

Hope and Dread in Psychoanalysis

Stephen A. Mitchell

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there is a kind of discipline involved, but, like the discipline and technique in sports or artistic expression, the form makes possible a liberating kind of experience that is hard to come by in any other way. Doing analysis, either as a patient or as an analyst, involves a struggle to reach a fully authentic experience of a particular kind that, when fully engaged, makes possible a kind of freedom and authenticity that is both rare and precious.

The analytic process, for both the analysand and the analyst, provides a deeply personal experience. What makes psychoanalysis a quintessentially personal process is not deriving individual experience from outside the social field, but its focus on the subjective meaning of any piece of mental life. Psychoanalytic theorizing will have more to contribute to our understanding of personal individuality if we can get away from a search for presocial or extrasocial roots of the core or true self and focus on what it means at any particular moment to be experiencing and using oneself more or less authentically.

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Aggression and the Endangered Self

Whatever cultural conditioning we may do, we must remain cognizant of the fact that human beings who have been trained and conditioned to be nonviolent retain the capacity for violence; as constrained as that capacity may be in certain contexts, it can come out in others. It is subdued, reduced, dormant, yes. But it is never abolished. It is never nonexistent. It is always there.

—M. Konner, *The Tangled Wing: Biological Constraints on the Human Spirit*

It would be hard to find an issue that has generated more controversy during the history of psychoanalytic ideas than aggression. Divergent views on aggression played a major role in the split between Freud and Adler as far back as 1908; and differences in thinking about aggression play a significant role in the attitudes today toward the major contemporary psychoanalytic schools (for example, the Kleinian school and Kohut's self psychology).

Since 1908, theorizing about aggression has tended to bifurcate into two positions, depending on whether aggression is viewed as a fundamental and irreducible human instinct. That question seems to be answerable by either a yes or a no and which side one comes down on has profound consequences for theory-making. If the answer is yes, aggression in its various manifestations is seen to operate necessarily and inevitably at the center of emotional life. Sadism, hatred, the thirst for revenge—the darker passions—are regarded as a fundamental and in-

escapable domain of the self. Prolonged immersion and direct work on negative transference (and perhaps negative countertransference) are viewed as crucial and unavoidable realms of analytic experience.

If the answer is no, aggression is seen as reactive and defensive, lacking in primary dynamic significance. The explanatory emphasis tends to shift to the environment that provokes aggression—family pathology and early deprivation. The analytic focus similarly shifts to the affective experience that is felt to underlie or precede the aggression: for example, anxiety (Sullivan) or the experience of empathic failure and the disintegration of a cohesive self (Kohut).

In thinking about aggression, polarization, one might almost say “splitting,” transcends psychoanalytic circles. Aggression has been a fundamental problem of human experience in all cultures and at all points in history. How one understands the origins of aggression determines one’s positions on many of the most problematic features of life: historical, philosophical, political, and theological. How does one account for the horrifying bloodbaths that characterize human history? How does one understand the cruelties that seem to be a never-absent feature of human interactions? What are the origins of social violence? Why are good and evil so closely intertwined?

It is not just in psychoanalytic theory that we gravitate to one or the other clear solution to the problem of evil. Consider the political poles of conservatism versus liberalism. From one perspective, violent crime is a product of laxness in controls and a failure to maintain “law and order.” The problem is in the individual, in whom it must be controlled. From the other perspective, violent crime is a social disease from which the individual suffers. The problem is in the environmental failures to which the individual reacts.

Clearly the question of the nature and origins of aggression is not merely an abstract or intellectual consideration. How one thinks about and experiences the roots of evil and cruelty, the darker passions, is an important part of the shaping of the personal self. In finding our own position on the origins of aggression, we are framing a view of our individual experience, establishing a version of personal history, shaping the categories and tones of inner life. Where does one place oneself within one’s own life historical events? How does one understand one’s own motives? explain one’s own cruelties and betrayals?

In the choice of a psychoanalytic theory, no small part is played by the way in which the ideology of that theory explains one to oneself, assigning blame and innocence, responsibility and victimization, locating causes and justifications. And when it comes to issues related to aggression,

sion, explanations tend to drift to the two clear and polarized positions: We are driven by our instincts toward hatred and cruelty and life is a struggle to master and renounce those passions, or we are born innocent and some of us are made hateful through deprivation and cruelty perpetuated upon us. Perhaps it is precisely because the theoretical issues have such profound personal dynamic implications and resonances that we tend to move generally with great conviction toward one or the other solution.

For many analysts, the very identity “Freudian” embodies this central issue, pro and con. Those who choose it feel that those who do not are denying the darker, bestial side of human experience, taking the easy way out by avoiding the deeper, darker truths about human nature and motivation. Those who do not choose the identity of “Freudian” tend to feel that those who do root human difficulties in a psychological version of “original sin” rather than in the abuse, neglect, and mystification perpetuated upon children.

I propose a perspective that overcomes this traditional polarity regarding aggression, grounded in the perspective on self developed in the preceding chapters, viewing self in temporal as well as spatial terms. I believe that the impossible choice between locating aggression at the core of the self or at its periphery is anchored in a reified spatial account of the self as layered. Thinking about self in temporal terms once again provides a crucial counterpoint. But first I must trace more fully the two major lines of psychoanalytic contributions on aggression—aggression as a drive and aggression as a secondary reaction. I will be drawing a great deal from both.

AGGRESSION AS A DRIVE

Before 1920 Freud regarded the pleasure principle, along with self-preservation, as the basic motivational framework of mental life. Adler had proposed that aggression is better understood as an autonomous drive. No, Freud countered, aggression is a reaction to frustration in pleasure-seeking.

In 1920, in *Beyond the Pleasure Principle*, Freud dramatically reversed himself and adopted a view similar to Adler’s, establishing aggression as a special and self-subsisting instinct arising independently from libido, from the Death Instinct, and operating “beyond the pleasure principle.” (Freud did view libido and aggression as merging continually through instinctual fusion.)

When Freud established aggression as a primary drive, he attributed to it the same properties he ascribed to libido, which were built into the very definition of what he meant by "drive" (*trieb*). Freud regarded aggression as an endogenously arising, continuous pressure demanding discharge. There is a need to harm and destroy, which often finds frustrations to serve as a rationale; but if there are no causes to be found, no rationales, the need for the discharge of aggression may overrun the defensive controls that ordinarily hold it in check and aggression emerges spontaneously.

There is no clearer and more powerful depiction of Freud's notion of the aggressive drive than his sober reflections on human misery in *Civilization and Its Discontents* (1930):

men are not gentle creatures who want to be loved, and who at the most can defend themselves if they are attacked; they are, on the contrary, creatures among whose instinctual endowments is to be reckoned a powerful share of aggressiveness. As a result, their neighbour is for them not only a potential helper or sexual object, but also someone who tempts them to satisfy their aggressiveness on him, to exploit his capacity for work without compensation, to use him sexually without his consent, to seize his possessions, to humiliate him, to cause him pain, to torture and kill him. *Homo homini lupus*. Who, in the face of all his experience of life and of history, will have the courage to dispute this assertion? As a rule this cruel aggressiveness waits for some provocation or puts itself at the service of some other purpose, whose goal might also have been reached by milder measures. In circumstances that are favourable to it, when the mental counter-forces which ordinarily inhibit it are out of action, it also manifests itself spontaneously and reveals man as a savage beast to whom consideration towards his own kind is something alien. (pp. 111-12)

Two quite different major lines of theorizing have developed out of Freud's theory of the aggressive drive. One strategy, fashioned by Hartmann, Kris, and Loewenstein, developed within Freudian ego psychology; the other strategy has flourished within Kleinian thought.

Hartmann, Kris, and Loewenstein argue for the separation of the aggressive drive from Freud's more speculative notion of a Death Instinct. Like Freud, they regard aggression as a powerful motivational force from the beginning of life, but unlike Freud, they do not think aggression begins by being directed inward in a Death Instinct. They regard aggression as directed outward, toward others, from the start.¹ Hart-

mann, Kris, and Loewenstein (1949) retain the central feature of Freud's approach to aggression, based on the latter's understanding of sexuality. They emphasize, as did Freud, the endogenous, spontaneous, propulsive origins of aggression, not derivable from deprivation or frustration of pleasure-seeking, but "a constant, driving power comparable to that of libido" (p. 78).

The second line of theorizing deriving from Freud's concept of an aggressive drive was developed by Melanie Klein and has led to some of the most interesting contributions to our understanding of human destructiveness. Unlike Hartmann and Kris, Klein took very seriously the idea that aggression originates in a Death Instinct. Because of the persecutory terror she felt was the consequence of that instinct, she saw aggression as central in the formation of psychic structure beginning early in life and continuing throughout.² For Klein, dealing with the implications and consequences of one's aggression on one's loved ones, both external and internal, is the central drama in life. Hostile destructiveness is never far from love and devotion. In fact, the very capacity to risk loving presupposes the development of a belief in one's own ability to repair the damage one continually inflicts on one's love objects, external and internal.

AGGRESSION AS A SECONDARY REACTION

The alternative strategy for theorizing about aggression, ironically dating back to Freud himself in his argument against Adler (1909, pp. 140-41) is to view it not as a primary motivation but as a derivative of or defense against other primary motivations. This basic starting point is shared by all the major non-drive theory approaches.

