

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

Bell & Howell Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA

UMI[®]
800-521-0600

“La théorie c’est bon mais ça n’empêche pas d’exister”:

Subjective Ontology and the Ethics of Interpretation

**MICHAEL SZOLLOSY
Department of English
McGill University, Montreal**

December 1997

**A thesis submitted to the Faculty of
Graduate Studies and Research in partial
fulfilment of the requirements of the degree of
Master of Arts.**

© Michael Szollosy 1997



**National Library
of Canada**

**Acquisitions and
Bibliographic Services**

395 Wellington Street
Ottawa ON K1A 0N4
Canada

**Bibliothèque nationale
du Canada**

**Acquisitions et
services bibliographiques**

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence

Our file Notre référence

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-43961-5

Canada

Abstract

This study seeks to confront the ontological crises of the subject. Through an examination of twentieth century texts (including fiction, autobiography and Freudian case studies), I demonstrate the effects of subjective compliance with disembodied discourses. Using psychoanalytic theory, I ask: What are the ethical limits of interpretation within the psychoanalysis and literary criticism? And what alternative strategies of intersubjective exchange could we employ that would aspire to avoid instances of such hermeneutic tyranny?

Further, what evidence is there that the subject, in the face of overwhelming discursive compliance, continues attempting to realize its ontological status? My hypothesis is that while theory (i.e. discourse) may prove beneficial to the subject, it should not endeavour to prevent the subject itself from *Being*. Taking subjective ontology, and not liberation or self-representation, as the primary goal of interpretation, I explore means by which we may provide "good enough facilitating environments" for the subject.

Resumé

Cette thèse essaie de confronter les crises ontologiques du sujet qui apparaît dans les discours narratifs de la thérapie. Par une examination des textes du vingtième siècle (qui comprend la fiction, l'autobiographie et les études sur les textes du Freud), je démonte les effets de la basse complaisance subjectif avec les discours désincorporés. En utilisant la théorie psychanalytique, je demande: Quelles sont les limites éthiques d'interprétation dans la psychanalyse et de la critique littéraire? Et quelles stratégies alternatives des échanges intersubjectif pouvons nous employer qui vont aspirer à éviter les instances de la tyrannie hermeneutique?

De plus, quelles preuves existe-il que le sujet, face à l'évidence accablante de la basse complaisance discursive continue à essayer de réliser sa position ontologique? Mon hypothèse suit: tandis que la théorie (i.e. le discours) peut se prouver salulaire au sujet, il ne doit pas tenter d'empêcher le sujet lui-même d'exister. En prennant l'ontologie subjective, et pas la libération ou la représentation de soi-même, comme but de l'interprétation, je scrute les moyens par lesquels nous pourons fournir "les environnements facilitants assez bons" pour le sujet.

Table of Contents

Abstract	i
Resumé	ii
Acknowledgements	v
INTRODUCTION	1
0.1 -- Laying Down the Language: A Note on Terminology	6
0.1.1 -- Disintegration, Depersonalization and "Desubjectification"	7
0.1.2 -- Subjective Ontology	8
Endnotes for Introduction	11
 PART I -- IDENTIFYING THE PROBLEMS:	
POPULAR REPRESENTATIONS AND NON-PSYCHOANALYTIC PRACTICE	13
Endnotes for Part I	20
 PART II -- THE PROBLEMS CONFRONTING PSYCHOANALYTIC DISCOURSE	21
2.1 -- The Perils of Psychoanalysis	22
2.2 -- Reading the Shroud of Turin -- Freud as Secondo Pia; Discourse as the Doubtful Relic; The Subject as Pressed Flowers	26
2.3 -- Hardening the Shell and the Empty Seed of Desubjectification: The Limits of Both Psychoanalytic Interpretation and Our Critique	30
2.4 -- Depersonalization Part I : Disassociation from Affect and "The Indignities of Passion"	31
2.4.1 -- Depersonalization Part II : The Super-Ego Wields His Law Over the Passions of the Id	33
2.4.2 -- The Censor: Negotiating the Worlds of Phantasy and Reality	36
2.4.3 -- Depersonalization Part III -- More Light <i>AND</i> More Love	37
2.5 -- Compliance	41
2.5.1 -- Some Theoretical Considerations: Creativity and Compliance, The True Self and the False Self	41
2.5.2 -- Compliance in the Macro-Environment: A Brief Survey	44

2.5.3 -- Why Compliance? The Fear of Being	49
2.5.4 -- Compliance in the Treatment of Psychopathology	50
Endnotes for Part II	55

PART III -- THE PERSISTENCE OF SUBJECTIVE ONTOLOGY 61

3.1 -- "La théorie c'est bon, mais ça n'empêche pas d'exister"	62
3.2 -- "At least being nuts is being somewhere": Ontology and the Value of Symptoms	69
3.3 -- The Paradox of Self Mutilation as a Creative, Re-Ontologizing Act	74
Endnotes for Part II	77

PART IV -- CREATIVITY, INTERSUBJECTIVITY AND THE LIMITS OF INTERPRETATION 79

4.1 -- The Good-Enough Mother: Facilitating an Environment for Healthy Narcissism	80
4.2 -- Creative Play and the Playground: (Re)Visiting the Potential Space	82
4.3 -- The Good Enough Analyst: Implications and Limitations	85
4.4 -- Transitional Phenomena: Depersonalization, Desubjectification and the Analytic Scene	88
4.5 -- Transitional Objects and Psychoanalytic Discourse	92
4.6 -- Facilitation versus Interpretation: Fried versus "Freud"	96
Endnotes for Part IV	103

PART V -- CONSIDERATIONS AND CONCLUSIONS 107

5.1 -- An Ethics Grounded in the Recognition of the Unitary Psyche-Soma: An Alternative to Rationality	107
5.2 -- Ethics in the Political Sphere: An Argument for Social Responsibility ..	110
5.3 -- The Depressive Position and the Possibility for an Ethical Imperative ..	111
5.4 -- The Ethics of Interpretation in Literary Criticism, Part I: A Case Study .	113
5.4.1 -- The Ethics of Interpretation in Literary Criticism, Part II: A Self Evaluation	115
5.5 -- More Questions	116
Endnotes for Part V	117

Works Cited and Consulted 119

Acknowledgements

I would like to thank all of my friends, family, pets and everyone else I've bumped into on the streets in that last eight years or so, whose voices are all somehow (I would like to think) represented here somewhere: my Toronto micro-enclave, especially Joe and Laura for first demonstrating to me, against my insistence to the contrary, that "*la théorie c'est bon, mais ça n'empêche pas d'exister.*;" my friends and peers at McGill in Montreal, because this was certainly not written in a vacuum; Anthony, Erin, Dave, Tim, Faizal, Dr. Tony Fudjte, and Professor Gary Wihl; Tripta Sood, in addition to friendship, has provided me with the french translation of my abstract; my family, especially Aunt Ida, Billdad and Mom Viv (and especially Mom Viv for making it possible for me to take this to the next stage....); my email discussion groups, especially "psychoanalysis and the public sphere;" and Marlowe, who not only provided editorial comment, but actually often helped with the typing. I am also indebted, as always, to my brother, Robert, who continuously challenges me with questions, new ideas and by being generally obstinate. Marike Finaly-de Monchy, my supervisor, has my unwavering respect and immense gratitude for everything she has given to not only this work, but also I think, my academic career. More than just a bibliographic source, she has taught me, above everything else, how to *ask better questions*. And finally, Sarah, for love, support, endless proof-reading, ideas and for always challenging my assumptions.

I would like to dedicate this work to my grandmother, Mary Bertolin.

INTRODUCTION

There exists, in the realm of contemporary theory, an uneasy distinction between facilitating subjective experience and suppressing it. As a discursive practice, interpretation often strays from its contentious goals of explanation, guidance, counselling or translation and becomes instead a form of intersubjective psychological violence, characterized by the domination of one subject (or disembodied discourse) over another. When a subject is (re-)presented to itself and others by a critic or a psychoanalyst (for example), what are the *ethical limits* of that interpretation? How and when are those limits transgressed? and at what point do the author(ite)s of discourse commit *hermeneutic tyranny* (Finlay-de Monchy, *forthcoming*) upon the subject of its inquiry?

This, for the most part, is the line of inquiry that gave rise to the present study. As the reader will witness in the ensuing pages, however, these questions have given occasion to challenge yet further the very premises upon which the original concerns were formulated. Now, for example, I must insist that throughout this work, the reader (along with myself) reconsider what we mean by the very term and concept of "interpretation." What role do/should/could discourses serve in facilitating the very real subjective experience of individuals?

I have decided to approach these questions through an examination of how the practising, critical and/or fictional psychoanalyst acts as an agent of discourse; a discourse that often utilizes interpretive practices (among others) in its application; a discourse that is habitually criticized (by ignorant parties, insightful theorists and psychoanalysts themselves) as too often creating "objects" of scientific inquiry by de-personalizing analysand "subjects." However, the degree to which this is so in the specific manifestations of psychoanalytic practice is, as we shall see, a critical issue.

More broadly, my purpose in this investigation is to also demonstrate manners in

which the myriad of cultural discourses of the twentieth century increasingly serve to de-ontologize the subject and subjective experience, speaking *for* subjects rather than allowing subjects to speak *through* discourse or to *use* discourse in their own creative acts. This is not to say that this is exclusively a twentieth century phenomenon; there is certainly room for similar studies to examine how the discourses of religion, science and socio-political economy have served to similarly affect subjective experience in previous centuries. But I believe that these issues are particularly critical in our so called "post-modern" age. I hold, with many others, that in our culture we are increasingly confronted with pan-discursivist and socio-technological challenges to ontological psyche-somatic integrity that perceptibly favour only surface representations offered to passive, increasingly disembodied subjects¹ by the discourses of rationality, commercialism, mass media, positivism, etc.: an extremely dangerous crowd which *some* manifestations of psychoanalysis too often threatens to join.

My investigation of what happens to the subject in discourse is conducted through an examination of a variety of narratives written within a framework structured by the relationship between "patient" and "doctor," or analyst and analysand, and characterized by the attempted treatment of the mental pathology of one or more of the central characters.

In what remains of this section, I will offer some further remarks of how I will proceed in this study and a brief consideration of certain key concepts I employ. I begin in Part I by examining commonly held preconceptions of the psychiatric a medical establishment that gives rise to many of our own (mis)conceptions of psychoanalysis. This initial exploration should also serve as an introduction to some of the difficulties facing psychoanalysis.

In Part II I turn my attention to the problems confronting specific cases of exclusively psychoanalytic settings. I will demonstrate what happens to the subject when it relinquishes, for whatever reason, its own powers of subjective-creation to the de-ontologizing effects of an overwhelming discourse, using a variety of texts from my corpus that employ different narrative techniques (fiction, autobiography and the "scientific case study" itself). The second half of this section is dedicated to answering questions as to *why*

subjects abdicate their creative capacity and instead *comply* with the discourses imposed upon (or willfully adopted by) them. I begin here with some theoretical considerations regarding subjective compliance, drawn largely from Winnicott's notions of the true and false selves and creativity, before providing further examples drawn from my corpus.

But does the subject so easily sacrifice its creative capacity? In the third section I explore evidence that, despite an environment hostile to subjective interiority and creativity, the subject persists in insisting upon *being*, upon its experience of its ontological status *as a subject*. I examine moments of self-awareness and self-experience as depicted in several texts and inquire as to the value and function of symptoms as tools of communication and subjective realization of being. I also consider how acts of self-mutilation paradoxically seems to provide the subject with accentuated moments of self awareness and re-ontologization, despite these acts seeming to be direct attacks upon the psyche-somatic integrity of the subject.

In Part IV I begin a largely theoretical inquiry in an attempt to explain how to best serve the interests of the subject (and of intersubjectivity) in light of the insights gained above regarding the positive goal of recognizing subjective ontology. Is interpretation, or are the practices of psychoanalysis in general, simply a case of one subject (re)reading another, or is it better characterized as an *intersubjective* "play" within a "potential space," as Winnicott suggests? My preference for an intersubjective approach to an ethics of interpretation will not serve to dismiss or diminish the importance of the sphere of individual interiority -- on the contrary, I hope to defend the positive value of a sustained paradox between the internal and external world of subject experience. Therefore, while not ignoring the questions of authority and authoritarianism in the treatment of psychopathology, I must ask if interpretation must instead be viewed in terms of a more complex *dialogic* processes that transpire in a space between analyst and analysand (or any two subjects). This is underscored not only by the texts that I have treated and by many different theoretical voices, but also by the very consideration of the transferential and countertransferential relationships that are so central to all schools of psychoanalytic thought.

How best then, may we re-evaluate the psychoanalytic practices so as to best serve the interests of the subject? Through a discussion of concepts such as the good-enough facilitating environment, play, creativity and the potential space of experience, I will attempt to find limits of interpretation that enable and encourage subjective being and expression in psychoanalytic setting (and that may perhaps be translated into our cultural macro-space – specifically into our own academic practices). Finally, my concluding section offers some considerations as to other related implications for the ideas expressed and gained from this study, including expanding the ethical considerations to the more general (specifically political-economic) spheres and the ethics of interpretation of literary criticism.

I should also begin with some clear remarks as to what it is I am *not* trying to accomplish in this work. I am *not* merely attempting dogmatically to revise the analyst/analysand relationship as it manifests itself in psychoanalytic practice. To do so would be redundant, as re-evaluations of analytic technique are always being undertaken by practising analysts themselves, many of which were very instrumental in the composition of this study (especially Balint 1968; Winnicott 1962, 1971; Bollas 1992; *Psychoanalytic Quarterly* 65, 1996). While I certainly hope to address the issue of the specific difficulties in the psychoanalytic setting, this study is meant examine one form of discourse (psychoanalysis) as a possible example of a larger cultural malaise: namely, to re-emphasize, how the subject is lost in hermeneutically tyrannic discourses in general and especially how this de-ontologization of the subject is perceived to be endemic in contemporary culture.² (The degree to which subjects are *actually* prone to these malaises and the degree to which psychoanalysis contributes to them are, of course, questions that are always open.)

Similarly, I am not attempting to undermine all claims that psychoanalysis may usefully "objectify" an analysand in the course of analysis. I merely wish to examine *limits* to which this desubjectification may be carried out. Nor do I wish to withhold from the analyst all capacity to strategically dispute, challenge, question or contradict an analysand's subjective authority. There are subtleties of technique (i.e. responses to individual

analysand's needs) that I do not possess sufficient expertise to address. I am not trying simply to replace one notion of a standard, "correct technique" with another. Like Michael Balint, I view such an entity as a "nightmarish chimera" (1968, 9). William I. Grossman (1982) correctly perceives that "[m]any of the examples purporting to show the inapplicability of classical theory are really criticisms of [borrowing Loewenstein's phrase] 'timing, dosage and tact'" (931), or, in other words, technique. I wish to make no such criticisms here. To do so would merely demonstrate a misunderstanding the theory, not a refutation of it.

My criticisms are of a more fundamental variety. It is my aim to denounce the general domination of the discourse itself, not particular manifestations of it. Individual applications of psychoanalytic discourse must be judged within their specific contexts, and we must recognize that "any psychology that takes subjective experience as a starting point and as a communication from the patient will be involved in this tension between subjectivity and objectivity" (Grossman 920). This "essential tension" cannot be avoided, and is a recognition that lends so much strength to the psychoanalytic technique. It is my intention here to help balance this tension, to set limits, that will enable both the analyst and analysand (and the psychoanalytic process itself) to "survive our paradoxes." Both analyst and analysand must negotiate this tension between the "patient's subjective preoccupations" and the analyst's own "subjective reactions" (Grossman 922).

Further, I wish to clarify that by "ethics of interpretation," I do not mean merely to imply a "code of conduct" for the psychotherapeutic practitioner. Again, this is something that has been treated at length by many, little of which proved to be of any use here. However, without doubting the need for some sort of guidelines, the "ethical code of conduct" that currently governs medical practitioners seems to me to be too often an attempt at guaranteeing the positivistic "intellectualization" of the psychotherapeutic profession (Fairbairn makes a similar caution, 1940). The myth of scientific objectivity, the thought that the "doctor" can and must remain at a fixed, hierarchal distance from the "patient" or "client," so rigorously defended by many psychologists, is itself, I argue (in Chapter 5.1), a depersonalizing defence mechanism utilized by a psyche-somatically split

subject.

0.1 – Laying Down the Language: A Note on Terminology

"The more easily we verbalize, the less are we effectual."

(Winnicott 1971, 147)

Before I embarked, I thought that it must be necessary to succumb to pressure and provide a lengthy explanation of certain terms and concepts that I will use and refer to throughout this work. I am happy to report, however, that I have since judged such an exposition to be unnecessary. While this exercise may have seemed useful in establishing a linguistic basis for dialogue with my readers, I have found instead that it fails in several respects. First, and perhaps of greatest consideration, owing to the genre in which this study is to be executed (i.e. a master's thesis for English literature), any undertaking I could here make that would hope to explain to any degree of satisfaction concepts such as "subject," "self," "ego," "object," etc., would necessarily require more attention than I can reasonably grant in the space that has been allotted to me here. Considering, too, how much attention others have paid to these issues, I will simply summarize what is necessary for our purposes and indicate where one can find more information. In further self defence, I wish to cite Winnicott, who often maintains that such "classification involves the making of artificial boundaries" (Winnicott 1971, 119). I hope, however, that my meaning (both specific and general) will be readily apparent in the context of this work as a whole. I must insist, however, that the reader join me in always re-evaluating these concepts and take nothing for granted.

This said, there are some issues I find that I must address. I would like to begin by saying a word regarding the use of *medical* terminology in the discussion of psychopathology. Words such as "cure," "healthy," "sickness," "madness," "mental illness," *et al.* are not my own, nor would I chose to use them in my discourse. However, as they

are often used in the literature I employ (both literary and psychoanalytic/ theoretical), I will retain their usage as it appears in these texts. As to my reasons for not embracing this terminology, I hope it is enough to say for now that I have been (rightly) advised not to employ this language by a number of analysts and that, for myself, I find that I must object to the ideological context of these labels and do not wish to perpetuate their usage. I would call upon anyone/everyone to refer to Michel Foucault's *Mental Illness and Psychology* (1954) and *Madness and Civilization: A History of Insanity in the Age of Reason* (1965) and R.D. Laing (e.g. 1966) to understand my objections more fully.

