

The Shadow of the Object

*Psychoanalysis of the
Unthought Known*

CHRISTOPHER BOLLAS



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years of his life. He is very fond of his mother, who is associated with warmth, smell, soft clothing and tranquillity. He has no memory of his nanny. As he says: 'Just a blank. I remember nothing.' Now, he has what I believe to be an aes-

thetic experience that utters the terms of the first human aesthetic. As he wanders through the city, every so often he will see a young man, always in a bus or car, who is going in the opposite direction (a momentary presence) who evokes a sudden feeling that he is the person who can 'transform' him. He considers such moments to be the most glorious moments of his life, because they fill him with a 'transcendental' sense of 'exquisite harmony', even though they are followed by a sense of blankness and despair. This transformational object appears and disappears; it promises deliverance but yields absence and blankness. As Jonathan has discovered in the psychoanalysis, the search for this transformational object and the nature of his aesthetic experience belong to an existential memory of his experience of the maternal aesthetic (the past called into the subject's being). When he was with mother he was filled with a sense of joy; when she left him to the nanny, he felt blank and deserted.

Transformational-object-seeking is an endless memorial search for something in the future that resides in the past. I believe that if we investigate many types of object relating we will discover that the subject is seeking the transformational object and aspiring to be matched in symbiotic harmony within an aesthetic frame that promises to metamorphose the self.

ONE of the features of Winnicott's psychoanalytic sensibility is to look within the patient for the infant who lives within a maternal holding environment and to ask how patients communicate their knowledge of this experience through the transference. In living with borderline, schizoid and narcissistic character disorders, Winnicott knew that he was immersed in the patient's unconscious reconstruction of a child's environment, and I understand that it was a feature of his technique to adapt himself to the patient's ego defects and characterological biases in order to allow for the transference to evolve without the impingement of a premature use of analytic interpretation. From this experiencing of the early infant environment, the analyst could then interpret the past as it was re-created through the transference.

People bear memories of being the mother's and father's object in ego structure, and in the course of a person's object relations he re-presents various positions in the historical theatre of lived experiences between elements of mother, father and his infant-child self. One idiom of representation is the person's relation to the self as an object, an object relation where the individual may objectify, imagine, analyse and manage the self through identification with primary others who have been involved in that very task.

I find the concept of the relation to the self as an object to be of considerable use to me in my clinical work with patients, and although this idea is present in psychoanalytic theory (particularly in Milner, 1969; Modell, 1969; Schafer, 1968; Kohut, 1977; Khan, 1979; and Winnicott, 1965), I do not think it has been adequately conceptualized and it does not appear to be as prominent a feature in our interpretive formulations to our patients as it might be.

Winnicott (1965) said that there is no such thing as a baby without a mother. He also thought that there was no adult without a baby and mother portion or, as I mean to emphasize, there is no adult who, in relation to himself as an object, is not existentially through self management, or representationally through self objectification, managing certain aspects of himself as a mother or father does a child.

INTRASUBJECTIVE SPACE AND THE RELATION TO THE SELF AS OBJECT

It is an ordinary feature of our mental life to engage in subvocal conversations with oneself. As I have been planning this chapter, for example, I have thought from the second person pronoun objectifying myself to say: 'You must include Winnicott and Khan because much of your thinking comes from their work.' Even if a second pronomial identification is absent it may be implicit, as for example, when I think 'don't forget to provide ordinary examples of this phenomenon before going into more complex clinical examples': the 'you' is implied. This constant objectification of the self for purposes of thinking is commonplace. It is also a form of object relation, as Freud so sagely understood when he evolved his theory of the superego to identify that part of the mind that speaks to us as its object. Naturally this intrasubjective relationship will change according to the person's state of mind. If I write on a topic in my notebook I am more relaxed and permissive of the fanciful idea than when I write for a lecture. Much of psychoanalysis is about the nature of intrasubjective relations to the self as an object – those relations that are biased by instinctual forces and superego activities, and those relations reflective of integrative ego activities.

The intrasubjective relation to the self as an object is not just a cognitive division enabling us to widen the parameters of thought and action, nor is it simply an intrapsychic objectification of the play of instincts, desires, reproaches, inhibitions, and mediative activities. It is a complex object relation and we can analyse how a person holds and relates to himself as his own internal and external object.

On a recent trip to Rome to deliver a paper I had several occasions for working through different issues in the management of myself. While leaving the plane and heading for a taxi I was anxious about not making my hotel on time. I had been thinking in the first person for much of the flight: 'I will do this, prepare that, see this, visit so-and-so,' but as the taxi went slowly, my anxiety increased and I required some brief holding activity. I said to myself: 'Damn it, the taxi is too slow and I will be late [anxiety increases]. Look: there is nothing you can possibly do about it, so stop worrying [slightly modified]. But people will be kept waiting [re-emergence of anxiety]. Don't be silly [unfortunate use of a bit of psychopathy]. Anyway, there is nothing you can do and what will upset your friends here is if you arrive in a state, so leave it be.' This mental work is an example of holding, which is a feature of the total aspect of self management that we are engaged in during our lifetime. As a result of this brief spell of self objectification, expression of anxiety and reassurance, I was able to enjoy the taxi ride to the hotel and to arrive for the lecture in a good-enough state of mind.

