessional rituals” (ibid. p.12).

Rather than this anxiety being connected with the patient’s ‘unconscious hostility’, I suggest that it occurs when the patient is unable to sustain the belief about who is controlling who. In the same way Stewart expresses his anxiety over the extent to which this relationship cannot be ‘examined and analysed’. In other words there is indeed more magic (and more anxiety) about the Trance State than can be tolerated by either participant. Such magic involves the direct transmission of affect between them in such a way that exceeds any representational control.

Turning now to Mason’s account, the first thing to notice is the claim that “hypnotism is a folie a deux caused by mutual projective identification...I cannot recall that it has been described as occurring simultaneously between two persons with similar fantasies” (Mason 1994, p.641). He then goes on to chart an extraordinary number of therapeutic successes with hypnotism, during his early medical career, culminating in the treatment of a congenital deformity (ichthyosiform erythrodermia) which he had initially mistaken for a severe case of warts. This was written up in the medical literature and “remains the only properly recorded case of a congenital -structural deformity improving in the history of medicine” (ibid. p.645). Having in fact been practising as an anaesthesiologist up to that point, Mason gave this up to “devote my time to treatment by hypnosis”(ibid. p.646).

The interesting question concerning Mason’s paper is why, in spite of all this, he came to be disillusioned with hypnosis. After giving up anaesthesiology, he treated all

sorts of other “mixed skin disorders selected on the basis of their chronicity” with some marked success. At some point later he discussed these results with both Clifford Scott and Earnest Jones who were both, apparently, cautious in their approval of his therapeutic successes: “At one stroke I had lost a paper demonstrating the value of hypnosis alone in the treatment of chronic skin disorders, but I had gained an important lesson in thinking”(ibid. p.647). Since he then embarked on a psychoanalytic training, the thinking he refers to is undoubtedly psychoanalytic thinking.

I suggest that the clue to giving up hypnosis has to do with the infiltration of this psychoanalytic thinking into his view of hypnosis. The particular aspect of such thinking is the claim to reach the ‘bottom’ of things; to see beyond the symptom to the root cause. This becomes particularly apparent in his further discussion of the hypnotic treatments which he carried out in relation to the control of pain, and asthma. In relation to the control of pain by hypnosis, he concluded, “These results suggest that no part of the loss of sensation can be attributed to attenuation of the sensory messages in the afferent pathways on their way to the cortex” (ibid. p.653). In other words if you were to wire up a hypnotised patient to an EEG machine to record his brainwaves, and apply a painful stimulus, the machine would record no change in the amplitude of the stimulus, even though the patient would report feeling no pain. Likewise Mason writes that:

“..it is not easy to dismiss the phenomenon of certain asthmatic patients assuring me gratefully, after treatment with hypnotism, that they were now healthy and their asthma had gone, when vital

capacity testing showed their illness to be unchanged, and bronchospasm was still present” (ibid. p.653).

The upshot of Mason’s remarks is that the cures which he had previously taken to be such, were not really cures because the underlying condition remained unchanged. What strengthened this view was his growing conviction that “the phenomena which occur are due entirely to the special unconscious relationship which exists between the hypnotist and the subject, and are not properties inherent to the hypnotic state”(ibid. p.652). If it was the uncontrolled aspect of suggestion that made Mason “jump the hypnotic ship”, he also, to his credit, recognises that such effects are not just the provinces of hypnosis. Thus he admits that “My feelings of doubt about the nature of hypnotism that had little to do with physiology and lots to do with transference, has been paralleled by my belief that some so-called psychoanalyses are in fact really exercises in suggestion” (ibid. p.654).

It is at this point that Mason questions some of the basic beliefs about psychoanalysis:

“Are these really valuable tools, or are they rituals that we are caught up in like religious observances, helping our converts by the comfort and security we give them because they are *in* analysis whether they are being analysed or not. We, the analysts, are also comforted and reassured by being followers of Freud or Klein. *The patients are being looked after by us, and we are looked after by our theories and institutes of psychoanalysis*” (ibid. p. 655[my emphasis]).

His scepticism does not, however, last very long, as Mason finds reassurance in the psychoanalytic explanation of 'projective identification'. To me the interesting question is how Mason deals with his doubts (expressed above) by claiming nevertheless that psychoanalysis is different to suggestion. What is the source of his confidence that he is able to assert that psychoanalysis "is able to change psychic structure through the modification of unconscious fantasies and anxieties" (ibid. p.655)? There are I think two interlocked aspects to this confidence. The first concerns the suggestibility of this 'unconscious relationship', being played off against the unshakeable evidence of the laboratory test. The second involves the presentation of 'clinical material' as evidence of the correctness of the theory.

What occurs is a curious inversion of the role of the 'sensory' dimension of the hypnotic experience. Thus Mason argues that the fact that this dimension seems to remain unaffected by hypnosis, as evidenced in the laboratory, reinforces the prominence of the psychical, because the "mind will always add its quota to every experience"(ibid. p.652). However, although the failure of hypnosis is marked by demonstrating the undiminished aspect of the sensory realm, the apparently incontrovertible nature of such measurement persists as a defining parameter of psychoanalytic theory. What I suggest is that this idea of scientific bedrock achieved through laboratory measurement, is carried over into the psychoanalytic realm of transference. That is to say the concept of 'transference' is theorised in such a way as to confer on it the pseudo-status of a laboratory in which the 'suggestive' effects of the 'experiments' can be carefully monitored and controlled.

It thus appears as if within the confines of this ‘laboratory’ of transference, that ‘projective identification’ can be isolated and examined safely. As I argued above, all the characteristics of ‘projective identification’ are based on a demarcation between ‘self’ and ‘other’ that has already taken place. Thus it appears that this demarcation, like the laboratory experiment, is rooted in incontrovertible, empirical ‘fact’, in contrast to which the ‘traffic’ between ‘self’ and ‘other’ is fantasy. However, I argue, that both the demarcation and the ‘traffic’ are a fantasy. This slippage between ‘fact’ and ‘fantasy’ is, of course, by no means confined to Mason but seems to be the basis upon which he claims that psychoanalysis overcomes being a ‘suggestive’ practice. The irony of these examples is that in the retreat from the ‘magic’ of hypnosis, with its inexplicable results, psychoanalysis embraces a form of thinking which entails just the same.

Chapter Seven

I am now going to consider the consequences that my argument has for the practice of psychotherapy. I will first of all very briefly reiterate my main argument that the structure of the unconscious is best understood as one of ‘affective-mimesis’. As part of this reiteration I will emphasise the defensive function of ‘transference’, and crucially, how the psychoanalytic theorisation of ‘transference’ reinforces this defensiveness. I will next go on to discuss what I consider to be the central definition of psychopathology. I define this in relation to a continuum of experience of the unconscious, where the spectrum of psychopathology expresses the attempt to evade the unconscious.

The latter part of my discussion concerns the ingredients of an effective psychotherapy. I argue that to be effective, psychotherapy needs to be structured around the essential characteristics of the unconscious. The first characteristic is ‘actualisation’, which corresponds to the phenomenological property of affectivity as an inherent power. The second characteristic is ‘absorption’ which corresponds to the other property of affectivity as self-identifying. It will be argued that psychotherapy consists in a repertoire of techniques to help the patient become reunited with these essential characteristics. As I have already suggested, psycho-pathology can be understood as the attempt, in various ways, to avoid the experience of the unconscious. What I want to show is that the central task of these therapeutic

techniques is to overcome the resistance embodied by representation. Such resistance is not just the problem for the patient, but the therapist too.

To orientate my discussion I will refer to two separate traditions of psychological treatment. The first is the hypnotic tradition as represented principally by the work of Milton Erickson and some of his collaborators. I argue that this work provides paradigmatic examples of psychotherapy that combine symptomatic relief within the context of an existential view of human functioning which includes the unconscious. Erickson's work is best described as a 'strategic' psychotherapy, which demonstrates how the actualisation of the patient can be achieved through the therapist's active engagement with the patient.

The other tradition I will refer to is one that is less familiar to the Western tradition of psychotherapy although it has nevertheless exercised a strong fascination over the years. This is the Buddhist tradition of meditation referred to as 'Mindfulness'. To help my discussion, I will refer to the work of two well-known expositors of this tradition, Mark Epstein (1996, 1998) and Alan Watts (1966, 1971). The value of this therapeutic approach is that it helps a patient to regain that dimension of subjective life that I referred to earlier as absorption.

Transference revisited

Throughout this thesis, I have suggested that what is referred to as 'transference' is the attempt to avoid the experience of the unconscious. Whilst the term 'transference' is used by psychoanalysis primarily to refer to the perspective of the patient, I have

maintained that the way in which transference is theorised by psychoanalysis shows that psychoanalysis, too, avoids the unconscious. Transference can be understood in the following way: it is a universal phenomenon of subjective life through which the individual attempts to avoid the recognition of the unconscious. At the centre of this avoidance is the belief that the unconscious can be represented. In the context of a therapeutic relationship, this takes the form of the patient adopting an attitude towards the therapist which Freud described as “expectation (is) coloured by hope and faith”(Freud 1905, 7, p.289).