0.1.1 – Disintegration, Depersonalization and "Desubjectification"

I wish to distinguish my use of a set of concepts that is often confused (and confusing) and that often have different meanings for different schools and individual psychoanalysts, their critics and indifferent persons alike. I differentiate between here are the frequently employed "disintegration," "depersonalization" and "desubjectification" (or "objectification" or "derealization"). While I must take ultimate responsibility for the use and inferred meanings of each of these as they appear throughout this work, I have been greatly influenced in their conceptualization by Winnicott. Describing the "[t]hree main types of anxiety resulting from failure in technique of child care" (1952) Winnicott offers specific meanings for each of these terms. *Disintegration* (a feeling brought about by initial "unintegration") I take to mean the subjective inability to consolidate the split ego into a "good-enough" functioning entity, or the inability to maintain a (narcissistic) sense of being within an environment (i.e. the inability to distinguish one's inner-self from the external). *Depersonalization* Winnicott describes as the "lack of relationship of psyche to soma" (1952, 99). This may refer to the unintegration of the psyche and soma, but since I believe the subject to be an inherently integrated psyche-somatic being, I take this to refer to process whereby the psyche and soma are split.³

Lastly, Winnicott describes "the feeling that the centre of gravity of consciousness

transfers from the kernel to the shell, from the individual to the care, the technique" (1952, 99). Winnicott does not here provide a term for this failure; I call it *desubjectification* or *objectification*, whereby the subject is lost to the "technique," or discourse. The subject becomes the "object" of its own and others' discursive practices. We may also choose to label this experience the *derealization* of the subject's ontological status. This is a theme that I will greatly expand upon in the following.⁴

Allen Frances *et al.* (1977) list a series of stimuli that serve to depersonalize subjects: impaired reality testing (i.e. LSD), compromised self-boundary; ascendancy of previously split-off self-fragments, and sudden changes in body image (illness, accident, puberty, pregnancy). It will be interesting to note how, if at all, discourses serve (alongside these other stimuli) to depersonalize subjects. These authors also maintain that the narcissistic individual is especially vulnerable to depersonalization. The degree to which this may be re-enforced by the understanding, held by many (e.g. Lasch), that the post-modern era is characterized by the narcissistic subject will also be something to bear in mind.

Disintegration, depersonalization and desubjectification, I must also introduce here, and will later repeatedly emphasize, may also serve as *defences* employed by the ego against painful stimuli arising from the self or overwhelming pressures from the external world. As defence, then, these mechanisms may not be wholly without value to the subject and its ontological realization, and may in fact be essential to subjective experience. Therefore, what we must seek in this investigation is not necessarily the eradication of these defence but limits that would best balance the defensive processes in the realization of subjective ontology.

0.1.2 – Subjective Ontology

Finally, what do I mean by the phrase "subjective ontology," or when I refer to the realization or recognition of "the ontology of the subject"? What is it that I am arguing for? I have found it particularly difficult to formulate these answers into a clear and concise

definitions.

Generally, I call for conditions that will permit the realization or recognition of the subject's status *as a being*, an integrated psyche-somatic entity that has the right to be capable of experiencing its self as a self/subject and to articulate that experience by being permitted to chose and use objects (including language) that have meaning to itself and further contribute to its own experience. In other words, I simply ask that the subject be allowed to *be a subject*.

Subjective experience and/or subjective ontology cannot be assumed *a priori* (Winnicott; Finlay-de Monchy *forthcominga*). The subject itself, however, must exist, and also must exist for there to be the possibility of subjective experience. The *potential* for experience (and hence subjective being), however, is a capacity inherent to all subjects. It is left to the subject to realize its own status as a being and to recognize this capacity for experience, provided of course that there is a good-enough environment in which this awareness can be achieved. "Subjectivity," Finlay-de Monchy clarifies, "is not a neutral *a priori* presence but something which emerges time and again out of the *discreteness* and *intricacy* of experience -- an etching on surfaces made by meeting the other's impression of one, as in the 'mystic writing pad'" (*forthcominga*, 500-1). I find that what I am trying to get at is well portrayed by Christopher Bollas in the concept of *being a character* (1992).

To be a character is to be released into being, not as a knowable entity per se, but as an idiom of expression explicating a human form... relieved by the *jouissance* of its choosings.... To be a character is to gain a history of internal objects, inner presences that are the trace of our encounters, but not intelligible, or even clearly knowable: just intense ghosts who do not populate the machine, but inhabit the human mind... Being a character... means bringing along with one's articulating idiom those inner presences -- or spirits -- that we all contain, now and then transferring them to a receptive place in the other....

(Bollas 1992, 54, 59, 62)

As we shall see, the experience of living, of experiencing simple being, may be lost for any number of reasons: the unreliability or the utter void of what should be the

ontological sphere of interiority; dissociation from the real, external world in the face of environmental hostility; or both. These failures in turn lead to the inability or unwillingness to live in the "third space" where experience can occur. To realize its own ontological status, "the individual must abandon self-objectification and surrender to experience, a dissolution essential to the subjectification of reality" (Bollas 1992, 53). The subject, to experience itself as a subject, must recognize itself as a subject.

I am also very fond of Bollas's use of the word *idiom* (1992), that he offers as a replacement for Winnicott's *true self* (although I insist that they are not entirely the same, which will be evident by my use of both here). An idiom, for Bollas, is the sum of qualities specific to an individual.⁵ It is comprised of the objects, drives, ideas, affective states, inner experiences, phantasies, biological design,... in short, everything that comprises and is inscribed upon the psyche-somatic subject. The subjective idiom is the tool and means through which, in favourable circumstances, a subject experiences and articulates itself through the successful and creative use, selection and manipulation of objects that are specific to that subject. If the subject is permitted to "elaborate" (articulate, express) itself in its own idiom, Bollas demonstrates that "then life will be punctuated by inspired moments of self-realization" (1992, 70). Therefore, when I speak of the subject's need to find "the words to say it," it must be said in their own idiom (private language) if it is to have the effect of subjective (re)ontologization.

Endnotes for Introduction

1. Contemporary and future technology is further bringing into question the somatic limits of the subject and the subject's *psyche-somatic* experience. Consider, for example, the disembodying capacity of the cyborg, virtual reality, or the threat posed by the "designer body" made available by genetic manipulation and driven by the metaphysical, "ideal" images presented by the discourses of consumerism and advertising.

2. On a personal note: as one would expect, the selection of psychoanalytic discourse as the "playing" field of my exploration of the ethical limits of interpretation and discursive practice is by no means arbitrary. I have long had interests in psycho-critical approaches to literature, yet, like many students, was left with persistent (indeed, at times overshadowing) suspicions regarding the practice of psychoanalytic theory. In the face of increasing criticism or outright condemnation in academia, popular culture and corporate ethics, I often find myself in the difficult position of attempting to reconcile ideas that I believe to have great value and provide valuable insight with methodologies that may be highly contestable, if not downright deplorable. It is not that I regard psychoanalysis as the most abominable example of discursive manipulation and have therefore decided to expose the sham of "Freudian mythology." On the contrary, I hope in my future work to demonstrate how other practices and procedures in contemporary psychology are much more oppressive and de-ontologizing -- many, if not all of which enjoy much more favourable status in Hollywood, university classrooms and corporate ledgers. I feel that if I am to continue to utilize psychoanalytic thought in my own work, I first have to come to terms, in no easy way, with many of my own concerns and questions regarding its practice. I do not pretend that this is a unique circumstance; both psychoanalysts and theoreticians using psychoanalytic discourse have had to endure similar procedures (see, for example, Ferenczi's "Secret Diary" described by Masson 1988, 75-93). This study is therefore a necessary undertaking in my own academic and ideological development.

3. Finlay-de Monchy would seem to disagree with these identifications. For her, "depersonalization" refers to "a state of indifferentiation between self and environment, self and not self, external and internal boundaries" (1995, 39; *forthcoming*, 251), what Winnicott would here (1952) identify as "disintegration."

4. Although I generally regard it with much suspicion, I noticed that the *DSM* (*Disorders of Personality -- DSM III, Axis II*) similarly notes that for "dependant persons" 'the centres of gravity' lie in others, not in themselves" (Millon 107).

Depersonalization has also been identified, by Frances *et al.* (1977) as an "affective state that represents an intrasystemic conflict within the ego." (325). The idea of depersonalization as an *affect*, however, I find may be at odds with Winnicott's conceptualization. If depersonalization involves a *psyche-somatic* split, I find that the cases of depersonalization described in the texts used in this study are characteristically *unaffactive* -- that is, characterized a general feeling of not-being, not existing. Often, as we particularly see

in Winnicott's case study described in *Holding and Interpretation* (1972), there is an inability on the part of the depersonalized subject to experience either feelings of pleasure or pain, joy or sorrow, etc.

Other (thumbnail) definitions of depersonalization (which may and/or may not support the usage employed in this work) include a "state of mind characterized by a sense of unreality and detachment from the self or the external world or both" (Eidelberg, 102-3) and

The state of the ego in which it has lost the sense of being a substantial person is brought about by excessive projective identification in which, in phantasy, the self has been located in other objects externally.

(Hinshelwood, 266-7)

I would very much like to keep the "lost sense of being" that is part of the Kleinian conceptualization of depersonalization (represented above by Hinshelwood). However, I find that (unlike the Kleinian perspective) the (largely Winnicottian) notion used here does not rely on the process of projective identification, the *placing* of one's subjectivity in something/one else. Rather, I envision depersonalization to be something with the subject itself, imposed upon it and *introjected* (e.g. the super-ego -- see Chapter 2.4.1) rather than projected onto others.

I cannot consolidate all of these views here. Nor can I hope to persuade my reader if my usage here does not coincide with his or her own, but I hope that I have made my meaning sufficiently clear for the purposes of this study. I welcome later (and continued) challenges to these ideas.

5. In *Forces of Destiny: Psychoanalysis and Human Idiom* (1989), Bollas first introduces his concept of the idiom. However, I find that the identification provided in this earlier work insists too much upon a hereditary and/or genetic basis. This limited approach, I believe, is improved upon in Bollas's later work, and my preference is reflected in my own use of the term.

(To go back even further, in *The Shadow of the Object* (1989), Bollas's precursor to "idiom" seems to be what he calls the *subjective element*, "the internal play of affects and ideas that generates and authorizes our private imaginations, creatively informs our work and gives continuing resource to our interpersonal relations... a particular kind of internal space that facilitates the reception of unconscious affects, memories and perceptions.")

PART I – IDENTIFYING THE PROBLEMS

POPULAR REPRESENTATIONS AND NON-PSYCHOANALYTIC PRACTICE

This is an indisputable fact that has been scientifically proven. It is useless to belabour facts that have already been proven... If you do not accept this to be true, then you are insane and will be locked up. I personally have never been locked up, but that is because I personally have never been insane... You, on the other hand, are obviously crazy. This is a scientific fact that is instinctively and intuitively obvious to all peoples of all races, creeds, and colours, and in all walks of life... Your opinions are not relevant to the issue of your mental capacity, but rather they are dead horses which are not N-O-T to be flogged. My purpose here is to clearly demonstrate to all concerned that you are indeed insane; so that all doctors, policemen, and other persons of authority will be shown to their professional satisfaction the truth of my statements... unfortunately I must demonstrate to you the fact that you are not in touch with reality, because I only have your best interests at heart and you must learn to function in the modern world of today. May I please have fifty cents?

(MC 900 Ft. Jesus, "Tiptoe Through the Inferno")¹

In this first portion of my study I wish to briefly examine some of the practices of modern psychology and the psychiatric profession that do not employ "Freudian" technique (or discursive/ interpretative dialogic exchange). More accurately, what I describe here represents a selection of some of the commonly held beliefs (almost entirely negative) that psychotherapy has given rise to in popular culture (and which are the inheritance of this study). The song lyrics quoted above, for example, drearily recited by the acid-jazz artist MC 900-Ft. Jesus, leaves little doubt as to its expression of hostility towards a positivistic process that is part of a larger institutionalized repression of deviation (i.e. "irrationality") – a popularly-accessible sentiment that resembles the positions expressed through Foucault's historicization of the concept of "insanity" (1965).

By presenting the following textual (and extra-textual) evidence, I hope to serve (at least) two purposes. First, I wish to emphasize, by means of extreme comparison, that I do not perceive psychoanalytic technique to be *particularly* tyrannic in its application, or uniquely cruel as a means of psychopathological treatment (indeed, I hope that one may

see psychoanalysis, despite whatever problems I may later suggest, to be a preferable alternative). Second, paradoxically, I hope that this analysis will also establish a framework through which some of the problems of psychoanalytic discourse can be targeted.

The non- (or pre-)Freudian treatment of psychopathology is dominated by the refusal (or perhaps inability) of the psychological practitioner to *listen* to the subject in any way. The texts that have proven most useful to investigate in this space are Charlotte Perkins Gilman's "The Yellow Wallpaper" and Sylvia Plath's *The Bell Jar*. Through an examination of these texts I hope to introduce some observations regarding the phenomena we will encounter with regard to a) listening to the subject, b) subjective compliance with discursive/interpretive practices (both of which will be taken up at greater length in Part II) and c) the persistence of re-ontologizing acts and creative self-expression, despite the attempted suppression of subjective-experience by these discourses (which will be addressed more fully in Part III). I must speak in this chapter not of the relationship between *analyst* and *analysand* -- terms I insist upon in the discussion of the psychoanalytic setting -- but the relationship between *doctor* and *patient*. I do so in order to emphasize the aetiology of this relationship, and also the lack of dialogue and more pronounced inequities of power that the latter relationship produces.

In "The Yellow Wallpaper" (1892), Charlotte Perkins Gilman presents readers with the first-person narrative (structured as the journal entries) of a late-nineteenth century woman living in New England.² In the introduction to the volume used here, Lynne Sharon Schwartz describes the story as that of "a trapped woman's mental disintegration." Like Winnicott's notion of disintegration, the narrator's confinement in a single room (with yellow wallpaper) confuses her ability to distinguish between inner and outer realities. This woman's suffering is "clinically," or "officially" diagnosed as "temporary nervous depression -- a slight hysterical tendency" (Gilman 2). Her husband, John, is a "physician of high standing," and Gilman's narrator leaves little doubt that "*perhaps... perhaps* that is one reason that I do not get well faster" (1-2).

There has been much speculation as to the degree to which this story is based on

Gilman's own experiences. Although I do not wish to enter this specific debate, there are some biographical aspects of this story that I would like to introduce to this study so as to provide a contextual framework. In writing this story, Gilman apparently drew on her experiences with the New England neurologist S. Weir Mitchell, who employed what he called a "rest cure" on many women with neurological disorders (Schwartz 1989; Dock 1996). The "rest cure" prescribed by Mitchell resembles the treatment endured by the narrator of Gilman's "The Yellow Wallpaper," consisting of an order to do absolutely *nothing*, including writing or working of any kind (including, by consequence, dream work), caring for her children or entering in any way into "society." The story itself was reportedly initially ill-received, especially by those in the New England medical community,³ due at least in part, no doubt, to the scathing criticism of Mitchell's technique, and of the medical establishment in general, offered in the story.

Gilman's narrator consistently informs the reader that her own beliefs as to the nature of and best treatment for her illness are at odds with those prescribed, and subsequently imposed on her, by her husband.

So I take phosphates and phosphites -- whichever it is, and tonics, and journey's, and air, and exercise, and am absolutely forbidden to "work" until I am well again.

Personally, I disagree with their ideas.

Personally, I believe that congenial work, with excitement and change, would do me good.

But what is one to do?...

I sometimes fancy that in my condition if I had less opposition and more society and stimulus -- but John says the very worst thing I can do is to think about my condition, and I confess it always makes me feel bad.

(Gilman 2)

This passages demonstrate the discrepancy between the subject's (patient/wife's) own belief regarding her "condition" (I do not even wish to call it in this case a "pathology") and the beliefs of the privileged discourse (belonging to the doctor/husband). The narrator earnestly

believes that she knows better than others what would be best for her, but in the face of the "highly regarded" expertise of her professional husband, she is left able only to repeatedly ask "But what is one to do?" Her compliance with her husband's beliefs cause her to perform the function of self-censor, abdicating her own ability to articulate her condition in her own idiom once recalling the dictates of her husband. She uses his words, not her own. In this narrative, supposedly a record of her thoughts to herself, she is explicitly prohibited even the self-awareness or self-expression that is offered by her work, that of writing her journal entries. She is not permitted to think about her condition (i.e. her self, introspection), as this will certainly make her worse, if it is not one of the very causes of her illness. We see this again in Plath's *The Bell Jar*, where Esther Greenwood's mother identifies her daughter's condition as "thinking too much about yourself" (Plath 171; her mother subsequently prescribes that she immerse her efforts and concentrations in the problems of others).

How can such discrepancies between subjective and "objective" understanding exist? The suggestion made by Gilman, simply, is that the narrator's doctor/husband, despite his best intentions, *does not listen* to his patient.

Dear John! He loves me very dearly, and hates to have me sick. I tried to have a real earnest reasonable talk with him the other day, and tell him how I wish he would let me go and make a visit to Cousin Henry and Julia.

But he said I wasn't able to go, nor able to stand it after I got there; and I did not make out a very good case for myself, for I was crying before I had finished.

(Gilman 9-10)

This prescription is imposed, remember, despite the narrator's earnest belief that what she really requires is "less opposition and more society and stimulus." Her husband's inability to listen to her means that "John does not know how much I really suffer. He knows there is no *reason* to suffer, and that satisfies him" (Gilman 4).

It is the representative authority of the word/discourse that prevents the narrator from engaging in real communication with her husband, as either doctor and patient or

man and wife. The repetition of "...but John says..." throughout the story serves to indicate to the reader how much of the narrator's self-articulated creativity is controlled by the imposition of this other's discourse. The narrator's diary entries are often broken off with the realization of John's approach (or that of his sister): "There comes John, and I must put this away -- he hates to have me write a word" (Gilman 4) and "I must not let her [John's sister] find me writing... I verily believe she thinks it is the writing which made me sick" (Gilman 7).

As the narrator is denied the experiences that she believes will relieve her suffering (writing, "working," subjective interaction -- indeed experience and *being* itself), she feels as though her condition is worsening. This belief too, however, is over-ridden by her husband's authority. "I am your doctor, dear, and I know. You are gaining flesh and colour, your appetite is better, I feel really much easier about you" (Gilman 11). When the narrator responds (curiously, by refuting his physical evidence with physical evidence of her own), he responds, hugging her, "Bless her little heart!... she shall be as sick as she pleases!" (Gilman 11). The ultimate effect of this power-dynamic is a break-down of the doctor/patient (and husband/wife) relationship, "The fact is I am getting a little afraid of John" (Gilman 13). The failure of the professional/husband to secure a facilitating intersubjective relationship not only inhibits the potential for improvement but so too induces a deterioration of the narrator's condition.

An equally resentful representation of psychiatric indifference to and authority over the patient is portrayed in Plath's *Bell Jar*. At her first meeting with Dr. Gordon, a psychiatrist, Esther Greenwood is immediately suspicious of his motives as he first challenges her, "Suppose you try and tell me what you think is wrong" (Plath 137). This seemingly innocent invitation is (properly) contextualized by Esther.

I turned the words over suspiciously, like round, sea-polished
pebbles that might suddenly put out a claw and change into something else.

What did I *think* was wrong?

That made it sound like nothing was *really* wrong, I only *thought* it
was.

