

# CHAPTER ONE



## ART AND THE ORGANIZATION OF THE SELF

In this book I pursue three aims. The first is to examine Freud's core concept *sublimation*. The second is to suggest ways that contemporary analytic reflections on the self might help us revive the concept of sublimation. My third aim is to show how this revised theory of sublimation might contribute to the larger tasks identified as "Psychoanalytic Aesthetics." This title names two vast areas, the study of the unconscious mind and the study of art and human experience. Many psychoanalytic authors have turned their attention to aesthetic experience. I refer to these contemporary studies throughout this essay. I do not see my study as proving the superiority of one mode of analytic reasoning or analytic theory over another. Analytic theories are many; ways to validate them are few. Given this limitation, an author can hope to articulate a treatise with as much clarity as possible.

### **Similarities and Differences: Symptoms and Work of Art**

Regarding the childhood experience of the artist, Phyllis Greenacre writes: "[The artist's] unusual capacity for awareness of relations between various stimuli must involve sensibility of subtle similarities and differences, an earlier and greater reactivity to form and a greater sense of actual or potential organization, perhaps a greater sense of the *gestalt*" (Greenacre 1957, p. 53).

If psychoanalysis is a valid science, it has much to say about the production and enjoyment of art. This seems true of narrative arts, like the novel, which are often similar to dreams and other psychological acts that Freud first investigated. I believe psychoanalysis is valid science and relevant to the narrative and nonnarrative arts. Freud's insights into the "Oedipal" features of childhood, for example, reflect upon the original Oedipal drama, Sophocles's play, written in the fifth century, BCE. In using the name of Oedipus, Freud declared his debt to

Sophocles and other poets. Freud suggested that Sophocles's plays expressed psychological truths that he reclaimed for science, stated without the illusions of art. The notion that art only expresses unconscious motives reduces art to a neurosis and pseudotherapy. Through art, feelings emerge and suffering decreases. The work of art is not different from symptoms and defenses against symptoms which are compromises that also express and conceal forbidden wishes.

Psychoanalysts learn to recognize and heal psychological disease. They use the theories derived from this work to investigate nonclinical entities, like works of art. A danger is that the analyst will treat the work of art as if it were a symptom or an artifact of the therapy. Both evaporate when the analysis concludes. However, the danger of the analyst destroying the artwork is slight. Many sympathetic studies of artists by psychoanalysts are available. Also, many art critics read Freud and apply his insights to particular artists.

Charles Bernheimer (1987) describes the difference between Degas's portraits of prostitutes and mere pornography: "Pornographic imagery is constructed to suggest woman's desire to submit pleasurably to phallic power. She is seen as guilty in the display of her sexuality" (p. 175). In contrast, Degas shows women masturbating with complete lack of regard for the viewer (or voyeur). They remain independent of the male's insistence upon the priority of the phallus.

Bernheimer does not absolve Degas of all voyeuristic urges; nor does he claim that Degas's paintings repeal male ideologies and repressions. Degas conveys complex views of male sexuality: "The small dimensions of the monotype, allowing it to be easily held in the hand, further suggest that these are fetishistic images made for a connoisseur's private enjoyment. But it is precisely the fantasy potential of these images of available female sexuality that Degas suppresses" (p. 172). Degas portrays both pornographic images and pornographic morality. By placing the viewer in the same space as the male whose money alone makes him significant, Degas reveals our own inferiority. Like him we are substitutable.<sup>1</sup>

Given these psychoanalytic contributions to critical theory, basic problems with psychoanalytic aesthetics remain, especially with the "art as expression" view. While the dream and a novel may share psychological themes, the novel is richer, more detailed, and better structured than the dream. Novels reveal a degree of organization and thought far beyond that of the dream. In contemporary terms, the novel, or any other complex artifact, exhibits more information per unit than does the dream. Hence, dreams by themselves cannot produce novels: "noise cannot generate information." A group of monkeys

could write a Shakespeare play if they had a very long time, say half of an infinity. Even then, the so-called play would be an accidental event, the product of random typing.

A psychoanalytic critique of the art-as-expression view occurs in Greenacre's astute comments, summarized in the above quotation. Greenacre says that art is more than conflicts produced by invisible psychological processes. On the contrary, Greenacre says that the work of art is an organized and organizing achievement in which creative persons find within sensual experience moments in which the world and the self cohere. This is an active, constructive aspect of the artistic process and it is an active, constructive potential within the artifact itself. In this way, artistic artifacts are the opposite of neurotic symptoms.

The following, from Walt Whitman's masterpiece *Leaves of Grass* illustrates this idea. Whitman marvels at the complexity of his body which mirrors the complexity of the natural and social worlds. Whitman's poetry is a "song of himself." He sings the body electric, "the narrowest hinge in my hand puts to scorn all machinery" (*Song of Myself*, line 667).

Space and Time! now I see it is true, what I guess'd at  
 What I guess'd when I loaf'd on the grass,  
 What I guess'd while I lay alone in my bed,  
 And again as I walk'd the beach under the paling stars of  
 the morning.  
 My ties and ballasts leave me, my elbows rest in sea-gaps, I skirt  
 sierras, my palms cover continents,  
 I am afoot with my vision

*Song of Myself*, pp. 710-716

Encompassing the universe of experience, Whitman responds to the gestalt of this world's emotional economy. He feels inflated, united from his ballast like a balloon untied from its guylines. Is this a pathological inflation born out of the narcissistic activity called "poetry"? The poem may well have a root in Whitman's pathology, but the poem is more than a symptom.