For Sullivan, for example, aggression operates largely as a defense against the profound helplessness generated by the experience of anxiety. For Fairbairn, aggression is a reaction to deprivation and lack of gratification of the infant's intense dependency and object-seeking. He argues that it is the "analyst's task to point out to the patient the libidinal factor that lies behind his aggression" (1952, p. 74). The word "behind" is of particular interest here because of the spatial metaphor it implies in visualizing mind and motives. Mind is seen as layered, as if in space; non-drive theorists portray aggression as a more superficial layer, nearer the surface.

The spatial metaphor is more clearly apparent in Guntrip's contributions. He characterizes aggression as a reaction, less basic, less primary,

less fundamental to human nature: "the chronic aggression which has always seemed to be the hallmark of 'man' is but a defense against and a veneer over basic ego weakness" (1969, p. 129). Aggression, in Guntrip's view, is a more superficial, defensive dimension of human experience. The deeper core of the self is concerned with the regressive retreat from object-seeking and love. It is crucial, Guntrip argues, "to separate classic depression as the defensive top layer of aggression and guilt, from regression as the bottom layer of fear, flight, and infantile ego-weakness" (1969, pp. 149–50).

Kohut offers a very similar understanding of aggression as a reaction to "self-object" failure to provide requisite responses for crucial developmental needs. Under normal circumstances, the child manifests healthy assertiveness, which Kohut likens to fundamental biological units, organic molecules. Only under extreme, pathological self-object failures does healthy assertiveness break down into hostile destructiveness, much as organic molecules may be broken apart into inorganic molecules. The inorganic molecules are simpler—more primitive, so to speak—but they are not the fundamental building blocks of organic life. Rather, they are a disintegrative, pathological breakdown product. Thus, Kohut argues (and note again the spatial metaphor of depth and surface):

I believe that man's destructiveness as a psychological phenomenon is secondary; that it arises originally as the result of the failure of the self-object environment to meet the child's need for optimal—not maximal, it should be stressed—empathic responses. Aggression . . . as a psychological phenomenon, is not elemental. . . . The deepest level to which psychoanalysis can penetrate when it traces destructiveness . . . is not reached when it has been able to uncover a destructive biological drive, is not reached when the analysand has become aware of the fact that he wants (or wanted) to kill. This awareness is but an intermediate station on the road to the psychological "bedrock": to the analysand's becoming aware of the presence of a serious narcissistic injury, an injury that threatened the cohesion of the self, especially a narcissistic injury inflicted by the self-object of childhood. (1977, pp. 116–17)

Similarly, in his important treatise *The Anatomy of Human Destructiveness*, Fromm (1973) concludes that aggression in both humans and other animals is a response to a threat to survival or vital interests: "phylogenetically programmed aggression, as it exists in animals and

man, is a biologically adaptive, defensive reaction" (pp. 95–96). Fromm poked fun at the way in which Freud and other "instinctivists" have taken a reaction under very specific circumstances and made it into what they presume is a constant pressure.

The impulse to flee plays—neurophysiologically and behaviorally—the same if not a larger role in animal behavior than the impulse to fight.

Neurophysiologically, both impulses are integrated in the same way; there is no basis for saying that aggression is more "natural" than flight. Why, then, do instinctivists talk about the intensity of the innate impulses of aggression, rather than about the innate impulse for flight?

If one were to translate the reasoning of the instinctivists regarding the impulse for fight to that of flight one would arrive at this kind of statement: "Man is driven by an innate impulse to flee; he may try to control this impulse by his reason, yet this control will prove to be relatively inefficient, even though some means can be found that may serve to curb the power of the 'flight instinct'" (pp. 96–97).

AGGRESSION AND THE RELATIONAL FIELD

The culture comprising psychoanalytic ideas, like most intellectual disciplines, grows in dialectical swings. Each psychoanalytic theorist since Freud is trained and comes to intellectual maturity in a professional community composed of preexisting theoretical positions, commitments, and battles. No psychoanalytic theorist builds theory just to express his own thought or to share her clinical findings. Each also selects from the by-now enormous and heterogeneous collections of psychoanalytic perspectives some particular points of reference, with the intent to expand and develop some and to contrast with and argue with others.

The most important and compelling point of reference on any major theoretical issue is Freud. As we have seen, the choice of whether to commit oneself to Freud on the problem of aggression has dominated the course of subsequent theory development. Those who do are free to grant aggression the psychodynamic centrality it seems to deserve in light of the historical significance and universality of human destructiveness. Yet these same theorists are burdened by a vision of human motivation fueled by innate, propulsive aggression, which, as I will argue, is both anachronistic and improbable. Those who have developed approaches to aggression based on the abandonment of drive theory do so

in dialectical contrast to Freud; they tend to portray aggression not as spontaneous but as provoked, not as inevitable but as avoidable, and not as central but as peripheral to the development and structuralization of the self. In the concern to break with Freud on the origins of aggression, they have not dealt satisfactorily with the implications and consequences of aggression.

The bifurcation of psychoanalytic thinking on aggression between drive and non-drive theorists derives partly, like the search for the core of the self considered in the last chapter, on an account of mind in spatial terms common to both approaches. Both groups of theorists portray mind as layered: Some things are more fundamental, underneath; others are more superficial, less basic. For the drive theorist, since aggression is so fundamental in human experience, it must be at the bottom layer of mind, in a powerful and relentless drive. For the non-drive theorist, human beings are regarded as most fundamentally involved with other motives (such as attachment or self-realization). Therefore, aggression must not be foundational and is located in the upper, more superficial layers of mind. If mind is a place, aggression needs to be located somewhere, at the center, or farther out on the periphery. And where one locates aggression in the mind has enormous consequences in terms of how one organizes and prioritizes clinical data.

Consider the question of justification. Is the child's rage and aggression toward the parents an explosive, propulsive event or a reaction to fear and/or intense frustration, a betrayal of the child by the parents? Is the negative transference of the patient brought to the analytic situation pressing for expression or a reaction to intense disappointment provoked by the analyst's way of participating—a betrayal in the analytic situation?

If one believes in an aggressive drive at the core of the self, then intense aggression (toward parents and the analyst) is assumed to be not justified, and really understanding and accepting its nonjustification is the crucial insight that releases patients from infantile conflicts and makes for an emotionally richer life. Accepting the patient's justifications is a collusion with the patient's disclaimers of his own inherent aggressiveness.

If one does not regard aggression as a drive but as a reaction to frustration and disappointment, the aggression itself is not the crucial analytic focus. The aggression is a reaction to the threat to something more central, more basic. The aggression is justified, and the attention shifts to the traumatizing conditions that are understood to precede and underlie it. The patient's understanding of these more fundamental experi-

ences—the hurt, the anxieties, the longing—is what releases her from the need to react to disappointment and betrayal aggressively, making possible a richer emotional life.³

Here I present an alternative approach to the problem of aggression that struggles to avoid the customary two-sided slippery slopes of the positions that have shaped themselves around the question: Is there an aggressive drive, yes or no? My approach is consistent with those who have abandoned the belief in an aggressive drive when it comes to thinking about the origins of aggression, but much closer to those who have maintained the belief in an aggressive drive when it comes to thinking about the universality, depth, and dynamic centrality of aggression. Once again, thinking about self in temporal as well as spatial terms is crucial.

The term aggression has been used to cover the whole range from assertiveness on one end to hostile destructiveness on the other, and in some theoretical systems this may make sense. What follows, however, is a discussion of hostile destructiveness, not assertiveness, which I believe is something quite different. For Freud, the whole continuum derives from the same source—benign assertiveness is a derivative of more primitive aggression, in the same way that love is an aim-inhibited form of sexual wishes. For Kohut, the whole continuum also derives from the same source, but the other way around. When healthy assertiveness is blocked, hostile destructiveness emerges as a deterioration product.

I believe that assertion and destructiveness are distinctly different experiences: Assertion derives from a joyful sense of living and engagement; destructiveness derives from an endangered sense of personal threat and retaliation. Sometimes they are combined, when self-assertion takes place in a context experienced as combative and hostile. But they are distinctly different experiences. I also believe that a different physiology accompanies these two different psychological states; they feel different and lend themselves to distinctly different, even though closely related, clusters of meaning.⁴

Let us begin by reconsidering the larger context in which Freud developed his concept of instinctual drive.

Freud's application of the Darwinian revolution to psychology is one of the most pervasive of his multifaceted contributions (Sulloway, 1983). Darwin locates humans in a broad evolution from lower and more primitive species. What are the implications of this vision for thinking about the human mind? The structural model is a striking microcosmic replica of Darwin's theory of the origin of species. Mind is layered according to its phylogenetic history; more primitive motives

and impulses of the "id," the "seething cauldron," the "savage beast" are overlaid and tamed, regulated and channeled, by "higher," more civilized and social imperatives and compromises of the ego and superego. Libido constitutes our link to our animal past. After 1920, aggression became a second link.

I have argued elsewhere (Mitchell, 1988) that the metapsychological dimension of Freud's theory of sexuality has essentially been superseded. In contrast to his portrayal of drives as continual, endogenous internal pressures, the evoking stimulus is now understood to play a crucial role in both animal and human sexuality. Sexuality, which is a powerful biological and physiological force, emerges inevitably within a relational context, an object world. The evocation of the physiological response, the manner in which the response is experienced, and the form in which it is remembered—these are all shaped by the interpersonal context within which the sexual response arises and takes on psychological meaning.