Unable to tolerate the ‘otherness’ of the unconscious that arises out of the affective bond between the patient and the therapist, the patient instead believes that the therapist embodies particular characteristics that make him an identifiable ‘other’. Such characteristics are embodied in what Freud referred to as the “transference - idea” (Freud 1912, 12, p.103). In other words the therapist becomes, in the patient’s eyes, a familiar object: “I know who you are”! What distinguishes this kind of recognition is its underlying impulsivity, manifest by the patient ‘seizing upon’ his characterisation of the therapist. Depending on the underlying affective tone, Freud classified this exchange as a ‘positive transference’ (erotic feelings) or a ‘negative transference’(hostile feelings). Whether they are one or the other, or indeed a mixture of the two, such reactions constitute transference ‘proper’.

Such reactions would be different from the more benign and considered recognition of the therapist as a professional who performs a particular function. This more ‘objective’ view of the therapist, characterised by Freud as “friendly or affectionate feelings”(Freud 1912, 12, p.105), is what would be regarded as necessary in order to

form a “working alliance”(Greenson 1981, p.190). The important point about transference ‘proper’, whether in its ‘positive’ or ‘negative’ form, is the accompanying impulsivity which Freud discussed under the rubric of the “compulsion to repeat”(Freud 1914, 12, p.151) and which embodies “an ungovernable process originating in the unconscious” (Laplanche and Pontalis 1973, p.78).

As I have argued earlier, I maintain that the attribution of the ‘transference- idea’ to the therapist functions to conceal from the patient the nature and experience of this ‘ungovernable process’. In other words, the patient finds himself in the grip of the affective, impulsivity that constitutes the unconscious. Unable to tolerate the anxiety that such an experience brings (because it seems to come out of nowhere), the patient attempts to explain it by locating it in the therapist.

Transference as unexamined belief

The psychoanalytic response to transference is for the therapist to say, in effect, ‘You are mistaken! - What you see is a reflection of your own unconscious phantasies that you wrongly ascribe to me’. As I have outlined earlier, the psychoanalytic theorisation of transference confers to it the logic of the ‘false connection’. Thus the psychoanalyst considers that the patient is mistaken when the latter believes his transference -idea to be a faithful representation of the therapist. Whilst acknowledging that in the course of this attribution the ‘transference idea’ undergoes some transformation, the psychoanalyst nevertheless believes that this idea which the patient holds about the therapist is in fact a faithful representation of the patient’s unconscious.

This interpretation of transference is thus thought of by psychoanalysis as the occasion when the transference -idea is shown to be an unconscious representation. In so far as psychoanalysis considers this to be what defines its unique method, it does in fact commit the same error that the patient makes. Both the patient and the therapist conflate the affective impulse with the representation that accompanies it. Whilst the patient believes the impulse to originate from the therapist, the therapist believes the impulse to originate from the patient. It is true that psychoanalysis attempts to maintain a distinction between the 'transference idea' and the underlying impulsivity through the use of the concept of 'acting out'. The concept of 'acting out' refers to the transference as the patient enacts it: "the patient does not *remember* anything of what he has forgotten and repressed, but *acts* it out. He reproduces it not as a memory but as an action; he *repeats* it, without, of course, knowing that he is repeating it" (Freud 1914, 12, p.150). However the distinction fails precisely because psychoanalysis claims that such 'acting out' of transference can be rendered into a representational meaning - "a reconciliation with the repressed material which is coming to expression"(Ibid. p.152).

What the patient and therapist therefore share at this point is the mistaken belief that the unconscious can be represented. In so far as transference naturally serves a defensive function, its psychoanalytic interpretation, as understood above, simply reiterates this function. What I mean by this is that the same process that forms the patient's transference is found at work in the psychoanalyst's theory about transference. There is thus, in both, the same over-estimation and over-valuation of

the power of representation. This arises from the intolerance of the sheer ‘otherness’ of the unconscious and the anxious need to find a place for it - to represent it.

What is missing from the psychoanalytic account of transference is a proper acknowledgement of the unconscious understood in its own phenomenological mode. If transference is to serve any useful purpose to psychoanalysis, or indeed to any psychotherapy that recognises the importance of the unconscious, this must entail a recognition by the therapist that what transference denies is not an unconscious structured around ideas but, affect and impulses. Without this recognition, the psychoanalytic interpretation of transference is, like the formation of transference itself, a symptom of psychopathology. What I now want to show is how the avoidance of the unconscious as shown in the formation of transference shares the same structure as various forms of psychopathology. Whilst acknowledging that the causes of psychopathology are likely to be multi-factorial, I nevertheless maintain that a major contributory factor to symptom formation is the avoidance of the unconscious.

The Unconscious

In a very broad sense I suggest that the reason that a person seeks psychological help can be understood as a problem with acknowledging the unconscious as ‘other’. The term ‘other’ has both a negative and a positive connotation. The former sense of the ‘other’ is defined as such in relation to representation. That is to say, the ‘otherness’ of the unconscious is constituted precisely because it is un-representable. It is a domain of experience that cannot be symbolised or put into words, but can be experienced as affect. The latter sense of the ‘other’ arises precisely because the

structure of the unconscious is affect. Thus whilst affect can be directly known and experienced, its nature is such that this affect is always infiltrated by affect arising from elsewhere. In short the experience of affect is never quite consonant with the empirical boundaries through which an individual might ordinarily define himself.

The unconscious is thus characterised by ‘otherness’ both because it is unrepresentable but also because, as affect, it is open to the effect of contagion which in principle is limitless. It is this characteristic that I describe as ‘affective mimesis’. It is the mimetic action of affect, which, because of its inherent connection with anxiety, induces avoidance within the sphere of representation. In short, and as Freud recognised before disavowing his discovery, the unconscious is the ‘it’ foundation of subjective life which both dominates us and yet cannot be represented. The experience of ‘affective mimesis’ is a reminder that the real foundation of subjective life is not a property of the individual. Notwithstanding the everyday experience that we may have as a ‘centred’ individual, tellingly characterised by Freud as the “fiction of a normal ego”(Freud 1937, 23, p.239), the experience of ‘affective mimesis’ is a reminder that the former can truly never be ‘master of the household’ - ever. In the experience of the individual, as an individual subject, there is thus always some sense in which this experience is never quite containable but stretches out to a point where it seems as if it does not belong to oneself but to someone else.

Psychopathology and the ‘other’

There is thus something fundamentally disturbing about the experience of self-identity that is unrepresentable but not unknowable. What the patient presents as his symptoms, are attempts to locate and represent the 'other' in a tangible way. What this amounts to is that the patient, for whatever reason, is less able to tolerate a sense of self-identity which is predicated around a sense of 'otherness' as defined above. The use of the term 'self' here is highly problematic and I will come back to this in a moment when I discuss the Buddhist contribution to the argument. For the moment I shall simply state that the ordinary sense of self that people have as an experience of individuality is presumably, at least in the West, unavoidable. Although this runs counter to the foundational position of 'otherness' which, I argue, is the defining characteristic of subjectivity; the difference between this 'normal' pathology and what is taken to be psycho-pathological, is simply one of degree. Thus the 'normal' definition of subjectivity as an individual characteristic can nevertheless allow a titration of 'otherness' that is not felt to be unduly disturbing. In contrast, the neurotic is less able to tolerate the intrusion of 'otherness' into their sense and experience of subjective life.

The various symptoms that people present, ranging from somatic complaints to interpersonal difficulties, can thus be seen as attempts to contain and fix the 'other'. I referred earlier to the example of phobias, which I put forward as being a paradigmatic example of the way this 'otherness' is dealt with. Here I suggested that anxiety, which as an existential aspect of this 'otherness', is experienced as intolerable. In the effort to make it more bearable, the attempt is made to transform the anxiety into a specific fear of something. Once the anxiety has been translated into, say, a fear of crowds or spiders, the person will avoid these particular situations.

What the fear of the spider amounts to is the creation of a pathological self-identity. Although of course the spider phobic wants to be rid of spiders, the fact is that the spider phobic thinks of little else than spiders. It is this bond with the object that is important because, I maintain, the phobic relies upon it to gain some sense of a vicarious self-identity from the spider-object: 'If I know what this object is, I know who I am'. This relationship between the phobic and the feared object is, I suggest, the same as occurs with the formation of transference. Thus in transference the patient attempts to turn the 'otherness' of the therapist into a familiar object. To reiterate; the fact that the phobic is always trying to get away from the feared object does not make it essentially any different from the patient who binds himself to the analyst through a transference. Both activities are attempts to locate and stabilise the anxiety of 'otherness' that the other person, here the analyst, invokes in the subject.

I am not suggesting, of course, that this model of phobic avoidance can be applied systematically across the whole range of psycho-pathological problems. However I think that it does serve to highlight the avoidance of subjectivity, that is at the heart of both the milder neurotic disorders as well as the more severe ones. I suggest that the problem of the neuroses arises from the persistent and stereotypical beliefs that the individual maintains about himself and others. Neurotic symptoms enshrine such beliefs and function a little like a suit of armour. Whilst the neurotic believes that such armour is necessary for psychic survival, the sheer weight and constriction that this imposes leads the neurotic to living an impoverished life.

In relation to those disorders that come under the rubric of psychosis and personality disorders, the problem appears at first sight to be somewhat different. Whilst the

neurotic experiences the ‘otherness’ of the unconscious as unbearable, the underlying anxiety is not so pervasive that there is no respite from the ‘other’. For these more severe disorders, however, there seems to be no respite from the ‘other’, it is totally invasive. Putting aside whatever other factors may be responsible for both neurotic and psychotic disorders (e.g. developmental, genetic, biological and constitutional factors), I suggest that the problem is one of degree in terms of tolerance of the unconscious. The various symptomatic expressions of these disorders are attempts to deal with the invasiveness of the unconscious by representation. The difference between the milder disorders and more severe ones concerns the extent to which the attempt is made to represent what is being experienced. In the more severe disorders, the attempt to represent the experience is more drastic, primitive and fragmented.