Inflation afflicts a person. It is a painful psychological state, and, like other symptoms, it is usually hidden, disavowed, and private. When symptoms become sexual, like compulsive masturbation, they become shameful and disorganizing. Academics often point out the dangers of psychoanalytic reductionism. They rarely point out the more serious

danger: that presented by art to psychoanalysis and recognized by Freud when he looked back to Sophocles. In choosing the name Oedipus, Freud testified that psychoanalysis depended upon the poets for its validation. This is not rhetoric on Freud's part. "Applied analysis," using clinical theory to talk about nonclinical artifacts, as Freud practiced it, validated discoveries made in the analytic hour by showing their prototypes in religion and works of fiction, especially tragedy. Freud did not view these cultural artifacts as practice targets. He did not plunder works of art and reduce them to pathology.

A second reason Freud valued art is the need to distinguish between maturity and neurosis; between health and disease. Analysis and analysts need a bench mark of human achievements and human capacities. Great works of art provide these bench marks. If Bernheimer fails to show how Degas's monotypes are more than fetish objects, he fails to show how Degas's works retain value. If they can never distinguish between fetish and the work of art, then psychoanalysts have no way to distinguish art from pornography. Yet, that would mean that no work of art could transform us. Art would always remain entertainment or, in more cold-blooded terms, supplies for masturbatory fantasies.

A third reason psychoanalysts ought to consider art is to challenge the romanticism inherent in psychoanalysis. Out of deference to the "creative" aspects of the artist's life, many authors refuse to assess the concrete events that precipitate the work of art. There is a romantic tradition within aesthetic traditions and within psychology of art that portrays "creativity" as a "magic synthesis" (Silvano Arieti 1976). Legends that Mozart could compose a symphony in his head and then write it down, note perfect, retain a popular appeal. They reappear in the film *Amadeus*. Such legends elevate Mozart beyond the ken of mere humans and so make his achievements opaque.

A fourth reason analysts should examine art is that art cannot be controlled by forces exterior to the personality of the artist. Genuine art requires the participation of the artist's self, and that cannot be coerced by either church or party bosses. In this sense, within art lie new possibilities of human freedom. These possibilities resonate also in the value Freud placed upon the individual's capacity to become a self. For these reasons the science of analysis needs to consider in depth the nature of artistic achievements.

Yet, many problems confront the analyst who ventures forth into the fields of art. One is that the psychoanalytic theory of art inherited from Freud revolves around the concept of sublimation. This concept arose when Freud could not account for works of art whose content

paralleled dreams and symptoms but whose forms did not. The concept of sublimation was Freud's effort to respond to this gap in the psychoanalytic theory of culture. It is a term with an odd heritage and even odder place in psychoanalytic theory.

A second problem is to say how the work of art differs from its siblings, dreams and neurotic symptoms. Related to this demand is another task: how can we account for the truth value in art? How can psychoanalysis account for works of art, rooted in infantile complexes, that are valid accounts of human life? Psychoanalysis can reveal the hidden connections that link the artist's childhood with the artist's adult achievements. Such links always exist, for upon whose life experience can the authentic artist draw if not the artist's own? The most complete theory of sexuality should say something about *The Scarlet Letter*, a book about a woman whose sexual power terrifies a minister. In style and content some works of art parallel psychoneurotic events. An obvious example of this parallel between art and symptom are movies and their similarity to dreams and the similarity of dreams to religious myths. Movies display naked eroticism, all possible perversions, and naked aggression. Film style often parallels primary process thinking.

Recent American "slasher" films, in which rampaging maniacs cut and slice the flesh of young persons, have a huge audience of adolescent devotees. Some of these films, like the cult standard *The Rocky Horror Picture Show*, become centers of adolescent worship complete with ritual time and ritual activity. The adolescent struggle to form a sexual identity and to forsake their parents' protection animates the film.<sup>2</sup> It portrays a young couple who, on the verge of marriage, enter a strange castle, see sexualized dancing, and meet Dr. Frank N. Furter. He sings "I'm just a sweet transvestite from Transsexual Transylvania" (Twitchell 1985, p. 198). Dr. Furter reveals his Frankenstein monster, named Rocky Horror. Dr. F. then kills the delivery boy who had supplied the life force necessary for Rocky and, finally, seduces both the virginal girl and the virginal boy.

American adolescents adore the movie. For it exhibits their anxieties and then denies them through its self-conscious art. Its campiness says, "this is a movie, not reality." The film is shown only at midnight (the magic hour) and now has a cult standing unattached to any other film. Some estimates suggest that *The Rocky Horror Picture Show* has grossed more than \$430 million dollars (Twitchell 1985, p. 303, n.1). It is difficult to imagine films that could illustrate better the vitality of classical Freudian theory than these contemporary favorites where adolescent sexual anxieties, the upsurge of oedipal conflict, dominate the story.

## Psychoanalysis and Psychic Pain

The loveliest of goddesses replied:  
 "Son of Laertes and the gods of old,  
 Odysseus, master mariner and soldier,  
 you shall not stay here longer against your will;  
 but home you may not go  
 unless you take a strange way round and come  
 to the cold homes of Death and pale Persephone.  
 You shall hear prophecy from the rapt shade  
 of blind Teiresias of Thebes..."