In this view, sexuality is most usefully regarded not as a push from within (although it is often experienced in just that way) but as a response within a relational field to an object, either external or internal. This does not make sexuality less biological, or minimize its physiological power. Rather, it posits a different understanding of how the biology of sexuality works. Sexuality is a powerful physiological response, biologically mandated and prewired, which emerges within the mutually regulatory, intersubjective, or relational contexts that constitute the medium within which mind develops and operates.

Many of the authors who have rejected the belief in an aggressive drive—including Guntrip, Sullivan, Kohut, and Fromm—have referred to the notion drawn from classic motivation theory of "fight/flight" behavior in response to danger and threat. This kind of approach is also consistent with the major trends in contemporary ethology, where (apart from Konrad Lorenz) aggression tends to be understood not as a spontaneously arising endogenous stimulus but as a reaction to specific stimuli. As the ethologist Robert Hinde (1977) puts it, "each aggressive act lies in a nexis of events that precede and follow it" (p. 5). Those acts, Hinde argues, have "eliciting factors" and "predisposing factors."

What happens if we think about aggression, like sexuality, not as a push from within but as a response to others, biologically mediated and prewired, within a relational context? Then the question of whether there is an aggressive drive or not is replaced by questions concerning the conditions that tend to elicit aggressive responses and the nature and variation of those responses.

Viewing aggression in this way preserves, in a different manner from drive theory, an emphasis on the importance of what the individual brings to the interpersonal field. Anyone who has spent any time around babies knows they are very different from each other, from very early on. There is by now compelling evidence that temperamental differences are present from birth and hold up over time. One of the most important concepts emerging repeatedly from recent infancy and childhood research is the importance of "fit" between the baby's natural rhythms and thresholds and those of the caregiver. All this suggests that whether and in what way a baby feels endangered is likely to vary greatly from baby to baby. All babies feel uncomfortable and insecure some of the time, but there are strikingly different thresholds, from easily ruffled and irritable on the one extreme to centered and peaceful on the other. The response to discomfort and/or frustration also varies greatly from baby to baby, covering a wide range from fussing, to listlessness, to intense rage.

Thus, to characterize aggression as a response does not minimize its biological basis; rather, the biology of aggression is understood to operate not as a drive but as an individually constituted, prewired potential that is evoked by circumstances perceived subjectively as threatening or endangering.⁵

The often-cited observational data on aggression in children published by Henri Parens (1979) bear directly on the question of whether aggression operates as a propulsive force or as a reaction to the experience of danger. Parens spent a great deal of time observing children and looking for evidence of an aggressive drive. He concluded that the capacity to express aggression is a biological given: "the normal-enough neonate is born with a capacity to experience and express rage . . . born with a ready-to-function organization of rage-experience-discharge, which is not acquired" (p. 107). However, this apparatus does not discharge spontaneously from endogenous pressure. Rather, Parens argues, "a unique condition seemed required for rage to appear: *the internally-felt experience of excessive, sufficient unpleasure*" (p. 108). Although he clearly very much wanted to be able to characterize it as a drive, Parens found aggression to be reactive rather than propulsive.

Two other results of Parens's studies are important to note. First, although aggression operates as a reaction to unpleasure, it seems to be universal in all children. Parens was impressed both by "its early appearance and . . . its overriding unavoidability. It appears even in what seems to be excellent child-endowment and child-object circumstances" (p. 106). Although aggression emerges as a reaction to danger and

threat, all babies at times seem to feel endangered and threatened.

Second, Parens considered the question of the goal of aggressive behavior. Does aggression operate as Freud assumes sexuality operates, toward a goal of discharging aggressive energy? No. Parens's observations led him to believe that the goal of aggression is the elimination of the unpleasure that has precipitated it. If the noxious situation is altered, the aggression stops immediately.⁶

According to Parens's observations, only after prolonged experience of aggression generated by chronic unpleasure does aggression sometimes become a goal in itself, resulting in sadism. Therefore, he concludes, aggression may "appear [to be] an instinctual drive, though it is not, since no absolute vegetative generation of hostility exists which must be discharged" (p. 6).

This way of thinking about aggression might be considered in connection with the different kinds of threats and dangers in infancy and early childhood that have been described in various psychoanalytic (and nonpsychoanalytic) developmental theories: separation (John Bowlby), breaks in attunement (Daniel Stern), spiraling physiological need (Freud), parental anxiety (Sullivan), impingement (Winnicott), being interrupted or interfered with (Jerome Kagan), and so on. All these inevitable features of infantile experience are likely to be experienced as endangering; all are likely to generate aggression.

The universality of some experiences of endangerment in infancy and early childhood leads to the inevitable dynamic centrality of aggression. The infant exists in a state of great dependency; even with the best care, there are inevitable periods of distress, helplessness, and longing. How does the infant understand why this is happening? Racker (1968), in a neo-Kleinian account of "paranoid anxiety," reasons that the baby must feel that the good breast is not there because it is being withheld, that the good breast wants the baby to suffer, because if it did not, it would be always available. Thus, the baby feels persecuted (not, as Klein saw it, through projection of his own aggression), but because this is the most natural way for him to construe his situation. His own aggression is then a subsequent response to the feeling of persecution and endangerment.⁷

The conclusion that one's suffering must be intended by another is a recurrent feature not only of infantile but of adult reasoning. The patient feels that the analyst could be more helpful and forthcoming if she really cared. The lover feels his own sense of hurt and neglect are sure signs of faltering love or uncaring on the part of the beloved. The victim, as we might well characterize it, of a run of bad luck feels

"cursed," looking up to the skies, like Job, and demanding to know "Why me?" For all of us occasionally, and for many people chronically, life itself is "cruel," and that very characterization personifies an agent responsible for our experience. We feel treated badly, done to, and are angry in response.

What about people who constantly seem to be looking for a fight and can generate great quantities of rage with seemingly little or no provocation? Are not such people walking evidence of an endogenously arising, propulsive drive? What needs to be considered in such cases is the climate within the internal object world of such individuals, which may very well generate a chronic sense of threat and danger, both within and, through projection and selective attention, from without. With such people, the aggression and sadism have developed way beyond their points of origin into a complex version of the self, but it is a version of the self that is embedded in and sustained by an enduring sense of internal and external danger.

It is important to note that endangerment is a subjective experience, unrelated to what an external observer might evaluate as degrees of danger. And endangerment does not concern just the threat of physical harm but a subjective sense of endangerment to the self as well. Threats to the integrity of the self, as subjectively defined, tend to generate powerful, deeply aggressive reactions. In fact, the pursuit of revenge generated by a need to redress past insults or humiliations often propels people into situations that are physically very dangerous. Much of the political aggression and violence in the world today is connected with nationalistic and ethnic identifications that are rooted in a collective sense of endangerment and past humiliations.

AGGRESSION AND THE BODY

Aggression is an extremely powerful, universally wired (although individually varied), biological response to the subjective experience of endangerment and being treated cruelly. (It is unnecessary to assume actual and/or intentional mistreatment, although many children are actually and/or intentionally mistreated.) Because of the universality of the subjective experience of endangerment, rage and destructiveness are powerful experiences for all of us, playing a crucial role in the shaping and vitalization of the self.

Today the more interesting question for psychoanalytic theorists is not whether there is an aggressive drive or not, but the nature of human

needs and possibilities for relative security and normative responses to insecurity. How secure is the environment created by "good-enough" parents? What is the normal range of narcissistic injury and threat? What is the range of fight/flight reactions to such threats? What internal residues do the original threats leave behind in enduring psychic structures?

Consider this vivid description of aggression in infancy by Joan Riviere:

The baby's typical response, say to acute hunger, is a reaction in which the whole body is involved: screaming, twitching, twisting, kicking, convulsive breathing, evacuations—all evident signs of overwhelming anxiety. Analytic evidence shows without any doubt that this reaction to the accumulated tension represents and is felt to be an *aggressive* discharge, as we should in any case imagine. If this reaction brings the required satisfaction, narcissistic phantasy can resume its sway. But if the desired breast is not forthcoming and the baby's aggression develops to the limit of its bodily capacities, this discharge, which automatically follows upon a painful sensation, itself produces unpleasure in the highest degree. The child is overwhelmed by choking and suffocating; its eyes are blinded with tears, its ears deafened, its throat sore; its bowels gripe, its evacuations burn it. The aggressive anxiety-reaction is far too strong a weapon in the hands of such a weak ego; it has become uncontrollable and is threatening to destroy its owner. (1952, p. 44)

In this evocative description of the infant's rage, written in a Kleinian mode, the rage is seen not as a propulsive force but as a response to a perceived sense of threat and danger, a response that in itself becomes dangerous, problematic, and dynamically central. If feelings are not substances and motives are not layered on top of one another from surface to depth, aggression may be precipitated by other feelings and yet still be a powerful, fundamental, central constituent of emotional life. To regard aggression as a reaction does not necessarily minimize its motivational or structural primacy.⁸

One of the most persuasive arguments of those theorists and clinicians who still find classical drive theory useful is the centrality it gives to sex and aggression. Drive theory explains, in a direct and simple fashion, why patients' lives, in both their actions in the external world and in the private fantasies of their internal worlds, so often are dominated by conflicts involving sex and aggression. Non-drive theories sometimes seem convoluted, contrived, and pallid in their efforts at

demonstrating that what look like primitive sexual impulses or violent destructive fantasies are really expressions of something else, such as object-seeking or assertion. (On the other hand, drive-theory accounts become convoluted and contrived when they claim that phenomena like attachment and assertion are really derivatives of raw sexual and aggressive impulses.)