It is important to reiterate that the solution to the invasiveness of the unconscious is the ability to tolerate the anxiety associated with the experience of ‘otherness’. This, in my view, does not rest on the capacity to represent or to represent more effectively. This is particularly relevant to the more severe disorders where it is often argued that the person lacks the capacity for ‘symbolic’ language. This capacity is often characterised as a relationship of ‘as if’ between the symbol and the symbolised. The implication of this view is that language acts as a necessary container for certain uncontainable experiences. It could thus be argued that whilst the neurotic suffers from an over adherence to representation, the psychotic suffers from the opposite- from too little representation.

In spite of the general appeal that what the latter lacks is containment in the form of representational meaning, I think that this idea misunderstands the relationship

between representation and anxiety. Whilst it is undoubtedly the case that psychotic and personality disorders are more extreme than neurotic disorders, I would argue that the former are characterised by more extreme attempts to deny the invasiveness of the unconscious than the latter. Such attempts as the formation of adhesive, demanding relationships; suicidal and self-mutilation acts; compulsive sexual relating and drug abuse; can all be seen as attempts to represent unbearable states of emptiness, boredom, excitement and anxiety. Whilst 'containment' may be an essential aspect of 'ordinary' human functioning, I would suggest that the difference between 'ordinary', neurotic and psychotic functioning is not determined by the effectiveness, or not, of representation.

Consider, for instance, the following schematic example of a woman admitted to a psychiatric ward with a diagnosis of severe personality disorder. She is a very heavy smoker who is also an inhaler dependent asthmatic. The experience of a person unable to exhale without medical help, and yet who continuously inhales cigarette smoke, quickly produces a split in the staff-team responsible for her care over how to respond to her. Some staff want to withhold her inhaler and indeed claim she is not really psychiatrically ill, but 'just' demanding and manipulative. The problem is how to respond to someone who wants to live, yet clearly simultaneously seems also to want to kill themselves. The point that I want to illustrate concerns the difficulty in being able to tolerate what, I suggest, is the irrevocable disjunction between affect and representation. In this example affect appears vividly as also a 'death drive', in the face of which representation is useless.

The symptomatic response of the staff-group is one way of denying the difficulty. The problem for the staff is whether they can help the patient to tolerate the impossibility of representing the question about whether she wants to live or die (which doesn't necessarily mean not doing anything). The question of being able to tolerate the intolerable and yet still act is perhaps the central burden of a psychotherapist. Here, perhaps the difference between neurotic and psychotic disorders is reflected in the extent to which the therapist has to accept the essential bond between himself and his patient.

Transference, symptoms and the lack of meaning.

A way of summarising the above is to say that the formation of psychopathology is the attempt to create representational meaning where none in fact can exist. In so far as the unconscious is the 'other', it is expressed as affect. As I have already suggested, the central characteristic of affect is such that whilst this can be known and experienced, it defies all representation. There is thus, for instance, no image or word that can stand as an equivalent of this affect. There is, therefore, no meaning to affect, by which I mean no representational meaning.

As an example of this (which also demonstrates the difficulty it poses) think of crowd behaviours. It is commonplace for ordinary, well behaved individuals, to find themselves behaving quite out of character when exposed to the pressures and passions of group dynamics like football crowds, vigilante mobs etc. As Freud noted with great perspicacity, such group dynamics share much in common with the "group

formation with two members” (Freud 1921, 18, p.115) that comprises the hypnotic (and thus the analytic) relationship. In both cases the individual may very well find himself behaving impulsively, which on later reflection, prompts him to remark that ““Was it me that did that? I was not myself...”” (Borch-Jacobsen 1992, p.147). Far from such examples being regarded as pathological or idiosyncratic instances, they should be seen as just particular examples of a more general (but largely denied) capacity of human communication to take place on a sub-representational level. On such a level, the representational differences between myself and the other are absent, recognised by Freud when he wrote “of such processes as telepathy” (Freud 1933, 22, p.55). Freud suggested that if:

“..only one accustoms oneself to the idea of telepathy, one can accomplish a great deal with it - for the time being, it is true, only in imagination. It is a familiar fact that we do not know how the common purpose comes about in the great insect communities: possibly it is done by means of a *direct psychical transference* of this kind. One is led to a suspicion that this is the original, archaic method of communication between individuals” (ibid. [My emphasis]).

The problem that such examples of affectivity present is that they cannot be endowed with any kind of representational meaning but are, rather, expressions of contagious emotion. This is particularly the case with transference. The patient finds himself affectively swayed by the proximity of the therapist. As I have already noted, this is what psychoanalytic theory refers to as the ‘compulsion to repeat’. Such compulsion

signifies the movement of affectivity that grips the patient. The 'transference -ideas' that accompany such affectivity are the patient's attempt to represent this affectivity. But the representations that are associated with such affect can serve as no guide to understanding the nature of the experience. Such representations as ideas, words and symbols have only a contingent relationship with the affective expression. The fact that the patient habitually uses the same representations in his transference relationships does not render the unconscious any more familiar.

Likewise, I suggest that the 'content' or representational expression of any particular symptom has no meaning that might lead to the resolution of the underlying affect. The problem, to revert to the example of the spider-phobic, is not spiders as such, but anxiety. The spider object has no 'symbolic' value from which it might be possible to deduce the origin of the underlying problem. In the genesis of the problem, which was one of excessive anxiety, the object was simply there and allowed the phobic to elaborate a theory around it to try and account for the anxiety. The function of the object and its theoretical elaboration is the avoidance of anxiety that characterises the affective 'other'. The fact that it is a spider as opposed to any other object is related to chance and availability. In this sense transference is like any other psychopathological symptom: its origin is less important than the fact that the material out of which it is constructed is characterised by a rigidity and familiarity which functions to deny the sheer unfamiliarity and fluidity of the unconscious.

Transference and the history of the individual

The problem with psychoanalysis is that it attributes a symbolic meaning to symptoms. The main implication of this view is that the particular, symptomatic, object has a significance, which functions as a sort of 'window' into the unique individuality of the patient. In keeping with its general developmental logic, symptoms are treated by psychoanalysis as embodying a history that the therapist seeks to uncover. This leads psychoanalysis to by and large ignore the primary function of say the spider as simply a functional object, and instead pursue its spider qualities into a symbolic elaboration of what it considers the symptom to be concealing. Whereas psychoanalysis would agree with the argument that the symptom acts as a denial of subjectivity, the problem arises as to how this subjectivity is conceptualised.

The Frozen subject

Psychoanalysis understands subjectivity to be like an iceberg: the tip is like the symptom whilst the main bulk under the water is the unconscious. The patient would be seen as clinging to the particular features of the tip - its crevices and peaks, as a way of avoiding recognition of what lies below. A psychoanalytic exploration would emphasise that the important thing about icebergs is that that they are made of ice. As such psychoanalysis would maintain that to understand what is below the surface entails an exploration of the common denominator of ice rather than the particular features of the visible tip. By doing this, the invisible underneath of the iceberg could be rendered familiar and less threatening.

The mistake with this view is to assume that subjectivity is all of a piece and that psychopathology consists in a denial of certain aspects of this piece. Undoubtedly icebergs are unfamiliar, particularly the mass hidden under the water. However, I would argue that the denial of subjective life that is entailed by the presence of symptoms does not consist of an invisibility of ‘subjective stuff’ which, given the right circumstances, could be rendered visible. In an analogous way the apprehensiveness that can be experienced at night-time is not explained by the suggestion that it is really just the same as daytime only minus light (cf. Levinas 1946). To continue the iceberg analogy; what is denied both by the patient clinging to the visible features and the psychoanalytic interpretation of ice, are the pervasive subterranean currents and forces that make or break ice-bbergs. Icebergs may indeed be havens for polar bears and dangerous obstacles to ships but there is yet something beyond these particular ‘object functions’ that remains disconcerting.

The nature of these ‘object functions’ is nevertheless taken to be what defines and represents the individual. Psychoanalysis, in pursuit of its ‘individualising’ account of subjectivity, interprets the unseen representational aspects of individuality in terms of ‘unconscious phantasy’. I have already noted earlier that ‘unconscious phantasy’ has exactly the same structure as representation, the only difference being that the former is imagined by psychoanalysis to be held in a state of latency, and thus ‘unconscious’. Such a view treats the state of ‘unconsciousness’ to be like a deep-freeze where ideas can be preserved. This way of construing subjectivity seems totally inadequate to the task of maintaining a phenomenological distinction between ‘conscious’ and ‘unconscious’. However, I argue that to maintain a proper distinction between these domains of experience means to encounter a paradox.

The sum of ‘Will’ is greater than its representational parts

What I want to convey with the iceberg analogy is that consciousness is embedded within the biological/neurological mass that forms the empirical individual. As such consciousness embodies the developmental process of the individual which can be historically traced by its representational markers. However the foundation of consciousness - the unconscious or what I have argued is better understood as affect, has no history. Here I am trying to convey a sense of Being about which Schopenhauer writes:

“To the subject of knowing, who appears as an individual only through his identity with the body, this body is given in two entirely different ways. It is given in perception of the intellect as representation, as an object among objects, liable to the laws of these objects. But it is also given in a quite different way, namely as what is known immediately to everyone, and is denoted by the word will” (Schopenhauer 1819 in [Jannaway 1996, p.28]).