At this I felt a weight like stone within me,  
 and, moaning, pressed my length against the bed,  
 with no desire to see the daylight more.

*The Odyssey*, Book Ten

Trans. Robert Fitzgerald, 1961.

Psychoanalysis is a science and a clinical method. It attempts to explain and alleviate psychological suffering. There are many ways to suffer such pain. We can suffer guilt, shame, loneliness, embarrassment, and other suffering that color each human life. Novelists and poets have long reflected upon the texture of such suffering. When Odysseus says he feels a weight on his chest, we understand: he has to stand and face the dead.<sup>3</sup> In ordinary life we sometimes recognize what causes a particular moment of psychic pain. For example, when a loved one leaves us we feel bad and we know why. To go to the other extreme, when our favorite team loses we feel diminished.

Other forms of psychological pain are as intense as ordinary sufferings but their origins are unknown. This form of psychic pain one might term "neurotic disease." It is difficult to find an instance of neurotic disease in Homer; in modern literature examples abound:

But to enter the Church in such an unscholarly way that he could not in any probability rise to a higher grade through all his career than that of a humble curate wearing his life out in an obscure village or city slum—that might have a touch of goodness and greatness in it; that might be true religion, and a purgatorial course worthy of being followed by a remorseful man.... He did nothing, however. (Thomas Hardy, *Jude the Obscure*, 1895, p. 103)

Jude Hawely contemplates the only chance he has to enter the



university, which has been his singular ideal since boyhood. Alongside the fact that the church would pay his fees, is Jude's insight that this might be a noble pathway. It would make him superior to others in his humility and good will. Yet, Jude hesitates and in that hesitation makes likely the tragedies that befall him. Psychoneurotic pain hurts like hell but cannot be located within a part of the body nor traced to an event in one's past. (If the pain is the result of physical dysfunction, then this counts as located in the body and distinguishes it from psychoneurotic pain.) Many depressed persons cannot say why they feel that way. If they give some reason for their depression, it is a minor source of suffering and cannot account for the severity of pain. Here the psychological mystery begins. The therapist becomes a troubleshooter, searching for events which precipitated psychological distress.

### *Psychic Pain and Two Types of Troubleshooting*

We can describe two types of troubleshooting: straightforward and roundabout. The straightforward type is the kind performed by expert diagnosticians, such as skilled mechanics. The roundabout is the type performed by clinicians, both physiological and psychological. One way to illustrate the difference between straightforward and roundabout troubleshooting is to compare troubleshooting a faulty automobile with troubleshooting psychoneurotic pain. Troubleshooting a faulty car is easy. The car was designed to run properly—at least for a few years. Troubleshooting psychoneurotic suffering is more difficult because no one knows how human beings were designed. It is hard to distinguish between a mere problem in human living, which requires no treatment, and a pathological event which does. To illustrate the difference, let us compare two patients: your new car and Freud's patient, the "Rat Man." I use the Rat Man case because it is well known and filled with insights.<sup>4</sup> We can then compare the two patients with one another and the troubleshooting procedures used to treat each.

I have arranged these two charts so that they appear similar to one another. What the term *transference* means is the subject of debate within psychoanalytic circles. All agree that transference is the patient's unconscious expectation that the analyst will behave like important persons in the patient's past. Beyond this common definition are issues of technique. Whether one sees a particular action as "pure transference" or as a reality-based response to the analyst, alters the therapist's interventions. Robert Langs (1985) has shown that analysts often misidentify a patient's criticisms as "negative transference," these criticisms reflect accurately the therapist's errors and the therapist's own pathology.

<i>Your Car</i>	<i>Freud's patient, the Rat Man</i>
1. Your car's complaints: coughs in the a.m.; Engine stalls; stops on freeways.	1. His complaints: severe obsessions, fears, wasted much of his life.
2. Isolate problem: history of troubles, when, how, with what effects, etc.	2. Isolate the set of pathogenic ideas and images: <i>not</i> through formal inquiry but by asking him to speak "freely."
3. Examine flow chart of <i>designed systems</i> : fuel, etc. Exclude those one knows are irrelevant.	3. Record the flow and pattern of his complex narratives.
4. Test relevant systems.	4. Uncover the pathogenic ideas: follow resistances, locate transferences.
5. Make repairs.	5. Establish, monitor, dissolve the transferences in sequence. (S. Freud 1912 a, b, c.)

For these reasons, psychoanalytic problem solving, portrayed in the second column, is a set of tasks that has no definitive ending. Psychoanalysis cures, but how it cures and what constitutes "complete" cure remain problems. There is, for example, the issue of intersubjectivity in the analytic relationship. The analyst must interpret the meaning of the patient's behaviors, then gauge how the analyst instigated them. These are not new problems. They may illustrate the subtlety and difficulty of analytic work.

The first type of problem solving is desirable; the second type is what is available to the psychoanalyst. An edition of the *Diagnostic and Statistical Manual*, (American Psychiatric Association 1980) contains decision trees arranged much like the flow chart on the left. DSM III charts summarize the rules that dictate how one is to apply diagnostic labels to patient behaviors. This is an important task since it makes possible a shared vocabulary for clinicians and researchers. These rules for the use of diagnostic terms are not equivalent to theories of the cause of these disorders. For example, the decision tree for using the label "Academic or Learning Difficulties" requires one to note "patterns" of behavior related to school. It does not explain why these patterns occur.