A day after my arrival in Rome, when I was sitting in an outdoor café, a beautiful woman walked by, to which I responded subvocally: 'look at that, will you!', a remark to the self as object that can certainly be read in many ways.

It would be interesting to give further thought to the phenomenology of this intrasubjective relation. How do our patients, for example, handle themselves as an internal object within intrasubjective space? What is the nature of their ability to give expression to their affects, to bear internal conflict, to mediate between instinctual demands and superego prohibition, and to facilitate a good-enough solution to the conflicts between the areas of the mind? What is their conscious and unconscious experience as the object of their self management?

A patient, Michael, came for treatment because of the termination of a love relationship. One of the more remarkable features of this young man was his virtual incapacity to realize his wishes. If, for example, he thought to himself on a Friday afternoon that he would go to a film that night, the wish was never followed up by

those ordinary activities (buying a film guide, selecting a film, planning how to get to the cinema) typical of most of us. Inevitably he felt some frustration but never linked his recurrent sense of despair to this failure in self management. On a Saturday morning he might feel lonesome and think of going for a walk, and he might even go so far as to get his coat on and walk out of the front door, but he would only get to the newsagent where he would buy a paper and return to his house to peruse the newspaper in a desultory state. One of the aspects of this man's despair was his failure to have an internalized space for the reception of his own wishes, another space for the mediation of any conflict between wishes, practicalities or inhibitions, and another mental space for the facilitation and management of the partial gratification of the wish.

Another patient, Adrienne, is a hard-working professional woman who, upon leaving work, enters a world of fantastical day-dreams. She has a never-ending 'novel' of stable and interesting imaginary characters who live on an alien planet. She spends hours each night imagining a life for the main character who is involved in intrigues and close escapes from danger, and as Adrienne develops complex relations with the other characters many of them become the object of separate fantastical scripts that go on for months. During her work day, which she manages quite competently, Adrienne does engage in intrasubjective relating, but frequently, when she is upset with herself, she addresses herself as 'she'. 'She' has done something wrong, or 'she' would be condemned. It emerged that her feelings, when addressing herself as 'she', were in identification with the sound of her mother's voice, whom she can recall punishing her quite frequently for the smallest of mistakes.

I am particularly concerned to emphasize the necessity of asking how each person relates to himself as an object within intrasubjective space. Who is speaking? What part of the self is speaking and what part of the self is being addressed? What is the nature of this object relation? Is it a good-enough object relation? Is instinct permitted representation? In what way? As a demand? Or are instinctual needs elaborated into the wish so that they be-

come part of the subject's range of desire? Is desire represented in coherent ways so as to be syntonic with the other parts of the self, or is sexuality communicated in a persecutory manner, perhaps through the structure of the perverse, which could constitute a breakdown in the intrasubjective object relation? The content of the desire is less my concern here than the fate of the handling of the content within an internal object-relational setting. Each person who possesses a capacity for intrasubjective relating is an object of his own self management, and the nature of how the self is handled as an object of one's own management is worthy of scrutiny.

THE MANAGEMENT OF THE SELF AS AN OBJECT

In a perfectly ordinary way we are constantly engaged in acts of self management, from our choice of vocation to our choice of clothing; from the perception and facilitation of our needs to the management of our own personal realities for the partial gratification of those needs; from our recognition of, and planning for, holidays to our differing abilities to recognize and confront economic and familial realities.

The way in which we position ourselves in space and in time may partly reflect how we were originally situated spatially and temporally in relation to our parents. A patient may, for example, indicate through awkward body gait and social ill ease a primary discomfort at having to occupy space in the first place. I can think of one patient whose manner of walking and talking was so arhythmic and hesitant that it became a crucial feature of the analysis, and it is helpful to understand the evolution of this characterological development to see how the patient's way of handling the self as an object may reflect the lack of ordinary spatial-temporal co-ordinates in the parent's handling of the patient when an infant. It is my view that when I was with this patient I was witnessing the patient's transference of a maternal care system to the self as an object.

The relation to the self as object is a complex object relation, and also expresses one's unconscious phantasies, but my emphasis

in this chapter is solely on that aspect of this relation that constitutes a partial transfer of the maternal care system. Each person's spatial-temporal idiom reflects the integrative work of unconscious phantasy, which in turn reflects the ego's record of the infant's early experience of his place in the object setting. This body memory conveys memories of our earliest existence. It is a form of knowledge which has yet to be thought, and constitutes part of the unthought known.