To return to transference: I suggest this can be understood as representational history in the making. The patient is attempting to establish a sense of his individuality in relation to the inferred individuality of the therapist. What prompts this is the affective

encounter of will between the patient and therapist, which has its own language and expression, but which above all has no history. At base, this affective encounter, this ‘compulsion to repeat’, takes place in the world of representational objects which, like icebergs, leave traces and function in a complex way. As clinicians we take careful histories from our patients, constructing and reconstructing early events in order to represent the continuous process between past and present that we understand individuals to comprise of. In particular, psychoanalysis relies upon the history that is enacted ‘in the transference’ as the patient treats the therapist ‘as if’ they were someone else. What psychoanalysis hopes to discover in these enactments are the ‘forgotten’ representations of its patient’s history - a chance to fill in the gaps and restore a sense of a complete historical process. In contrast to this psychoanalytic view, I maintain that what is important are not the representations that are said to explain the transference enactments, whether provided by the patient or the therapist; but the impulsion of the enactment considered in itself. Rather than tracing the passage of icebergs, it is intervening in the unceasing and unpredictable activity of the sea that should be our prime, therapeutic, concern. In short what is important is ‘will’ considered in itself, rather than its representation. I should reiterate that I am using the terms ‘will’, ‘unconscious’ and ‘affectivity’, as all referring to the same process.

Transference ideas: the proliferation of stereotypes

Here I arrive at the basis for why psychoanalysis is wrong to pursue transference in terms of representation. Because of the contingent relationship between such ideas and the underlying mimetic force of the unconscious, pursuing the problem in this

way does nothing to help us participate in the force of the unconscious. Indeed by pursuing transference in terms of the ideas (unconscious phantasies) it is said to express, leads instead to a proliferation of these ideas. The more the analyst attempts to pin down the representational meaning of the transference, the more the mimetic activity of the underlying affective relationship creates a proliferation of associations between these representations.

This brings me to consider therefore what the basic ingredients of an effective psychotherapy should be. Having given a brief introduction to the problems of psychopathology, I suggest that the form psychotherapy takes should be based around the phenomenological structure of the unconscious. What this means is that the patient has to be helped to regain a tolerable relationship with the 'other'. What stands in the way of himself and the 'other' are his symptoms. The patient's symptoms act as a kind of representational shield against the experience of the 'other'.

Whilst patients come to see a psychotherapist with various symptoms already in place, the real problem for the therapist is how to avoid making the symptoms worse. At the heart of this difficulty is the way in which psychoanalysis theorises transference. As I have outlined it, and indeed as Freud first elaborated it, transference is a symptom just like any other. What I hope is clear by now is that firstly, transference is unavoidable and secondly, analysing the content of transference does not offer any insight into the unconscious. As I have suggested both above and in a previous chapter, the idea of analysing transference simply proliferates the problem: the more the details of transference are subject to scrutiny, the more these details reproduce. That is one of the reasons, I suggest, that analyses are getting longer and

longer. It is not that psychical problems have become more complex, but rather that psychoanalysis continues to insist that given enough time, the unconscious will eventually yield its secrets through the analysis of transference.

As I have already argued in the previous chapter on OR theory, contemporary psychoanalytic technique does indeed recognise more clearly than previously that analysing the transference should be an encounter in the 'here and now'. This should mean that psychoanalysis, in keeping with its overall claims, is truly an advocate for the unconscious, recognising and participating in its 'timelessness' and 'immediacy'. Because, however, this 'here and now' continues to be theorised in terms of representation, there is no therapeutic advantage to this shift in technique. The problem remains that psychoanalysis' continuing, not to say obstinate, faith in the power of representation undermines the phenomenology of the unconscious presented in the mode of affectivity and impulse.

What the psychoanalytic error consists of is confusion between immediacy and familiarity. The structure of representation is predicated around familiarity, which the psychoanalyst utilises when he says, in effect, to the patient who is forming a transference to him, "see - you are doing it again"! There is, however, no therapeutic virtue in regarding the unconscious as being susceptible to familiarity - from the perspective of representation, the unconscious is always, implacably, 'other'. Whilst the phenomenon of transference does indeed demonstrate, as Freud suggested, the existence of unconscious impulses, it does not help in dealing with the immediacy of those impulses. Undoubtedly transference and its interpretation generate many

ideas, but far from modifying the force of the unconscious, these ideas simply remain an effect of the unconscious.

Psychotherapy of the unconscious

What then are the necessary ingredients for an effective psychotherapy? To begin this final part of my discussion, I am simply going to state what, in essence, I think this should entail. In short a psychotherapist should be (to amend Levi-Strauss' definition of the Shaman) - a 'technician of the unconscious'. In so far as I have defined the unconscious as the 'other', this means two things. Firstly that the 'other' has its own mode of appearance which, in relation to representation, involves concealment. Secondly, because of this concealment, uncovering the 'other' always involves a struggle, which in the parlance of psychoanalysis accounts for the patient's resistance. What is therefore required of a psychotherapist is firstly the ability to recognise the essential 'otherness' of the unconscious, and secondly a technique to help his patients' recognise it. Although of course many psychotherapies, particularly those from within the psychoanalytic tradition, are well acquainted with the idea that therapy involves resistance and struggle on the part of the patient, this is quite often misunderstood because of the allegiance to representation on the part of the therapist.

There are, I think, two ways in which this misunderstanding manifests itself in psychoanalytic technique. First of all is the idea of passivity in relation to both the therapist's and the patient's activity. Put crudely, everything that occurs in therapy

should be (so the argument goes) subsumed to thinking rather than doing, the latter understood as ‘motor activity’. The way in which the patient’s struggle is thus often conceived of is as helping the patient to think, i.e. to represent, rather than act. Because representation is idealised by psychoanalysis, such activity is regarded as a consequence of a process that begins with a thought - ‘think before you act - look before you leap’. The problem with this distinction is that it conflates ‘activity’, understood as above ‘actualisation’. This is a point that has been made by Laplanche and Pontalis (1973) in their discussion of “Transference” and also by Henry (1993) in his concluding chapter “Potentiality”. The central issue is, I suggest, that regardless of whether a patient produces an association (thinks) or slams the door (acts), both ‘events’ should be regarded as an actualisation of the unconscious. As I made clear earlier, to insist that ‘insight’ in the form of representation is the means by which such human motivation should be judged, is to seriously misunderstand the inherent knowledge of affectivity. The direction of psychotherapy thus lies in the engagement of affectivity, not in its representation.

The second point, which is closely related, is the problem of how psychoanalysis locates ‘resistance’ as an attribute that the individual patient has to overcome. It is, of course, true that patient’s ‘resist’ but this only becomes a problem for psychoanalysis in so far as its goal is representation: in relation to affectivity, representation can be nothing but a resistance. If psychoanalysis truly has affectivity as its goal, then the ‘resistance’ of the patient is as much an expression of this as his co-operation. This does not mean, of course, that the patient’s resistance is no longer a problem. On the contrary, it suggests that the therapist needs the full extent of his own affectivity at his disposal to help the patient engage with his (avoided) affectivity.

I suggest, therefore, that the overriding ingredient of psychotherapy consists in varying techniques to help the patient overcome their resistance. In conformity with the phenomenological dimension of the unconscious, I suggest that these techniques can be located as following two rather distinct directions. The first could be described as helping the patient to engage directly in the world, and I am going to refer to the work of the hypnotherapist, Milton Erickson, as exemplifying this. Although his work is undoubtedly characterised by activity, it is activity in the service of actualisation. The other direction could be described as being less active and more contemplative. It is, however, no less concerned with actualisation, but approaches it through the practice of meditation (Mindfulness). I will discuss this later.

Hypnosis meets psychoanalysis

Arguably Milton Erickson, until his death in 1981, was the greatest living exponent of hypnotherapy since Janet. Erickson is important for two reasons. Firstly, he developed hypnotic therapy in a way that remained independent of the influence of psychoanalysis. The most important aspect of this is the fact that he believed passionately in the reality of the unconscious. Secondly, he developed a form of psychotherapy that did not depend upon ‘insight’ in the psychoanalytic sense, particularly that which is developed around the analysis of the transference. His highly individualistic style of working as a therapist seems deeply entwined with his personal struggles with his health. Erickson suffered from, amongst other physical problems, polio, both as a child and later as a young adult. Haley writes of Erickson,

“after his first attack of polio, when he was seventeen, he made a thousand - mile canoe trip alone to build up his strength, and after his second attack, in 1952, he took one of the more difficult hikes in Arizona, walking on two canes” (Haley 1993, p.204). His sheer courage and determination to find a solution to suffering feature prominently in his work with patients. This quality, albeit one that is very hard to classify, is I think the principal reason that psychotherapists are probably ‘born and not made’. I will return to this point a little later in my discussion of the characteristics necessary to practise psychotherapy.

Erickson demonstrated in his work that far from hypnosis being the superficial treatment that psychoanalysis portrayed, it could produce profound and far-reaching changes. It is also important to realise how much Erickson extended the idea of hypnosis beyond being confined to a fairly formal relationship between a patient and hypnotist, mediated by limited techniques of trance induction. Even a cursory look at his published work shows the extent of his ingenuity in utilising the symptomatic behaviour of the patient as the basis of a method of change.