(Plath 137)

Despite these reservations, Esther proceeds to relate her symptoms to Dr. Gordon, with certain omissions but otherwise very thoroughly, to which Dr. Gordon asks her the name of the college she attends (he has already been told once, we assume). Although Esther again tells him the name of the college, she is "baffled" and, we can infer, somewhat resentful that her story should be so greeted. Dr. Gordon then proceeds to reminisce (relating to Esther as he does) about time he spent there during the war servicing a station of troops. At the conclusion of his anecdote he remembers, laughing, "My, they were a pretty bunch of girls" (Plath 138). (Note here, as in Gilman's narrative, the patriarchal dynamic in medical/ discursive authority.) At this, he concludes their first session. In their second session, with no additional insight or communication, Dr. Gordon prescribes for Esther electric shock treatments at his private hospital (Plath 143). At their next meeting, when Esther receives her "treatment," Dr. Gordon's only contribution is to recall the time he spent at Esther's college, after which he prescribes more electric shock treatments (which are never performed).⁴

The effect of such treatment conducted through the refusal to listen to a subject's own articulations is that of creating subjects that are nothing more than statistics or structured entities that easily conform to the expectations (read: categories) of medical science. In Joanne Greenberg's *I Never Promised You A Rose Garden*, Deborah Blau is reduced to such a status by the medical professional that admits her into an institution. At the top of a standardizing form, the admitting doctor writes:

BLAU, DEBORAH, F, 16 yrs Prev. Hosp: None
INITIAL DIAG: SCHIZOPHRENIA

(Greenberg 18)

Although this initial interview is merely a formal step to what eventually becomes a meaningful analytic experience for Deborah, there are clear indications here that she resents being so superficially classified. The admitting doctor had diagnosed Deborah with as little contact as Dr. Gordon had done with Esther above. In the notes to the interview, the admitting doctor remarks,

Suddenly, in the middle of recounting an incident, the patient stared forward and said accusingly, "I told you the truth about these things -- now are you going to help me?" It was considered advisable to terminate the interview.

(Greenberg 19)

The doctor is prepared to treat only an entity that is vulnerable to rational, systemic categorization ("psychology" *à la DSM*), and so long as the interview takes the form of a depersonalized list of symptoms, he/she is comfortable in their relative positions. The occupants of the hospital ward in *I Never Promised You a Rose Garden* repeatedly use the image of keys to indicate the only crucial difference between the "patients" and the "doctors." The keys represent the power held by the professionals to lock someone up, to open doors and close barriers to keep themselves and those who are deemed "mad."⁵ When the subject begins to demand that she be recognized as more than merely a collection of statistics and test scores and insists that the subject to which she speaks recognize her *own being as subject*, however, the professional is unable to deal with the irrational mad-woman and "considered it advisable to terminate the interview."

Endnotes for PART I

1. One will find in this work that I may begin chapters with excerpts from "texts" that are not later explicitly treated or glossed at length and that may not mean to have a relevance that is (immediately) perceptible within the context of the work as a whole. I hope the reader will regard each as my own "free association," serving to introduce a possible avenue of further exploration.

2. Although my treatment of the issue must necessarily be cursory, I wish to emphasize the need to examine these texts in a patriarchal context (and I will include such observations in footnotes), as the texts chosen in this study almost exclusively depict cases of women being dominated by discourses controlled by men.

3. For a discussion of how critical treatment of this text and the history surrounding it may also be questioned and held up to the scrutiny of the ethics of interpretation, please see the Chapter 5.4, "Ethics of Interpretation in Literary Scholarship: A Case Study."

4. The perceived effect of the electric shock treatments are conveyed in the opening chapter of the book, where Esther reveals her thoughts regarding the capital punishment of the Rosenbergs.

I'm stupid about executions. The idea of being electrocuted makes me sick...
It had nothing to do with me, but I couldn't help wondering what it would be
like, being burned alive all along your nerves.

(Plath 1)

5. While the patients criticize the health care workers for rely on the keys to keep the doors closed and to mark the distinction between them, between "health" and "sickness," they too enjoy the protection offered by this distinction. They fear that the loss of their sickness "might open those doors for us, on... the world" (Greenberg 86)

[Helene:] "Without those keys you wouldn't know yourself from us!"

But McPherson only laughed — a laughter at himself; not them. "We're not so different," he said, and went into the nursing station.

"Who is he kidding!" Helene said. There was no malice in her statement; she was merely hurrying to rebuild the wall that he had breached.

(Greenberg 101)

(For more on why the hospital occupants would not want to breach the wall between themselves and those who are charged with watching over them and perceived "sane," see Chapter 2.5.4).

– PART II –

THE PROBLEMS CONFRONTING PSYCHOANALYTIC DISCOURSE

We have a right to rejoice when a true seer comes at last, some man in whom is an excellent spirit, to whom have been given light, wisdom, and understanding; who can accurately read... an original mind (however unripe, however inefficiently cultured and partially expanded that mind may be); and who can say with confidence, "This is the interpretation thereof."

(Charlotte Bronte 1850, 33)

Although this quotation obviously does not refer specifically to Sigmund Freud, I find the thought expressed to be indicative of a nineteenth/early-twentieth century longing. The arrival of Freud (no doubt truly a seer and an excellent spirit) and the introduction of psychoanalysis into the treatment of mental pathology is to be rejoiced by virtue of its insistence upon more careful reading, or *listening*, to the symptoms and narratives of the analysand. However, as we shall see, while Freud overcomes much of the desubjectifying tyranny described in the previous section, psychoanalysis may also, to various degrees, look upon the subject and say (with confidence/ignorance) "This is an interpretation thereof." In so doing, psychoanalysis similarly threatens to remove the subject from the process of articulating its own words, its very own idiom, and thus serve to de-ontologize subjective experience.

In this section I turn my attention to specifically psychoanalytic discursive and interpretative strategies and examine how some of the difficulties so evident in the psychopathologic treatments described in the preceding section still need to be confronted in the psychoanalytic setting. (Again, I hope that, simultaneously, the benefits of psychoanalysis over those non-Freudian therapies will become very clear.) The following investigations will be centred largely on Freud, through an analysis of his own theoretical work and case studies, and representations of "Freud" and his followers drawn from

numerous works employing a variety of narrative techniques, the nature of which we should also choose to hold up for examination.¹

2.1 -- The Perils of Psychoanalysis

I will frame the following examination primarily through D.M. Thomas's novel *The White Hotel*, referring throughout to Freud's own theoretical work and case studies to supplement the discussion. *The White Hotel* is a novel rich in imagery and critical opportunities, obviously lending itself to various types of psychoanalytic readings.² As Thomas himself admits in the "Author's Note" to the novel, while he generally abides "by the generally known facts of the real Freud's life" and often draws upon or quotes Freud's actual works, "the role played by Freud in this narrative is entirely fictional" (Thomas 1981). To distinguish between the "real Freud" and the one that appears as a character in *The White Hotel*, and where discrepancies exist, I will refer to the "Freud" of the novel in quotation marks. I should also like to note that Thomas's purpose in writing this novel does not appear to be an attack on Freud or psychoanalysis. Although he refers, again in the "Author's Note," to the "great and beautiful modern myth of psychoanalysis," by myth, he clarifies "poetic, dramatic expression of a hidden truth; and by placing this emphasis, I do not intend to put into question the scientific validity of psychoanalysis" (Thomas 1981). Instead, it is my belief that Thomas wishes to address some of the difficulties of psychoanalysis, particularly as they are apparent to our post-modern era; concerns that this study shares whole-heartedly.

The White Hotel is divided into seven distinct chapters. I will not burden my reader with a detailed synopsis of the book as a whole, except to outline the three chapters that will be the hub of our interests here, which collectively comprise the fictional case study of "Frau Anna G.": a first-person verse rendition of a dream (written, we learn later, over the libretto of *Don Giovanni*), a third-person prose narrative of the same dream, both of which are composed by "Freud's" analysand (who, we learn in later sections, is Lisa Erdman) and

"Freud's" own narrative of the analysis ("Frau Anna G.").

The dream that Lisa Erdman describes involves a very sexually explicit (and often absurdist) liaison between herself and Freud's son at Bad Gastein, a health resort (the "white hotel").³ Thomas's case study is written to correspond quite closely, both theoretically and stylistically, to Freud's own writing, with notable exceptions. "Frau Anna G." is a very clever creation that is both unique to Thomas's imagination and a curious amalgam of Freud's case histories. There are obvious similarities that Thomas demands the reader recognize between Anna G. and Breuer's Anna O. (1893), Freud's Dora (1905) and the "Wolf-Man" (1918).⁴

Viewed consecutively, the three chapters that comprise "Freud's" published case history, "*Don Giovanni*," "The Gastein Journal" and "Frau Anna G.," demonstrate development and alternations not only in the narrative style, but also in the content and contextual meanings of Lisa/Frau Anna G.'s analysis. "*Don Giovanni*" describes a dream in first-person, using unrestrictive erotic imagery and very direct, sexual language. We may regard it as an immediate representation of what Freud called the *dream work*, "a condensation of all the elements relevant to psychic life" and "which may be the prototype of all creative discoveries" (Bollas 1992, 83). In "The Gastein Journal," the content is essentially the same as that in "*Don Giovanni*," while providing significantly more detail and presented in a more controlled form, from the more distanced, or objectified, perspective of the third person. Finally, "Freud's" scientific re-presentation in his case history articulates the dream in its most desubjectified and depersonalized form, reducing it to the mere hallucinations of a hysterical woman. Gary Wihl (*forthcoming*) has noted how these three versions of this dream-narrative correspond to Freud's three structures of subject: the id ("*Don Giovanni*"), the ego ("The Gastein Journal") and the super-ego, represented by "Freud's" mediation and censorship of the narrative ("Frau Anna G."). We shall soon return to this structural model of the novel and of the subject, to begin to see how "Freud" manipulates Lisa's text, that is, her own creative act of self-representation.

Lisa's compositions, the narratives of her dream, do not "belong to the realm of science, where the principle of *nihil humanum* is universally accepted and applied"

(Thomas 15) as "Freud" suggests in a fictionalized letter to "Herr Kuhn" in the "Prologue." These articulations are creative acts, representations of a particular subjectivity in an idiom that belongs to a particular subject. On the train journey to the white hotel, Lisa describes in her narrative, she encounters a ticket collector. While "Freud" is "very glad she had evaded the censor, the train guard, on her way to the white hotel" (Thomas 107), she is unable to avoid Freud's control, the super-ego that is the introjected *loi-du-pere* of self-censorship.

Once she is scientifically objectified in "Freud's" case study, Lisa finds that she is unable to construct her own identity without either first consulting "Freud" directly or interpreting herself through his discourse. Much of this is revealed in Lisa's correspondences with "Freud" many years after the completion of her analysis. Lisa confesses to "Freud" that the first narrative of her dream was not an account of a dream as Freud had requested, but was in fact an attempt at poetic expression made at Gastein before she underwent analysis (164). She explains that the poem was based both on dreams and erotic fantasies she had for a young waiter. This does not alter the fact that "*Don Giovanni*" is a personal, idiomatic expression of subjective experience. Lisa later tells Freud, "When you asked for an interpretation [of the verse-dream narrative] I thought I'd turn it into the third person to see if that would help me make more sense of it" (164). We can see here already that the process of interpretation, encouraged by Freud, serves to desubjectify Lisa as her narrative is transformed from her own idiom (using her own objects in her own unique way and spoken in the first person "I") to a more distanced expression happening to someone else. Lisa continues,

But it didn't. It needed *you* to do that; and I think it is remarkable the way your understanding of it seems to have deepened in the intervening years. Your analysis (the mother's womb, and so on) strikes me as profoundly true, though much too charitable towards its grossness.

(Thomas 164)

Lisa's belief that "Freud's" interpretation is the only discourse capable of being "profoundly true" is unfortunate (if only for the simple reason that immediately after professing this

faith in "Freud's" discourse, she proceeds to confess other misinformation and omitted details of her experiences that must necessarily alter any claim to validity "Freud" may attempt to stake for his interpretation). Nevertheless, she maintains her faith in "Freud's" version of events, regardless of the fact that she knows it to be based on false premises and therefore produces inaccurate assessments. The responsibility for the acceptance of the misinterpretations cannot therefore fall entirely upon "Freud." This demonstrates, however, the extent to Lisa's desubjectification and depersonalization -- she accepts what she knows to be false, her psychic self-construction does not correspond to that which is somatically inscribed and comprises her actual subjective experience. "Freud," incidentally, decides to publish the case study despite its inaccuracies (as Freud often does with other case studies - see, for example, "Frau Emmy von N.," 1895; "Dora," 1905; "Wolf-Man," 1918). Both Lisa and Freud, therefore, accept the misinterpretation, or misrepresentation of Lisa, called Frau Anna G., to be the "true" portrayal of Lisa's subjectivity.

Lisa is torn between her own experience and Freud's interpretation of an early homosexual encounter with her father's maid. She recalls (again in a letter to "Freud" some time after her analysis), "I caught our Japanese chambermaid reading my diary. I don't know which of us was the more embarrassed. Actually it led to our lying on the bed together kissing" (169). "Freud," in his case study, had arrived at the conclusion that Anna G. is homosexual. Here Lisa, again, as in analysis, makes a unsubstantial attempt to contradict "Freud's" interpretation: "Ah! you will think, its just as I always said! She admits it! But isn't adolescence a time of experimentation?" (169). Despite her belief to the contrary, she eventually acquiesces to "Freud's" superior knowledge and regards the incident (and her apparent homosexuality) in the context of her relation with her father: because "the very pretty Japanese girl was his favourite... By getting her to kiss me, that one time, I must unconsciously have been both 'touching' him and also paying him out for his neglect of me" (169). But why must she remember/represent this event according to "Freud's" understanding and not within the context of her own (idiomatic) experience of her developing sexuality?

Lisa's inability to articulate her own subjectivity in her own idiom or to interpret her

own experiences constantly shows itself in the face of "Freud's" overwhelming discourse. She asks, "What do you think? These are just misty ideas, and I'm not at all sure of them" (Thomas 178). As we shall see, Lisa must free herself from the omnipresence of "Freud," or "cure" herself of the cure offered by psychoanalysis, if you will, before these misty ideas can begin to lift. Through the case study "Frau Anna G.," Lisa becomes an object of scientific inquiry. Marie Cardinal sardonically complains, "I had been doing myself the favour of going three times a week to see a little devil who deceived me and made me an object of ridicule" (166). "Freud" calls Lisa's journals "disorganized and sentimental," but in interpreting them, without any consideration of the limits to which he may do so, he robs Lisa of her capacity to be the author of her own story. To be more accurate (and fair), it may not necessarily "Freud" or Freud that does this, but the *discourse* he utilizes that seduces Lisa (and Dora and "Wolf-Man," and "Rat Man," etc.).

2.2 -- Reading the Shroud of Turin -- Freud as Secondo Pia; Discourse as the Doubtful Relic; The Subject as Pressed Flowers

One recurring image in *The White Hotel* that serves as a metaphor to demonstrate Lisa's desubjectification and depersonalization in the face of (Freud's) discourse is provided by Thomas's treatment of the Shroud of Turin. I would like to explore in depth some of the elements of this image as they relate to this study, through a close reading of the passages in which the Shroud is featured. I do not pretend here, however, to provide a definitive reading of all the intricacies this images provides.

While performing with an opera company in Milan, Lisa decides to travel to Turin with her understudy, Lucia, to see the Shroud, the sheet in which, according to myth, Jesus was buried at his death and which, because of a burst of radiation caused by the resurrection, bears an image of Christ and his wounds. Lisa decides to make the pilgrimage

because "she thought it might help her to feel more spiritual again if she went to see it" (149). We can infer that she turned to analysis with "Freud" for similar reasons -- a renewed belief, a reparation of her faith in herself.

Once Lisa has arrived at Turin and is in the shrine containing the Shroud, the narrator describes the following:

Now here they were, gazing, not at the Shroud itself -- which, trapped in iron, had stayed hidden from their eyes when they had knelt in Turin Cathedral -- but a full-length replica of it hanging on the wall in the museum, seeing the nail marks, the scourge marks, the very features of Christ. Those marks and features had appeared, not in Secondo Pia's photograph of the Shroud, but in the negative.

(Thomas 150)

In the Cathedral, the Shroud, the representation of Christ, is hidden from their view. "Freud's" office is similarly a place of worship (idolization/objectification) to which those weak in faith go for confirmation, confession and absolution.⁵ "They," both in the above passage and as in the case of the analyst and analysand, look closely not at the subject itself, but a reproduction, a replica. The authentic representation, the Shroud bearing the image of Christ itself, remains hidden, as much of Lisa's subjective experience remains hidden in her analytic setting. Yet, through this image, it is possible to see the marks that are inscribed on the body of the subject of that faith (Christ). Freud, one might recall, maintains that analysis is the "suitable light" through which the marks and traces upon the wax slab of the Mystic Writing Pad can be seen (Freud 1925, 432). It is not in the original (the subject itself) that one can most clearly see these marks, nor in the initial reproduction (the subject's representation, or "self"), but in the "negative" representation; the interpretation provided by Freud. It is in this final image that Lisa invests her faith. "Gazing up at the photographer's image, she became convinced that this was indeed Jesus" (Thomas 151), just as in regarding "Freud's" (the photographer's) image of her, she is convinced that this is indeed who she is (the subject of her faith).⁶

This certainly seems to be a desirable aim of analysis: the image provided by

Freud's photograph reveals much about that subject and permits every detail of the image to be studied. However, we are soon presented with the consequences.

In the confessional, back at the Cathedral [in Milan], Lisa told the priest that, having seen a replica of the photograph of the Holy Shroud, she no longer believed in Christ's resurrection.

As it is the Resurrection that is the essence of Christian faith, not to believe in the Resurrection is to lose faith in the mystery of Christ that is the foundation of belief. Likewise, Lisa claims that having seen Freud's (negative) photograph of herself, she loses her belief in the essence of her own subjectivity. The priest, after brief thought, correctly warns Lisa against such an abdication of her faith.

[he] said she ought not to judge anything so momentous by a doubtful relic. "We do not claim that it is the Holy Shroud," he said, "Only that it may be. If you believe it is false, that is no reason for doubting the resurrection." "But that is just it, Father," she said, "I am quite sure the shroud is genuine."

(Thomas 151)

The "doubtful relic" is the Shroud itself, and also the photograph that enables the Shroud to be seen in a "suitable light," that is, the image of the subject/Christ created by Freud/Secondo Pia. The fact that the priest is a minister in an institution that deifies the Shroud and invests a degree of faith in its validity does not prevent him from warning against undermining the true foundation of belief (i.e. Christ). So too, no ethically-responsible psychoanalyst, a minister in an other sort of "institution," would demand that one relinquish the foundational belief in one's own subjectivity for the sake of a "doubtful relic."⁷ The priest advises, like the good-enough (i.e. ethical) psychoanalyst, "We do not claim that it is the Holy Shroud," or that this is a genuine representation of the subject, "only that it may be." Therefore, if Lisa/the analysand "believes it to be false, that is no reason for doubting the resurrection," or the ontological status of her own *subjectivity* and the creative capacity inherent to the subject. Unfortunately for Lisa, and so too for many others examined in this study, she is quite sure that *this* representation, provided by

Secondo Pia/Freud, is genuine.

The priest's voice was puzzled. "Then why do you say you have lost your faith?"

"Because the man I've been looking at is dead. It reminds me of pressed flowers."