Another patient, Mark, who is quite grandiose, inevitably cannot say no to an invitation to display his intellectual wares to any interested party. The result is that he is enormously overcommitted. Such a burden however is unconsciously motivated because it serves to defend him against any form of personal celebration of his own intelligence and creativity. Instead he offers up a very worn-out person, overly critical of his performance on any occasion, and if he celebrates anything, it is the idiom of the performer who is perpetually dragged on to the stage for yet another exhausting performance. How can this be if in fact it is Mark who has arranged these events? As I have understood it, he creates a facilitating environment (the schedule of overcommitted duties) that appears to handle him in a demanding manner: 'Tomorrow you must do this, the day after that you must do that, next week you will have to go north, etc.' The dynamics of such a relation to the self as an object are of course complex and they could be due to any number of internal relations. In his case, he dreads that should he be found to enjoy his abilities, someone will wrongly assume that he wishes to live an independent life, when in fact he unconsciously prefers to be symbiotically bound to an object that demands he fulfil its needs. As it is, this relation to himself as an object re-creates his mother's own narcissistic uses of him, which he found quite pleasurable in many ways, and it biases his own way of handling himself as an object in his life.

THE DREAM AS SETTING FOR THE RELATION TO THE SELF AS OBJECT

As I shall explore in the next chapter, dream space differs from intrasubjective subvocal space, since the former is an hallucinat-

ory event while the latter is a mode of conscious objectification of psychic states within a relationship. In the dream one portion of the self is represented through an illusion that the experiencing subject in the dream is the entire self, while the other portions of the self may be represented through the dream events and other aspects of the dream script. My question is 'How is the experiencing subject handled as an object by the dream script?' In other words, as we become accustomed to the nature of our patient's dream life, how is the dreamer managed as an experiencing subject within his hallucinated scripts? In asking this question, I am departing from the classical notion of the dream content as only a manifest content which hides the latent true meaning. The dream experience constitutes an object relation in its own right and can be examined as such in terms of the dreamer-subject's experience of the dream event.

Some dreamers rarely script desire into their dreams, and the dreaming subject may only have tasks to perform in his dream experience. Other dreamers may overestimate themselves, and the self in the dream is beset with a multitude of sexual objects which sustain excitation but mitigate orgasmic-type experiences. Other dreamers may script dreams which are so sequentially bizarre and disconnected in manifest logic that the self has a perpetual sense of anxiety over the utter bewilderment of his dream script. Some may be scripted to have an initial experience of partially satisfied desire only to have it interrupted by some upsetting event, such as the emergence of a rival or rejection by the love object. Yet others may script nightmares so frequently that they fear sleeping and dreaming itself, as their experience of the dream script is that it always contains a potential terror against the self. Whatever the dreamer's experience of the dream script, it is relevant to our psychoanalysis of the person's relation to himself as an object to consider the dream space as a particular kind of unconscious holding environment in which the dreamer may be the object of a presentation of desire, guilt, and historical notation, from an unconsciously organized and interpretive portion of the self. Therefore, when thinking with the patient about his dreaming self's experience of the dream, it is useful to

consider his emotional reality within the dream and the thoughts he had while 'inside' the dream event.

Day dreams lie somewhere between dreaming proper and intrasubjective relating, and are occasions for the subject's location of an objectified portion of himself in a script. In these conscious fantasies we may once again ask how the person handles himself as his own object. What range of experiences are provided? What is the nature of the self as object relation?

INTERSUBJECTIVITY AND THE RELATION TO THE SELF AS OBJECT

While it might not be accurate to maintain that each of us chooses a friend or a mate or a peer environment as an expression of our relation to the self as object, it can certainly be said that our external world evokes unconscious elements of the self as object relation,¹ and that our experience of reality is therefore influenced by those unconscious associations elicited by environmental conditions. To be overly simplistic for a moment, if Tom is a rather passive and dependent chap he may choose Harry as a friend, for Harry is an active and aggressive fellow who objectifies a split-off fragment of Tom's self with which Tom is only now brought into relation by virtue of his relation to Harry. How Tom relates to Harry has its own indigenous and circumstantial truths, but it also yields how Tom relates to those elements of himself that he has split off and finds in Harry. If Mary marries Jim and projects her need for self idolization into Jim, whom she insists is ideal, and who in turn idolizes her, he is projectively identified with a role which he must either fulfil or incur Mary's extreme displeasure. In this relationship, it is questionable whether Mary is really relating to Jim or to Jim as a split-off fragment of her own self; in this way the relationship simply lives out her unconscious relation to herself as object.

The way people interact reveals implied or tacit assumptions about their relation to the self as object. Each person forms his own 'culture' through the selection of friends, partners and colleagues. The totality of this object-relational field constitutes a

type of holding environment and reveals important assumptions about the person's relation to the self as an object at the more existential level of self management.