In *Relational Concepts in Psychoanalysis* (Mitchell, 1988) I argued that sexuality is central and important in human experience because it is a powerful vehicle for establishing and maintaining relational dynamics. The power of sexuality derives very directly from its sheer physicality, which enables sexual arousal to preempt other concerns, generate an enormous sense of urgency, and provide powerful, transformative experiences.

The same is true of aggression. Non-drive theorists generally do not take into account how exciting, how stimulating aggression can be. Aggression is a psychological experience embedded in and accompanied by a physiological surge. As the passage from Riviere just quoted suggests, the body aspect of the experience is very important. Intense anger is arresting and preemptive. When unintegrated, it can shatter and diffuse other concerns and intentions, generating mental disorganization. When integrated, it can generate and energize other motives and actions. Aggression, like sexuality, often provides the juice that potentiates and embellishes experience.⁹

The physiological charge that accompanies intense aggression often plays an important role in the way in which aggression serves as a vehicle for identification. It is precisely because aggression generates hormonal surges that alter experience, changing states of mind, that it often facilitates identificatory ties to significant others. This is most obvious in men, where identifications mediated through aggression serve as a dimension of what is now popularly referred to as "male bonding."

Recall Robert's crucial, hidden identification with his father, transformed into a desperate search for a man who would be able to introduce him to his own manhood. In Robert's volcano dream, he located his own rage far away from himself, across a vast plain. He had not been able to find a way to draw on that experience, that energy, without threatening his very sense of existence. His own rage was identified with his father's family-smashing defiance, and it was only in analysis that Robert began to find a way to lend structure to those feelings, to draw them together with his loving feelings and his ongoing sense of self.

None of this requires an antiquated view of aggression as an autonomous, relentless endogenous force. By redefining drive as a psycho-

physiological reaction in a relational context rather than an extrapsychological push deriving from the body, it is possible to retain the body-based centrality of aggression without the anachronistic drive metapsychology.

The bodily states accompanying aggression, in which one's sense of self is transformed by altered physiology ("I don't know what came over me"), often make aggressive, destructive versions of self difficult to integrate and contain alongside of other versions of self. This is particularly difficult for women in our culture, where acceptable levels of aggression are so closely tied to gender stereotypes. Where aggressive men are considered "macho," a term reflecting considerable ambivalence, aggressive women are considered "bitchy," a thoroughly negative designation. Women who are aggressive toward men also are frequently called "castrating," which reflects implicit assumptions about who is allowed what versions of self. It is as if such a woman, by acting aggressively, is taking away something, something very important, that belongs to men, that makes a man a man. For men, on the other hand, passive and yielding versions of self are often extremely dangerous, because gender identity as a male is so often tied to aggression and the powerful surges of aggressive states of mind.

AGGRESSION IN A RELATIONAL CONTEXT: JUSTIFICATION RECONSIDERED

Regarding aggression as a biologically based response to subjectively perceived endangerment allows us to keep what is most helpful about the two polarized traditional approaches to aggression.¹⁰ From the drive theory side comes the notion that aggression is biologically based, physiologically powerful, and universal, playing an inevitable and central dynamic role in the generation of experience and the shaping of the self. From the non-drive theory side comes the notion that aggression is a response to endangerment within a personally designed subjective world, not a prepsychological push looking for a reason.

Aggression in childhood and in the analytic situation is always both justified and unjustified. Because it is a response, not a push, aggression is always subjectively justified in that it always has reasons, meanings related to the perception of threat or danger. These are not post-hoc rationales for discharge; they are the actual triggers for the aggressive response. If there is aggression, there is, by definition, threat. (The development of this principle has been one of the most important contribu-

tions of Kohut; it was anticipated by Sullivan [for example, 1956, pp. 95-98].)

Yet because the response to endangerment is a prewired, individually styled one, arising in the context of a subjectively constructed world, aggression is never simply reducible to its external causes. There is always more to say; acknowledging the subjective perception of an empathic failure, for example, is not enough. The reasons never fully explain or account for the response, which can be fully understood only in the context of an analytic inquiry into the structure of the analysand's subjectivity: the personal world, both external and internal, in which the analysand lives and reacts, lovingly and aggressively. Chronic aggression is continually regenerated in the context of ongoing commitments to internal object relations and familiar patterns of integrating interpersonal relations.

We all expect to find in new situations what we have experienced in the past and what we carry around internally. But even the most regressed schizophrenic is not wholly out of touch with actuality. We all selectively find and sometimes induce the patterns we anticipate, and although they may be highly selective, our interpretations of these situations are always compelling and plausible, at least to us (Gill, 1982).

For many patients—perhaps for all in some way—the analytic situation is reasonably construed as extremely dangerous and threatening to the integrity of the self. No matter how neutral or empathic the analyst is trying to be, there is always ample evidence of danger, including, perhaps, the analyst's need to be regarded as neutral and/or empathic.¹¹ To regard aggression as a drive (in Freud's and Kernberg's sense) and therefore, by definition, as distorting and unjustified, demands wrenching it from its psychological context of endangerment, forcing either a compliance to or defiance of the analyst's interpretations, generally both.

On the other hand, there are people for whom aggression has become a way of life, whose sense of self and connection with others is vitalized through hatred. Analysands come to the analytic situation not only with good intentions but also with bad and destructive ones. The latter always feel subjectively necessary and may be plausibly justified; yet to regard that aggression as simply a defense against frustration of more fundamental, benign motives may draw the patient away from some of the deep roots of her being. Neglecting the central place of aggression within human motivation and psychic structure may engender a splitting of both internal world and external relationships into the "sensitive" (including the more conscious aspects of self in relation to the analyst) and the villainous (generally including the more unconscious

aspects of the self in relation to dissociated identifications with the parents).¹²

ATTACKS AGAINST THE SELF: VICTIM AND EXECUTIONER

George, a moderately successful salesman in his mid-forties and the father of two young sons, had been in a series of nonanalytic therapies, none of which had relieved him of his deep self-hatred and profound doubts about his own value as a person. He began treatment by describing a sense of inner weakness, a feeling that he had long ago withdrawn from the real world; his considerable skills and successes were false contrivances, a mimicking of the strong mentors he attached himself to. He would attack himself mercilessly for his incompetencies and ignorance and continually express a plaintive lament of "too late" regarding any real possibility for change. George was a broken spirit, "damaged goods," thoroughly and irreversibly.

His father was a passive man, very much in the shadows in the home. His mother was very effective, intimidating, and explosive; she felt she could accomplish anything, loved to fight, and took care of her children in a fiercely protective fashion. One prototypical memory concerned his ride on a roller coaster when he was quite small. George had gone on the ride with his older brother, but as soon as the roller coaster picked up speed, he became quite scared, probably like everyone else on a roller coaster for the first time. His mother, down on the ground, perceived his fear and, to the great amazement of all, managed, through her great insistence and persuasiveness, to get the operator to stop the roller coaster and bring her boy back to the ground slowly and carefully. This feat, roughly equivalent to stopping the earth's rotation, left him feeling both humiliated and profoundly taken care of.

My initial experience in the countertransference was an uncomfortable feeling that I was being called upon to witness his self-flagellation. Any effort to intervene in his systematic attacks on himself, to protect him from himself, to call for mercy, were totally ineffective. We realized that my position was a re-creation of his own early experiences as more or less helpless witness to his mother's attacks on both his father and his older brother, but that realization did not seem to change anything. George would criticize himself mercilessly, and any attempt I made to intervene on his behalf, to plead for greater generosity or tolerance for himself, were basically regarded as indications of misguided benevolence or lack of understanding. At those points, the aggression and con-

tempt implicit in his attitude toward me became quite explicit. So I gave up and learned to tolerate the helplessness and sadism generated in the countertransference. He felt that although nothing was changing and probably nothing could, we were dealing with his pain at a deeper level than had been possible in any of his previous treatments.

Certain things became clear about his aggression toward himself. The original model for this critical rage and unyielding perfectionism was his mother. George had felt abjectly dependent upon her protection, despite the fact that it made him feel perpetually worthless. I pointed out that her protection seemed to operate like the "protection" sold in extortion by the Mafia—you pay them to protect you from them. He felt greatly endangered by his mother and her intimidating, critical strength and also that his only safety lay in surrendering to her care.

In his current life, George would seek out mentors to apprentice himself to. They would give advice, which he would use in a self-deprecating fashion, desperately needing the guidance but berating himself for never knowing what to do on his own. I began to become interested in some of these exchanges. I pointed out that often the advice he would get from his current mentor was inconsistent with previous declarations, so that there was no way for him ever to really learn to do anything on his own. The solution kept changing. It became clear that the content of the solution was irrelevant. What was important was the certainty with which the advice was given; it was the deep conviction in the other person that made him feel safe. George then lapsed into an extended criticism of himself for his spineless, wishy-washy ways: He is a jerk who has never felt certain about anything.