The priest does not understand how belief in a representation can cause Lisa to doubt the subject of the faith itself. Why does a portrayal of the analysand cause a loss of faith in the source of that image? It does not, necessarily. But as Lisa observes, the subject she has been looking at is dead: the photograph of Christ taken by Secondo Pia and held up for analysis is that of the post-life, pre-resurrected Christ (a transitional phase? see Chapter 4.4). Lisa has become like pressed flowers, looking as though she is alive (retaining colour and shape), but without the creative processes of life flowing through her. The pressed flowers merely present the illusion of life. Her faith in the resurrection (the subject's re-birth, a product of successful psychoanalytic treatment) is shaken by the severe evidence provided by the photograph of the death. How can one return to life after death? How can one return to "health" after such an illness? How can one *Be* after *not-being*?

We may say here that Lisa is *spiritually impoverished*, recalling Bollas's belief that "being a character... means bringing along with one's articulating idiom those inner presences -- or spirits -- that we all contain..." (1992, 62; see also 0.1.3). As dead, pressed flowers, Lisa is emptied of the inner contents (her idiom) that provide her with a spiritual life, the ability to believe in herself and "with a diminished capacity for the reception of spiritual communication" (Bollas 1992, 63). "Freud," similarly, we may associate with Bollas's notion of the *spiritual imperialist*, who acts so as to rob others of their spiritual, that is, creative, self-realizing inner contents and capacity for idiomatic expression. Bollas also tells us that the spiritually impoverished subject lacks the ability to enter or accept the communicative traces of other objects or other subjects. We shall soon see how the desubjectified and depersonalized subject, divorced from its own affective/effective living, is unable to enter a space of intersubjective experience.

2.3 – Hardening the Shell and the Empty Seed of Desubjectification: The Limits of Both Psychoanalytic Interpretation and Our Critique

The preceding reading of the image of the Shroud of Turin in *The White Hotel* exemplifies what I refer to as "desubjectification," or "objectification." I use these labels to identify the third primary type of anxiety described by Winnicott (1952 -- see Chapter 0.1.2). As a result of being "insecurely held," if we can imagine the analyst's function to that of the infantile caregiver, the subject experiences a state of depersonalization whereby "the centre of gravity of consciousness transfers from the kernel to the shell, from the individual to the case, the technique" (Winnicott 1952, 99).⁸ Through her analysis with "Freud," Lisa literally becomes an object of scientific inquiry, most obviously as her narrative voice is transformed from the first to the third person (with "Freud's" encouragement) from "*Don Giovanni*" to "The Gastein Journal." In "Freud's" "Frau Anna G.," Lisa is further removed from her own experience as she is no longer the one to *create* her own story. She is transformed from Elisabeth Erdman to "Freud's" Anna G., a fictional construct of "Freud's" discursive/interpretative practice.

"Freud's" text of Lisa is a case *his-story*, a narrative of his experience with the analysand. This in itself is not "unethical"; however, Lisa, seeing the marks and scourges by close examination of this reproduction, accepts this re-reading of herself and is further drawn away from her faith in her own subjective ontology. This reinforces our contention that while Freudian discourse is not inherently damaging to the subject, there must be limits and much care taken in the application of, and techniques employed by, its practice so as to prevent the centre of gravity from moving from the kernel, or the subject itself, to the shell, the care, the technique.

Winnicott's use of a seed metaphor to describe the processes of desubjectification invites further examination. With too much attention paid to the shell, or the technique, the kernel withers and dies, presumably (again, to take a metaphor to its extreme implication) preventing the blossoming of the plant. As Winnicott's image suggests, however, the shell is

also part of the seed that is the subject: the processes of disintegration, depersonalization and desubjectification are *defences* that service the subject. The shell acts as a protective layer that shields the kernel of the seed; the more hostile environment to germination, the thicker and more resilient the shell must be and, subsequently, more of the seed's resources (nourishment) must be directed to the maintenance of the shell.⁹

Returning to questions of subjectivity from those of horticulture, in judging psychoanalytic discourse we must therefore not be too quick to judge all degrees of desubjectification to be hermeneutically tyrannical. Defensive techniques, such as those provided by the "care" of psychoanalysis, are necessary functions of subjective experience (see Chapter 4.1 a the concept of "healthy narcissism"). In this study, then, it is not desirable to condemn psychoanalytic discourse as alienating the subject simply on the basis of a desubjectification process. We must judge, rather, the *degree* to which these processes effect the subject in order to suggest limits to which psychoanalysis can foster or impose this defence. If too much of the seed's nourishment needs to be dedicated to the protective layer, the kernel will not be allowed to fulfil its creative capacity and realize its potential as a full plant. (So too, we must consider what sort of environment we currently live in that necessitates the severe extent to which subjects today seem to need to develop these "outer shell" defence mechanisms.) Using this example to discern the limits of interpretation, therefore, I would first like to suggest that the practices of discourse are unethical if they do not foster a balance between the kernel and the shell that encourages the creative capacity of the subject (seed), and instead (perhaps inadvertently) insist upon desubjectification at the expense of denying the subject recognition of its ontological status.

2.4 -- Depersonalization Part I : Disassociation from Affect and "The Indignities of Passion"

How are we to discern when discourse has gone too far? If we are to impose limits on the desubjectifying practices of psychoanalysis, how are we to judge when desubjectification

stops serving as a necessary, productive defence and instead becomes a threat to the subject's core, or very *being*? I wish to suggest here that we need more information: namely, *how* does desubjectification function and to what degree? how far can these defences operate before the subject is confronted with a pathologic de-ontologization? And we may begin now to ask why it is

We have just seen how Lisa loses faith in her own ability to articulate her subjective experience and, as a consequence, in her own ontological status as a subject. Thomas illustrates in *The White Hotel* that Lisa's loss of faith and desubjectification at the mercy of "Freud's" psychoanalytic discourse produces the additional detrimental effect of depersonalization, the lack of a relationship of the psyche to the soma (Winnicott 1952 — see also Chapter 0.1.1).¹⁰ I do not mean to suggest a simple causal relationship between desubjectification and depersonalization (as if one leads to the other in a linear progression of subjective experience), but we may safely posit that these phenomena are interrelated. Because we hold the subject to be a *psyche-somatic* entity, depersonalization may also lead to a derealization of subjective being. The degree to which the (defensive) processes of desubjectification manifest themselves in the depersonalization of the subject offer more insight into the effect of discourse on the subject and the limits that we may wish to sanction for interpretative practices.

Lisa over-invests in the discourses of psychoanalytic practice at the expense of the realization of her subjective ontology. Depersonalization of the subject may be viewed as a result of this process, wherein Lisa's construction of subjectivity through (psychic) discourse divorces her from her *body*, specifically in Lisa's case, her feelings and emotions (what I shall collectively label "affects"). In a pan-discursive environment, we may say that the "psyche of the individual gets 'seduced' away" from "the intimate relationship which the psyche originally had with the soma" (Winnicott 1949, 247). The soma thus becomes merely another object (or perhaps even a despised object, as it presents itself as an obstacle to the successful omnipotence of the mind-psyche). As I shall present in Part III, that while we may speak of psychic and somatic manifestations of pathology, the very existence of the "illness" may be an attempt to re-integrate the psyche and soma, and cannot then be

said to be the proper domain of one and not the other.

The history of Lisa's pathology is characterized by perceived oscillations between either psychic "health" and somatic "illness" or somatic stability at the expense of psychic "illness." "Freud" describes that before coming to see him, Frau Anna's hysteria "had sapped her bodily strength with fierce pangs, yet left her mind rational, now it had released her body at the cost of her mind" (Thomas 103). The consequences of this disassociation need not necessarily be entirely negative: moving towards a psychic cure through her analysis with Freud, Lisa temporarily finds relief from her bodily symptoms.¹¹ If we take it as Freud's project to emancipate the subject from psychic pain and, in so doing, remove the somatic symptom, the transient estrangement of affect may be necessary to achieve the final goal of analysis (although I contend in this study that we may wish to reconsider this methodology). Thomas's fictional "Freud" does induce in Lisa Erdman an ephemeral psychic divorce from the soma; however, Lisa finds, and can maintain, "psychic stability" only by continuously alienating herself from her emotions and feelings, thus creating a *false self* – a compliant non-subject that is organized upon a disintegrated psyche-soma (see Chapter 2.5.1 below; Winnicott 1949, 1960a).¹² The same can be said of Linda, a resident with Deborah Blau at the institution in *I Never Promised You a Rose Garden*. Linda is described as "'the psychological authority,' who had read everything and gave jargon like currency, recklessly improvident because she hoped never to be touched by pain that was wrapped in the worlds [words?]" (Greenberg 262).

2.4.1 – Depersonalization Part II : The Super-Ego Wields His Law Over the Passions of the Id

Lisa's gradual affective dissociation can be seen in the very structure of the novel, and hence, I wish first to suggest a reading based on that structure to show how depersonalization through psychoanalytic discourse can occur.¹³ Returning to Wihl's identifications of the first three chapters of *The White Hotel* as corresponding to Freud's id,

ego and super-ego, I hope to demonstrate in one (particularly Freudian) manner how "Freud" comes to dominate, indeed over-whelm Lisa's subjective experience.

The first chapter of *The White Hotel*, "Don Giovanni," is rich with sexual and body-imagery, rich in phantasy/fantasy and powerful, very personal statements written in a very personal, subjective idiom. "The Gastein Journal" still certainly contains sexual imagery, but the voice, as I have said, is moved to the third person and seems much more distanced from the material. When "Freud" analyzes Lisa and (re-)interprets these scenes, the phantasy and emotion, Lisa's very real, very embodied, idiom, is now sterilized, objectified as items of scientific interest. In the "Prologue," Thomas provides a letter from "Freud" to his publisher regarding the publication of this case study: "I hope you will not be alarmed by the obscene expressions.... It should be borne in mind that (a) their author was suffering from a severe sexual hysteria, and (b) the compositions belong to the realm of science, where the principle of *nihil humanum* is universally accepted and applied." *Nihil humanum*, nothing human, nothing subjective; a failure to recognize the integrated psyche-soma. Instead: metaphysical, disembodied and mythical rationalizations.

The id,¹⁴ Freud says, "contains the passions" and is a place where "the pleasure principle reigns unrestrictedly" (1923, 364). This can certainly be said of "Don Giovanni." "Freud" encourages Lisa to provide an interpretation of this work; hence, "The Gastein Journal," like the ego, "seeks to bring the influence of the external world to bear upon the id and its tendencies, and endeavours to substitute the reality principle for the pleasure principle" (Freud 1923, 363-4). The ego/"Gastein Journal," however, is closely related to the passions of the id and the somatic contents of the subject. "The ego," after all, "is first and foremost a bodily ego" (364). The content of "Don Giovanni" and "The Gastein Journal" are therefore not radically different. "The ego is not sharply separated from the id; its lower portion merges into it" (362); the ego merely has the additional ability of mediating between the affects/passions and the external world.

The super-ego, on the other hand, is perceived to be an idea introjected into the body, or imposed on it, and has little or no relation to affect other than to inflict its control over the passions that are the id and are negotiated by ego, spreading like an anti-body to

destroy the inner contents that are perceived to be the source of subjective disorder. It is the structure and regimentation of the super-ego, however, that makes responsible and moral living in the social world possible. The introjection of a super-ego is perceived to be necessary, to varying degrees, in order to prevent the passions from transgressing social norms. The super-ego is not, however, "simply a residue of the earliest object-choices of the id; it also represents an energetic reaction-formation against those choices" (1923, 373-4).

Thomas continuously presents "Freud" as a father-figure to Lisa. It is asked throughout the novel, "Where was the father?": a reference to "Freud," God and Lisa's own biological and assumed-biological fathers. Considering Freud's own conceptualization of the transference, it is also not hard to imagine that Freud saw himself as a (surrogate) father figure.¹⁵ By internalizing the super-ego-"Freud," Lisa is not only mediated by *le loi du pere* but is ruled by it. Her internalization of and submission to "Freudian" discourse is not based on the past experiences (residue) of her id and ego, but is a foreign (disem)body imposed upon the subject, an "energetic reaction" against those past, passionate experiences. Lisa expresses her repulsion of "*Don Giovanni*" and "The Gastein Journal" time and again once coming under the direction of psychoanalytic discourse. In post-analysis correspondence with "Freud," Lisa describes "your beautifully written and wise case study has moved me more than I can say" (Thomas 163), and finds that she is disgusted with her own texts.

As for my shameful -- or is it shameless? -- writings... well, if you think they are *necessary* [to complete the case study]. My face was scarlet on rereading them. I had believed and hoped they were destroyed long since. Surely they cannot be published? But I suppose they have to be included to make sense of the case study? Such obscene ramblings -- how could I have written them? I did not tell you that at Gastein I was in a fever of physical desire. Yes, sick though I was -- or perhaps because I was sick.

(Thomas 163)

Lisa hopes that her obscene passions are destroyed and that she is left with only "Freud's"

text -- turning the subject into the civil and dispassionate product of a reasoning creature, properly instructed and compliant with the laws of a disembodied morality provided by the super-ego. When she wrote "*Don Giovanni*" and "*The Gastein Journal*," Lisa tells "Freud" she was "in a fever of physical desire," and this in spite of being ill. Now, however, after her analysis with "Freud," she regards the desire, the emotions themselves, as the sickness. "It shows I was crazy" (Thomas 164).

2.4.2 – The Censor: Negotiating the Worlds of Phantasy and Reality

In Joanne Greenberg's *I Never Promised You A Rose Garden*, we are presented with a variation on the role of the super-ego described above, as Deborah Blau portrays her own experience of the internalization of authority. Here, in her phantasized inner world of Yr, "the Censor" acts both as a mediator between Deborah's spheres of interiority and the real and as a guarantor of the compliance demanded by an external world hostile to the individual subject's internal phantasies. Throughout her struggle, Deborah both enjoys and is persecuted by her close relationship to this internalized authority. This Censor, Deborah describes, "was not of either world, but has a part in both" (Greenberg 144). We may also recall that the "Censor" was Freud's precursor to the super-ego, and like the super-ego (and so too the analyst), the Censor as an authority figure also helps mediate between worlds.

"The Censor is supposed to protect me. In the beginning he was put at the Midworld barrier to keep Yri secrets from coming out in Earth's conversations. He censored all my acts to keep Yri's voices and rites from reaching Earth's people. Somehow he became a tyrant. He began to order everything I did or said, even when I was not in Yr."

(Greenberg 152)

To this Dr. Fried remarks, "But this Censor, and Yr itself, was still only an attempt to understand and explain reality, to build sort of a truth where you could live" (Greenberg 152). A mediator, as it is conceived of in classical psychoanalysis (the defensive

introjection of authority/reality), only becomes an obstacle to subjective experience and development when it demands compliance at the expense of a total loss or denial of the subject's capacity to use its own objects in creative acts. But the context of Deborah's relationship to her internalized Censor has changed from "comfort and pity, to anger and terror" (Greenberg 208).

2.4.3 – Depersonalization Part III – More Light *AND* More Love

There is a wealth of evidence within *The White Hotel* to demonstrate how Lisa's investment in the shell of psychoanalytic discourse has divorced her psychic, "rationalizing" faculties from the experiences inscribed on her body and somatic feelings and emotions. As I have suggested above in noting that depersonalization may act as a defence, there is no doubt that depersonalization may be a (necessary) process or stage within psychoanalytic therapy. However, it is evident that if we are to suggest acceptable limits to the discursive practices of interpretation, we must propose limits for the derealization of the subject's unitary psyche-soma, and therefore propose limits upon the extent to which depersonalization can be endured in subjective experience.

Lisa believes that she only requires the discourses of psychoanalysis to experience her subjective being. But to exist, the subject must necessarily comprise the *body*. Liliane, the analysand/ central character of Ntozake Shange's *Liliane: Resurrection of the Daughter* (1994), tells her analyst that she has come to him for help she feels as though she is "coming out" of her body. "This is really odd. Parts of me, my feelings are streaming out of my hands and my thighs" (Shange 80). It is not enough to let one's self be ruled by an introjected discursive construction, as is often wished for by human subjects (Plato's Ideal... Descartes's *cogito ergo sum*... the Enlightenment's Reason... the cyborg and virtual reality...). Nor, conversely, would it be desirable only to live in a somatic world of affect. In the case of Lisa Erdman, this delicate balance is upset as Lisa privileges the discursive

shell of technique over the subjective kernel, the id-iom.

In another post-analysis letter to "Freud," Lisa betrays her current preference for (or reliance on) the discursive "technique," while at the same time acknowledging, albeit begrudgingly, as an after-thought, the need to experience affect.

And didn't I feel better when you'd helped me "dig out" my mother's affair simply because I felt excited at the way it cleared up mysteries? Clarification! Anagnorisis! I've just sung in a new oratorio called *Oedipus Rex* -- can you tell?! I like the idea of clarification. "More light! More light!" More light -- and more love.
(Thomas 178)

Lisa's privileging of interpretative/discursive practices is revealed in her demand for further "clarification" and "more light." "Anagnorisis," for Aristotle (most basically), is a "discovery" or the "recognition by the protagonist of something of great importance hitherto unknown to him or to her" (Abrams 141) and is the fulcrum for reversal in the fortunes of our hero. There is an obvious parallel here with psychoanalytic thought: a discovery, a moment in the analytic process, that enables the analysand to reverse or recognize the source of his or her pathology. But also, if we trace Lisa's post-analytic development throughout the novel, this one moment also signifies a discovery of another sort that reverses Lisa's fortunes in a different manner. It is here, in the midst of declaring her faith and love for the illumination offered by "Freud's" interpretative practices, that Lisa first explicitly acknowledges that discursive structure, the shell, is not sufficient, either for "clarification" of her text or for her to realize her ontological status as a subject. What is required, Lisa realizes, is not only "more light," but also "more love."

For Lisa, the disassociation from her soma/body/affect is most obviously manifested in her inability to *love*. Lacan once defined love as "the fruit of an intersubjective accord imposing its will and harmony on the torn and riven nature which supports it" (1968, 26).¹⁶ I contend, however, that it may be much more than an artificial structure imposed on the isolated (and isolating) subject. Love may be regarded as the converse of domination, the preeminent of human relationships that is a product of the positive experience of object-relations (see Benjamin 1988, 1-50; 1995).¹⁷ Love can be,

most simply, a powerful affective condition brought about by an intersubjective connection that permits the creative exploration and articulation of idiom in an intermediary, mutual space. As inter-*subjective*, love is realized only between two (or more!) entities that possess an integrated psyche-somatic organization. By denying her somatic and affective needs as a subject so as to control herself and be controlled by ("Freudian") discourse, love becomes impossible for Lisa.

Love and the intersubjective experience of psyche-somatic unity are not easily realized, and seem to be actively resisted by Lisa once she has been analyzed by "Freud." After their pilgrimage to Turin, Lisa's understudy, Lucia, asks, "How have you managed --?" To which Lisa responds:

"You mean, without love? Oh, I try not to think of it any more. It's not been easy. I'm not without -- passions, I can assure you. But you can stifle a lot by getting involved in your work."

(Thomas 151)

To this, Lucia responds that she could never get *so* involved in her work so as to live without love. Lisa, recognizing that Lucia has achieved a balance that she lacks herself, congratulates Lucia on being a "wise girl." For Lisa, love is something to be "thought" of, intellectualized, reasoned, just like every other aspect of her subjective experience. Lisa already recognizes that her "passions," her affects, persist, but she still believes that by denying them, she is better off. Immediately after this exchange, Lisa recalls the Shroud of Turin and how it has broken her faith in God.