Martin came for treatment because he felt he was too envious and too isolated. I discovered that he felt slightly depersonalized each day when he left his home and rode on public transport to work. He would become anxious if anyone looked at him on his way from his house to the bus stop, and if the bus was late he would become angry. When walking from the bus to the underground, he was particularly conscious of anyone walking towards him, and he felt a mixture of anxiety and anger. He was always unusually angry whenever the train was behind schedule and when it did come he always sat in the same carriage, with a newspaper open to protect him from potential engagement with other people. His watch, which informed him of the bus, underground and train schedules, and his knowledge of sequential time – that everything happened in a pattern – and his use of place (the bus stop, train platform, carriage, etc.) were used to hold him and facilitate his passage from an extremely protective home environment to work. In effect, he converted certain objects into cathected reassurances. His watch, a bus with a particular number, the train carriage and a route to his office were spoken of with great affection, while the people he encountered en route were inevitably irritating and intrusive. Martin had managed to create a type of schizoid holding space that managed his anxieties. He was only partly conscious of the fact that the relation to his holding environment also bore a relation to himself as an object, but eventually he articulated with greater clarity his conscious sense of the self who was being managed by this arrangement of the external object world. As he conceived of himself as awkward and unacceptable to his fellow travellers, he related instead to the schedule, buses, underground, trains and the different locations along the way, and in this relation he conceived of himself as an agreeable co-ordinator of the transport system. If all worked well he was a happy traveller tuned into the system of travel. If there was a hitch, he was the irritated and knowledgeable critic from within the system. He had in fact established

something of a symbiotic relation to the non-human environment which could within reason be predictable and, so long as it was, he was able to fit in and feel comforted by it. The entire phenomenon was that sort of relationship where the self is comforted as an object in spite of, and because of, distresses occasioned by the human environment.

THE EVOLUTION OF THE RELATION TO THE SELF AS OBJECT

In the early months of each baby's life the mother communicates complex rules for being and relating to her infant. In the first years of life the mother and father 'instruct' the child in being and in relating through the handling of him as an object. Since there is little psychological sense of differentiation between the baby and his external objects, there is also little differentiation between the infant's internal instinctual processes and the parents' environmental handling of the baby's internal needs. The situation allows for instinctual and parental processes to evolve together, since any significant instinctual paradigm will be linked experientially with a syllogism of parental care: the internal and the external feature in a dialectic that eventually biases the structure of the ego. If each baby has an internal structuring tendency (an early ego function) then the baby assimilates through experience rules communicated to him from the mother and father about the handling of the instinctual drives and needs (another ego function).

In a sense, ego structure is a form of deep memory, as this structure is derived from experiences between the baby and the mother. One crucial feature of the structuring process – in addition to the indigenous elements of the baby's inherited traits – is the infant's internalization of the mother's handling of him as her object. For each schema from the baby's inherited disposition there is a schema of maternal coverage. The baby and then the child internalizes as structure a process that is a dialectically negotiated composition of his own instincts and ego interests and the mother's handling of them.

Ego structure is the trace of a relationship.

The complex relation that each of us has to the self as an ob-

ject begins in the first hours of life when we are the objects of parental perception, reception, facilitation, initiation and object presentation. Indeed it may begin in utero. Every stage in ego and libidinal development involves the infant in a relationship in which he is the object of parental empathy, handling and law. Every infant, therefore, internalizes into the ego those processes in which he is the other's object, and he continues to do so for a long time. Our handling of our self as an object partly inherits and expresses the history of our experience as the parental object, so that in each adult it is appropriate to say that certain forms of self perception, self facilitation, self handling and self refusal express the internalized parental process still engaged in the activity of handling the self as an object.

Through the experience of being the other's object, which we internalize, we establish a sense of two-ness in our being, and this subject-object paradigm further allows us to address our inherited disposition, or true self, as other. We use the structure of the mother's imagining and handling of our self to objectify and manage our true self.

When Winnicott writes about a relation between a false self and a true self, he addresses elements of the phenomenology of the relations to the self as an object. The false self is derived from the mother's communication of her assumptions about existence while the true self, the object of this care, is the historical kernel of the infant's instinctual and ego dispositions.

To some extent, each subject (the experiential and reflectively aware area of the person) is the object of his own unconscious ego processes. As the mother was the transformational object 'known' as a complex process of care, so as the infant develops, the ego assumes the transformational function, as it inherits the processes of the mother's supplementary ego care. The historical subject arrives on the scene after the rules have been established, and one feature of human conflict is the perpetual struggle and interplay between the historical subject and his ego procedures. In no other place than the dream does this fact seem so clear. In the dream experience the experiential subject is 'confronted' by the ego's processing of the day's experiences and by the instinctual

and historical associations evoked by the day's events. As such the dream is a remarkable rendezvous between the two domains of existence, our conscious co-ordination of lived experience involving perception and integration of the observed, and our unconscious reading of life. When the dreaming subject lives amidst the dream event, the person encounters that oddity of human existence: the subject is face to face with the process of being and relating that constitutes his psychic structure and may, for example, dismay, anger, perplex or please his subjective sensibility. The knowledge derived from the dialectic of the infant's true self and the subtle syllogisms of maternal and paternal presence and care constitutes part of what will later be known but not thought. This unthought known is not determined by abstract representations. It is established through countless meetings between the infant subject and his object world, sometimes in tranquillity, often in intense conflict. Through these meetings the infant's needs or wishes negotiate with the parental system and a compromise emerges. Ego structure records the basic laws which emerge from these meetings and its knowledge is part of the unthought known.