I noted, somewhat admiringly, that there was one thing he had felt very certain about for a long time—that he was a loser. I had begun to feel genuinely impressed with his high standards and his dedication to them, against which his status as a loser was determined. That intrigued him very much and served as a point of departure for both of us to become much more interested in and identified with the version of him that criticized, berated, and punished himself rather than the version of him that was the damaged victim of those attacks. Interestingly, toward the end of that session he lapsed into an extended silence, which he later described as an extremely peaceful state in which he was listening to the birds outside my window and just enjoying being, an experience he allowed himself very rarely. The tone of subsequent sessions began to shift slowly; he started to bring in different kinds of experiences, including moments of pleasure, pride in some of his accomplishments, assertion and anger used effectively against others, including me.

The considerable rage generated in this man's childhood was tightly organized around his identification with his mother, who loomed larger than life as both his endangerer and his protector. The only safe forum for his aggression was his self-directed attacks. George recognized himself only as the victim of those attacks, not the tormentor. My counter-transferential shift from identifying with him as victim to identifying with him as tormentor seemed to open up the possibility for him to relax his self-attacks, to start to claim his aggression, his own certainty, his own perfectionism, and, eventually, his own prideful effectiveness.

At the heart of the resolution of each analysis is an individually crafted or, considering the role of the analyst, jointly coauthored movement beyond either/or solutions to the problem of justification. The analysand is more able fully to identify with and experience as justified his aggression and destructiveness. At the same time, the analysand is able to appreciate his reactions as an individually styled, creative adaptation to a limiting and limited set of circumstances. He now has greater resources, broader options, the possibility of more constructive solutions.

AGGRESSION AND THE SELF

What is the place of aggression within the development of personality in general? One might think of aggression as a relatively ad hoc, transitory reaction, similar to a discharge, which serves to reestablish a threatened self whose equilibrium has been undermined by narcissistic injury and threat. (Kohut took this position in his important 1972 paper on narcissistic rage and revenge. He argued that it is more useful to address aggression indirectly, rather than directly, by focusing on the narcissistic injury that disturbs the equilibrium of the self, which the aggression functions to shore up.) This view posits an essentially singular, coherent if brittle self, with aggression as a bolstering device.

I find it more compelling to think of aggression not as bolstering a singular, essentially nonaggressive self but as a central organizing component among multiple self-organizations. In this view, all of us experience enough danger and threat in childhood, regardless of the balance of health or pathology in our caregivers, to have experienced at least a fair amount of destructive aggression. It is universal to hate, contemplate revenge against, and want to destroy those very caregivers we also love. Therefore, multiple self-organizations develop, in different relationships with different significant others, and with different dimensions of the same significant other. It is normative for these different self-

organizations to remain somewhat discrete from and in inevitable conflict with each other.

All patients (and all analysts as well) are likely to experience, either consciously or unconsciously, one or more versions of themselves as quite destructive, sadistic, and vengeful. The aggression operates not only as a temporary equilibrating device but as a version of the patient with its own history, worldview, values, and interests. One important task of the analysis is to create an atmosphere in which that version of self can come to life, become known, so that the patient can become better able to contain and to be reconciled with various versions of the self, including destructive versions. From this perspective, one cannot simply work on or through aggression indirectly (as Kohut suggests), because in so doing, one bypasses a full immersion in and conscious processing of an important domain of self experience.

Is it desirable that hostile aggression be more or less eliminated at the end of a successful analysis? Both drive and non-drive theorists tend to overlook the constructive, arousing, enlivening features of hostility: Drive theorists regard aggression as something to be renounced and controlled; non-drive theorists think aggression fades as the threat to the self is diminished.

In my view, each of us maintains destructive versions of self. Endangerment is an unalterable and perpetual feature of human existence. Destructive versions of self are not, at the end of analysis, subsumed by a more loving version. They remain intact, with their own physicality, their own developmental history, their own worldview. Arriving at a sense that "I am a basically loving person who sometimes, atypically, gets angry and hateful when threatened" is not an ideal ending of an analysis. Such an ending leaves out too much and smooths over a great deal that is potentially vitalizing and enriching in aggressive experience. A more ideal ending involves a sense that "I exist in different states of mind at different times, some loving, some hateful." A more meaningful sense of continuity and integrity of experience over time entails not a tucking in or concealment of aggression into a preferred, loving view of self but an increased ability to recognize, hold, and work through aggressive states. What changes is one's ability to contain destructive states of mind and to recognize them as one among many expressions of a distinctively subjective and potentially constructive personal experience.¹³

In a deeply analytic experience, analysands learn to appreciate the destructiveness that is so central to the experience of self and the always-present underside to the capacity to love. Only by embracing one's de-

structiveness can one transcend it through forgiveness and reparation toward real others, internal objects, and ultimately, the self. The drive models of aggression have contributed to our understanding of the profound significance of destructiveness in human motivation and its centrality in the shaping of the self. The non-drive models of aggression have contributed to our understanding of the subjective context within which rage and destructiveness arise. Good analysts of any persuasion probably work in both realms and generally regard their theory as adequately comprehensive. Yet in my view, the polarization around the concept of an aggressive drive has precluded the development of a perspective that grants aggression the centrality it needs while placing it in its original context of an endangered self, which makes possible its fully analytic resolution.

III

THE ANALYTIC RELATIONSHIP

8. Thus, Warren Poland decries those who see various psychoanalytic models as competing with each other, in contrast to those more helpful theorists who "strove to integrate."

Many of the "interpersonalists" in the middle of the century, like many in new schools now, saw themselves as their generation's revolutionaries. Then, like now, new conceptions which might have enriched analytic understanding often served to screen out unconscious forces. (in Jacobs, 1991, p. xii)

9. This is a common but very serious misreading. Kuhn argues that the choice between paradigms is not purely a question of logic or evidence, because different paradigms are concerned with different problems and have their own logical and evidential signature. But this does imply that Kuhn thinks choice between paradigms is irrational. "Kuhn always intended to distinguish forms of rational persuasion in argumentation that take place in scientific communities from those irrational forms of persuasion that he has been accused of endorsing" (Bernstein, 1983, p. 53). Kuhn regards work within the paradigms themselves, in either normal or evolutionary science, as necessarily rational, if they are to be considered scientific. This is not "a model of rationality that searches for determinate rules which can serve as necessary and sufficient conditions" but "a model of practical rationality that emphasizes the role of exemplars and judgmental interpretation" (Bernstein, 1983, p. 57).
10. For example:

Psychoanalysis, Freud once said, is a cure through love. On the manifest level, Freud meant that psychoanalytic therapy requires the analyst's emotional engagement with the patient and the analyst's empathic understanding of his patient. But the latent content of this remark, which Freud only gradually discovered, and then through a glass darkly, is that psychoanalysis in its essence promotes individuation. (Lear, 1990, p. 27)

CHAPTER 4

1. The key concept in Harry Stack Sullivan's "interpersonal psychiatry," developed in the 1930s and 1940s, was the "self-system." The object relations theory developed in the 1940s and the 1950s by Fairbairn uses the traditional term ego, but his libidinal ego and antilibidinal ego were a far cry from Freud's use of the term and more properly termed "selves." Winnicott, who has had an enormous impact on contempo-

rary psychoanalytic thinking, was concerned, more than anything else, with the authenticity versus falseness of self-experiences. Melanie Klein's seminal work implicitly shifted from a framework based on impulses as the fundamental units of mind to selves (good and bad) as the basic units, a shift that became explicit in the neo-Kleinian work of Racker and current Kleinian- (and Winnicottian-) inspired writers like Ogden. Finally, the contributions of the most important writers within more mainstream psychoanalytic thought, like Loewald and Schafer, have been concerned most fundamentally with various aspects of the concept of the self. And the self has been the central domain of Kohut and post-Kohut self psychologists.

2. It has been noted that Freud used no term systematically that is easily translated into "self." Freud's *ich*, and Strachey's Latinized translation into "ego," sometimes refers to the person as a whole, sometimes to a specific function or set of functions. From this perspective, Freud had no use for another term, since there is no "self" as such, only the person and specific functions of the person.
3. The self also has been a major focus in virtually all contemporary intellectual disciplines: philosophy (Taylor, 1989), social and cognitive psychology (Curtis, 1991), literary theory, and politics. My concern here is exclusively with the self in psychoanalysis.
4. For example, David Rapaport (1957) defines structure as a "relatively stable (having a slow rate of change) characteristic configuration that we can abstract from the behavior observed" (p. 701).
5. In the discussion that follows I am indebted to Schafer (1976, 1983, 1992) for his critique of spatial metaphors and his rethinking the nature of mind in his work on action language and narrative. However, Schafer tends to present his contributions as merely extensions and clarifications of preexisting Freudian theory, in a clearer, less muddled, less scientized form. I believe that thinking about mind in temporal as well as spatial terms (encompassing action and narrative) leads to a quite different understanding of mind, self, psychopathology, and the analytic process than Freud ever envisioned. I am thus extending some of Schafer's original insights in ways he himself did not pursue.