Long after her experiences in Milan, and after her post-analytic correspondence with "Freud," Lisa receives a proposal of marriage. Here, she finds her affective-self even further removed and harder to access. (Is depersonalization a degenerative disorder?) Lisa responds to the proposal with a poem. The choice of form itself is encouraging. Because of Lisa's increasing depersonalization, we might expect her to respond with her own scientific case study, providing an in-depth analysis of the proposal not in her own voice but "Freud's." Lisa responds by telling her suitor of her depersonalized condition.

Day and night!

Why have you disturbed my peace?
 The heart was cool, the embers ashen,
 For long ago I found release
 From the indignities of passion.
 I was contented, in a fashion,
 And would have stayed so till I died.
 It is too late to teach my heart,
 Which is worn through, Tatiana's part,
 To flower, and open, as your bride.

(Thomas 183)

The "peace" to which Lisa refers is the "comfortable" position she believes that she has negotiated between affect and thought, soma and psyche. As this empty shell, she was "content," but as she realizes, only "in a fashion." This apparent equilibrium, however, is an illusion (and is exposed as such when challenged). Lisa's "balance," is better described as the radical privileging of a mind-psyche, a false entity, divorced from the once (and normally) integrated psyche-soma.

Lisa perceives her emotions to be a curse, a dangerous fire that must remain extinguished. Her passions are "indignities." Love for Lisa in this poem is "a foreign word.../ a word -- for me --/ That has been easier to forget/ Than to hold in fruitless memory" (Thomas 183). (What does this identification of "love" as a "foreign word" mean to the multi-lingual Lisa, who has made her living from her ability to speak many languages fluently?) In these passages, Lisa informs us that she has purposefully used this segregation of her affect as a defensive tool by which she believes she can cope. But the intellect and rationalizations alone do not make the subject. There is the persistent temptation to realize the full ontological status of the subject by integrating and experiencing the body.

2.5 – Compliance

Why do subjects comply with discursive practices? Why do subjects abdicate responsibility for experiencing and articulating their own creative idiom and reject the potential realization of their own subjective ontology?

I believe that we must ask what beliefs and pre-suppositions does our culture maintain with regard to discourse that foster environments in which subjects are pathologically forced into depersonalization, desubjectification and disintegration to degrees that ultimately neuter subjective ontology -- the very experience such defences are meant to foster and enhance? Having identified, to some extent, the "what" of desubjectification, etc., I now believe that we must at least attempt to begin to understand "why."

2.5.1 – Some Theoretical Considerations: Creativity and Compliance, The True Self and the False Self

At the top of the stairs is a locked room
my secret chamber
that no outsider views
for entering is forbidden
prohibited

Behind this door is my other self
Not a picture in a frame
nor a fresh disguise
but my inner self.

(Siouxie and the Banshees, "The Double Life")

First, what is it that I mean by the word *compliance*? On one level, most simply, I refer to the submission of the subject to the discourses that threaten to overwhelm and control it. Compliance for Winnicott characterizes a particular relationship of the subject to the

external world, in which this world and its details are regarded "only as something to be fitted in with or demanding adaptation" (1971, 65). Winnicott contrasts this condition with that of living *creatively*, which can only be accomplished by an integrated psyche-somatic subject. Creativity permits, creates and fosters spontaneity, play and meaning, all of which are experienced by the subject in the *potential space* between subjects, a place that is both me and not-me, where a sense of being, or the realization of subjective ontology, can be achieved (I will deal with the idea of creativity at greater length in Chapter 4.2). Living "uncreatively," conversely, is living "as if caught up in the creativity of someone else" and "carries with it a sense of futility for the individual and is associated with the idea that nothing matters and that life is not worth living" (1971, 65).¹⁸

Winnicott views extreme compliance as a characteristic of the *false self*, a part of the ego that is split off and directed against the world so as to protect a secret inner world. The false self is created, through depersonalization, as a psychic representation of the subject as it adapts to a harsh, uncompromising environment. This is contrasted, naturally, to the *true self*, (or *idiot*, as Bollas substitutes), that is meant to refer to both the unitary psyche-soma and the representation of that unity. The true self is the source of spontaneous gesture and "the personal idea." "Only the True Self can be creative and only the True Self can feel real" (Winnicott 1960a, 148). We must resist the temptation to degrade these concepts and infer that Winnicott means to say that every "natural" impulse is "true" and every sociological constraint is "false." In "health" (as Winnicott terms it), there is an element of "normal" (i.e. non-pathological) compliance in true self experiences, which represents an achievement of the subject to negotiate the compromises demanded by social manner. The true self is identified as belonging only to an integrated psyche-soma serving the experience (and subsequent needs) of both the external and internal worlds.

We may describe Lisa Erdman and Deborah Blau as presenting some manifestation of false self-personalities, where the imposition of a super-ego/Censor bars these subjects from id-iomatic expression and psyche-somatic integrity. (In making these identifications, I am not attempting to provide a diagnosis for these characters; I am merely using this notion of the false self to draw attention to what may be the more common phenomena of

subjective compliance.) Winnicott submits that the false self has its foundations in the subject's negative experience of a hostile infantile environment and believes that

through this False Self the infant builds up a false set of relationships, and by means of introjections even attains a show of being real, so that the child may grow to be just like mother, nurse, aunt, brother, or whoever at the time dominates the scene.

(Winnicott 1960a, 146)

Lisa and Deborah have almost their entire subjective experience eclipsed by their relationships with their dominating introjected objects (the super-ego, the Censor) that they both believe to "be real": Lisa has lost faith in her own subjective ontology and instead believes in her new (introjected) discursive religion of psychoanalysis and its high-priest/Holy Father "Freud"; Deborah literally believes in the material, ontological reality her Censor (through schizoid hallucination). Further, Lisa (in particular) threatens to develop in the terms dictated by the discourse thrust upon her, to grow up to be just like the father who dominates the scene.

The false self is that which relates to its environment on the basis of compliance, that is, "uncreatively." The subject, faced with the unyielding demands of external reality that does not recognize its ontological needs (to be an integrated psyche-somatic entity to be held, to be loved, to be creative, etc.) is seduced into compliance and either does not develop or hides the true self. Like Siouxi in the song quoted at the beginning of this chapter, the "other self," the "inner self" -- what Winnicott would call the "true self" -- is hidden behind a locked door in a secret chamber and which no outsider views. Instead, the subject's false self, like a picture in a frame or a fresh disguise, is presented to the world as the genuine article. Compliance is offered (deceptively) as the salvation for the subject in conflict. An ethics of interpretation for the subject must therefore necessarily recognize the psyche-somatic needs of the true subjective self and not insist upon the disembodied (or dismembered) accordance of the subject it seeks to speak for.

2.5.2 – Compliance in the Macro-Environment: A Brief Survey

The silicon chip inside her head gets switched to overload
 And nobody's gonna go to school today she's gonna make them stay at home
 Daddy doesn't understand it. He always said she was as good as gold
 And they can see no reason, 'Cause there are no reasons
 What reasons do you need to be shown?

Now the playing's stopped in the playground now
 She wants to play with the toys around
 And school's out early and soon we'll be learning
 And the message today is how to die
 And the boat hull crackles while the captain tangles
 With the problems of the hows and whys
 What reason do you need to die?

(The Boomtown Rats, "I Don't Like Mondays")

Simply stated, there are many discourses in our culture that, through their practice, demand, or, to be less accusatory, have the potential to result in subjective compliance and desubjectification, depersonalization and disintegration. Psychoanalysis, psychotherapy, psychiatry and psychology are merely examples of such discourses. Consider, for further illustration, how religion and religious rites/imagery so often manifest themselves in these descriptions of psychopathology. To subjects unable to believe in their own ontological status as subjects, the trappings and mythologies of religion assert themselves so as to provide an alternative outlet for faith, as seen, for example, in Peter Shaffer's *Equus* and Freud's study of "The Wolf Man." Often, and this may be true of any discursive practice of a sociological system, the symbolism, ornamentation and ritual of religion may in fact be introjected and intimately related to the subject's psyche-somatic inner phantasy and become a part of a subjective idiom. However, I wish to suggest here, compliance demanded by these (largely discursive) practices may result in the more negative consequence of pathologic dissociation.

In *The White Hotel*, Lisa constantly handles the cross that she wears around her neck, as if it will serve to ward off the "evil" that she perceives to be intrinsic to her Jewish

heritage. Cultural perception and tolerance of religion and race also play important roles in Greenberg's *I Never Promised You a Rose Garden* and Shange's *Liliana: Resurrection of the Daughter*, the latter describing the confusion of young African-American woman struggling to negotiate between the socio-racial expectations of both black and white America. Running through each of these novels and implicit in Freud's studies of women is the issue of patriarchal discourses preventing women from finding *les mots pour le dire*. The doctor/analyst is inevitably, save in one significant exception (that I explore at greater lengths as our best example of the "good-enough" analyst in Chapter 4.6), male. So too is the external and internalized representation of masculine authority: Gilman's husband as a representative of the medical establishment; Freud's super-ego is the introjection of the father; the train-guard in Lisa's dream in *The White Hotel*; the eye of the (lost) father (filtered through a camera lens) that haunts Cardinal; and The Censor of Deborah Blau's inner-world of *Yr*, which is also perceived to be male.

These sociological demands and expectations combine and demand that living, breathing subjects, complete with their own idiomatic discourse, spheres of interiority and object relations enter the world and mould for themselves other personalities which are based on the constraints of discourses that promise to dissipate the psyche-somatic conflict (that the discourse itself has most often given rise to). "I wish that everything I wish may be Right!" To be right was the main thing in life," Gilman characterizes her youth (quoted by Schwartz, xii). Marie Cardinal speaks of contorting herself to conform to "the Good." Similarly, the narrator of *I Never Promised You a Rose Garden* observes, "The mother was watching herself watching her daughter. 'On the surface... there must be no sign showing, no seam -- a perfect surface.' And she smiled" (Greenberg 10). The above passages demonstrate the contemporary obsession with the surfaces and appearances. In such a culture, "the surface of the sign is the only reality to which the sign refers" (Finlay-de Monchy, *forthcominga*, 35). In a world of surfaces and signifiers, does anything else matter, except to be Right, to be Good, to *appear* as a seamless, well-adapted self? What of the integration of the subject? Does our society, in insisting that everything *look* and *seem* "normal," inflict radical depersonalization and the de-realization of being?

Christopher Bollas and Joyce McDougall each offer a concept that attempt to comes to terms with this phenomena. Bollas describes the *normotic*, "one that is typified by the numbing and eventual erasure of subjectivity, in favour of a self that is conceived as a material object among other man-made products in the object world" (Bollas 1987, 135). Subjective meaning, for the normotic, is only ever temporarily lodged in an external, foreign object, that cannot be introjected and cannot contain or express meaning for the subject. Objects for the normotic have no "symbolic function as a signifier" (136) and are not capable of being incorporated into or employed in the service of the personal idiom. Similarly, McDougall's conceptualization of the "normopath" identifies those analysands who "seemed to be in fierce opposition to analyzing anything to do with their inner psychic world, insisting on external reality as the only dimension of interest" (93). Save for demonstrating frustration at being labelled anything other than normal, McDougall perceives these subjects to be totally void of emotions and feelings, coining the term "disaffected." We speak here, then, of disenfranchised *selves* only, that do not correspond to a subject. The integrated, psyche-somatic subject is nowhere to be found on these surfaces. The Mystic Writing Pad is thus reduced to merely another sheet of paper, or the display on a computer screen, where no trace nor memory is permeant.

Deborah Blau's disintegration provides an indication of what may happen to the subject unable to be or perceive the world as anything more than empty, self-referential signifiers.

Once, in the past, in the Pit, she had been scalded. because although she had seen the stove and boiling water, it's purpose and form had no meaning. Meaning itself became irrelevant. And, of course, there was no fear in the Pit because fear had no meaning either. Sometimes she even forgot the English language.

(Greenberg 34)

Meaning, subjective meaning, is stifled in the modern condition, where sign is divorced from referent, and in post-modernity, where this crisis of representation is taken further and the signifier is divorced from the signified (Finlay-de Monchy, *forthcoming*).

"Deconstructionists," Liliane tells her analyst, "will say it doesn't matter. The word, per se,

no matter where we put it, is lacking... Deconstructionists'll sell they mama for a proper signified or a sign" (Shange 51). Perhaps meaning can only exist where there is an psychosomatic subject for whom objects have significance and who are capable of selecting and using those objects in a personal, idiomatic fashion in an environment that facilitates creative expression. Winnicott notes that "where there is a high degree of split between the True Self and the False Self which hides the True Self, there is found a poor capacity for using symbols, and a poverty of cultural living" (1960a, 150). This is owing, I shall present in Chapter 4.2, to the inability of the compliant subject to enter the symbolic intersubjective space, where cultural, meaningful, creative experience and use of symbols can occur. The compliant and/or modern/post-modern subject,¹⁹ to different degrees, is unable to use objects effectively (i.e. symbolically, creatively) and allow for a sustained paradox between interiority and the world.

These expectations and demands are everywhere present in the media, and also filter to children through their parents. Bollas argues that the parents of the normotic initiate the paradigm of self-objectification by themselves treating their child as merely another object in their own object-world. The Blau family from *Rose Garden* perhaps epitomizes the phenomena that I am describing here. There is an explicitly addressed stigmatization of "the mad," and a great fear of those who are unable to comply, or at least appear, on the surface, to comply with the pressures of the world. Esther Blau hesitates telling her youngest daughter about Deborah's treatments:

Who had not heard all the old-style melodrama of insanity; of the madwoman in *Jane Eyre*, of bedlam, of the hundreds of dark houses with high walls and little hope, of lesser memories, and of maniacs who murdered and passed on the taints of their blood to menace the future? "Modern Science" had given the official lie to much of this, but beneath the surface facts, the older fears remained in the minds of the well no less than of the sick.

(Greenberg 146)

Like the parents of the Boomtown Rats's song (found at the beginning of this chapter -- it too based on real events), Deborah's parents cannot deal with first, their daughter's physical

illness, and, later, her psychopathology.²⁰

And then they found that their golden toy was flawed. In the perfumed and carefully tended little girl a tumour was growing. The first symptom was an embarrassing incontinence, and how righteously wrathful the rigid governess was! But the 'laziness' could not be cured by shaming or whipping or threats.

"We didn't know!" Esther [Deborah's mother] burst out, and the doctor looked carefully at her and saw how passionate and intense she was under the careful, smooth facade. "In those days the schedules and the governesses and the rules were god! It was the 'scientific' approach then, with everything sterile and such a horror of germs and variation."

(Greenberg 40)

Esther Blau's admission to Deborah's analyst is indicative of the disturbing desubjectification and depersonalization that is not only evident but seemingly *encouraged* in twentieth century culture. Symptoms, such as incontinence, which often may be attempts to communicate (especially as they come from small children) are treated as an embarrassment. Esther herself presents a surface facade and clearly expects the same from her daughter. In the sterile world, variation and deviation from discursive norms are not to be tolerated. Just as we saw with Lisa Erdman and the image of the Shroud of Turin, belief is not with the subject itself but with the "gods" that are rules, schedules and the techniques of "science"; these become the subjects of faith. These positivistic gods have replaced religion, it has been suggested, as the objective means for the indoctrination of moral pedagogy and desubjectification. It is from these scientific processes that Freudian theory arises and, ultimately/optimistically, I believe, that psychoanalytic theory may promise to transcend.

2.5.3 – Why Compliance? The Fear of Being

Ach, ich bin des Treibens müde!
Was soll all der Schmerz und Lust?

(Goethe, "Wanderer's Song at Night")²¹

I tried living in the real world
Instead of a shell
But I was bored before I even began

(The Smiths, "Shoplifters of the World Unite")

Why is it that certain subjects often seemingly prefer or are left with no alternative but to exist in a desubjectified and depersonalized state in which the true self remains hidden? It may be, as Goethe suggests above, due to exhaustion from having to live within the conflicts presented by the world and the subject's own interiority (or, may it be, as Morrissey suggests in the latter passage, boredom?). I cannot hope to answer this except in a very generalized manner, each subject being unique unto itself; however, despite the persistent desire to recognize subjective ontology (described in the following chapter), there is also an *unwillingness* to do so. "Don't make me wish to be!" an analysand demands of Winnicott (1971, 62).²²

There is a certain comfort for the subject to be found through compliant non-experience in a frightening encounter with a world that threatens to overwhelm the subject (this "comfort," however, is an attempt to mask a terrible anxiety). Liliane's analyst explains, "It's easier sometimes to imagine that lies are true, so we can avoid having to question ourselves, what our truths [true selves] are" (Shange 176). Deborah Blau (again, like Siouxi in "The Double Life") would rather withdraw herself from the outside world so as to protect her secret one, and Lisa Erdman was "content, in a fashion" in her compliance with "Freud" and the desubjectification/ depersonalization that results. Winnicott explains that the adoption of a false self organization is a *defensive mechanism* that protects a weak, under-developed true self; the false self presents the pretence of subjective, idiomatic existence where none exists, or where the subjective experience is

thought to be impaired or faulted in relation to or in the perception of the external world. The subject may fear that to connect with or to "exploit" the true self may result in an attack upon the weak entity, and therefore result in its annihilation. In the Pit into which Deborah casts herself so as to avoid the subjective experience of meaning, she feels a certain security.

The horror of the Pit lay in the emergence from it, with the return of her will, her caring, and her feeling of the need for meaning before the return of meaning itself...

(Greenberg 34)²³

For the subject who will not, from fear, or cannot, from inexperience, present or expose the true self to the world, the process of depersonalization and desubjectification and the protection offered from the false self provide relief; meaning, the experience of idiom and cultural life, *simply being*, therefore becomes something to be feared.

2.5.4 – Compliance in the Treatment of Psychopathology

Most importantly in this study, we need consider the degree to which psychology, psychiatry and certain forms of psychotherapy function through interpretation and discourse so as to demand subjective compliance and desubjectification. (To lump all psychotherapeutic treatment together, however, and throw the entire theoretical/baby out with the occasional technical glitch/bathwater seems to be Jeffrey Masson's strategy, and one which I reject wholeheartedly).²⁴ It is nevertheless necessary to be aware that some manifestations of psychoanalysis may also be function as a (rationalist, positivistic) discursive system demanding compliance.

We note in the cases described in the previous section, dealing with non-psychoanalytic approaches to psychopathology, that patients confront an insensitive doctor, a mere faceless, or more accurately, *ear-less* agent of discourse. Freud too may prove susceptible to this criticism. Ferenczi, in both his diaries (see Masson 75-93) and publicly,

objected that early psychoanalysts did not "really *listen* to what their patients were telling them" (Grosskurth 213).²⁵ Wortis repeatedly emphasizes that Freud "seemed to be a bit hard of hearing, but did not admit it. On the contrary he continually criticized me for not talking clearly and loud enough" (1963, 24).