Theorists hope to describe complex systems using the first kind of flow chart for it permits one to diagnose and then fix the disorder discovered. When Freud first set out to describe the complex structures of the mind, he hoped to establish theories compatible with this kind of flow chart. His earliest essays reflect this hope: to establish the theory of neurosis upon scientific, that is, causal and rational grounds.

When Freud failed to do this, he adopted theories that fit the second kind of chart. This is evident in his initial reflections on the causes of hysteria. Freud used neurological theories which portrayed the mind as a machine. Machines require organization of parts and a supply of energy. It followed that the mental apparatus, the mental machine, required the same things. The mind requires energy: "we may say that hysteria is an anomaly of the nervous system which is based on a different distribution of excitations, probably accompanied by a surplus of stimuli in the organ of the mind" (Freud 1888b, p. 57).

An immediate difficulty quashed Freud's hope to secure a biological theory of mind. Unlike machines of the nineteenth century, the mind operates with entities, called "thoughts," not raw energies. To reflect this fact Freud proposed that pools of energy (or excitations) are "distributed by means of conscious and unconscious ideas" (p. 57). Another problem arises: the problem of consciousness, a problem any theory of mind must address. Freud confronted this issue: "We possess no criterion which enables us to distinguish exactly between a psychical process and a physiological one . . . ; for 'consciousness' whatever that may be, is not attached to every activity of the cerebral cortex, nor is it always attached in equal degree to any particular one of its activities; it is not a thing which is bound up with any locality in the nervous system" (1888b, p. 84).

The mystery deepened for Freud noted that: "in its paralyses and other manifestations hysteria behaves as though anatomy did not exist or as though it had no knowledge of it" ("Organic and Hysterical Paralyses" 1893c, p. 169). Therefore, if organic lesions cause hysteria, these lesions depend upon the patient's representations of the patient's body. To retain his physiological commitments, Freud claims that these lesions must be the result of the upsurge in a surplus of excitations. And, therefore, psychotherapy must be the "abreaction of these surpluses" (1893c, p. 172).

Critics have noted that Freud's case histories became more complex and novelistic than typical in good science. Freud's case histories are literary (Patrick Mahoney 1982) but they became so only because Freud found it impossible to capture his patients' essential pathology without telling their stories in depth. This requirement alone is respon-

sible for part of the expanded length of Freud's case histories. Another dynamic reason is that Freud discovered his patients never told their stories in a simple, linear fashion. He had to investigate key events many times: first, from the patient's conscious memories; later, from points of view made available through the psychoanalytic process. As we will see in chapter 2, psychoneurotic stories are complex and contradictory. It takes time to set them out.

For some critics of psychoanalysis, this luxuriance of narrations signifies the errors entombed in the theories themselves. Using Occam's razor, one can cut away the narrative aspects of analytic theory, return to pre-Freudian days, and look for single-valued causes of symptoms. Many nonpsychoanalytic theories of psychological suffering attempt to change the second form of troubleshooting, typical of psychiatry, into the first. A theory of depression that explains it as a deficit of brain chemicals permits one to troubleshoot depression in the way one troubleshoots a misbehaving car. This may seem a prejudicial metaphor. One could use another metaphor and say that a biochemical theory of depression treats it as a physiological disease produced by dysfunctions in many systems.

Returning to Freud's efforts to troubleshoot the Rat Man, whom we know as Dr. Lorenz, we agree that his account is novelistic and complex. The amount of complexity ought not to count against a theory. We see that the complexity of Freud's account mirrors the complexity of his patient's self-understanding. The Rat Man's self-understanding is complex because it reflects contradictory self-representations, many of which are unconscious. A lovely instance is Freud's analysis of a typical obsession. Dr. Lorenz's fiancée had left him to nurse her grandmother. During her absence, he suddenly gave himself the command to kill himself; then he thought, "No, it's not so simple as that. You must go and kill the old woman" (1909d, p. 187). Freud demonstrates that his patient had reversed the temporal order of events. With much labor he reconstructs the actual sequence: the young man longed for his fiancée. She was with her grandmother. That enraged the patient. He wished the old woman dead, and that wish made him punish himself for such an evil impulse.

Even in less obsessive patients we must struggle to understand them. Each presents the task of comprehending the intricacies of a unique story. So, we turn to examine what makes up self-understanding. Here the oddities of psychoneurosis appear. For patients' self-representations contradict one another, contradict how society sees them, and contradict how we see them.

For example, consider a hypothetical patient who feels criticized

by his boss and then feels "short." At other times, this patient may feel underweight. Is this the result of a perceptual experience? The crucial term is *perception*. If perception occurs within the networks of the visual apparatus, then most neurotic patients do not misperceive themselves. A patient who feels "short" does not report that his trousers were suddenly too long or that his wife had to bend down to kiss him when, in the past, she had always stood on tiptoe. The patient's experience of feeling "short" is an authentic experience; it is not a hallucination. Yet neither is it a perception. The man's feeling short reflects feelings evoked by the word *short*, just as other patients describe feeling "empty," or "hungry," when they leave some analytic hours.