CLINICAL EXAMPLES

Marianne is a twenty-five-year-old art historian who came for analysis after a spell of psychotherapy with me. She is the only child of two well-to-do parents who had several children by former marriages. Raised by seven nannies during her first five years, she describes her mother as a very arrogant woman who masked personality confusion by using the social configurations granted to her class falsely to suggest competence and assuredness. She recalls that her mother was highly critical of her behaviour and remembers that she tried to comply with her mother's wish to see her daughter as a young, brilliant socialite when she was but a child. Her father was a somewhat remote man who came to life when delivering some pompous address to the family. Unfortunately his eloquence was misplaced, for no one listened to him, and he betrayed little concern that this discourse was not received. In spite of his pomposity, Marianne rather liked her

father and she can recall trying to emulate him. Marianne found it exceedingly difficult to narrate her life to me in the analysis. For years she had deposited fragments of feeling and thought into a multitude of friends, all of whom were part of some loose community, although most of them were located in different parts of the world. Typically she would visit a friend in one country and tell that person a bit about another friend, usually something nasty. When she sensed that she might be wearing out her welcome, she would travel to visit another friend and disclose something 'unfortunate' about herself or another friend. One result of Marianne's depositing of herself into different people was to preserve through this splitting an unintegration in herself. The splitting was, however, externalized and lived out by her, for she cognized the different feelings and thoughts she had about herself and others in terms of who it was that knew about a particular thought or feeling. Therefore although she was preserving a split in the self, she was also maintaining a split in her objects, each of which acted as a limited container for diverse thoughts or feelings. Inevitably her moods shifted, from those hypomanic flights to a friend who lived in another land, to a depressive feeling that occurred when she felt that she had to move on before the friend rejected her. The only exception to this pattern was the relation to her husband, who tolerated her vindictiveness and spitefulness and who converted it into a form of play. In gratitude for his survival she became deeply attached to him.

From the historical material presented to me I knew certain facts which established a broad frame of reference. When the mother dismissed the nannies, she did so for no apparent good reason – one day she would find herself simply in the mood to get rid of nanny. She showed a passing interest in her daughter, not reflective of any mothering impulse or nurturance as it was more like an inspection of her daughter's social and intellectual potential. She had absolutely no tolerance for her daughter's naughtiness and simply walked from the room imperiously whenever Marianne played up.

In the course of her analysis it became clear that she

recreated aspects of her infantile environment when she deposited feelings and thoughts into different holding persons. Parts of herself were contained in different holding environments, much as, when a child, she was held by a dispersed colony of nannies. The lack of a stable mothering process simply facilitated the widening of ordinary splitting, the frustrations of this instability increased her destructive instincts and gave a certain urgency to the splitting process. She seemed to be saying to herself in her contemporary life: 'It is too risky to inform anyone of my presence, as it will lead to a desolating rejection. I will move from person to person and make from a collection of persons a collated object which is more within my control.' In a sense, then, she defended herself against a fear of rejection and a desultory depressive state by reversing the passive dread of a state of disorienting confusion occasioned by unintegration, and actively preserving splits and in a sense nurturing them by visiting the containers.

There was another feature to her externalizations. She had a capacity to tantalize her friends with either destructive bits of gossip or by actively seducing different men. This tantalizing was frequently accompanied by a pseudo-admiration of her friends, particularly the men, whom she appeared to hold in high regard. This often led the man to become sexually aroused and she would have a brief affair which in one way or another she made known to different persons. In this case she defended herself against a pervasive sense of emptiness by occupying herself with false encounters; she expressed a grandiose contempt for what she unconsciously experienced as a man's narcissistic self infatuation by causing him an erection and then by dropping him, an act which intruded upon the man's self love, as she imagined it. She also used excitement to medicate herself against an underlying depression.

I understood her use of excitement to be her conversion of the occasional visit from the mother in early infancy into some form of current relation in which she could once more experience the excitement which fused with the mixtures of anxiety and rage occasioned by the mother's sporadic visits. Thus the fragmen-

tation of herself may have expressed elements of her early infantile environment, and her erotization of the splitting into external objects indicated some sexualization of the marginal presence of the mother who may have been known by what she sponsored in her baby (anxiety, frustration, excitement and rage).

By preserving a multitude of containers all over the world to hold different bits of herself, she created an environment which handled her in much the way that the mother's created world managed her. Her true self was to be without an other who could both bear her and nourish her out of her destructive self cancellation. In essence she said to herself, 'You are to keep all feelings and thoughts about the other outside the relationship'. By feeling false when in the presence of any one container, she related to herself as the mother handled her in infancy: 'You are not to say what you feel, and you are to appear as if you agree with the false presentation of events.' By tantalizing her male friends, and by intriguing her female friends through gossip, she injected into her life doses of excitement which were the trace, at an experiential and unconscious level, of the presence of the mother. Furthermore, these excitements inevitably brought her a sense of despair since whatever triumphs she accomplished were only momentary: the men went back to their women, the women returned to their moral scruples.

The father's relation to her was present in her self as object relation by virtue of a certain fatuous self handling. She unsuccessfully attempted to enshrine herself amidst her own pompous discourse, but usually broke up her spells of self inflation by yelling at herself to shut up and be quiet. I understood this to re-create aspects of her relation to her father whose narcissistic self infatuation, which she partly envied, also led her to want to destroy it in him by standing between him and the mirror of his own discourse, sticking her tongue out at him.