Being overwhelmed by the discourses of authority is an increasingly important issue within the study of psychopathology due to the dominance in the twentieth century of institutionalized, positivistic metapsychology. Ironically, as cultural theorists, philosophers (and even many psychoanalysts) proclaim the death of the meta-discourse, the belief in and search for a totalizing theory of human behaviour and of the human mind persists (perhaps, in certain circles, with even greater vehemence). I wish to offer two examples, one from a popular medium and another literary, with which to support this notion. In a recent situation comedy, *Frasier*, the title character is a psychologist with a radio call-in show. On the air, a young male caller lists a vast array of psychopathological disorders. To this, the radio host concludes that either a) the caller is a schizoid/ hypochondriac in immediate need of hospitalization, or (correctly) b) a first-year psychology student. Similarly, In *The Bell Jar*, Esther Greenwood is seduced by the perceived authority of institutionalized discourses.

I had bought a few paperbacks on abnormal psychology at the drug store and compared my symptoms with the symptoms in the books, and sure enough, my symptoms tallied with the most hopeless cases.

(Plath 169).

The fact that Esther can buy these books at the drug store, as if they were advertisements, re-enforces some deep suspicions I hold regarding the dubious relationship of the industrial pharmaceutical companies to psychopathologies. Similarly, criticisms have also been levelled against the American Psychiatric Association concerning the political and economic lobbying over inclusions and exclusions to the biblical-like Über-text ominously labelled *DSM IV (The Diagnostic and Statistical Manual of Mental Disorders)*.²⁶

Other examples of subjective compliance with the discourses of meta-psychology are abundant in these texts. In "The Yellow Wallpaper," Gilman's narrator demonstrates

how compliance begins to weaken her resolve and faith in her own beliefs as to the nature and best treatment for her illness when confronted with the prescriptions given by physicians. The effort to write (or "work," as Gilman puts it herself) "is getting to be greater than the relief" (Gilman 9). She has, halfway through the story, almost fully acquiesced as John "hardly lets [her] stir without special direction" (Gilman 3).

Later, as the narrator descends further into her "illness," she seems to project herself onto the wallpaper which hangs, torn and cracking, in her room of confinement.

At night in any kind of light, in twilight, it becomes bars! The outside pattern, I mean, and the woman behind it is as plain as can be.

I didn't realize for a long time what the thing was that showed behind, that dim sub-pattern, but now I am quite sure it is a woman.

(Gilman 13)

The narrator (the narrator's true self) is lost or *entrapped* behind the bars of the false self "dim sub-pattern" of her husband's medical discourse. She no longer has a voice; the power to articulate and even to describe her own symptoms is lost. "It is so hard to talk with John about my case, because he is so wise, and because he loves me so" (Gilman 11). Again, for Gilman, this compliance is a result of patriarchal domination but, and this is the point I wish to make here, it is also the product of an ideological faith in science, its trappings, its discourse and its preferred place in her culture.²⁷

Before coming under the case of Dr. Fried, the "good-enough" analyst in *I Never Promised You A Rose Garden*, Deborah too struggles through the prescriptive "cures" imposed by physicians trying to treat "mental illness" as they had her tumour. Deborah complains that before Dr. Fried, no doctor would really *listen* to her symptoms. "Every time you double up with a theoretical tumour pain, some professor is there to tell you why it can't be hurting" (Greenberg 228). Fried, Deborah and the residents of Deborah's institution all recognize that psychiatrists maintain "a certain sense of private ownership of reality to separate themselves from their patients" (Greenberg 235). Discourse, as power-knowledge, empowers its authorities to construct and control that reality. The jargon and illusions that the scientific language creates are the *keys* that mark the distinction between

the "mentally ill" and the "sane" (the workers who care and speak for others).²⁸

Despite what are perhaps benevolent motives, the professionals who control the means and meanings of this discourse do not often like to relinquish that authority. The narrator of *I Never Promised You a Rose Garden* recalls the following experience from Deborah's childhood:

She had been unable to extract a single bit of reality from the lines and spots on the white ground. Someone tittered in the background and the teacher, apparently fearing compromise of her authority, left the mute Deborah and disappeared into the greyness. Present became nothing; world, nothing.

(Greenberg 34)

Deborah is left disenfranchised, unable to speak and participate actively in her own subjective experience. ("Disappearing into greyness" is reference to a symptom where she is unable to perceive colour.) Meaning, for Deborah, is only filtered through the uncompromising authority of her teacher (who, granted, is neither a psychoanalyst nor a physician, but nevertheless a figure who, theoretically in an ideal world, should act so as to facilitate Lisa's subjective development). Freud constantly reasserts his authority over both his analysands and his own followers, as is evident in both his case studies and the internal struggles within the early psychoanalytic community (Freud's "inner circle"). For example, Grosskurth judges that "Freud could not afford to acknowledge Jung's perfidy or his unprofessional conduct. For him [Freud] the analyst was always right, the patient inevitably wrong" (40). Also consider the following incident, described here by Grosskurth but also depicted by Thomas in the "Prologue" to *The White Hotel*:

During the voyage across the Atlantic Jung and Freud analyzed each other's dreams; yet when Jung pressed Freud for some personal details so that he could gain a better understanding of one of his dreams, Freud drew back into himself, declaring that he could not risk losing his authority.

(Grosskurth 41)²⁹

Clearly, we must address not only the question of the degree to which a particular discourse may or may not be *inherently* desubjectifying, but also the question as to *how*

that discourse is practised and what presuppositions one assumes in its application. This question of specific technique is one that will hang over the remainder of this study, and that I shall directly address in Part IV. However, in the chapter immediately to follow, I wish to address an omission, an imperfection in the oversimplistic attempt (of which I may be accused of here) to sacrifice the subject to discourse once and for all.

Endnotes for PART II

1. I may be chastised for using only narratives as the focal point of my analysis. The fact that I personally have never experienced analysis, from either side of the couch, certainly imposes limits upon this study's ability to delve into the psychoanalytic process.

2. My own first reading of this novel was from greatly influenced by Freudian drive-theory, using not objet-relations as my focal strategy but the life and death instincts and the pleasure and Nirvana principles. In that reading, I was considerably influenced by the work of Norman O. Brown (1959).

3. A resort that the actual Freud is known to have frequented (see Grosskurth 1991).

4. There are a plethora of references and allusions, some subtle and some not so, to Freud's work; for example, in detailing the case history of Anna G., "Freud" informs the reader that he had given Lisa a "recently published case history," a study that Lisa subsequently is eager to discuss. "Freud" further provides in a footnote that this case history is "From the History of an Infantile Neurosis ('The Wolf-Man')." He continues, "[u]nknown to Frau Anna, there were a surprising number of similarities in their backgrounds. On one occasion, also, she must have passed that particular patient on the stairs, after spending much time in discussion with me of aspects of his case" (Thomas 113).

Consider also such seemingly minute details as Wolf-Man's and Lisa's shared *Urtraumata* at witnessing adults engaged in "*coitus a tergo*" (Freud 1918, 269; Thomas 113, 167). And while I do not wish to praise/accuse Thomas of cleverness that perhaps is not intended, there are even more subtle references; Lisa's full name is "Elisabeth" and in her travels we are told of her understudy in a Milan opera company named Lucia ("Lucy") and her friend from Odessa, "Emmy" (all of which may be references to analysands in Freud and Breuer's *Studies in Hysteria*, 1893).

The choice of "G" as a pseudonym for Lisa may also cunningly refer to Ferenczi's analysand/lover from Budapest, Grizella Palos, who enters the novel via Lisa's pre-analytic experiences in Budapest, letters written to "Grizella" from "Ferenczi," and frequent mention of Ferenczi's affair and eventual marriage in "Freud's" post-analytical correspondence with Lisa. Grizella Palos is referred to in correspondences between Freud and Ferenczi as "Frau G." While this may appear to be trivial conjecture, it draws attention (a "a-tension") to the unique transference relationship between "Freud" and Lisa. Although this relationship is largely dominated by a father/daughter dynamic, it is unlikely that Freud himself would deny any sexual component.

(As an exhaustive catalogue of comparisons is not possible, I shall refer to further parallels only as the bear upon this study.)

5. Freud may have been a messiah-figure for both his analysands and fellow analysts. Wilhelm Stekel wrote as early as 1902, "I was the apostle of Freud who was my Christ!" (Grosskurth

36).

6.If we further consider Freud's metaphor of the Mystic Writing Pad, Christ may be likened to the wax surface, the subject of faith; the Shroud is the initial representation of that faith, the mediating second layer of the Writing Pad; and the photograph is the top layer, containing the most current image. There may also be a concurrence here with Freud's structural model of the subject and Wihl's identification of the novel's first three chapters: Christ as the source of faith, *Don Giovanni*, the id; the Shroud as the mediated image of Christ, "The Gastein Journal," the ego; and the photograph, the lens through which the rest is visible, "Freud's" case study, the super-ego.

7.Cardinal also insists we regard the similarities between the ministers of Roman Catholicism and psychoanalysis: "'You remind me of the priests. You're no better than they are. You archbishop of the ass!'" (Cardinal 147-8). The critique that follows implicitly furthers the analogy by pointing out that the analyst is like the voyeuristic priest in the sacrament of confession. Cardinal also writes,

He [her analyst] was the priest of psychoanalysis, that religion in which certain pompous, vainglorious, and malevolent intellectual elite revelled... A religion which further alienates mental patients!... You species of defrocked priests! I know perfectly well that you went through a teaching analysis... Did you learn the rituals in the Mass?
(Cardinal 162-3)

8.This is not, as some have commented to me, a Copernican revolution of individual consciousness that may be a better reflection of the "true nature" of subjective existence or an upsetting of the mythologies of the Cartesian self. It is not my intention in this study to promote a Cartesian ideology of the self as the centre of meaning, but to attempt to halt the radical disenfranchisement of the subject in the opposite direction, to find a balance between these artificial dichotomies and to allow the subject to survive within such a paradox.

9. The following may be regarded as a free associative biographical note that may be taking a metaphor *entirely* too far. When I was thirteen years old, I entered a project into the school's Science Fair wherein I examined in the mutually beneficial relationship between seeds and fungus in the germination process. In this project, I noted how certain seeds, in certain ["good-enough"] environments, permitted the growth of certain fungi on their shells. I discovered, in fact, that some seeds *require* the presence of fungus to permit germination. But again, there must be balance. Some seeds cannot germinate in the presence of fungi; it is merely another parasitic environmental factor that threatens to eat away at the shell and, eventually, destroy the core as the whole seed disintegrates. Some seeds require firm shells to protect their cores from a hostile environment; it is in these cases that fungus must be introduced to soften their shells (at the appropriate stages in the seed's growth) in order to facilitate germination. (I do not wish to imply a social-Darwinian aetiology of subjective development; only to provide a further example of what hypotheses will follow.)

10. I would qualify this identification merely by reemphasizing that I do not, nor do I believe does Winnicott, take a dualist perspective of the subject as comprised of both a psyche *and* a soma, but rather, that the subject *is* a unitary psyche-soma. It is defensive processes and environmental/psychic pressures that create the rift between the two, which then must be mended. Only after such a split has been made can we talk of the psyche *and* the soma. Winnicott makes the observation that "the psyche and the soma are not to be distinguished except for according to the direction from which one is looking" (1958, 244).

11. So too, bio-chemical drugs may offer temporary relief and permit better conditions in the analysis and for psychotherapeutic technique. This is, however, a matter for debate: those on an electronic-mail discussion group seemed to allow that this may sometimes be the case, but that the use of such partial comforts may also hinder the analytic work.

Marie Cardinal describes that "more and more, I was tempted by the medication that delivered me to a nothingness which was dull and sweet" (11). However, her analyst insists that she immediately stop taking *all* medication before undergoing analysis (see also Chapter 4.6).

12. We may consider another case of depersonalization, also of a woman with aspirations to write poetry, that emphasizes much of what I hope to relate regarding Lisa Erdman. In an "interlude" of fiction from the forthcoming book, *Postmodernizing Psychoanalysis...*, Finlay-de Monchy describes:

Neither did she feel assured that what she wrote were indeed her poems. Often she would pen out by hand someone else's poems just to get the feel of what it must be like to author a giant master work, a Shakespearean sonnet. However, the results were confusing. She no longer knew where her own discourse was, which were her poems, her segments, her sounds, her images, her symbols, her archetypes, her visions, her sorrows, her joys and which were those of some pen from opium reveries in the sewers of Paris or from some speculative Übermensch aus Deutschland or from the musicality of renaissance England. The lot of it remains dear reader dear writer that Elizabeth Blackwell was well on her way to becoming a scriptural dis-apate, a set of texts with no core, no self, no real affect. FLATTENED AFFECT! HOW FASHIONABLE! The words she stole became her own creations at the expense of her own creations.

(131)

13. I believe that such an exercise will not only prove of use to this study as a means to approach these questions, but also serves two other functions. First, as this is imbedded within the structure of the novel itself, I feel that it is appropriate (and fair) to Thomas's text to emphasize this process. Also, I hope that this reading may offer an indication as to why my notion of depersonalization (as something imposed and introjected) differs from that of the Kleinian perspective, which sees it as a function of projective identification.

14. If one is sceptical of Freud's identification of the id as the reservoir of instinctual energy, I do not believe that this necessarily invalidates the proceeding analogy. Bollas identifies (1992)

that Freud's conceptualization of the id was, if nothing else, an important first step in the recognition of an "it-ness" to subjective experience, "something that drives consciousness" (51). The id that I speak of here may be Freud's original reservoir, but I would also like to suggest that the following analogy with *The White Hotel* proves to be even more useful if we regard the id as the unconscious inner contents (inscribed on the soma) which is the subject's "idiom" and which "drives" the object-choices, affective states, means of self-representation, etc..

15. His insistence on the father-child relationship in psychoanalysis and the manner in which he (almost pathologically, I think) presents himself as a father to his early disciples in the psychoanalytic movement are a testament to this. Freud seemed to have accused each and any of his followers of wishing to castrate him and usurp him as the primordial father of psychoanalysis anytime that anyone challenged an aspect of his theory. See, for a wealth of evidence, Grosskurth's 1991 biography of the early history of psychoanalysis.

16. My dissatisfaction with Lacan's identification stems, most generally, from the Lacanian perspective that here focusses attention on the tension and pleasure that originate from intrapsychic, rather than object and/or intersubjective experiences and relations. This reflects the important and fundamental difference between the classical approach to psychoanalysis and the object-relational approach that is largely employed in this study.

17. See also Kernberg's (1976) chapter entitled "Barriers to Falling and Remaining in Love." Although Kernberg's approach focusses upon disorder resulting from the "second stage" of development (Oedipal/genital conflict), he also posits that to establish a normal capacity for falling (and remaining) in love, success must be found in a "first stage" of development, related to the normal integration of internalized object relations, which lead to an integrated self-concept, as well as an integrated conceptualization of other and the concomitant capacity for relations in depth with significant others in the inability to love.

(Kernberg 185)

We may also consider Winnicott's analysis described in *Holding and Interpretation* (1972), who, once a very emotionally demonstrative man, is similarly rendered unable to laugh, cry, or love.

18. Certainly, there are echoes here of the post-modern notions of futility and creative exhaustion. The "Whatever... Nevermind" mantra.

19. I am not suggesting that the modern and/or post-modern subject is necessarily compliant, only that there seems to be a relationship between the phenomena we label "modernity" and post-modernity" and the compliance/false self organization/ desubjectified subject.

20. Also, with regards to the Boomtown Rats song that serves as an introduction to this chapter, I wonder if any child of whom compliance is demanded would only rather "want to play with the toys around."

21. "I am weary of it all, where is the sense in all this pain and joy?" Used by "Freud" in the case study "Frau Anna G." (Thomas 117). The translation is credited to the editor of "Freud's case study, therefore most likely Thomas himself.

22. This expression, taken from Winnicott's description of a female analysand (1971, 56-64), is a mis-quoted excerpt from "Carrión Comfort" by Gerald Manley Hopkins. Winnicott provides only part of the corrected stanza. Here is the stanza in its entirety; I have italicized those parts which Winnicott quotes:

*Not, I'll not, carrion comfort, Despair, not feast on thee,
Not untwist - slack they may be - these last strands of man
In me ór, most weary, cry I can no more. I can;
Can something, hope, wish day come, not choose not to be.*

23. Compare this sentiments commonly expressed in Samuel Beckett's works. For example:
I went out so little! Now and then I would go to the window, part the curtains and look out. But then I hastened back to the depths of the room, where the bed was.
("The Expelled," 13)

24. Masson's book (1988), although not entirely without value and its insights, largely corresponds to Grossman's identification (1982; also quoted in the Introduction to this study) that "[m]any of the examples purporting to show the inapplicability of classical theory are really criticisms of 'timing, dosage and tact.'"

25. Ferenczi's criticisms are specifically directed against the treatment of cases involving actual sexual abuse. He also criticized "the superiority, or 'hypocrisy,' of the analyst who acted as though their patients were inferior to them" (Grosskurth 213; Masson).

26. Finlay-de Monchy, for one, refers to the *DSM III* a "tyrannical monological text... which we would all agree is a radically dehumanizing document" (*forthcominga*, 164). Also, she notes that subjects in analysis who have read psychiatry or psychoanalysis often speak this institutionalized language rather than their own internal discourses (*forthcominga*, 13).

27. Again we see the relationship between dominating discourses of positivism and patriarchy working together in unholy alliance. Ester Greenwood in *The Bell Jar* observes this relationship as it pertains to a drug given to a woman in childbirth to "make her forget she'd had any pain:" "I thought it sounded just like the sort of drug a man would invent" (Plath 68). There is also evidence for the relationship between positivism and patriarchy in Esther's perceptions of medical student Buddy Willard (a life-long romance that symbolizes much about her general relationship to men): "He was a couple of years older than I was and very scientific, so he could always prove things" (Plath 58).

28. We may liken discourse thus used to what Pierre Bourdieu calls *specialized, authorizing language*; the "ritual form of dictum" that "imply a claim to symbolic authority as a socially recognized power to impose a certain vision of the social world" (Bourdieu 106).

29. In *The White Hotel*, this event is revealed by "Ferenczi" in a letter to his lover. "Ferenczi" recounts, "Freud was naturally very put out, and refused to 'risk his authority,' as he put it" (Thomas 11).

— PART III —
THE PERSISTENCE OF SUBJECTIVE ONTOLOGY

What is left of the subject thus depersonalized, desubjectified and disintegrated by the imposition of discourse? How can subjects respond to such states? How do subjects *emerge* from such conditions? What can the persistence of subjective ontology teach us about the psychoanalytic relationship? the limits of discursive control of the psyche-somatic subject?

It is clear in each of the works studied that despite the effects of discourse there is, nevertheless, an element within the subject that refuses to comply quietly with the constraints imposed upon it. The very presence of the symptom is evidence of this, whether manifest in paranoid-delusional hallucination or less pathologic, subversive reactions against discourses of popular culture, religion and the constraints of a "community of repression" (as with Alan in *Equus*). Or, non-compliance may be demonstrated in the persistence of psyche-somatic symptoms such as severe disturbances of vision, incontinence or menstrual bleeding, as with Anna O., the Wolf-Man and Marie Cardinal (respectively); the repressed passions, affects and private discourses of the subject often refuse to be eradicated or ultimately silenced.