Although he has abandoned drive theory metapsychology, Schafer has always been loath to replace it with a systematic alternative, such as, for example, a comprehensive relational metapsychology. (See Mitchell, 1988.) Consequently, many of his emphases (for example, on sexuality and aggression) seem arbitrary and not persuasively grounded or justified. In his early contributions (1968, 1976), Schafer found little use for the concept of the "self," which he re-

- garded as an illusory derivative of infantile experience employed in the service of disclaiming action. In his latest contributions (1992), Schafer has seemingly reluctantly granted the self a central place in the development of "narrative" accounts of the actions that constitute experience. Yet because he does not envision self in the context of a relational matrix, Schafer's "self" narratives have an oddly cognitive and arbitrary tone. A key difference between his approach and mine is that Schafer envisions a single narrator of multiple selves who seemingly operates outside of relational configurations; I envision multiple narratives told always from a perspective deeply embedded in an affectively charged relational context. This makes relationships with others not as easy simply to rewrite as Schafer seems to suggest. Schafer similarly (and in my view mistakenly) grants the analyst total narrative freedom and control by placing the analyst outside the transference/countertransference interaction. (See Hoffman's [1992] critique of Schafer as a "limited constructivist.")
6. Matisse, as a painter, described the same contrast from the other side. The artist should avoid narrative description, he argued. His "work of art must carry within itself its complete significance and impose that on the beholder even before he recognizes the subject matter" (quoted in Elderfield 1992).
 7. I am indebted to Neil Altman (personal communication) for this analogy and for helping me work out my thinking about the dialectical relationship between spatial and temporal accounts of self.
 8. I am borrowing this example from a discussion of self from a somewhat different angle in Polly Young-Eisendrath and James Hall (1987).
 9. *The person's self is the history of many internal relations. . . . there is no one unified mental phenomenon that we can term self. . . . The concept of self should refer to the positions or points of view from which and through which we sense, feel, observe and reflect on distinct and separate experiences in our being. One crucial point of view comes through the other who experiences us.* (Bollas, 1987, pp. 9-10)
 10. Daphne Socarides and Robert Stolorow (1984) argue that splitting in the child may be derived from the parents' perception of the child as "split" and discontinuous (p. 71). Ogden (1989) has suggested that demands for allegiances by a parent may greatly affect the possibility for containing and integrating "masculine" and "feminine" dimensions of the self. And Harold Searles (1986) has pointed out how "disharmoniously-wedded parents have counterparts (however much

- exaggerated or otherwise distorted) in comparable poorly-married parental introjects" (pp. 195-96).
11. Van der Kolk (1989) has recently reviewed studies pointing to the underlying physiology of attachment. Networks of endorphin releasers are laid down in the early months of life in the context of attachment to caregivers with different styles of caregiving. One could extend this line of thought to speculate about whether different versions of self developed in different important early relationships correspond to subtle but important differences in physiological function.
 12. Both Ogden (1989) and Jay Greenberg (1991) have recently argued that the patient at the end of analysis has a richer, more varied, but not necessarily more homogeneous experience.
 13. Theorists coming from traditions in which the self is viewed in spatial terms as integral, continuous, and layered sometimes criticize object relations theorists and interpersonal theorists for lacking a theory of psychic structure. Kernberg (1980, p. 42), for example, drawing on metaphors from Freudian ego psychology, sees Melanie Klein's theory as lacking for precisely this reason. Yet this is not simply an omission. Kleinian theory presupposes a much more fluid, temporal vision of mind as shifting from one self-organization to another, not the stable, layered self of Kernberg's ego psychological model.
 14. This kind of approach both to mind and self has interesting parallels in many other areas of contemporary science: in Lewis Thomas's (1974) biology, in which the individual is viewed as a symbiotic community of organisms; in Gerald Edelman's (1987) "neural Darwinism," in which networks of neurons with different patterns of organizing the external world compete for dominance; in Michael Gazzaniga's (1985) neuroscience, in which the brain is pictured as a social organization composed of modules; and in Marvin Minsky's (1985) artificial intelligence, in which the mind is understood to be composed of collections of quasi-independent agents.
 15. The exclusivity and simplicity in which Kohut sometimes presents his injunction for the analyst to empathize with the patient's subjective point of view (which he generally equates with this positive developmental striving) have led to some confusion about how this applies to the patient's multiple, conflictual, and unconscious points of view. Does the analyst remain attuned and empathic only with what the patient consciously experiences and wants? What about the analyst's response to experiences and needs that are unconscious and disclaimed? Suggestions have appeared in recent self-psychological literature that when the analyst interprets unconscious content or confronts the patient with ideas that are discrepant with what the patient thinks or

feels, this response is truly "empathic" as well, because it reflects an empathy with what the patient "really" needs. In this way, empathy is being defined post hoc in terms of what turns out well, and the original meaning of the empathic attitude as a resonance with and confirmation of the patient's own consciously felt experience of her own subjective point of view has been totally lost. These recent lines of development in self psychology sometimes seem to be approaching a notion of multiple subjectivities, multiple versions of the self.

16. Daniel Stern (1985) argues that a "sense of a core self" is built up out of what he describes as "self-invariants," involving experiences of agency, coherence, affectivity, and continuity, combining together to create a sense of one's own subjective perspective.
17. In a similar vein, William Grossman (1982) argues that what he calls the "self-concept" is a fantasy, but a fantasy that plays a central role in organizing experience and guiding behavior.
18. The neurophysiologist Horace Barlow (1987) argues that:

the infant brain must build a model of what it is interacting with. . . . Thus the content and validity of introspection can be enlarged, but only by social experience leading to the incorporation of models of other people's minds. . . . Thus consciousness becomes the forum, not of a single mind, but of the social group with whom the individual interacts. (p. 373)

19. There are important similarities between the temporal view of mind presented here and the view of mind developed over the centuries in eastern philosophy and meditation. In the Buddhist notion of "mindfulness," for example, mind is explored as process, with apparently substantial selfness revealed as transitory and illusory. (See, for example, Epstein, 1990.) In the more psychoanalytic perspective developed here, self-organizations, even if shifting, multiple, and rife with reified spatial metaphors, are regarded as extremely durable, important, and worthy of detailed investigation. Whereas the Buddhist ideal involves a letting go of content and a surrender to process, the analytic ideal involves a dialectic between an exploration and immersion in content and a freedom to move past it in the flow of experience. This dialectic is very much what Winnicott had in mind in his discussions of "play."

The struggle to find the best way to grasp the dialectic between continuity and discontinuity is also an important theme in western philosophy and can be traced back to the pre-Socratics. Heraclitus' river is never the same from moment to moment, yet it remains the same river; the flame of the candle changes constantly, yet it retains the same form.

20. Could we equate the experience of self as integral and continuous with consciousness and the organization of self into multiple and discontinuous patterns with the unconscious? No. Multiple organizations of self are not infrequently experienced simultaneously in consciousness ("I am of two minds about it"). Conversely, the experience of the self as integral and continuous sometimes can be inaccessible to consciousness. There are people who experience themselves as dealing with each interpersonal situation as a threat requiring a particular adaptation. It may be only after a considerable time in analysis that an experience of self emerges that suggests a continuity and consistency across those different adaptations.

Similarly, we cannot simply equate the concept of self as integral and continuous with "subjectivity" and the concept of self as multiple and discontinuous with "objectivity" or observable, patterned variations in behavior. There often is an objective integrity and continuity to the way a person functions across different relational contexts (apparent to an external observer), apart from his own subjective experience of that continuity. It is often of extreme analytic importance and utility for the patient to realize that while he has experienced himself as dealing with various people in different ways, each on his or her own terms, he actually has been acting in a quite repetitive, stereotyped fashion. Conversely, the multiple, discontinuous configurations that may, in an objective sense, constitute patterns of behavior also are important components (either consciously or unconsciously) in the fabric of subjective experience.

Finally, we cannot simply equate the distinction between multiple and discontinuous selves and an integral and continuous self with the distinction in Freudian ego psychology between self-representations and ego. Although the traditional terms can be reworked in this way (both Fast, 1990, and Greenberg, 1991, independently have recently proposed just such a reworking), what I have been describing is different both connotatively and denotatively from the way these terms have been used traditionally. The term *representation* has a cognitive connotation; representations are conceptual images of certain types of experience on a more abstract, cognitive plane. The multiple versions of self I have been describing are more than representations. They are not ideas in the mind; nor are they aspects of the person—feelings, impulses, or values. They are dynamic versions of the person herself; they embody active patterns of experience and behavior, organized around a particular point of view, a sense of self, a way of being, which underlie the ordinary phenomenological sense we have of ourselves as integral. (See also Grotstein, 1977.) Each version does all the things generally attributed to the "ego."

The sense of self as integral and continuous certainly can be encompassed within the term *ego*, but it has a very different place in contemporary theorizing than “ego” does in classical ego psychology. In the latter, the major dynamic scene of the action is in structural, drive-related conflict. The conscious and preconscious sense of self, assignable to the ego, is an epiphenomenon of unconscious conflict resolution. In postclassical theorizing, the self-forming process is a central dynamic scene of the action in its own right and has conscious, preconscious, and unconscious dimensions. As we have seen in chapter 1, the engagement of the patient in a fashion that will help generate and confirm a sense of continuity of personal experience has become an essential feature of contemporary psychoanalytic technique.