Her self hatred served another purpose. The moments in her being that I refer to were not as persecutory as they might sound; she seemed to be idealizing and then denigrating in an almost pleasurable manner, as if she was trying to bring two splits

together by using herself as an object of both affects. In those moments, I think she was not unlike the infant who handles a transitional object in this manner; she loves and hates intensely. In Marianne's case, she became a transitional object to herself, and the pleasurable dimension enabled her to tolerate certain thoughts and feelings that would otherwise be persecutory. Thus, as the object of this form of self management, she was the receiver of her own ego splits which were allowed co-existence through unconscious cathexis of herself as a kind of transitional object. This feature of the analysis enabled me to understand that what appeared to be a negative therapeutic reaction, when she seemed to need to preserve her illness, was in fact her unwillingness to give up her use of herself as her own transitional object, co-ordinating her affects.

Adrienne, mentioned earlier (see above, p.44), has been in analysis for two years. In her mid-twenties, she has managed, in spite of her good looks, intelligence and giftedness, to ensure that she is unapproachable. Initially, her analysis was characterized by mournful sessions in which she claimed she could not possibly continue her work and that she would certainly have to give in her notice. She contracted some kind of illness that ostensibly necessitated absence from work and a lengthy period of recuperation. Although a considerable amount of progress has been achieved in her analysis I have always been aware of a silent and secretive relation that Adrienne possesses to herself as her own object, a relation that is so dense and absorbing that she has little internal space for the reception of new experiences or for the initiation of desire from within herself. In a sense, her self-as-object relation can be seen by the way she enters the analytic space. She always brings with her several large shopping bags and articles of clothing, which she places in different parts of the room, thus creating what I think of as a kind of shell of observable objects around her. She lies on the couch with such comfy familiarity and possessiveness that it is hardly a couch at all, but more an assumption on her part that has corporeal realization when it suits her. When she talks to me about herself, she does so in such an

odd way that for a long time I have struggled to try to identify this strange quality. I was intensely annoyed at the way she spoke to me and yet I could not understand why, since she was quite undemanding and even polite. Eventually I understood that I felt she was talking to me as if I were an object that she had always possessed. By this I do not mean that she is like that sort of patient who assumes you know what is going on inside her mind; rather, I had the superficial status of an independent object but the object of a fussing old granny who is feeding her cat. She talked to me as if I were a well-known object, and I was aware of a countertransference response in which I felt annoyed and slightly claustrophobic.

Fortunately I had some assistance in coming to terms with my own countertransference. Adrienne had provided me with details of her parents, and I believe that her relation to herself was partly a continuation of her mother's relation to her as the mother's object. In short, her mother was totally absorbed in the care of Adrienne throughout her childhood, constantly fussing over her, always finding some reason why she need not go out of the house to play with the other children, and forever attentive to her somatic complaints – and a faithful advocate of the Adrienne to be: a remarkable figure who would one day realize herself through some significant intellectual accomplishment. Adrienne saw little of her father, as her mother insisted throughout her childhood (until she was ten) that Adrienne should be tucked into bed by 7:00 each night, some 10 minutes or so before her father got home from work. Since her father left the house each morning by 6:30, she saw him only at the weekends. Even then her mother would not let father take Adrienne out for walks or to church without grilling him about what time he would be back and so on. Much of the time spent with her mother was filled with mother's endless talk conveyed in a secretive manner about 'life'; she chatted about the neighbours, their children, their wives' and husbands' pasts, about the ways of the world. Naturally, much of this was very absorbing for her small child.

It was clear to me that Adrienne somatized conflict in order to regress into a mother-child relation, where she was the object of a

mothering part of her that was always presenting herself with medicines and comforting words. I also came to realize that Adrienne's relation to herself was so comprehensive that it formed an intense resistance in the transference. Any insightful moment in the analysis was inevitably processed through 'mother' who spoke to her as a child, and she would quite literally have a conversation with herself in which the mothering part would say, 'Don't listen to him; he's just trying to upset you,' and the little girl part of her would feel tearful and hurt, and quite angry with me.

Whenever she felt the slightest touch of anxiety or depression in reaction to work situations, she withdrew into the relation I have been describing. The mothering part of her would say: 'Look, you don't have to take this kind of treatment from X. Just tell them you don't feel well and go home. And when you are home, just have a cup of hot chocolate and crawl into bed and get good and comfy.' In response to this voice, she would feel understood and would regress, often quickly! She would leave work in tears, to the acute embarrassment and bewilderment of her colleagues, and occasionally she would telephone me in a tiny little voice choked with tears and suicidal exhaustion to tell me she could not go on.

By persistently working with her in the transference and by utilizing my countertransference, I was able to help her, but I have no doubt in my mind that it was the understanding of her transference of the maternal care system to herself as an object of that care that sponsored a breakthrough in her analysis. Indeed, once I aligned myself with the part of her that felt suffocated by this transference to herself as an object, she began to experience what I think it is fair to term a countertransference, that is, she began to feel irritated and thwarted by her own handling of herself, an affective state that eventually became critical in the establishment of her true self feelings and needs.