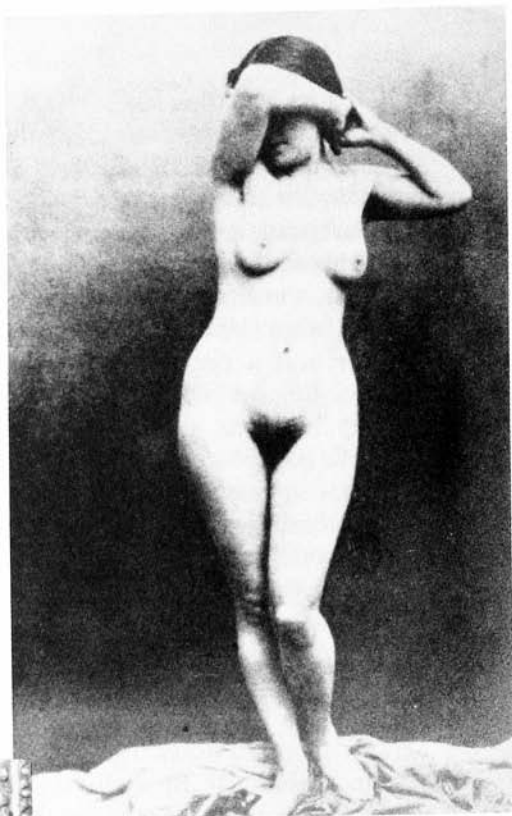
We recognize that these people are talking about a sense of themselves using the metaphorical richness of our common language. What is true of self-representations is true also of object representations. Just as we have many conscious and unconscious representations of ourselves, so too, we have many conscious and unconscious representations of others. An illustration of such representations is the number of artistic renditions of the nude human being, especially nude females.

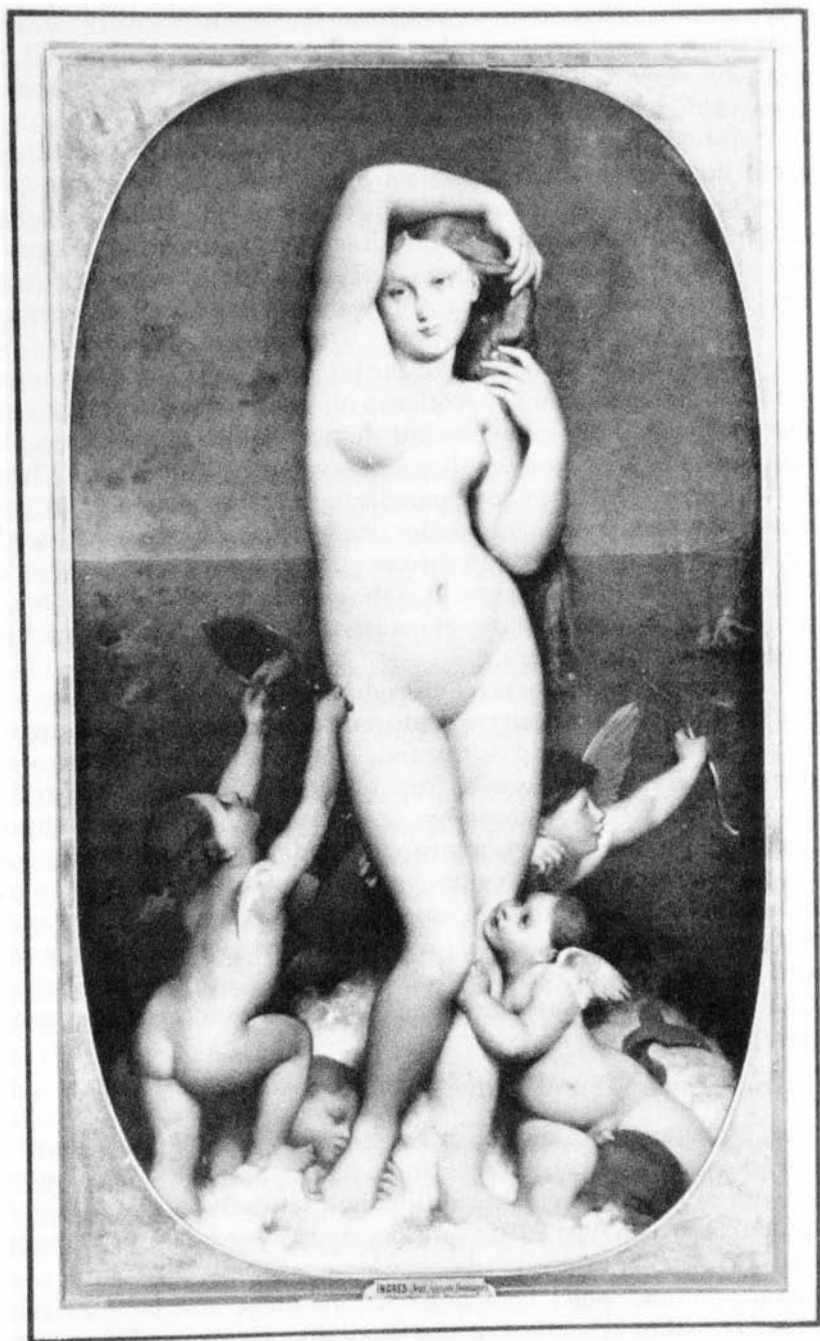
### *Ingres and Photography: Two Kinds of Representation*

Everyone knows that psychoanalysts think a lot about sex and its role in human life. Since human beings are mammals on the verge of constant rut, it seems obvious that pictures of naked people would find a ready audience. And they do. Since up to this century all human beings nursed at a woman's breast, it seems reasonable that that part of the female body would be admired. It is. So it is not surprising that Western art has innumerable portraits of adult women whose breasts are celebrated. For example, in the paintings of Jean-Auguste-Dominique Ingres (1780-1867), we see detailed renditions of naked women whose breasts are often a prominent feature of the work. [See figures 1, 2, and 3.]