21. This is language in what Sullivan (1938) terms the “syntactic” mode, established through the process of “consensual validation”: “the words have been stripped of as much as possible of the accidents of their personal history in you, and it is by that process that they come to be so peculiarly impersonal” (p. 213).
22. In this analytic mode, language serves the purpose of conveying what Kohut (1984) termed, in defining empathy, “vicarious introspection”: “the capacity to think and feel oneself into the inner life of another person” (p. 82).
23. Loewald (1976) was interested in embellishing precisely these qualities of language that Sullivan aimed at stripping away: “The emotional relationship to the person from whom the word is learned plays a significant, in fact crucial, part in how alive the link between thing and word turns out to be” (p. 197).
24. Racker (1968) captures this dialectic between unity and multiplicity in the relationship between the analyst and analysand as the analytic process deepens and the patient becomes more able to use the analyst’s input:

With this greater activity and freedom the analyst includes himself more in the psychoanalytic process, and likes to do so; thus, the transference and countertransference experiences become more intensely mobilized and enriched. His passivity gives place to a greater interchange of roles with the patient, analyst and patient oscillating to a higher degree between listening and speaking, between passivity and activity, between femininity and masculinity; and thus the infantile psychosexual conflicts are analyzed as they are manifested in these aspects of the analyst-patient relationship. (p. 180)

CHAPTER 5

1. It is important to note that the slogan “return to Freud” often serves more as a rhetorical device than a genuine preservation of Freud’s original concepts. The “Freud” who is returned to is often one fashioned along contemporary lines. Consider, for example, the striking differences between Freud’s drives, embedded in nineteenth-century biology and Newtonian physics, and Lacan’s version of Freud, embedded in twentieth-century structural linguistics. This is why Schafer (1992) suggests that “‘Back to Freud!’ is perhaps the greatest rhetorical ploy of all. The advisor is saying ‘Back to my Freud; repress the rest’” (p. 152).
2. Chodorow (1980) suggests that “the central core of self is, internally, a relational ego, a sense of self-in-good-relationship” (p. 427).
3. In most realms of contemporary thought impacted upon by “post-modernism,” the traditional polarity between nature and nurture has been thrown into question. The assumption of either separate “drives” or an autonomous “culture” is no longer tenable. In fact, the very concept of “nature” (as well as “culture”) held at any particular historical time is best viewed itself as a construction.
4. For this reason, I do not find helpful Bollas’s (1993) claim that “each infant is born with a personality.” Surely genetic differences in constitution and temperament are crucial, but “personality” for me presupposes an interpersonal field wherein genetic and environmental factors are forged into interactive patterns and character structure.
5. These issues concerning early development are an exact parallel to the issues discussed in chapter 2 regarding the analyst’s inevitable impact on the development of the patient’s self experience in the analytic process.
6. An interesting variant of the developmental strategy has been developed recently by Malcolm Slavin and Daniel Kriegman (1989), who have proposed a new paradigm for psychoanalysis derived from evolutionary biology and broad considerations concerning genetics and adaptation.

They suggest that Freud’s concept of endogenous instinctual drives, representing peremptory, aggressively self-interested, asocial, exclusively personal needs, can be thought to refer to that aspect of the personality that shapes and maintains the self as individual versus the self as embedded in a relational matrix: “In the drives we have a mechanism that guarantees access to some types of motivation that arise from non-relational sources and are, in a sense, totally dedicated toward the promotion of our individual interests” (p. 37).

A close reading suggests that Slavin and Kriegman alter Freud's notion of "drives" in order to make it work within their larger scheme:

Drives, and the structural model of drive-defense conflict, assume a subsidiary role within a larger, relationally designed and configured psyche. But, to the extent that the classical agenda is read as a "narrative of conflict," it captures certain major, significant features of the relational world and the inherently "divided" way we are adapted to it. (p. 47)

"Drives" relocated and reset into a relationally configured psyche are no longer Freud's "drives," prewired, endogenous pressures whose meaning is represented within the mind unmediated by the semiotic, metaphoric meaning systems of the relational world. Once again, the effort to portray a part of the psyche as separate from, prior to, and sheltered from the interactive, mutually regulatory structures of the relational matrix proves problematic.

7. Bollas (1987) argues that there is no purely generic "holding environment"; the particularities of the individual mother's handling of the baby become the existential medium of the baby's world and are structured into the developing child's personal idiom.
8. Sullivan's (1953) basic motivational distinction between the need for interpersonal security and needs for satisfaction reflects this duality. More recently, both Greenberg (1991) and Spezzano (1993) have made the conflict between self-development, self-expression, or self-reaction on the one hand and the safety provided by affiliation on the other the centerpiece of their motivational theories.
9. Farber (1976, chap. 12), from which the second epigraph at the beginning of this chapter is drawn, provides a wonderful account of the deceptiveness of revelatory models of insight. Similarly, Masud Khan (1963) alerts us to the elusiveness of the "true" self and chides Guntrip for having fallen prey to the seductive "danger of romantization of a pure self system" (p. 304).
10. Winnicott (1968) suggests that the capacity to "use" the other is a precondition for fully passionate experience.
11. For example, Greenberg (1991) notes: "David Rapaport made a great deal of the importance of the drives in protecting people from passive submission to external pressures. He wrote that our innate drive endowment guarantees autonomy from the environment; it provides our ultimate 'safeguard from stimulus-response slavery'" (p. 39).

12. The ideal balance between self-definition and membership in a social unit varies from culture to culture—consider, for example, the contrast between our more individually oriented western tradition and the supraindividual units of eastern traditions—and from individual to individual, with probable roots in temperament.
13. Loewald (1978) defines the self as "an atonement structure," shaped in a context of inevitable generational conflict, and repeatedly depicts the richest form of experience as one that overcomes the compulsive separation between self and other, inside and outside, on different levels of organization. Philip Bromberg (1991) has similarly noted the fluidity of the relationship between internality and externality in health and their forced separation in serious forms of psychopathology.

Most people take their own subjective states of interiority for granted, and can routinely accept the fact that there is more to them than meets the eye as a mental state that joins them to the rest of mankind without intrinsic emotional isolation. They can be both in the world and separate from it as a unitary experience that blends selfhood and relatedness. Others, more developmentally fragmented, protect their subjective interiors as a lifelong task of emotional survival, while paying the price of never-ending efforts at self-validation, or desperate aloneness. (p. 400)

14. Thus, Taylor (1991) argues against what he calls the "monological ideal." Our identities are always defined "in dialogue with, sometimes in struggle against, the identities our significant others want to recognize in us. And even when we outgrow some of the latter—our parents, for instance—and they disappear from our lives, the conversation with them continues within us as long as we live" (p. 33).
15. Bromberg (1991, p. 417*n*) points to the danger of "adult-erating" the patient if the experiential reality of the self as preverbal baby is not acknowledged and worked with in its own terms. Emmanuel Ghent (1991) makes a similar point about the subjective reality of the patient's experience of self as baby.
16. Daniel Stern (1985) suggests that what he calls different "senses" of self—emergent, core, intersubjective, and verbal—are not passed through sequentially in stages but coexist together in adult experience. Ogden (1989) argues that what he terms the "autistic-contiguous" mode of experience, involving a basic kinesthetic sense of sensory continuity and embodiment, operates in a continual, dialectical interplay with paranoid-schizoid and depressive modes of organizing experience.

17. Certain people feel that, at a point in their childhood, time stopped in any personally meaningful sense. When such patients regress to that developmental fixation point, they can experience a reanimation of time (Joseph Newirth, personal communication).
18. This represents an essential narrowing of Sullivan's interpersonal theory, from which it is derived. Sullivan took great pains to describe ways in which interactions are structured through "personifications" of self and others.
19. This position is also found in some versions of self psychology (such as Goldberg) but not in others, where there is an increasing focus on interaction (for example, in the "intersubjective perspective" of Stolorow and his collaborators).
20. Some more progressive contemporary Freudians (for example, Jacobs, 1991), while still committed to a one-person perspective, allow for the importance of different degrees of interaction and the analyst's more personal experience, while all the time affirming the central priority of the one-person framework.
21. See Mitchell (1980) for an extensive treatment of the relationship between the intrapsychic and the interpersonal in Sullivan's contributions. There I suggest that it is most useful to regard people as simultaneously self-regulatory and field-regulatory. See Beatrice Beebe and Frank Lachmann (1992) for a similar approach.
22. James Fosshage (1992) has recently argued for a more interpersonal approach to countertransference combined with an essentially self-psychological perspective.
23. The concern with what the analyst is feeling also becomes a key factor in approaches drawing on Klein's concept of projective identification, particularly as amended by Bion. Here the patient communicates largely through unconscious fantasies of placing sectors of her experience into the analyst's mind; the analyst knows about these processes largely through their impact on the analyst's own experience. Bollas and other members of the British Independent group have reworked Bion's contributions on projective identification together with Winnicott's (1949) important contribution on "objective countertransference."
24. The importance of the analyst's offering herself to be used as an object by the patient as developed by the British Independent group has been an important counterpoint to the emphasis on the analyst's establishment of her own personal subjectivity in analytic interaction in American interpersonal psychoanalysis.
25. See Michael Tansey and Walter Burke (1989) for a helpful effort to sort out the useful from the not so useful in the analyst's experience.

CHAPTER 6

1. They also introduced the concept of drive neutralization, through which the aggressive drive becomes stripped of its primitive, propulsive qualities and used by the ego for its conflict-free operations.
2. While Hartmann and other Freudian ego psychologists use the concept of "neutralization" to portray the development of the self out of modulated and de-aggressivized energy, Klein sees primitive aggression as with us always.
3. The importance of the question of justification in the polarization of psychoanalytic positions around the issue of an aggressive drive is dramatically illustrated by the positions taken on this question by Kernberg (1984) on the one side and Stolorow, Brandschaft, and Atwood (1987) on the other. Each side regards the other theory as not just wrong but as exacerbating the patient's problems and leading to the worst possible mishandling of the patient's aggression.