As I mentioned earlier, the work of Erickson is very important in so far as whilst he believes in the unconscious he is adamant that making the unconscious conscious is unnecessary. As Haley notes:

“His style of therapy is not based upon insight into unconscious processes, it does not involve helping people understand their interpersonal difficulties, he makes no transference interpretations, he does not explore a person’s motivations, nor does he simply

recondition. His theory of change is more complex; it seems to be based upon the interpersonal impact of the therapist outside the patient's awareness..."(ibid. p.39).

What Haley's summary suggests is that Erickson regards the unconscious as a process which has a life of its own. Whilst it appears as if he regards the unconscious as what is most deeply idiosyncratic about the individual; Erickson's treatment strategies reflect how much the unconscious 'lives' the person rather than the other way around. This is brought out in his shrewd appreciation of human nature and how the patient's wish to lead a more 'will-full' life is often hampered by anxiety to the extent that any attempt to induce the patient to change is met with a fierce and obstinate resistance. In one of his books he gives a graphic illustration of how, as a young boy working on his father's farm, he learnt to recognise this resistance, but more importantly how to overcome it. In the following account I use the term 'will' as a synonym for 'affectivity'.

Erickson recalls how he and his father were attempting to get a stubborn mule into the barn for the night. Try as they might they could not overcome the resolute refusal of the mule to comply with their wishes. Erickson then recalls how he suddenly had the idea of pulling the mule away from the barn instead of into it. The result was that the mule, still doing the opposite of what was being required of him, went straight into the barn. Such a story illustrates the dilemma of many a patient. Even if the mule knows that the barn is warm and safe, the dark interior feels unduly threatening in relation to the open spaces of the field. Anxious about what may be lurking in the dark corners and forgetting that this has been his familiar, nightly home for so long,

the mule resists entering, using his considerable strength and will-power to stay outside. Maybe he can keep the struggle up all night, but at what cost? Instead of relaxing from a hard day's labour, the mule is having to use more energy in his efforts to stay outside, with a result that he is getting more hungry and tired. It is now getting dark outside and the scope for being fearful increases with every lengthening shadow.

Whilst the mule's behaviour would inevitably be described as wilful, the problem lies not in the manifestation of that 'will' per se; but the way in which the mule tries to dominate and resist the course of his own will; which I suggest lies in the direction of rest and sleep. Likewise for farmer Erickson, the effort to bring the mule's will under his control is equally fruitless. What changes the situation is when Erickson Jn. subtly undermines the mule's attempt to master its own will by actively encouraging the resistance: "So you want to stay outside - here, let me give you a hand"! The upshot is that the mule still exercises its will through resisting, but does so now in the direction that is beneficial for it.

The problem of will

In order to make this example applicable to the neurotic patient and to clarify what I mean by will and resistance, think of the problem of insomnia. It is commonplace that in certain circumstances, even if very tired, a person cannot fall asleep. Faced with the thought of being drained the next day, the insomniac becomes increasingly agitated in his efforts to make himself sleep. These efforts of course are usually fruitless until, in despair, the insomniac just gives up the struggle- and promptly falls asleep! What I

mean to illustrate by this is that the exercise of will is like falling asleep - it happens because it happens rather than through anything we do to make it happen. What I am therefore trying to distinguish here is the sense of 'will' as a sense of determination that has little to do with what is more commonly referred to as will power. What I want to try and illustrate by the example of insomnia, is that it is only when we give up the notion of trying to work our sleeplessness out, that is to say when we give up the idea that we can will ourselves to sleep, that sleep takes us over- we fall asleep.

What the mule and the neurotic therefore demonstrate is a propensity to resist the action of will going about its own business, in its own way. What they try to do is personalise, dominate and treat it as a possession that belongs to them. Resistance is thus, in my opinion, a central feature of what brings people to seek psychotherapy, and what this resistance is directed primarily against is the free expression of will or rather, the affectivity of the unconscious. Throughout all of Erickson's work, is account after clinical account of the various techniques that he uses to break the deadlock that such resistance entails. What the mule episode illustrates is one of the central strategies that Erickson developed to combat such resistance - the 'paradoxical injunction'. What this illustrates is that intervening at the level of affect involves neither the exercise of an opposing force by the therapist, nor does it, crucially, involve representation. This latter point is important in order to understand that the problem of resistance is not one of representation. I will come to a closer examination of 'paradoxical injunction' in a moment.

When the mule or the neurotic attempts to exercise will power in the manner described, it is of course true that they may do so in the belief that, for instance, the

dark barn is full of dangerous creatures. It would be a mistake, however, to conclude that the problem is the mistaken belief and that the solution is to show, for instance, how safe the barn really is. Like the patient who develops a transference towards his analyst, the solution is not to replace the ‘false connection’ with its obverse, but to engage the patient at the level of where the power really lies, which is in the mode of affect. It is thus quite incorrect, in my view, that psychoanalysis, but also various cognitive therapies, place a primary emphasis on the function of ideas, that is to say representations, in both the causation and treatment of psychological disorders.

As I have already made clear, such representations are not themselves the problem, or the solution. When, for instance, a spider phobic is persuaded to face a spider rather than avoid it, the crucial act is when the patient plucks up courage to look the spider in the face. Whatever the preliminaries to this (“on the whole spiders don’t bite”; “they are more frightened of you” and so on) it is not the representation that counts but the phobic’s act of blind faith. Whatever representational knowledge the therapist may utilise as a means of preparing the way to the phobic facing his anxiety, there will come a point when something has to be risked. Another way of putting this is to say that no amount of representational knowledge can bridge the gap between resisting affectivity and allowing affectivity to take its course.

This however raises a very difficult question for the argument that I have been putting forward: if representation is not really responsible for psychopathology, what is? Another way of stating the difficulty is to raise the question, “who or what is it then that resists or makes a transference or maintains symptoms”? In short if the defining characteristic of subjectivity is affect and representation simply follows the dictates of

affect, then it would seem that it is affect that is responsible. However, in so far as I have defined affect as being trans-individual, this still leaves the problem of why affect would attach itself so resolutely to such representations.

Rather than pursue this question into its philosophical depths I want to try and remain at the level of the clinical encounter, but hopefully not lose sight of the difficulty. What Erickson's approach to psychotherapy shows are strategies to break the stranglehold that representation has over the patient. As I mentioned earlier, the degree to which such ideas persist shows that an immense force is maintaining them. So, for instance, an 'intellectual' discussion about spiders will do little to convince the phobic that they need not be avoided. Clearly something else is needed. I mentioned earlier that neither representation nor an opposing force would work. Of the latter, this may not be strictly true. For instance phobics can be subjected to 'flooding', whereby they are suddenly made to confront the feared object in such a way that they have 'to sink or swim'. Sometimes this works, but I suspect that it fails more often than not precisely because the patient has not engaged with 'his' affect.

The problem with putting it like this is that, as I have argued it, affect is not an individual characteristic but is 'transindividual'. This suggests that the therapist must engage the patient, not at the level of representation, but of affect. For this to happen, it means that the therapist must have access to affect. The necessity for this is brought out in a story about a patient with a phobia about germs. It was suggested to the patient that various behavioural strategies would help her to face her fear, including handling dog-shit (with gloves on!). However, because the therapist adamantly refused to do likewise at the patient's request, the therapy failed. Quite reasonably the patient refused to do what the therapist would not do. What this story suggests is that

resistance is not just something that the patient has to overcome but the therapist also. Therefore, regardless of the technique that the therapist uses, the therapist must be connected with his own affect. However before I come to discuss this ‘problematic’ characteristic of the therapist, I want to review the place of hypnosis, particularly trance induction, as embodying just such a technique to overcome resistance.

Following the argument being advanced in this thesis, transference (understood both in its specific clinical sense and in the wider sense as a systematised belief) is an obstacle to effective therapy. Once the deliberate cultivation of transference is removed from the therapeutic task, this entails at least a return to reconsider hypnosis and hypnotic techniques before they became re-interpreted by psychoanalysis and subsumed under the rubric of transference manifestations. By return I wish, however, only to consider a general question at the heart of hypnosis: this is the clinical usefulness of inducing a trance state precisely with the aim of combating the patient’s resistance. To put this question, and my brief comments about Erickson’s approach into some sort of context, I am going to summarise briefly what has happened to hypnosis since the advent of psychoanalysis.

Hypnosis: an update

In considering the contemporary debate about hypnosis it is immediately apparent that it divides into the more or less separate concerns of researchers on the one hand and clinicians on the other. I have already referred to Chertok and Stengers’ (1992) who deal with the long running tension between these concerns. It is worth reiterating that

the former author was perhaps unique amongst his psychoanalytic peers as having an active interest, not only in hypnosis but its research. Although it is of course vital to develop a dialogue between researchers and clinicians I am not going to pursue the difficult question here about how that might be achieved. Fellows provides some clue as to the nature of these difficulties in a fairly recent paper. He suggests that the “dominant theme in contemporary hypnosis theory remains, as it has been for the last 30 years or so, the state -non-state issue”(Fellows 1990, p.81). What he means by this is whether hypnosis involves “ a special and unique state of consciousness” or whether “ the hypnotic subject is seen as strategically manipulating his own behaviour and subjective reports to bring them into line with the demands and expectations present in the hypnotic situation”(ibid.p.82). Although Fellows conveys a succinct account of the differing issues, at the end of the paper he displays his prejudice by declaring how clinicians “have simpler models of hypnosis” and “are not averse to using questionable concepts like ‘trance’ and ‘unconscious mind’”(ibid. p89).