Harold is a highly gifted man in his mid-thirties who strikes his colleagues and friends as considerably dynamic and creative. In fact, he needs a stimulus in order to react to something, so that

truly creative living is not possible. He can only respond to a problem in a dynamically efficient way. Analysis of his character has revealed that he continues to utilize his mother's traumatically intrusive presence by fostering problems to which he, the baby object of this maternal introject, must respond. The result is an exceedingly efficient false self system. The mother's traumatizing influence is sustained in his transference of this element to himself as the ever-traumatized object of maternal impingement. The nascent countertransference response to this transference, which I see as an indication of true self presence, is revealed in his stammering, in sudden depressions, and in fitfully agitated states of anguish.

Stewart is a depressed man in his mid-forties. One of the striking features of his character is the way that he alternates between insightful self holding and scatty, highly abstracted statements that bear little relation to his internal reality. I believe that these opaque abstractions, formulated in circuitous intellectual designs, constitute his absence from self knowing. Although, of course, we might conceptualize his defences as those of denial, isolation of affect and intellectualization, my discovery in the analysis has been to realize how his alternation between self holding and absence from self relating partly reflects his mother's alternating attentiveness and distraction during his early years of life. He transfers the maternal care system to himself as the object, and his not infrequent frustration and rage at losing contact with himself is in the nature of a countertransference, a specific reaction to the transference of the maternal care system.

DISCUSSION AND CONCLUSION

It is my view that each person transfers elements of the parents' child care to his own handling of himself as an object. In that transference to the self as an object, the person represents the interplay of the inherited (true self) and the environmental that featured in the structuring of the ego. In the relation to the self as an object the person re-creates elements of the mother's facilitation of his existence. The structure of the ego is a form of deep

constitutive memory, a recollection of the person's ontogenesis, and, although it may have little to do with the mother as the patient knows her in her whole object sense (as a person), in some respects it informs us of how she mothered this particular baby. It is her active presence, her deep instruction, her activities as a transformational object, that the baby integrates into that psychic structure that constitutes the ego; in this grammar of the ego are stored the rules for the handling of the self and the objects. When that structure coheres, if even marginally, the baby will begin to express his knowing of his being through fantasy, thought and object relating. This unthought known constitutes the core of one's being and will serve as the basis of subsequent infantile and child phantasy life.

A person's character, then, is in its deepest respects the idiolect of the subject's ego grammar. It will be observable in the way the person uses others as his objects (ordinary transferences) and how he relates to and handles himself as an object (self as object transference and countertransference). This use of the other and the self as objects is obviously a process, so we may say that character is a process, one that expresses the subject's historical experience of the primary objects. The baby does not internalize an object, but he does internalize a process derived from an object. The mother's and father's process of care, which demonstrates their complex conscious and unconscious rules for being and relating, constitutes the facilitating environment and is the matrix which serves as a space for the infant's projections and for his introjections.

The psychoanalytic process is a unique therapeutic procedure because it enables the person to represent the transference to the self as object and to crystallize those features of being and relating which are countertransferential expressions. At the core of the psychoanalytic situation is the person's narrative relation to himself as an object for reporting and reflecting upon. Each analysand narrates his life and tells the analyst about himself as an object in dreams and in family relations, as an evolved object with a past and a history, as a participant in small and large social groups, and as an experiential presence within the

psychoanalytic relation. The point of view which the patient reveals in his narration establishes crucial aspects of the transferences to the self as object and those countertransferences evoked. In describing the self involved in a dream, the patient may express a mood of shock or disgust with the self, or in reporting the details of his relation to colleagues he may have to reflect with dismay and despair about aspects of his behaviour. In these moments, he objectifies and relates to himself as an object. Frequently his reproaches or enthusiasms will be followed by another response which is a reaction to his own narration — a reaction, that is, to the transference aspects of the relation to the self as object, and his responses will be in the nature of a countertransference.

In the psychoanalytic situation the patient is also the object of the analysis. We know that the analyst will be initiating the patient in a new relation to the self as object, one that makes use of unconscious features of the self-as-object relation and does so in the context of the ordinary transference to the analyst. When the patient lives through the discourse of the transference experience within the analytical setting, a discourse where the transference addresses of the patient's object world and defensive make up both implies an other and evokes aspects of the self and other within the analyst's countertransference, the person gradually discovers the private language of the self. He knows through the idiolects of his use of the object who his primary object is, what the assumptions of this object are in terms of being related to, and what this implies about the object's assumption about the self and its other. He knows what he is saying to this object and how he has partly organized himself as a person in the terms of this relationship. As the analyst notes for his patient whom he, the analyst, is becoming, in terms of the other implied by the patient's transference and the other collected in the analyst by the countertransference, the patient becomes aware of how he invites or compels the other to be deformed. As the patient becomes aware of this process of deformation of the other and the self as objects, and as the analyst speaks up for that object whom he is made to be, the patient gradually hears news of himself through the experience of

the other. This process includes both the analyst as other and, paradoxically, the patient as object of his own transference, as other to himself. Until this moment the person has been speaking a dead language, its meaning unknown to himself and frequently experienced by, but unknowable to, his friends. The grammar of this discourse lies memorially buried as the structure of the ego awaiting the analyst's use of the analytic space to rediscover the patient's discourse, a language composed of rules derived from interactions between the child and his mother and father. As I hope to make clear in chapters 10-14, the many transferences and countertransferences re-create aspects of the infant's and the mother-father's being. By rediscovering this dead language the patient can now occupy that position that the analyst has been occupying; the analyst can now receive his own discourse. In the revival of this lost discourse, first the analyst listens and then the patient is there to hear news from the self and its others.