Kernberg sees the rejection of instinct theory in favor of a theory of environmental failure by self psychology and many versions of object relations theory as equivalent to a rejection of the biological basis of human development. They lead, in Kernberg's view (1984, pp. 187-89), to an inevitable neglect of the clinical importance of aggression and unconscious conflict, particularly in terms of understanding the transference. Through his eyes, aggression is not a response to a situation, but an unjustified, distorted, prestructured set of proclivities brought to a situation. The abandonment of the theory of an aggressive drive leads to a failure to interpret these proclivities, causing the non-drive analyst to coddle the patient in a very nonanalytic fashion.

Stolorow, Brandschaft, and Atwood (1987) do not regard the intense aggression of the "borderline" patients Kernberg describes as an intrinsic feature of the dynamics of these patients. Rather, they see this rage toward the analyst as a justified reaction to the analyst's misunderstanding of them. In this view, Kernberg's postulation of an aggressive drive is not only wrong, but it also leads the clinician to mistreat the patient, producing the very aggression that is assumed to be there to start with!
4. Gill (1991) has argued that defining an action as assertion or hostility is a construction of the observer, not an inherent property of the affect itself. I do not believe it is entirely a matter of construction. Sex and hunger are different organismic states. They can each be interpreted in many different ways, and sometimes confused with each other—but they begin as different phenomena. I believe assertion and aggression, while obviously more closely related, are based on distinctly different organismic states.

5. Grotstein (1982) argues for a reinterpretation of Klein's notion of a biologically rooted Death Instinct operating along the same lines, grounded in a phylogenetically developed reaction to natural dangers to the species. "To the aggressive instinct, one could see an inherent preconception of the predator, that is, the hereditary, phylogenetic enemy of the species. . . . Bowlby (personal communication) believes that all animal species, including human, have some awareness of being prey and predator . . . and that stranger anxiety is the human form of predator fear" (p. 201).
6. This is consistent with Lichtenberg's recent work on affect, in which he argues that aggression is an inborn response with a very specific, adaptive function: "[It is] . . . an aversive response available from birth as an indicator of distress within the caregiver-infant unit; it signals the need for a response from the caregiver" (1989, p. 168).
7. Grotstein makes a similar point, arguing that "via phenomenological inference . . . unpleasure by its very nature is experienced as the invasion of the self by a cruel 'not me'" (1982, p. 204).
8. Schafer argues that much of the ordinary language of experience is derived from preverbal, infantile bodily experience, with all of the mistakes and misunderstandings of infantile thought. It is precisely these misunderstandings that are illuminated through the analytic process, allowing the patient to own and assume agency over a subjective world previously disclaimed and experienced as given and immutable. The great irony is that traditional psychanalytic language portrays mind in precisely those same kinds of terms, as a collection of spaces filled with things and substances. The concept of an aggressive drive, which accrues spontaneously, builds up more and more pressure, demands discharge, feels cathartic when discharged, causes a toxic kind of sickness if dammed up—the very concept of an aggressive drive, in this view, derives from a reified anal metaphor: "It does not go too far to suggest that, however austere this conceptualization may be expressed, it implies an archaic, animistic, usually excremental model of aggression" (1976, p. 282). Thus, Schafer, consistent with the perspective developed here, abandons Freud's notion of drive as a propulsive force yet grants aggression a central role in the early shaping and definition of the child's sense of self.
9. Minsky (1985) provides a fascinating argument for the adaptive, evolutionary function of affects such as anger as anchored in their role in motivating behavior. An author who has trouble getting down to writing, for example, conjures up an image of a rival working on similar material. The competitive anger that is generated fuels activities that now take on a greater priority.

10. Many theorists and clinicians who think of themselves as believing in Freud's drive theory actually understand aggression as operating in the fashion I have been developing here, as innate but lacking the self-propelling quality Freud (and Hartmann) considered crucial. (See, for example, Pine, 1990, pp. 84–85.) Because this revised version of drive is not distinguished sharply from Freud's version of drive, the two very different concepts become conflated and attributes of each are drawn upon without awareness of their incompatibility.
11. Ogden (1989) has described this inevitable deep dread in both analysand and analyst in vivid terms.

The patient unconsciously holds a fierce conviction (which he has no way of articulating) that his infantile and early childhood experience has taught him about the specific ways in which each of his object relationships will inevitably become painful, disappointing, suffocating, overly sexualized, and so on. There is no reason for him to believe that the relationship into which he is about to enter will be any different. . . . Everything that the analysand says (and does not say) in the first hours can be heard in the light of an unconscious warning to the analyst concerning the reasons why neither the analyst nor the patient should enter into this doomed and dangerous relationship. (pp. 181–82)

12. Both Kleinians and self psychologists often neglect what are to me crucial dimensions of the analytic situation. In locating negative transference in an aggressive drive, Kleinians often miss the justifiable reasons for the patient's aggression in a subjectively experienced endangerment in the analytic situation. On the other hand, to assume that intense, chronic aggression in the analytic situation is an iatrogenic consequence of bad theory and/or bad technique fails to deal adequately with the degree to which the patient's style of response to endangerment, with its biological and temperamental origins and its embeddedness in a firmly established world of bad objects, precludes the development and enrichment of relations with others.
13. Along similar lines, Ogden (1989, 1992b) suggests that the paranoid-schizoid position and the depressive position are more usefully thought of in a healthy dialectical relationship with each other. (He also adds a third, more primitive organization, the autistic-contiguous position.) To live always in the paranoid-schizoid position is to be wracked and torn by impossible demands for a pure love and pure hate. But to live always in the depressive position, even if it were possible, would be to fade into the muted, gray tones of am-

bivalence. One would see good and bad in everyone; fairness would prevail. Kohut suggests that idealization (even if greatly unrealistic) can play a positive, enriching role in the lives of healthy adults. Similarly, Ogden points to the way in which the pure loving and hating of the paranoid-schizoid position can serve as the wellsprings of passion, breaking apart the measured balance of ambivalence and integration when they have become stale and constricting.

CHAPTER 7

1. Many do not seem to be bothered by guilt in this regard. The most extraordinary expression of this arrogant and elitist attitude I have ever heard was by a speaker arguing against the necessity and/or merits of altering the analytic frame. Defending classical theory of technique in all circumstances, he told the following joke: A young woman hung around the stage door following a theatrical performance starring a famous male actor. She told him of her admiration for him, and one thing led to another. The next morning, the woman told the actor that she was poor and hungry, and asked for money to buy some bread. The actor gave her a ticket to that evening's performance. She explained again that she was hungry and that the ticket was of little use to her. He replied, "If you wanted bread, you should have fucked a baker."
2. Winnicott's distinction between classical neuroses and false-self disorders, Kohut's (1971) distinction between classical neuroses and disorders of the self, the distinction between structural conflict and developmental arrests (Stolorow and Lachmann, 1980)—all work the same way.
3. Stolorow and George Atwood (1992) might consider this traditional approach as suffering from what they call the "myth of the isolated mind."
4. Winnicott (1956a) speaks of the mother failing the child, incrementally and usefully, as she emerges from her primary maternal preoccupation and reclaims herself.
5. As Daniel Stern (1985) points out,

any change in the infant may come about partly by virtue of the adult interpreting the infant differently and acting accordingly. Most probably, it works both ways. Organizational change from within the infant and its interpretation by the parents are mutually facilitative. The net result is that the infant appears to have a new sense of who he or she is and who

you are, as well as a different sense of the kinds of interactions that can now go on. (p. 9)

6. Ghent (1992) has written beautifully about the complex and often paradoxical relationship between benign and malignant features of the patient's longings, in which legitimate needs are often defensively "black-washed" into coercive "neediness." Similarly, Peter Shabad (1993) has described the ways in which early pain and loss are often sustained by being organized and perpetuated into self-defeating demands.
7. These include: splitting, projective identification, dissociative fragmentations into true and false selves, the importance of early parental responsiveness, and the devastating impact of child abuse.
8. See Davies and Frawley (1993) for an excellent review of and contribution to contemporary work with survivors of childhood sexual abuse that explores these reenactments and reversals of the abuse in the analytic relationship.
9. See Aron (1992) and Burke (1992) for a very helpful dialogue on the implications of the mutual but asymmetrical nature of the analytic relationship.
10. Consider the response of a contemporary analyst to a patient in the stalemating kind of despair that Ferenczi was struggling with:

At this point the analyst, who had felt all along that she was being dragged towards a deadly abyss, told the patient about it saying "I'm afraid I can't help it either, I'm willing to walk with you up to the edge of the abyss and, as we have been doing all along, try to see things together, but I shall not jump down with you. I will be very sorry indeed if you do . . . but I shall let you go by yourself . . . this is your choice and I cannot prevent it." (Mehler and Argentieri, 1989, p. 300)
11. For a vivid presentation of this point of view and some very interesting clinical material, see Roth and Segal (1990).
12. Samson and Weiss (1986) see situations like this as representing unconscious tests of an analyst's ability, unlike an incestuous parent, to resist illicit overtures.
13. Casement's (1991) writings are rich with instructive examples of the analyst's struggle to find and meet the patient's needs yet generate and maintain a deep analytic process:

when a patient is prompting the analyst to depart from classical technique, particularly if it is being rigidly adhered to, this need not always be seen as seductive or manipulative. The patient may be searching for a more viable balance between the

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