Part of the difficulty with researching hypnosis from a clinical perspective is thus, according to Fellows, the entrenchment with “19th century state mythology”. At first sight the “sociocognitive” perspective as represented by Sarbin (1995, 1991,) seems to offer such clinicians the opportunity to situate their work within the contemporary ‘narrative’ perspective. This approach offers descriptions of social enactments (in this instance hypnosis) in terms of role -play and a close attention to the linguistic structures involved - particularly the metaphor. However my reservations for this perspective are the same as those expressed earlier against the psychoanalytic narrative theorists. The problem of an outdated language representing what might be

considered an ‘essentialist’ conceptual framework is not remedied by recourse to narrative theory, however appealing.

For instance Sarbin is critical of the reification of language in ‘state’ theories of hypnosis. Thus he writes, “Dissociation is not an inappropriate descriptive metaphor. It conveys that the conduct of the person appears to be disconnected from what we would normally expect, given the situation.” (Sarbin 1995, p.167). Sarbin goes on to suggest however that “Over time, users of the metaphors “dissociation” and “repression” failed to maintain the “as if” nature of the constructs and, instead, treated them literally, as having the same ontological status as, say, the heart as a pump.” (Ibid).

As I have suggested earlier, whilst such an example of the ‘narrative’ approach as provided by Sarbin seems particularly suited to describing the central transactions of the ‘talking treatment’, it also misses the most important question. This concerns the question of power: where does the metaphor derive its power from or conversely what causes ‘live’ metaphors to become ‘dead’ metaphors (cf. Carveth 1984). One aspect of conceptualising hypnosis along these lines is that it maintains a narrow focus, a point well made by Nash in his critique of the ‘sociocognitive’ perspective. Firstly he makes “a plea for understanding hypnosis from some coherent theory of personality, development, or psychopathology, rather than from narrowly defined propositions that render hypnosis as something apart from human experience” (Nash 1997, p.292). Thus understanding hypnosis from the perspective of role enactment and situational expectations “begs the question. After all, where do these roles come from? It may be heuristic to describe social interactions in terms of theatre and the proscenium arch,

but we still must wrestle with the problem of how the scripts are acquired, maintained, and changed”(ibid. p.293). Secondly, Nash argues against the tendency within this perspective to construe human “agency as an explanatory construct”(ibid), when in his view this denies the sheer determinedness of human activity, of which the hypnotic experience is a part. Although he is justifiably cautious about whether psychoanalytic concepts can really expand the debate about hypnosis in the way he suggests, it seems to me that considering the concept of identification could usefully expand both his points. I will return to this point in a moment.

On the other side of the contemporary debate about hypnosis are the views that suggest that a special state of consciousness is involved. At the heart of this perspective is the old concept of dissociation about which Hilgard (1977) provides a contemporary perspective. His theory of “neodissociation” revives the work of Janet (1925) which as Ellenberger (1970) claims was unjustifiably obscured by Freud and his supporters. I shall refer to the work of Bowers and Davidson (1991) who summarise the “neodissociation” position. At the heart of Hilgard’s theory of human functioning is the view that “actions that serve a purpose are not always performed on purpose”(Bowers and Davidson 1991, p.107). When applied to the understanding of hypnosis, the:

“...neodissociation model proposes that hypnotically suggested behaviour is purposeful, in the sense that it is goal-directed-that is, it achieves the suggested state of affairs. However, it also implies that the behaviour can be nonvolitional, in the sense that it is not performed on

purpose-that is, it does not flow from executive initiative and effort”

(ibid).

The neodissociation view therefore makes a distinction between purposeful behaviour motivated by a conscious intention, and volitional behaviour. It is this latter form of behaviour that appears to define the hypnotic experience; perhaps the most striking example being the execution of a post-hypnotic suggestion.

There are two things that are interesting about the state of contemporary hypnosis. First of all, in spite of the reservations that psychoanalysis has held against hypnosis, the latter is in good shape. Both from the point of view of research and practice, hypnosis continues to generate much interest. Secondly and more specifically, contemporary research into hypnosis continues to verify both the idea of an unconscious and the fact that the hypnotic encounter continues to demonstrate the far-reaching effects of the unconscious. A good example of this is to be found in Kihlstrom (1987). As Kihlstrom suggests, “the most salutary by-products of the development of cognitive science has been a revival of interest in consciousness”(ibid. p.1445). The result of the research that has gone into consciousness has led, as Kihlstrom goes on to say,

“..to a provisional taxonomy of nonconscious mental structures and processes constituting the domain of the cognitive unconscious. One thing is now clear: consciousness is not to be identified with any particular perceptual-cognitive functions such as discriminative response to stimulation, perception, memory, or the higher mental

processes involved in judgement or problem solving. All these functions can take place outside of phenomenal awareness. Rather, consciousness is an experiential quality that may accompany any of these functions. The fact of conscious awareness may have particular consequences for psychological function-it seems necessary for voluntary control, for example, as well as for communicating one's mental states to others. But it is not necessary for complex psychological functioning" (ibid, p.1450).

In relation to the issue of the alteration of consciousness which could be said to be the defining characteristic of the hypnotic state, Kihlstrom, again, has this to say to his 'non-state' critics:

"But there *is* a state of altered consciousness in hypnosis: Amnesic subjects cannot remember things they should be able to remember; analgesic subjects do not feel pain that they should feel; subjects asked to be "blind" and "deaf" do not see and hear things that they should be able to see and hear. Even the most mundane motor suggestions involve alterations in consciousness. We feel heavy objects in our hands, objects that are not there, forcing our outstretched arms down to our sides; we feel magnetic forces, forces that do not exist, pulling our extended hands and arms together. These are alterations in conscious experience observed in hypnosis, and it does not matter if they can also occur in the absence of a hypnotic induction, and it does not matter if there are no physiological markers of hypnosis. These alterations in

consciousness are what make hypnosis interesting, and they remain to be described and explained”(Kihlstrom 1997, p.326).

The relevance of the hypnotic debate, but particularly the views belonging to the ‘neodissociative’ perspective, is that it helps to revivify the place of the unconscious in psychotherapy which, I argue, has been derailed by psychoanalysis. Not so much that hypnosis demonstrates the existence of the unconscious per se but that the varied methods of trance induction demonstrate its essential fugitive state. The hypnotic encounter thus serves to demonstrate two essential points. Firstly that subjectivity is a divided state and secondly that the causes of psychopathology are not the result of this division but rather the result of a *denial* of this division. To my mind, therefore, the problem of psychopathology does not lie in some aberrant form of unconscious process that needs bringing to awareness. The problem is rather that the everyday logic and rationality belonging to consciousness has obscured the unconscious, understood and experienced in its own mode. The cure for this is thus to help the patient regain some tolerance for this division and to lessen the domination of representation.

In so far as hypnosis demonstrates that human volition is expressed by two differing functional systems, the essential point is that one is primary and that the other may interfere with its functioning. Herein is the notion argued throughout this thesis that conscious functioning in the form of representation hampers unconscious awareness. Thus when someone presents with a particular psychological problem, resolving it by recourse to representation does not help much. This view is found both in the practice of cognitive therapy, the socio-cognitive view of hypnosis and indeed the

psychoanalytic view of transference: the problem the patient complains of is seen as essentially a mistake. Although this view is more readily visible in the cognitive world than the psychoanalytic one, the emphasis is the same: therapy consists of helping the patient, in one way or another to gain more evidence or a wider perspective so that they come to see that their initial view was mistaken.

The problem with this view is that it suggests that psychopathology amounts to a representational mistake. On the contrary I argue that whilst the patient may indeed be mistaken, the real mistake consists in the belief, expressed in a myriad of ways, that all aspects of subjective functioning are susceptible to representation. What therefore psychotherapy should consist of is helping the patient regain access to this other form of functioning. In other words what the patient requires is not an expanded representational repertoire, but access to their 'unconscious'. Here again I emphasise the essential point that the unconscious embodies a sense of purpose that has no need of conscious representation to achieve its goal. Moreover, an over-adherence to such conscious representation may indeed derail the unconscious sense of purpose. This is most plainly seen when, for one reason or another, the faculty for conscious representation is temporarily suspended. This is, of course, what the trance state demonstrates. Another kind of example may help to illustrate this. Several years ago my parents were on holiday in France when my father was taken ill in a shop and fainted. Ordinarily neither of my parents could speak anything other than a rather halting French, so although the shopkeeper called a taxi, the problem arose as to how to instruct the taxi-driver to return to their hotel, several miles across Paris. The problem however was resolved when in a semi-conscious state, much to the surprise

of my mother (not to say the taxi-driver!), my father was able to deliver faultless instructions in perfect French from his prone position on the back seat of the cab.

In other words, because my father's capacity for conscious representation was suspended, his 'unconscious' grasp of French could flow unhindered. I thus return to what I consider to be the essential therapeutic goal that is the recovery of the unconscious which, to revert to the language of Schopenhauer, is the recovery of the person's Will. The problem is how to loosen the hold that representational consciousness exercises. On the one hand it seems obvious from the effort and ingenuity that goes into trance induction, or the fact that it takes a high temperature, or an hallucinogenic drug, that altering consciousness is not easy. On the other hand, it is also obvious that there are numerous ways to 'kill the cat'.