In the following section I will demonstrate how this persisting desire to *Be* manifests itself; In Part IV, I will theorize (with others) how the knowledge of this aspiration may be translated into the psychoanalytic environment.

3.1 – "La théorie c'est bon, mais ça n'empêche pas d'exister"

There's my life, why not, it is one, if you like, if you must, I don't say no, this evening. There has to be one, it seems, once there is speech, no need of a story, a story is not compulsory, just a life, that's the mistake I made, one of the mistakes, to have wanted a story for myself, whereas life alone is enough.

(Samuel Beckett 1967, 93)

There is much evidence of subjective reactions against the specific discourses of psychopathologic treatments, which we have seen often themselves contribute to the depersonalization or desubjectification of the subject. "Freud's" case study in *The White Hotel* describes a particular instance in the analysis of Anna G.. Discussing her relationship with an old ballet teacher, Madam R., Anna/Lisa tells "Freud" that she demanded "[s]elf discipline to the point of pain" (Thomas 111). "Self discipline" may be viewed in this context as a form of compliance; "to the point of pain" meaning at a certain loss of subjective ontology. When "Freud" tries to draw an analogy between this relationship and the dream of the white hotel, Anna/Lisa abruptly (instinctively?) interrupts. "Freud" writes, "'It's just my life, you see!' she interrupted in some irritation; as if to say, with Charcot: '*Ça n'empêche pas d'exister*'" (Thomas 111). "It doesn't prevent things from existing": Lisa is seen here to speak (through Anna) against "Freud's" relentless interpretations. A footnote at the bottom of the page, in editorial square brackets, tells us:

[One of Freud's favourite quotations. Charcot's dictum in full was: "*La théorie c'est bon mais ça n'empêche pas d'exister*" (Theory is good, but it doesn't prevent things from existing).]

(Thomas 111; Freud 1905, 156)¹

Lisa objects to "Freud's" interpretation, claiming that while the theory (and its representation of Anna G.) is good, that is, may provide some insight and relief to her psychopathology, it doesn't prevent "things," that is, the subject, its inner contents, idiom, private discourses, etc. from existing.

This same quotation is employed by Freud in his case study of Dora (1905). The editor here (Strachey) provides the identical footnote. In the famous "Postscript" to his study of Dora, Freud attempts to account for the failure of the analysis and the reasons why Dora so flatly rejects his interpretations and abandons her analysis. It is here that Freud is seen to develop further the concept of *transference* and to introduce the concept of *countertransference*: his explicit recognition of the inherently intersubjective nature of the psychoanalytic process and, in a manner, placing his own limits upon the interpretative practice. Freud admits that his own desires to demonstrate his theory of sexuality, his imposition of discourse (in this case, dissociated from the *real* experience inscribed upon the subject of his inquiry), may at least be partially responsible for the failure of Dora's analysis. Freud, in this case study, attempts to emphasize the role of sexuality in the formation of psychoneurosis. He says, "No one who disdains the key will ever be able to unlock the door," and employs Charcot's dictum so as to defend the focus on sexuality in his theory against his critics. While Freud's utilization of these phrases does not coincide perfectly with the point Thomas and I wish to make here, it can be easily re-interpreted in such a manner.² Freud's emphasis on sexuality displays a limited recognition of how the repression of passion or affect necessitated by social discourses depersonalizes the subject. We can now take this a step further, however, and turn these expressions back onto Freud himself through our recognition of how the interpretative-discursive practices of psychoanalysis also serve to depersonalize and desubjectify the analysand. Therefore, we may now say with Freud, *and Lisa*, that the theory, the technique, *the shell*, is good, but it does not prevent things, the subject, *the kernel* from existing. So too, we can demonstrate that those who would disdain the key will never be able to unlock the door: that is, if neither analyst nor analysands recognize the necessary ontology of the subject, they will never be able to open the door (to the "playroom") and enter the space where successful analysis can occur.

Charcot's dictum is proved time and again with a ruthless disregard for the efforts of doctors and analysts to substitute (or sublimate) their discursive technique for the ontological realities and necessities of the subject. Despite apparent compliance with the

tyrannic practices of medical science, institutionalized psychology and even the less severe psychoanalytic relationship, there is a relentless demand made by these patients/analysands that they be allowed simply *to be*. This persistence of subjective expression is demonstrated in Gilman's "The Yellow Wallpaper" and Cardinal's *The Words To Say It* by the very existence of the text; the diary entries of a woman refusing to put down her pen as ordered by her doctor/husband, and the autobiography of a woman who is finally able to emerge and discover her own idiom through which to speak. The very act of writing, for not only Gilman and Cardinal, but also for Lisa Erdman (in the form of her own descriptions of her dream and her poem to Victor) and Plath (the semi-autobiographical novel) is proof that *la théorie c'est bon mais ça n'empêche pas d'exister*. The subject, and its need for expression, to exploit its true self, to employ its own idiom, *to exist as a subject*, persists despite the discourse that tells it that it should not want to or cannot do so.

The narrator of "The Yellow Wallpaper" believes, as we have heard, that her writing provides at least temporary relief from her condition. "I think sometimes that if I were only well enough to write a little it would relieve the press of ideas and rest me" (Gilman 6). In fact, the need for self-expression becomes compulsive to the narrator as her condition worsens.

I don't know why I should write this.

I don't want to.

I don't feel able.

And I know John would think it absurd. But I *must* say what I feel and think in some way -- it is such a relief.

(Gilman 9)

The first lines are to be seen as echoes of the narrator's compliance with her husbands beliefs/discourse. Yet the need for self-expression exists in spite of the demands of the medical/patriarchal practitioner. Gilman's own experiences with Dr. Mitchell seem to corroborate this need for self-expression and "work" (writing, play-work, dream-work). After enduring Mitchell's "rest cure" and being driven nearly mad, Gilman saves herself.

Using the remnants of intelligence that remained... I cast the noted specialist's

advice to the winds and went to work again... work, in which is joy and growth and service, without which one is a pauper and a parasite -- ultimately recovering some measure power...

(Gilman, quoted by Schwartz, xv)

The relentless insistence for self-expression and self-awareness is mirrored in the narrator's insistent search for meaning in the pattern of the yellow wallpaper lining the room in which she is confined.

I lie here on this great immovable bed -- it is nailed down, I believe -
- and follow that pattern about by the hour... I start, we'll say, at the bottom,
down in the corner over there where it has not been touched, and I
determine for the thousandth time that I *will* follow that pointless pattern to
some sort of conclusion.

(Gilman 8)

Our narrator is determined that she *will* make some sense from the pointless pattern and bring it to "some sort of conclusion." The wallpaper's pattern becomes the envy of the dormant and lifeless narrator: "I never saw so much expression in an inanimate thing before, and we all know how much expression they have!" (Gilman 6). The narrator has not always been unable to express herself through the objects in her world; her creative capacity has been suppressed by the imposition of her husband's discourse: "I used to lie awake as a child and get more entertainment and terror out of blank walls and plain furniture than most children could find in a toy-store" (Gilman 6).

By the story's conclusion, when the narrator has fallen deeper in to her world of depression, she begins to (must?) feel as though her entire subjectivity has been born out of the pattern, the only possibility for a creative experience. Expressing her envy of and disdain for other people in the external world ("society" as it is called in respectable circles), she asks, "I wonder if they all come out of the wallpaper as I did?" (Gilman 19). If we understand that reading the wallpaper is a metaphor for the creative processes of subjectivity, other people may indeed have "come out of the wallpaper," albeit a wall (surface) inscribed with their own pattern (cf. The Mystic Writing Pad) and not the

deteriorating surfaces of a rented house.

For Lisa Erdman, it is when she begins to realize love, a meaning-full intersubjective relationship (again, between two *subjects*), that she is able to realize her subjective ontology and enjoy experiences of self that are not controlled by the discourses of psychoanalysis. The reader first gets a glimpse of this when, immediately after Turin, Lisa travels to the mountains with Victor, the baritone with whom she stars in the Milan opera (and who later offers the proposal of marriage). It is Victor's wife, Vera, who Lisa is replacing (Vera had to abandon the role upon getting pregnant) and Lisa enjoys a close friendship with both. As Lisa and Victor sit outside at night, Lisa is overwhelmed by the beauty of the scenery, the awesome spectacle of the mountains silhouetted by a wall of stars and the experience of a close bond with Victor (there is suggestions that there may be a the possibility of romance, were Victor not already married). Here, in this *holding environment*,³ Lisa "felt the Shroud fall away from her, and her faith spring alive again" (Thomas 154). This is the first evidence we see in the novel of love, an intersubjective connection, an experience of the ontological reality of the united psyche-soma, providing a relief from the desubjectification and depersonalization of discursive investment. Lisa later tells Victor that, when visiting the mountains, "then, I knew you/ Might make the frozen torrent flow" (Thomas 183).

It is after Lisa's marriage to Victor many years later, however, that this realization of subjective ontology and the possibility for self-experience is made most apparent and lasting. Observe the transformation that takes part in Lisa when she returns to her childhood home of Odessa:

She had the feeling that she was a spectre. Herself was unreal, the little boy was unreal. She was cut off from the past and therefore did not live in the present. But suddenly, as she stood close against a pine tree and breathed in its sharp, bitter scent, a clear space opened to her childhood, as though a wind had sprung up from the sea, clearing a mist. It was not a memory from the past but the past itself, as alive, as real; and she know that she and the child of forty years ago were the same person.

That knowledge flooded her with happiness. But immediately came another insight, bringing almost unbearable joy. For as she looked back through the clear space to her childhood, there was no blank wall, only an endless extent, like an avenue, in which she was still herself, Lisa. She was still there, even at the beginning of all things. And when she looked in the opposite direction, towards the unknown future, death, the endless extent beyond death, she was there still. It all came from the scent of a pine tree.

(Thomas 190)

This is a moment of self experience (Bollas 1992), wherein a coveted, complex paradox is sustained in which the subject both experiences *and* is experienced. To say that Lisa was "cut off from the past" is to emphasize the split so prevalent in her ordeal of depersonalization and desubjectification. It is though there is a boundary between Lisa's present "self," constructed by sociological and psychoanalytic discourse, and her meaningful history, inscribed on the subject. In this unique instant of self/subjective-awareness, Lisa is not merely experiencing *memories* of her childhood, filtered through discursive-interpretative reservation, but actually experiencing her actual history as an integrated, psyche-somatic subject. Until now, Lisa has felt "unreal," a sensation commonly associated with depersonalized and desubjectified disorders and false-self phenomena described in psychoanalytic literature. The child of forty years ago is certainly not the same "self," or representation, but certainly is the same subject.⁴ Lisa is no longer the blank wall to be filled with someone else's graffiti; she now recognizes that her surfaces are already inscribed with the subjective experience of continuous being. The mists that are cleared are those same "misty ideas" about Lisa's own subjectivity that were held in so much doubt in her correspondences with "Freud" and which required *his* clarification.

Marie Cardinal similarly experiences an intense moment of being when she first "opens" her eyes in analysis.

Nothing had changed, and yet I looked at everything differently, more boldly. In fact, I had encountered myself for the first time. Until then, I had always organized the scenes of my past in such a way that others -- my mother, in

particular -- had the leading role. I was merely the submissive performer, a nice little girl who was being manipulated and who obeyed.

(Cardinal 102)

While I do not wish to impose my own reading on Cardinal and thus thwart her opportunity to *say "It,"* to speak her id-iom, we may notice similarities in Cardinal's desubjectified state and Winnicott's description of the false self. Cardinal presents herself to have been a "nice" (read: "normal") little girl, compliant with the discourses imposed on her, specifically by her mother, who "dominates the scene" (to use Winnicott's words). But here, through this moment in her analysis, the otherwise very ordinary object- world is transformed into one where the one's own self, one's own realization of being, is experienced.

Lisa and Cardinal are now able to "speak" their own identities in her own idiom, using private discourses and their own, selected objects. For Lisa, this includes her Jewish heritage, so long denied or repressed throughout her childhood and in her analysis with "Freud." Ironically, sadly, this acceptance of "who she really is" leads to her execution in a Nazi death-camp. Before she is killed, she yells at a Nazi soldier, in Hebrew, "Many waters cannot quench love, neither can the floods drown it" (Thomas 211 (in Hebrew), 228).⁵ After this self experience and the subsequent re-birth of faith in herself as a subject, Lisa is no longer confined to speaking herself through "Freud's" words. She is not, however, "free" of "Freud" in the sense that we may be tempted to believe. The next time we (Lisa and the reader) see "Freud," it is in "The Camp," a sort of wait-station for the dead, where he appears as an "old man with a heavily bandaged jaw, eating -- or attempting to eat -- alone" (Thomas 227). She cannot approach him because she is too much in awe, but also because she cannot be certain of his identity. However, "Freud" is now, with the bandaged jaw, unable to speak for her. (This also demonstrates the powerlessness of "Freud's" discourse in relation to the horror of genocide. The theory is good, but it cannot prevent things from existing that prevent things from existing.) Lisa realizes with regard to "The Gastien Journal" that "the old, drying-out, kindly priest in her journal has been Freud; and she wondered how she could have failed to see it at the time" (Thomas 227-8).⁶

3.2 – "At least being nuts is being somewhere": Ontology and the Value of Symptoms

As I suggested earlier, in many cases the very presence of what we would typically label psychopathologic behaviour may be evidence of the subject persisting and insisting upon its ontological status. Hence the subject's use of defence mechanisms and Deleuze and Guattari praising the value of the schizophrenic. Even Bollas's desubjectified normotic, for example, thought to be entirely devoid of inner contents and unaware of its own being as a subject, exhibits a wide range of psychosomatic symptoms (e.g. self-mutilation, alcoholism). "At least being nuts is being somewhere" (Greenberg 71), Deborah Blau announces. Deborah's world of Yr is also an attempt to maintain the expression and the existence of her inner contents and realize the ontology of the individual sphere of interiority;

A secret language concealing a still more secret one; a world veiling a hidden world; and symptoms guarding still deeper symptoms to which it was not yet time to go, and those, in turn *concealing a still, still deeper burning wish to live*. [Dr. Fried] wanted to tell the stunned-looking girl in front of her that this sickness, which everyone shied away from and was frightened of, was also an adjustment; these hidden worlds – all of them – and tongues and codes and propitiations *were for her the means to stay alive in a world of anarchy and terror*.

"You know... the thing that is so wrong about being mentally ill is the terrible price you have to pay for your survival."

(Greenberg 71)

Being "nuts," then, is being somewhere; Being "cured," sanitary, disinfected, an object in a world of objects, is not. It is being sent, by someone else, to a type of purgatory.

For the subject, there is *value* and *meaning* in what is labelled by others as being mere "symptoms." Their significance is appreciated most explicitly by Dr. Fried (see 4.6)

and Martin Dysart, Allan Strang's psychiatrist in *Equus*. When challenged to remove what others identify as Allan's "pain," Dysart responds,

All right! I'll take it away! He'll be delivered from madness. What then? He'll feel himself acceptable! What then? Do you think feelings like his can be simply re-attached, like plasters? Stuck onto other objects we select?... My desire might be to make this boy an ardent husband -- a caring citizen -- a worshipper of abstract and unifying God. My achievement, however, is more likely to make a ghost!... I'll heal the rash on his body. I'll erase the welts cut into his mind by flying manes. When that's done, I'll set him on a nice mini-scooter and send him pattering off into the Normal world... With any luck his private parts will come to feel as plastic to him as the products of the factory to which he will certainly be sent.... Hopefully, he'll feel nothing at his fork but Approved Flesh. I doubt, however, with much passion!... Passion, you see, can be destroyed by a doctor. It cannot be created.

(Shaffer 108)

Deborah asks, when believing that Fried will remove her symptoms, "*what will I have then?*"; here, Dysart repeats, *what then?* Dysart notes that one cannot select the objects that others use in their own idiomatic articulations. Dysart recognizes that by robbing Allan of his passions he will be taking away more than "symptoms," but will also serve to depersonalize ("Normalize") Allan, creating a disembodied ghost.

As I have noted, Winnicott maintains that a false-self organization may also serve to protect the ontology of the psyche-soma and subjective interiority.

...the False Self defends the True Self, the True Self is, however, acknowledged as a potential and is allowed a secret life. Here is the clearest example of clinical illness as an organization with a positive aim, the preservation of the individual in spite of abnormal environmental conditions. This is an extension of the psycho-analytic concept of the value of symptoms to the sick person.

(Winnicott 1960a, 143)

Deborah's true self is banished to a secret world and a false self is presented (a robot walking through this world) so as to defend the true self. The very presence of a false self,

therefore, suggests the existence of a true self (and, hence, an unrealized subjective ontology) that must be protected (although this is not always the case; the true self, Winnicott believes, may never form). The greatest problem for Deborah, and the biggest obstacle to successful analysis, is that Deborah's false self organization is extreme; she believes the false self to be absolutely *real*. Under such circumstances, the psyche-somatic, true idiomatic self threatens to be permanently eradicated. What we perceive to be "insanity" may be the conflict between different visions of subjectivity -- one that is "true" and belongs to the subject and another that is "false" in that it is imposed upon subject from within and/or without -- competing for the right to represent the subject. In such a case where the true self has never been developed, there may be less conflict, but there is instead (or in addition) a general sense of being *unreal*, or not *being* at all. Deborah's illness is an indication of her struggle to *be*. Deborah describes her "insanity," remembering "with awe the immensity and power of horror of it, she shook her head. 'It really is something. Yes, it sure is something'" (Greenberg 104).

Deborah's analyst, Dr. Fried, attempts to explain the complex relationship of "symptoms," "sickness" and the subject to Deborah's parents. "'Let me say that the symptoms are not the sickness.... These symptoms are defences and shields. Believe it or not, her sickness is the only ground on which she stands'" (Greenberg 124). Faced with the indifference and hostility of the external world, the inner world of Yr becomes the living space of Deborah's subjectivity; the place where meaning exists, where she can experience and express her own idiom. Rather than be entirely overwhelmed and become an object in this world of discursive desubjectification, Deborah chooses to retreat to the alternate world of her own design, where she can, with certainty, claim to exist. None of this is to say that the schizoid hallucinations from which Deborah suffers are themselves a positive condition. However, this total dependence on the imaginary (phantasy) is itself a defence (it too, taken too far) against desubjectification. Deborah experiences anxiety as she fears the disintegration of her inner world into that of the outer (and this is why she sends a false self into the world, and why the Censor has become more a tyrant than a friend).

When Deborah is in the process of liberating herself from the world of Yr, she, like

Lisa Erdman, experiences the depersonalization of the liminal space between the subjective experience that is maintained through "madness" and the subjective experience of the unitary psyche-soma that can live both within itself and within the world. When, through the progression of her analysis, she finds it increasingly difficult to maintain her faith in Yr, Deborah loses the ability to see colour. Her emergence from this desubjectified condition mirrors very closely that of Lisa.

Slowly and steadily, Deborah began to see the colours in the world. She saw the form and the colours of the trees and the walkway and the hedge and the over the hedge to the winter sky. The sun went down and the tones began to vibrate in the twilight, giving still more dimension to the Perverse. And in a slow, oncoming way, widening from a beginning, it appeared to Deborah that she would not die. It came upon her with a steady, mounting clarity that *she was going to be more than undead, that she was going to be alive*. It had a sense wonder and awe, great joy and trepidation. "When will it begin?" she said to the gradual night. It came to her that it was already beginning.