Ingres is a painter with a photographic sense of accuracy and realism. If painting reproduces visual experience, then this is a high compliment: Ingres's paintings are almost as good as photographs, that is, mechanical reproductions. This would also mean that with the discovery of mechanical reproductions painting should wither away. William Hauptman (1977) cites Paul Delaroche, who responded to the advent of photography by uttering: "From today, painting is dead" (p. 117).

Of course, painting did not die. Why not? Or, to return to Ingres, what makes his paintings of nude women more valuable than photographs of the same nude women? Ingres lived during the advent of





photography. There is some evidence that photographers influenced him: there is ample evidence that he influenced photographers. If painting were a second-best attempt to render visual experience, then Ingres's nudes should not retain their preeminence.

Yet they have and, hence, we conclude that Ingres's paintings are more than reproductions of what Ingres saw. For, assuming he had normal eyesight, Ingres saw what the camera saw: a pattern of light and shadow cast by rather heavysset, adult females. Ingres's paintings are, therefore, more than renditions of the visual events that occurred to him. Rather, they render what Ingres experienced as he responded to the naked women in front of him.

What Ingres thought about the female body includes his sense of ideal form. Ingres's intense eroticism is famous. To convey eroticism is more difficult than to paint naked women. Ingres's nudes are stylized representations of women; they are not remotely realistic. When he paints the female breast, for example, Ingres often gives it an arc which is more geometric than it is anatomically correct. Ingres employed his models to serve as windows through which he could realize his own reflections about femaleness. It is those reflections and thoughts, not the mere visual data, that Ingres records in his paintings and which continue to fascinate viewers.

Early photographers captured the light emanating from the bodies of nude models. Ingres captured the outline of the ideas emanating from his inner world. Is this true of the pictures of sexual organs sketched on bathroom walls? Yes. Why deny the title of art to these crude sketches? They often represent very strong wishes and human desires. True, most are poorly drawn renditions of sexual and scatological actions. Yet these sketches do not differ intrinsically from Picasso's celebrated sketches, done in his late seventies. A better contrast between art and non-art is compare these bathroom drawings with the "true to life" anatomical illustrations in medical textbooks. While these pictures may be "lifelike" in their exactness, they are not appealing and not artistic.

### *Problems with Psychoanalytic Aesthetics*

Psychoanalytic aesthetics confronts a particular problem. For example, Susanne Langer says, in an influential study: "But [psychoanalytic criticism] makes no distinction between good and bad art" (quoted in Noy 1979, p. 229). Some psychoanalysts make no distinction between excellence and mediocrity because they seek to find wishes that are "latent," which lie beneath the manifest "surface." But it is on the surface that art demonstrates its vitality. Nuances of shade, color,



balance, tonality, and other formal elements distinguish good art from bad. Cézanne's famous paintings of apples are revered for their formal qualities, not as "lifelike" illustrations of ripe fruit. One may see more accurate renditions of apples on the side of produce cans in the supermarket. Some apples may represent the mother's breast. That does not explain why Cézanne's apples are better than apples pictured on cans of applesauce.

The second problem facing the psychoanalytic critic is the problem of evidence. This is a problem on two fronts. First, in the analysis of long-dead artists, we have no access to the thousands of observations that make up a real analysis. Without access to the details of an analysis, accrued over hundreds of hours, one cannot offer valid clinical interpretations.

Second, without the benefit of the relationship between patient and analyst, no transference can unfold and therefore the *sine qua non* of analysis is absent. In its absence that which makes psychoanalysis an empirical, objective event is also absent (Brian Bird 1972).

Many scholars recognize the first problem and respond by using diaries, the opinions of contemporaries, and other written materials to supply information about their subject. Yet, even diaries written for the benefit of the subject alone cannot equal psychoanalytic data, for writing implies the existence of an audience. Diaries are still manifest thoughts about subject's self. They are like self-analysis and other forms of therapy that do not recognize the transference.

The second problem has received less attention, for transference events are unconscious reenactments that portray in the here-and-now relationship to the analyst repressed memories and fantasies which have no other route of expression. It is to those repressed fantasies and archaic ego states (to use one contemporary set of terms) that the analyst must penetrate. Any analysis that fails to do so is superficial. Transference is the heart of the analytic process. It is wrong to suppose that transference means merely reenactments of childhood relationships that remain in conflict. While the patient associates the analyst with a specific person, like a parent, in the patient's past, this does not exhaust the transference itself.