Paradoxical Injunction and Trickery

The extremely brief update into hypnosis suggests that 'trance induction' has no one defining feature and that therefore the means to alter consciousness (and thus the faculty for representation) are diverse. One thing however does seem to be a constant requirement which is that this 'change event' should take place in an interpersonal setting. Although change may occur spontaneously, other examples of healing from different cultural settings suggest that a relationship not unlike that between an 'Initiate' and 'Master' is indispensable. What seems essential in this kind of relationship is that there is a differential in power between the pair. As I will come to

in a moment, the notion that a therapeutic relationship should be one of equality between the patient and therapist is profoundly misplaced.

I want now to return to consider Erickson as being an example of someone who achieved considerable mastery over being able to change people's states of consciousness within the tradition of hypnosis. The procedures that Erickson used have been summarised by Haley (1963, 1993) under the rubric of 'strategic therapy'. As mentioned earlier in Erickson's example of the formative experience with the recalcitrant mule, at the heart of his strategies is the "paradoxical injunction". Haley defines the paradox as a:

“..term for describing a directive which qualifies another directive in a conflicting way either simultaneously or at a different moment in time. If one person directs another to do a particular act, a paradox is not necessarily evident, but when one person directs another not to follow his directives, the paradox is obvious” (Haley 1963, p.17).

Haley's analysis is from a communications perspective and “assumes that psychopathology occurs because man is a classifying animal and assumes that change occurs when a person must resolve paradoxes posed in terms of his classification system” (ibid. p.181).

The use that I want to make of Haley's analysis is less to do with the disjunction between levels of classification, than what I would maintain is the enduring disjunction between representation and affect. The question is how to get the person

away from the grip of representation; that is, away from classification per se; so that they experience and are able to utilise affective life. The use of the ‘paradoxical injunction’ thus becomes principally a strategy, on the part of the therapist, to outwit the patient’s adherence to classification - to promote an alternative knowledge of life.

Reading examples of Erickson’s clinical work, it is clear that he has an optimistic view of human functioning, embodied in the notion of the unconscious as the source of the person’s potential. What guides him in his treatment interventions are the patient’s symptoms. By engaging at the level of the symptom, Erickson is able to utilise the power involved in the maintenance of that symptom, to overthrow it. Far from this being ‘merely’ symptomatic change, as psychoanalysis would have it, such changes go right to the heart of the patient’s existential being. An example will perhaps illustrate this:

“In another case in that same hospital, Erickson dealt with a competent industrialist who had lost a fortune and become depressed. He spent his time crying and repetitively moving his hands back and forth straight out from his chest. Erickson said to him, “You’re a man who has had his ups and downs”, and asked him to modify his movement by moving his hands up and down instead of back and forth. Then he took him to the occupational therapist and asked for cooperation. Pointing to the man’s up- and- down movement, he said, “Put a piece of sandpaper in each of his hands and fasten a rough board upright between them. That way he can sand and polish lumber”. The man began to do something productive, and he stopped crying. He then began to work

in wood and carved chess sets and sold them. He improved so much that he went home on a trial visit, and the first year after he was discharged he made ten thousand dollars in real estate” (Haley 1993, p.28).

In summary, the central importance of ‘strategic therapy’ is getting the patient to engage in the world, before his habitual, ‘representational’, ways of seeing gain the upper hand. Whether by the use of trance induction, paradoxical injunction, confusion techniques and so on; the aim is to outwit the tenacious hold that representation exercises in the form of the patient’s symptoms. If ‘strategic therapy’ principally engages the patient at the level of activity, the other method of engagement that I want to examine, is decidedly ‘inactive’.

Mindfulness

I want to now turn to the tradition of healing which I think encapsulates the other characteristic of the unconscious that I have described as absorption. The Buddhist techniques of meditation seem well suited to address this through cultivating attitudes of rigorous contemplation. In the 1950’s and 1960’s there was a great deal of interest between psychoanalysis and Eastern Religions, in particular Buddhism and Zen Buddhism. Such writers as Fromm (1960), Watts (1971), did much to cultivate a cross-fertilisation between the Eastern and Western therapeutic traditions. More recently there has been a growing interest, from the perspective of psychological research into depression, of the specific discipline of ‘Mindfulness’.

I do not propose to review the traditional accounts of Buddhist meditation which are extensive, or the accounts of contemporary psychological research which utilise the concept. I would instead refer readers to just two invaluable sources, which give very adequate accounts of both perspectives: Thera (1969) for the former, and Delmonte (1989) for the latter. For the purposes of my argument I am going to refer to the work of Watts (1971) and Epstein (1996) who have both tried to integrate psychoanalytic thinking with the techniques of Buddhism. The relevance of a Buddhist perspective to my argument concerns the central idea that egoic consciousness is illusory. Thus Epstein writes that the:

“..Buddhist approach posits a core existential insecurity that is beyond the content of any individual story. While psycho-analysis has traced the path whereby a parent’s insecurity can be transmitted to a child, Buddhism stresses the inherent impossibility of figuring out who or what we are, with or without “good-enough” mothering” (Epstein 1996, p.55).

In the same vein, Watts writes that we:

“..must start from the well-recognised fact that all the ways of liberation, Buddhism, Vedanta, Yoga, and Taoism, assert that our ordinary egocentric consciousness is a limited and impoverished consciousness without foundation in “reality”. Whether its basis is physical or social, biological or cultural, remains to be seen, but there

is no doubt that release from this particular limitation is the aim of all four ways.” (Watts 1971, p.73).

The problem is the ego, the seat of consciousness or, as I would suggest, the centre of representation. It is the seat of narcissism which as Epstein suggests, “ is endemic to the human condition... It is the tendency of the developing mind to impose a false coherence on itself, to become infatuated with the *image of* self, to grasp for an identity by identifying with something or with nothing, to make the self into something *other* than what it actually is” (Epstein 1996, p.69). The Buddhist road to liberation from the illusion of the ego takes the form of meditation. Epstein suggests that, in fact, there:

“..is no real word for meditation in the classical languages of Buddhism. The closest is one (*bhavana*) that translates best as something like “mental development”. The lack of such a word is probably no accident, for it is not meditation, per se, that is important to the Buddha’s psychology; it is the development of certain critical qualities of mind”(ibid. p.105).

At the centre of *bhavana* is the attitude of “bare attention”. This is defined as “the clear and single-minded awareness of what actually happens *to* us and *in* us at the successive moments of perception”(ibid. p.110). Epstein goes onto suggest that it “is *the* fundamental tenet of Buddhist psychology that this kind of attention is, in itself, healing”(ibid). In many ways such an attitude is like the phenomenological method in so far as it attempts to see things as they actually are -when Husserl urges us “back to

the things themselves”. I do not propose to elaborate on the particular techniques through which Buddhist meditation achieves its goal. My main aim is simply to indicate that such an approach, as developed by Epstein, compliments both the techniques and underlying view of subjectivity as I have outlined them.

What is less clear, however, is how the motivation of the meditator is kept up in order for meditation to succeed in its ‘deconstruction’ of the illusory self or ego? Many of the examples given to illustrate the meditation techniques seem to presuppose that the student is sufficiently highly motivated to overcome the difficulties that such an arduous task involves. Here perhaps the relationship with a teacher is crucial. Epstein gives an example of an encounter between the student and the Master where it is clear that a ‘shock’ is often needed to accomplish the aim of meditation. Thus he tells the story of a:

“...smart and eager university professor who comes to an old Zen master for teachings. The Zen master offers him tea and upon the man’s acceptance he pours the tea into the cup until it overflows. As the professor politely expresses his dismay at the overflowing cup, the Zen master keeps on pouring. “A mind that is already full cannot take in anything new”, the master explains. “Like this cup, you are full of opinions and preconceptions”. In order to find happiness, he teaches his disciple, he must first empty his cup” (Epstein 1998, p.xv).

In the literature of Buddhism, particularly Zen, there are countless examples such as this one, which show, firstly the affinity with the techniques of ‘strategic’ therapy.

Secondly, these examples show that the kind of ‘deconstruction’ that ‘Mindfulness’ sets out to achieve, is, like the phenomenological method, only really possible within a ‘therapeutic relationship’. It is this that makes these disciplines so applicable, and indeed necessary to psychotherapy.

Conclusion: The Impossible Profession

It is the structure of the therapeutic relationship (and particularly the role of the psychotherapist), that is crucial in helping the emergence, or return, of the affective domain, which I am suggesting the patient has lost. I maintain that the practice of psychotherapy has a great deal to learn from various healing traditions that utilise various methods of trickery to achieve their aim. Apart from the examples given from ‘strategic therapy’ and ‘mindfulness’, one could find others all of which have a similar format. For instance there are various methods of sorcery, as outlined in the writings of Castaneda (1971, 1975), or various shamanic practices outlined, for instance, by Vitebsky (1995). What seems to be the uniting factor, from these otherwise diverse cultural settings, is the inequality between the initiate (patient, apprentice, etc.) and the master (therapist, mentor, etc.).