The discourse of character is no longer emptied into the external object world where its representation is enigmatic and its reception fosters bewilderment. Its syntactical cohesion is no longer torn by divorces from the object. The discourse is now uttered to an internal other, that other constituted in the patient through identification with the function and psychosomatic trace of the analyst. In a very real way, along with the intelligent interpretive caretaking of the analyst, this allows the patient an opportunity to find a more generative way of holding the self as an object of care. In the space where that holding occurs there is an intrasubjective rendezvous, where an archaic language of character is received and interpreted; there the patient finds a dwelling place where even the severest of illnesses can be held in nurturant care. The creation of a space for the reception of the discourse of character and the functional accomplishment of the holding of the self as an object of one's nurture are perhaps the two most essential contributions a clinical psychoanalysis can make to the human subject. Part of the unthought known has been determined by the infant's meetings with the maternal process and this knowledge can come into thought proper in the transference

which is an occasion when subject and object meet, and where the analyst is specially trained to note the logic of expectation in the patient's use of him as an object.

Each patient's symptomatology has in the first place foreclosed the possibility of true subjectivity. The borderline lives through violently split self representations that are housed in external objects that preoccupy him in a paranoid universe. The hysterical patient has cast herself into an externalized theatrical, where desire is dissociated from gratification and where her true life objects are denigrated as currency or payment for an unattainable idealized object. The schizoid patient has long since absented his affective true self and cast himself into false self discourse through vigilant ego precocity; he lives in a world mentally processed to such a degree that in that place he enjoys remarkable omnipotence and total isolation. The narcissistic patient lives in the melancholy celebration of idolized self and idealized object representation, enraged if this universe is not confirmed in lived experience, but so anaesthetized against object relating that his life is a chronicle of pain and despair. If we look closely at our patients we would probably all agree that each has his or her own sense of existence but that, by virtue of the persistent pathology of their defences, they live by disowning the self.

In the sequestered space of a psychoanalysis, the analyst coheres the defences through the transference-countertransference interpretations into a relationship (to the primary object) that has been lost. In that moment, or in the accumulation of these moments, the analyst restores to the patient what I believe we can term genuine or true subjectivity: that understanding of oneself that permits us sentient knowledge of the originating activity behind our experiences of ourself and our objects.

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INDEX

- abnormal normality 156
- adolescence 104, 145, 148, 150-1, 263
 - conflict with parents 132
 - fears 150-1
- advertising 16
- aesthetic experience 4, 17, 34
- aesthetic moment 16, 18, 28-9, 31, 32, 39
- aesthetic object 31, 33
- aesthetic space 29
- affective process 165
- affective sensation 181
- affect states 110, 112
- aggression 118, 129, 131, 160, 252
- alcohol abuse 142, 147
- allegory 67-8
- alpha elements 141, 286
- alpha functions 141-2, 234
- analysand(s)
 - childhood memory of 6,7
 - distressed state of 200, 242
 - freedom of association of 22
 - hysteric 189-99
 - self-analytic capacity of 240, 274
 - true self of 190
- analyst
 - conversion hysteria of 196-9
 - discrete idiom of 242
 - mental neutrality of 201, 202
 - as patient to himself 202-5
 - and relation to patient's self analysis 240-1
 - self relating in 207-8
 - as transformational object 234, 247, 273
 - as object 245
- and use of subjective 205-7, 230, 231
- analytic setting 242, 247
- analytic space 23-6, 29, 56, 62
- 'antianalysand' 136
- anxiety 49, 58, 130, 139, 162, 225
- apology 160
- autism 129
- autistic children 3

- Balint, Michael 2, 119, 256-8, 269
- Bateson, Gregory 34
- being states 5, 100, 102, 111, 237, 279
- beta elements 141, 286
- beta functioning 142, 153, 154, 234
- 'Beyond the pleasure principle' (Freud) 117
- Bion, W.R. 2, 141, 142, 153-4, 234, 285-6 (n5)
- bisexuality 82, 84, 87
- borderline characters 41, 164, 189, 190
- breast 141
- British Psycho-Analytical Society 257
 - Independent Group of 5
- 'British School' of psychoanalysis 1, 2

- care 162, 243
- Casement, P. 231, 242
- childhood 4-5
- community meeting 161
- confidentiality in psychoanalysis 184-5
- conservative object 110-12, 246, 262