Otto Fenichel (1945) says the term *transference* pertains also to the ways in which the analyst serves ego functions which are not within the patient's power or control. Bird (1972) makes the same point: "There [in the transference neurosis] the patient includes me somehow in the structure, or part structure, of his neurosis. . . . The identity difference between him and me is lost, and for the moment and for the particular area affected by the transference neurosis, I come to represent *the*

*patient himself*. I come to represent some complex of the patient's neurosis or some element of his ego, superego, drives, defenses, etc., which has become part of his neurosis" (p. 281, emphasis in original).<sup>5</sup>

When analytic critics use clinical generalizations, their evaluations, may be useful but they have no merit as psychoanalytic data. Such evaluations are speculations about an artifact. There is nothing wrong with this. The results of such applied studies can be illuminating. Harm occurs if nonclinicians read such studies and conclude that such speculation typifies psychoanalysis, including the clinical work. For without transference reenactment and interpretation, all such speculations are intellectual constructs and have little empirical weight. To many nonclinicians psychoanalytic criticism seems odd, if not bizarre. Many scholars who read psychoanalysis conclude that psychoanalytic interpretations are like literary speculations. They cannot be justified with clinical evidence, only replaced by other speculations drawn from other intellectual disciplines, like literary criticism. Yet to justify interpretations of a dream, for example, one must give detailed accounts of the events that constitute the analytic process. To illustrate a typical encounter I offer the following ordinary clinical event. It will not persuade the skeptic, but it does illustrate an ordinary clinical encounter and how one form of psychoanalytic thinking takes place.

Say you are a therapist. A new patient, a young man, begins intensive psychotherapy with you. Weeks later, your patient mentions that he told a friend to call you, for this friend needs a good therapist. The question the analyst, you, must raise is, why now? That is, why is this new patient so willing to share you with a friend? Your patient adds, parenthetically, that should you have insufficient hours, then he stands willing to share his hour with his friend. For, it turns out, this friend is far needier than himself. In the interest of using a brilliant color to the utmost, he—the original patient—would consider forfeiting his hour, should external events require that sacrifice. While there is no disputing the accuracy of the patient's assessment of your clinical skills, one might ponder, for a moment, what all this means.

Under most circumstances a therapist would not accept this referral. At this moment, the therapist distinguishes herself or himself from other professionals who would accept such referrals with no questions asked. Why must we go to this length? Why not just ask the patient why he chooses to refer his friend to you? Here the much misunderstood concept of the "unconscious" makes its appearance; for if motives are unconscious they are not available to your patient's conscious mind. If they are not available, he cannot answer your questions directly. Since the patient's referral of his friend was an action involving his therapeutic

tic relationship, its meanings cannot be present to him. If your patient cannot say what these actions mean, how can you assert what his "unconscious" motives are?

Freud's discoveries come to your aid. You attend to the patient's entire presentation of himself. Eight decades of clinical experience and theory tell us that all such actions occur in response to the patient's anxieties mobilized by treatment. In other words, something about therapy scares your patient and drives him to find another person to take his place and that would let him off the hook. His friend would enter therapy. You would suffer no drop in income, and he would not feel those moments of dread as he approached your office. What moments of dread? For has not your patient said that he admired your skill, your office, and your person? Again, theory tells us that the actual source of your patient's panic is not conscious. Hence, you cannot accept as complete your patient's protestations of admiration for you.

To figure out what your patient fears, you turn again to observe his actions, not just what he says. We rely upon Freud's insights into the nature of dreams and symptom formation. We assume that the patient cannot say what frightens him. But his associations about his decision to gather another patient for you will tell us what scares him (Langs 1985).

Now you listen for clues to what scares your patient. Following the recitation of your many talents, he goes on to think of nothing in particular, except a movie he has seen. In the movie a young woman, living alone in a large city, is attacked by a half-machine and half-human monster. This man-machine is ineluctable and unstoppable. He has one goal: to destroy this young woman. Once the man-machine scents his victim he will not give up the chase. Only his death of that of his victim will stop the pursuit. The man-machine, we learn, kills his victims by sneaking up behind them and then crushing them in his arms, from behind. The young woman's only chance is to flee from the monster.

Rambling on, your patient recalls reading science fiction in the family basement. These were enjoyable retreats, usually, since they permitted him to escape from his parents who fought constantly. He had thought about writing science fiction once, but he could never overcome his writer's block. That, in turn, reminds him of other things he does not complete. There are tasks in his job which he could perform but never gets to. There is cutthroat competition in his office. He feels he can trust no one, especially his superiors who are judging him behind his back. What occurs in the mind of his superiors anyway? It enrages him, sometimes, to think of how arbitrary they are and how much

power they have over his life. This reminds him of being short in high school. He is surprised to find that he is taller than his boss, he concludes, who says all the right things but is completely untrustworthy.

This is a concocted hour and has no validity as an empirical moment in actual therapy session. Most clinicians will recognize this as a typical sequence of free associations. Taken as a set of reflections upon his referral of his friend to you, they provide insights into this patient's current state of mind. Clinical theory tells us to treat everything the patient does as reflections upon therapy. The more "free and spontaneous" the patient's speech the more valuable are his thoughts. Your patient's associations suggest what he fears: that his therapist will become a powerful, machinelike monster who will crush him from behind.

In a real case we would note this patient's identification with females, his feeling that his body is short, and his relationship to his father. Regarding his father we note the theme of being crushed from behind plays a role. Also, this patient uses literature to escape bad moods, feels frustrated with his current work, and has many inhibitions. His defensive style shows a propensity to take action when he feels anxious, to use his friends as go-betweens, and to praise people he fears. In a good case-conference with other clinicians one could deduce many other features of this man's life, even from the little material given above.