Here I am not referring to inequality defined primarily in a social sense but that which springs from the disjunction between affect and representation. The patient is crippled by representation and needs to re-establish a connection with affect. The therapist embodies the possibility of affectivity and that makes their relationship decidedly unequal. Here I am not suggesting that the therapist ‘knows best’ but only that he

should be in a position to be able to help the patient realise his affect from the vantage point of having done so for himself. I am also not suggesting that it is a question of ‘teaching by example’. The uncovering of affect always involves a greater or lesser struggle against the constraining effect of representation, and thus the sense of inequality involves the mobilisation of force. There are two analogies that will help clarify the notion of inequality. The first is the battery and the necessity of there being a differential between the positive and negative poles for any current to flow. The second analogy is suggestive of how this can be achieved in the model of Judo. Watts describes this kind of relationship in the following way:

“What we find is something very like a contest in judo: the expert does not attack; he waits for the attack, he lets the student pose the problem. Then, when the attack comes, he does not oppose it; he rolls with it and carries it to its logical conclusion, which is the downfall of the false social premise of the student’s question”(Watts 1971, p.72).

To put Watts’ astute analogy into the language of representation: the patient is encouraged in his symptomatic expression to the point where the therapist takes control of it and redirects it. The example of Erickson and the sandpaper given above is a good example of this. What seems crucial for this transaction to work is that the patient has to be ‘taken in’ in some way. In short, the representational basis of the patient’s illness has to be fooled into lowering its guard. The problem with psychotherapy involving some kind of trickery is, however, that it seems to run counter to the whole emphasis of psychotherapy as a method to combat the sense of self-deception which psycho-dynamic explanations of psycho-pathology emphasise.

To try and clarify the function of trickery as having a central place in psychotherapy, I want to refer briefly to the work of the psychotherapist Peter Lomas. The reason for referring to Lomas' work is that firstly, having trained as a psychoanalyst, he has become a relentless critic of psychoanalysis, whilst remaining within the general psychodynamic tradition. Secondly, much of what Lomas writes about concerns the way psychoanalytic technique deviates, to its cost, from the ordinary parameters of everyday life. In particular he is critical of the way psychoanalysts conceal many of their reactions to their patients which might otherwise be therapeutically serviceable. Thus whilst warning that "psychotherapists who fail to acknowledge the deviousness of the human heart and the alarming capacity for evil in all of us can be of little help to their patients", he goes on to suggest that the "therapist, by the nature of her approach (sometimes likened to that of a detective), may find it extraordinarily difficult to recognise uncomplicated warmth" (Lomas 1987, p.125).

In order to illustrate the 'idea that guilelessness can be therapeutic', Lomas refers to the Greek legend of Philoctetes. Lomas writes that:

"Philoctetes was afflicted by an incurable suppurating wound, which had such a foul smell that he was abandoned by his friends on the island of Lemnos. Ten years later a soothsayer revealed to the Greek army that they would never defeat the Trojans without the help of Philoctetes and his magic. In Sophocles' version of the story, Odysseus and Neoptolemus, the young son of Achilles, are sent to Lemnos to deceive and bring back the wounded man. On reaching the island, Odysseus sends the boy ahead to make the deception. Neoptolemus

reluctantly obeys, but having accomplished his task, he is overcome by remorse for his dishonesty and admits the truth to his victim. In spite of his immediate fury at being tricked, Philoctetes finally agrees to do as the young man asks. As a consequence of his surrender to the simple approach of the young man Philoctetes' wound is healed" (ibid).

Lomas concludes that this story "suggests that guilelessness may be a significant factor in healing" (ibid). This quality of ordinary, straightforwardness, is something that Lomas contrasts to the therapist putting too much reliance on a "special role" and having a "special theory" to the extent that "the irreducible, ineffable quality of experience, without which growth is impoverished, is unavailable"(ibid. p.134)..

The first thing to notice about Lomas' use of this example is the fact that the central issue *is* deception: Philoctetes, (who according to Graves [1984] means "love of possessions") has to be tricked into parting with Heracles' bow and arrows. Even if guilelessness does indeed play a part in Philoctetes' eventual healing, the story suggests very strongly that this arises secondarily to an initial deception. The problem I think with Lomas' interpretation of the story is not unlike other critiques of psychoanalysis who emphasise how the latter has become alienated from 'ordinary life' (e.g. the 'humanist' school of psychoanalysis represented by Sullivan (1953), or the more recent interest in 'existential' psychotherapy). The suggestion is made that what traditional psychoanalysis fails to acknowledge sufficiently is a common humanity between patient and therapist. It is thus argued by Lomas and others that what is required is more honesty on the part of the therapist and that this will encourage their

patients to be more honest about themselves. This, to my mind, misses the crucial problem about psychoanalysis.

The real difficulty with psychoanalysis is not because it dismisses the 'ordinary' but that it makes too much of it. That is to say it idealises the mode of representation, which is indeed the currency of everyday life. Lomas' suggestion that ordinariness on the part of the therapist begets ordinariness on the part of the patient is fundamentally wrong. As his example of Philoctetes shows, the return to ordinary life requires something extra-ordinary. This brings me back to consider the question I raised earlier concerning the role and the qualities of the therapist. Rather than attempt to make a list of the necessary characteristics a psychotherapist should possess, it is, I think, more a question of what might prevent a psychotherapist being effective. To revert to the example of Judo: whilst it maybe a relatively easy task to learn a few techniques, it is clear that the application of these techniques involves an ethical dimension. I maintain that a central aspect of this involves courage in the face of anxiety. Judo is dependent upon using the opponent's energy to undermine him. Whilst one can learn techniques to achieve this, there is still the question of waiting for the other to 'show his hand'. It is this period of waiting that I think is crucial, although the anxiety associated with it may become diverted towards certain expectations which interfere with the therapist's capacity to respond.

As I have suggested throughout, one of the great stumbling blocks for a therapist is the degree to which he is constrained by representation. What I mean by this is the degree to which the therapist's view of life and human relationships is constrained by transference; by his 'credulous expectations'. Just to reiterate a crucial point: I am not

suggesting that it is the faculty of representation per se. that is problematic. It is rather the degree to which psychotherapy fosters the illusion that the aim of psychotherapy is to increase representational knowledge. I maintain that this illusion is at the heart of the denial of the unconscious as an affective mimetic force. It is this force that has to be met head-on by the psychotherapist, at the very least in the sense that it is the structuring force of subjective life.

This leads to a paradox that seems difficult to resolve but which can be stated fairly easily. Having argued that the basis of subjective life is the trans-individual state of affective mimesis, I suggest, paradoxically, that the psychotherapist has to act in a uniquely forceful way. This is particularly relevant in relation to the institutionalised and professionalised aspects of psychotherapy. As I have tried to show, the mimetically determined constraints which arise out of the group process invariably act to deny the affective basis of the unconscious. In short, whilst the structure of these groupings adequately demonstrate the mimetic power of the unconscious, the source of this power as affectivity remains concealed by the attempts to render it into representational meaning. Such groups are inevitably organised around the representational identity of their founders and do little more than encourage the proliferation of mimetic clones.

This raises serious questions about whether psychotherapy, at least one that recognises the central place of the unconscious, can ever be taught in the context of a group. The example of trying to make the training organisation more benign and democratic as described, for instance, by Lomas (1990), does not overcome the fundamental 'otherness' of the unconscious, nor does it dispose of the manifestation

of this 'otherness' as a force and power. An example of how affective emancipation involves the exercise of considerable power on the part of an individual, is shown in the history of 'Therapeutic Communities', a good example being Clark (1996). As Clark's account shows, to release the psychiatric institution from the bondage of inhumane and often squalid conditions and replace it with a more democratic structure, took nothing short of the actions of a benign dictator.

Applying this to the practice of psychotherapy involves the psychotherapist bringing a uniquely individual force to bear on his patient, with the aim of releasing affectivity which, because of its nature, is strongly resisted. The freedom to achieve this is, I suggest, severely hampered if the psychotherapist is part of an organisation. At least in this sense, the work of Janet is quite instructive here. As mentioned earlier, Janet did not form a school around his work and perhaps because of this was able to develop insights into the whole problem of suggestion in a way Freud was unable to do. It is perhaps important to emphasise that I am not just arguing that institutions obliterate individuality but rather that such institutions obliterate recognition that affectivity is the real master, not representation.

At the heart of this affectivity is a mimetic force which proliferates. Just prior to Freud's transforming of the hypnotic rapport into the psychoanalytic transference, there was a vast crowd of researchers all experimenting and delving into various aspects of suggestion and influence. The mistake Freud made was to believe that in psychoanalysis he had the means to control this proliferation, both in terms of rival therapies and in terms of the rapport/transference. As the events of the last century or so have shown, nothing could be further from the truth. Although psychoanalysis

continues to believe that it alone knows about the unconscious, this has done little to halt the growth of the enormous variety of psychotherapies nor indeed to offer anything in the way of a demonstrably more effective therapy.

I suggest that psychoanalysis could profit a great deal from a 'return' to its therapeutic origins. I am not proposing that hypnosis as it was conceptualised in the 19th century can be regarded as an unchanging therapeutic model. As I have tried to show in this thesis, the value of such a return is simply to show how much of the contemporary psychoanalytic 'discoveries' are anticipated in the writings on the rapport. Whilst psychoanalytic concepts such as 'projective identification' and 'symbolic equation' define correctly the essential form of the unconscious as trans-individual they have not, however, increased the therapeutic effectiveness of psychoanalysis over hypnosis. The real value of a return to hypnosis and the trance state is thus to correct the deviation of psychoanalysis in its idealisation of representation and to begin to develop a conceptualisation of the rapport as that affective 'otherness' which defines all of subjective life.

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