Having established that the patient fears you we can ask where did this idea come from? Does it represent an experience in the patient's past and a current wish? Mindful of these insights you can respond to this patient's story in many ways. One way is silence: let him continue to talk. You might also choose to interpret why you think he wishes to substitute his friend for himself. You could say, "The idea of referring your friend to me arose when you began to feel afraid of me. You see me as a monstrous person who will crush you just as the machine-man crushed the young woman in the movie."

Of course, you may be wrong—though I have stacked the deck. How do clinicians know when they are wrong? For do not "Freudian patients" have Freudian dreams, and "Jungian patients" have Jungian dreams? Well sometimes, but in day-to-day practice one offers an interpretation and then assesses its validity in a variety of ways. First, does the patient add confirming evidence spontaneously? Second, does the patient's total response to the therapist deepen the transference? Are specific neurotic symptoms relieved? Does the patient act differently in the patient's external life? Do formerly disparate threads of the patient's story begin to come together? Are there additional confirming

memories from childhood? (See also Bird 1972.)

It is wrong to say that the single idea "crush me like the machine-man crushed the woman" is the entire structure present in this man's unconscious; this does not recognize that ideas are never the content of the unconscious. If ideas were the source of neurosis, then a patient's assent to the analyst's insights would bring about cure in record time. Intellectual patients and mental health professionals who read Freud would require no treatment. They would achieve self-cure through self-analysis. Since Freud's first remarks on the subject, we know that the process of psychoanalytic therapy requires the patient and analyst to engage emotionally with one another. The transference neurosis must be an authentic experience, not intellectualized reflection.

All therapists should use empathic interventions. Yet in making interventions like the one above, we are telling the patient that he does not know why he acts the way he does. This is a criticism of the patient. We do not intend to be cruel or patronizing. We offer it in the patient's interests. Yet, very sensitive patients recognize that all such interventions are slight wounds. For as we make such interventions we are also saying that the patient does not have complete control over himself; he is not, at that moment, the master of his actions and thoughts. He is not fully known to himself. Worst of all, the therapist, for a moment, knows more about the patient's motives than the patient does.

Interpretations, no matter how well formulated, are in this way narcissistic wounds because they challenge the patient's sense of narcissistic completeness and wholeness. These wounds are not, we hope, overwhelming. They may be minor for many patients. In such interventions we show that the patient does not know completely what the patient is talking about—even when speaking about long-held secrets. In a full-fledged analysis, interpretations like these may be shortened or become "family jokes" (Heinz Kohut 1984). The painfulness of therapy has lessened and the patient can hear interpretations without disruption and even with some humor. These moments of humor can soothe the narcissistic hurt.

Eventually, the patient will not need our presence and therapy will come to an end. We hope that our patients internalize our therapeutic intent. When they leave they should respond to themselves with the tact and empathy we strive to show toward them. However, even in these moments of self-interpretation the process is painful, for it requires us to overcome a similar quality of narcissistic hurt. Insights into oneself counter one's wishful images. We learn that we are not masters of ourselves; some of our secret ambitions crash upon the rocks of actuality.

*An Ordinary Aesthetic Event: Responding to a Poem*

To contrast the patient who feared being crushed from behind consider a poem, "The Lifeguard," by James Dickey (1958). Dickey describes the thoughts of a young lifeguard who had failed to save a young boy from drowning. The last stanza is:

I wash the black mud from my hands.  
 On a light given off by the grave  
 I kneel in the quick of the moon  
 At the heart of a distant forest  
 And hold in my arms a child  
 Of water, water, water.

I suggest some points about the aesthetic moment. First, we cannot plunge from the surface of this poem to an interpretation of its unconscious roots without losing sight of the poem. Second, the old saw "To be a translator, is to be a traitor" remains true. The idea of life slipping through one's fingers occurs in the image of the child made of water, a liquid that has no autonomous form. The Greeks employed this image when they said that a woman's anger is written in water, which disappears as it is written. In Dickey's poem we understand that the lifeguard never grasped the boy the way he wished, but only water. Now he asks the substance that killed the boy to assume the boy's form. The strident rhythm of the last line "Of water, water, water" catches us on the verge of speech and nonspeech. It is a chant; like "the Wa, Wa, Wa" the sounds an infant makes when it seeks the safety of its parent.

Freud discovered that we can decode the manifest content of a patient's narration and find in it latent memories and desires. "Life is but a dream." Freud shows us how self-understanding is the product of condensation, displacement, and symbolic thinking. In the "Golden Age" of psychoanalytic discovery Freud and his followers applied this discovery to the great works of Western culture. Freud delved into Shakespeare, Sophocles, Michaelangelo, Leonardo, Goethe, and Moses. Ernest Jones examined fairy tales, religion, and culture. Hans Sachs, Carl Jung, and Alfred Adler examined the whole of society. Each realized that their efforts to decode an artistic product, say a statue by Michaelangelo, told us nothing about the formal qualities of the work.

*The Sensuous Surface and Deep Structure*

The sensuous surface of things is an inexhaustible source of aesthetic pleasure. I believe this sentence is true but ugly. It sounds like a