The night had fully arrived when she opened the door of the bathtub room and went out on the ward again. *The third dimension, the meaning, preserved in the bare lines of walls and doors and the planes of people's faces and bodies*. There was a great temptation to watch -- to keep seeing and hearing, sensing and revelling in the meaning and the light -- the senses and planes of reality, but Deborah was a veteran of many deceits and she was cautious. She would subject this new thing to Furi's [Dr. Fried's] times hunter and let it shoot its arrows.

(Greenberg 223 -- italics mine)

Deborah, as indicated at the end of this passage, has not quite achieved the same degree of creative autonomy (psychic *maturity*) as Lisa in her scene of self experience. (Deborah's analyst, however, proves better to facilitate Deborah's self experience -- see Chapter 4.6) But consider the similarities: Both Lisa's and Deborah's experiences are triggered by a unification of psyche-somatic elements that mirror a secure holding environment. Like the

"misty ideas" that are lifted for Lisa, Deborah's grey-vision lifts and she regains the ability to see colours. Deborah realizes that not only will she not die, but also that she need not continue to be "undead," that is, a desubjectified/depersonalized subject. The trepidation with which she greets this forthcoming experience is understandable: she, again like Lisa and so many others, has discovered a certain comfort in compliance, in abdicating the awesome responsibility of *being* to another or to a perceptibly "mightier" discourse.

The narrator describes "the third dimension," that place where meaning is discovered and preserved. I would like to take this opportunity to introduce the "third dimension" of experience that is theorized by Winnicott, a theme/concept to which I shall often return (see especially 4.2). Winnicott describes a *potential space* between the inner world and actual, or external, reality (see especially 1971). Here, in this "third area" (as Bollas subsequently refers to it), the recognition and acceptance of subjective and intersubjective paradox is fostered and it is here that *playing*, or *communication*, occurs. It is this intermediate area "where we most of time are when we are experiencing life" (1971, 104-5). This "third dimension" is the place where we find Lisa and Deborah in their moments of subjective realization – a place that is the *product and scene* of self experience, a hypothetical area that exists, but also that cannot exist, between the me and the not-me. As Winnicott believes that there can be no separation between subjects, only the *threat* of separation, the potential space is (in a suitable environment) filled with creative playing, communication and the use of symbols; it is therefore in this space that cultural life and *meaning* exist for the subject. Meaning for Deborah is preserved in the lines on walls, as it is for Gilman's narrator in "The Yellow Wallpaper." So too this meaning is found on the faces and bodies of other (psyche-somatic) subjects. And meaning, Fried appreciates, is contained in the psychic, somatic and psychosomatic symptoms, an awful meaning though it sometimes is (Greenberg 139). We must keep this third space in mind as we move in this study towards finding an ethics of interpretation and of intersubjectivity: it is here that we must pay another visit for it is here that these reside.

3.3 – The Paradox of Self Mutilation as a Creative, Re-Ontologizing Act

Thus far, I have only described how certain symptoms, such as false self organization and schizoid tendencies (those that may be broadly defined as largely "psychic" manifestations of a psychopathological disorder), serve as evidence of the subject persisting in recognizing its own ontology and expressing itself in its own idiom. I should note too that the subject also employs strategies that take place upon/within/to the *body* in an effort to achieve (re-)ontologization. The subject, I am reminded once again, is a *psyche-somatic* entity; even the strategies described above, which seem to be primarily discursive, must somehow also speak to/for the body if they are to be successful in realizing the ontology of the psyche-somatic subject. This is evident in the embodying, "transcendental" sensation experienced in Lisa's and Deborah's moments of self/subjective awareness. Other examples include the acts of writing, that also help to provide one with "the words to say it" over one's own body, and thus a certain degree of control over it (see also the case of "S" described below); *love* becomes not a word in a foreign language but has meaning for one's self and can be spoken of in one's own tongue.

Although it presents an apparent paradox, the struggle to commit acts of bodily harm, or the extreme case of attempted suicide, is punctuated with moments of subjective persistence of *being*. The full complexity of this issue is matter for another study (Podvoll 1969; Kafka 1969; Pao 1969; Bollas 1992; Finlay-de Monchy *forthcoming*). I wish merely here to indicate that there are instances of bodily self-mutilation that serve not ultimately to destroy the subject or its bodily integrity, but rather punctuate the dreariness and anxiety associated with desubjectification and depersonalization by providing heightened experiences of *being*. (As I later suggest, however, while self-mutilation may prove a re-subjectifying experience, it may also serve to de-subjectify the body). I do not mean to insinuate that no suicide attempts (or other acts of self-destruction) are actually attempts to end one's life, but I think that such issues must be examined in its own specificity.

Dr. Fried does such a re-examination of Deborah Blau's wrist-cutting suicide attempt in *I Never Promised You a Rose Garden*. Responding to Mrs. Esther Blau's concerns, Dr. Fried says,

"I asked her why she didn't just let it [the blood] go into the sink... and she answered interestingly, I thought. She said that she had not wanted to let it get too far away. You see, she knew, in her own way, that she was not attempting suicide, but making a call for help, the call of a mute and confused person."

(Greenberg 44)

Self-mutilation, Dr. Fried explains here, is a symptom and, basically, a desperate attempt to communicate in a world indifferent or deaf to Deborah's more conventional calls for help. It is as if to enter the "third dimension" or to fill the potential space, Deborah must cut herself so as to evade the Censor and release the contents of her inner world. This is the strategy Lisa Erdman similarly accomplishes through a more discursive strategy. Whereas in order to evade her self-Censor, Deborah must employ cutting, Lisa is able to do so through the poetic form of her narrative.⁷ Deborah's self-mutilation may be an attempt to put part of herself back into this world, or at least into the intermediate area between Yr and Earth, a meeting of internal and external worlds where *experience* can occur.

These acts of self-expression may also represent attempt at self-mastery; to exhibit control over the body (or, more accurately, the psyche-soma⁸), but also over the world. Dr. Fried continues,

"Maybe it [self-mutilation/ attempted suicide] is a symptom. I once has a patient who used to practise the most horrible tortures on himself, and when I asked him why he did such things, he said, 'Why, before the world does them.' I asked him then, 'Why not wait and see what the world will do,' and he said, 'Don't you see? It always comes at last, but this way at least I am master of my own destruction.'"

(Greenwood 46)

We may compare Fried's patient with Bollas's description of a hospitalized analysand, "S" (1992), who "cuts because she poses the question[s] 'Who is to control my body, the body

in question?'... Who owns the razor I use? With whose hands do I make these incisions? Is it my hand? Who cuts me?" (Bollas 1992, 138-9). S cuts her body so as to distinguish it from her "hospital body," the body controlled in the environment of doctors and professionals. To S, the doctors epitomize the institutional discourses that threaten to dominate her: the male doctor reads these "surface representations for diagnostic familiarity" (141); "He reads and reads these petite cunts with all the earnestness of an anthropologist whose only fieldwork among the natives will be in the library" (142). This view is also expressed by Podvoll (1969), who suggests that acts of self-mutilation within a hospital setting are both acts self-identification ("I'm a slasher, she's a scratcher") and subversive acts against the compliance demanded by the internal and societal hierarchies, that the patients in hospital perceive to endanger them. Finlay-de Monchy notes how identity and subversion are served through auto-mutilation in the Kafkaesque world of bureaucratization, including (and perhaps most especially) in the post-modern high-school (1995, 28-45; *forthcoming* 249). Practices of self-mutilation may thus be viewed as an expression of subjective resistance against desubjectification and depersonalization by providing an *experience of being* as a psyche-somatic entity.⁹

In Plath's *The Bell Jar*, Esther Greenwood's attempts to commit suicide also provide this experience of being. Esther once attempts suicide by swimming out so far into the ocean that a return is impossible. Resigning from this effort and turning back to shore, Esther describes the physical anguish of swimming for so long.

As I paddled on, my heartbeat boomed like a dull motor in my ears.

I am I am I am.

(Plath 167)

This moment of being is experienced later under less extraordinary circumstances, again while Esther faces death. At the funeral of a friend from the institution, while watching the casket being lowered into the ground she relates, "I took a deep breath and listened to the old brag of my heart. I am I am I am" (Plath 256).

Endnotes for PART III

1. Strachey's translation (and, subsequently, Thomas's appropriation) is not quite correct. In the French, "ça n'empêche pas d'exister," there is no specific object, the "things" that Strachey identifies. Rather, the meaning is more ambiguous. A more accurate (and certainly convenient for this study) translation might be "the theory is good, but it doesn't prevent *being*." I do not believe that this detail renders void the following argument (it more likely contributes to it).

2. The extent to which I am now practising "hermeneutic tyranny" upon Freud's texts I will address in Chapter 5.4.1. Thomas has certainly not escaped such criticisms for his use of Freud, psychoanalytic theory and, most especially, his appropriation of a narrative written by a survivor of Babi Yar.

3. More on the "holding environment" to come (Chapter 4.1). In this particular case, however, we may pause to reflect upon the similarities between Lisa's experience in this scene and Bollas's notion of the "aesthetic moment" (1987, especially 30-63), wherein the subject experiences a pre-verbal "fusion" with its environment, a reflection of the initial holding environment provided by the caregiver. The close affinity between what Bollas describes and this scene from *The White Hotel* also begs comparison with other aesthetic theory; it recalls Wordsworth's *Prelude* and nineteenth century Romanticism. (Bollas similarly suggests this parallel – 1992, 47.)

4. Compare this notion, if you will, with a Zen Buddhist teaching. "I was neither that tiny infant, newly born and quite soft, nor am I now the grown-up man; but all these are comprised in one unit *depending on this very body*" (Low 150 – italics mine).

5. I can not theorize here difference between the unethical desubjectification of the subject through discursive constraint and the unethical nature of genocide (certainly another limitation of this study). Thomas's novel, I should also note, similarly does not belittle the significance of the conclusive death of the psyche-somatic subject (both individual and communal) through mass murder. He emphasizes (and personalizes) the horror of the holocaust by demonstrating how psyche-somatic unity and interiority are utterly and ultimately destroyed by such ruthlessness: "A quarter of a million white hotels at Babi Yar" (Thomas 221), 250 000 lives, dreamers, *real* people.

6. Consider too the "anagnorisis" of Winnicott's analysand described in *Holding and Interpretation* (1972). The similarities between this male "patient" and Lisa Erdman are striking (with the obvious difference that this analysand, like Deborah Blau, achieves re-ontologization within the analytic setting). After a prolonged period of depersonalization and analysis (characterized, as Winnicott points out, by much subjective compliance), this analysand reports:

Patient "Yes, you are less of a magician. I had to assume that you were professionally perfect, and now I can see you as a person trying your best to apply skill." *Pause*. "I

have noticed an ability to get more feeling out of surroundings. Listening to gramophone records last night I found myself excited and at one time sentimental. I have known these records for a long time but have never had this sort of feeling about music. Another thing is a real capacity now to be jealous, emotionally rather than academically. I am definitely jealous of this other man who is in the life of the [my] girlfriend. I used to act as if I were jealous but now I really am."

Analyst "It is very uncomfortable being jealous but you prefer the discomfort to the former lack of being."

Patient "Yes, in the past there was a general lack of emotional reaction."....
(Winnicott 1972, 84)

7. I hope that this example makes more clear the already ambiguous (and, I should add, artificial) distinction between "somatic" and "psychic" strategies of recognizing subjective ontology.

8. Control over the body and control over the psyche-soma are two distinct strategies. To gain control of the body is to privilege the mind-psyche, and is the goal of rationality, religion intellectualization, and "mind over matter." To attempt to control one's body is depersonalizing, disintegrating is thus likely pathological; in such instances, the body may present itself as an obstacle to the realization of the subject's phantasized (psychic) omnipotence. To control one's psyche-soma is to control one's own subjectivity. When patients on a hospital ward struggle to regain control of their bodies in this sense, it is a *unifying* act to realize subjective psyche-somatic integration.

9. Finlay-de Monchy describes this phenomena of ontologizing self-mutilation in Andre Green's terms of the subject embracing "red horror" (*l'anxiété rouge*), "related to an attack on the body," over the greater threat "white horror" (*l'anxiété blanche*), the threat of a loss of subjective being (Finlay-de Monchy 1995, 38-41; *forthcoming* 246-51). Like Podvoll and Bollas, the white horror of non-being is reflected in the sanitary non-identity offered in the hospital setting of white sheets, white nurses, white doctors, white walls, etc.

-- PART IV --
CREATIVITY, INTERSUBJECTIVITY AND
THE LIMITS OF INTERPRETATION

It is clear that while the subject may be willing, or even partially desire, to abdicate responsibility for its own experience, and may inadvertently or purposefully avoid entering into the potential space of (self) creative play and of meaning, the subject will continue, in some manifestation, to seek out experiences of being for confirmation of its ontological status as a subject. It follows, then, that *it should be the responsibility of psychoanalysis* (not necessarily the analyst him/herself), *first and foremost, to promote the recognition and realization of the ontology of the subject.* "After being -- doing and being done to. But first, being" (Winnicott 1971, 85).¹ Samuel Beckett's character in "Texts for Nothing" tells us (in the epigraph to 3.1), "a story is not compulsory, just a life... life alone is enough." "I am the verb, sir. I am not the object," King George insists in Allan Bennett's play. "Sometimes our work is simply being, experiencing feelings and thoughts we've put so far away we have no words for them. Then, the silence and our breathing allow these feelings to find the shapes and sounds of the words we need" Liliane's analyst explains (Shange 179). In what follows, I hope to examine the psychoanalytic process in terms of this priority of subjective ontology and the paradox that must be sustained between the realization of individual interiority and the intersubjective experience of creativity and meaning. Before I can undertake to demonstrate through my textual examples how this role for the psychoanalyst may be realized, I hope that I will be granted a (rather extensive) theoretical exposition so as to outline some concepts that were instrumental in the formation of my ideas.

4.1 -- The Good-Enough Mother: Facilitating an Environment for Healthy Narcissism

Winnicott makes the earliest object-relationship of the infant to the mother, or caretaker,² the primary focus of his inquiry. It is the responsibility of the caretaker to provide an adequate *facilitating environment* for both the development of the infant's inner phantasy and the *gradual* incorporation of stimuli from the external world. A caretaker that consistently and successfully fosters the infant's development in and between these two worlds is thought to be *good-enough*.

The good-enough mother meets the omnipotence of the infant and to some extent makes sense of it. She does this repeatedly. A True Self begins to have life, through the strength given to the infant's weak ego by the mother's implementation of the infant's omnipotent expressions.

(Winnicott 1960a, 145)³

The good-enough caretaker, therefore, is not simply one that is always present or ready to respond to the (omnipotent) wishes/phantasies of the infant, but "one who always makes active adaptation to the infant's needs, an active adaptation that gradually lessens" (Winnicott 1971, 10). The good-enough caretaker steadily disillusiones the infant to the point where the infant perceives the caretaker's unresponsiveness as a maternal failure.

It is the infant's ability to deal with this failure that permits the initiation of and foundation for the infant's growing sense of process, the beginnings of mental activity, employment of auto-erotic satisfaction and "remembering, reliving, fantasizing, dreaming; the integrating of past, present and future" (1971, 10). These processes, serving as *healthy narcissistic* traits (Finlay-de Monchy, *forthcominga*),⁴ are essential to the positive subjective development necessary for the subject to prevent detrimental subjective compliance. The healthy narcissistic subject, by utilizing a controlled combination of various defence mechanisms, maintains a sense of its own interiority and being (of itself) that then permits its entrance into the liminal potential space of intersubjective being (for

itself and others).⁵

The *not good-enough caretaker*, conversely, is unable to respond adequately to the infant's needs (or does so too perfectly) and to balance the infant's exploration of its own phantasies and its external world. Instead, the not good-enough caretaker contains either the infant's responses to its inner or outer world, or both, establishing a pattern of subjective compliance based on the pressures exerted from without.

The mother who is not good-enough is not able to implement the infant's omnipotence, and so she repeatedly fails to meet the infantile gesture; instead she substitutes her own gesture which is to be given sense by the compliance of the infant. This compliance is the earliest stage of the False Self, and belongs to the mother's inability to sense her infant's needs.

(Winnicott 1960a, 145)

Under these circumstances, the infant is not permitted to enter the potential space of intersubjective creativity and communication. Instead of being a (co-)author of meaning, the infant is told "You have no mouth, you have not begun to exist yet" (Winnicott 1960a, 152) by another *authority*. A false self is then established and sent out into the world to defend the undeveloped, unstrengthened true self. For the infant exposed to such a non-facilitating environment, "compliance is the main feature, with imitation as a speciality" (Winnicott 1960a, 147).

There is a parallel to be drawn here between the good-enough and not good-enough experiences of the infant-caretaker relationship and that of the analysand-analyst. The analytic setting itself can be viewed as a facilitating environment that can be judged as being either good-enough or not good-enough depending on the responses of the good-enough or not good-enough analyst.

We have already seen many faces of what we may term the "not good-enough analyst." "Freud" in *The White Hotel*, for example, creates an environment in which Lisa Erdman's own idiomatic articulations ("gestures") are either contained or crushed by the discourses of psychoanalysis. Lisa is thus told, "You have no mouth" and is authored by

"Freud." Lisa must respond with compliance as "Freud" is unable to recognize and respond to the needs of his analysand. As I previously suggested (Chapter 2.5.1), the compliant child exposed to the not good-enough facilitating environment "by means of introjections... attains a show of being real, so that the child grows to be just like the mother, nurse... whoever at the time dominates the scene." Since "Freud" here dominates the scene, we should not be surprised when she begins to imitate the introjected authority (the father, the Censor, the ego, the compliance-demanding nurse) and speaks of herself only in terms of his discourse.

What alternative actions, then, can we ethically demand of the "good-enough analyst?" The role of the good-enough analyst must be to help, not hinder, the subject's recognition of its own ontological status as a subject and the subject's idiomatic articulations of its own experience, so that it may be spoken in its own discourse and have meaning. This is done by providing a good-enough facilitating environment in the analytic setting, where the analysand's conflicting needs are recognized, not by always acquiescing to the omnipotent/narcissistic phantasy of the analysand, but by adequately responding to the analysand so as to maintain the paradox between phantasy and reality, the imaginary and the real.

4.2 – Creative Play and the Playground: (Re)Visiting the Potential Space

Although I have often referred to the "creative capacity" of the subject, I have not yet fully explored what is meant by this term or the consequences this concept has for subjective ontology. The creative impulse, for Winnicott, is

something that can be looked at as a thing in itself, something that of course is necessary if an artist is to produce a work of art, but also as something that is present when *anyone* – a baby, child, adolescent, adult, old man or woman – looks in a healthy way at anything or does anything deliberately, such as making a mess with faeces or prolonging the act of crying to enjoy a musical sound. It is present as

much in the moment-by-moment living of a backward child who is enjoying breathing as it is in the inspiration of an architect who suddenly knows what it is that he wishes to construct, and who is thinking in terms of material that can actually be used so that his creative impulse may take form and shape, and the world may witness.

(Winnicott 1971, 69)

Notice here that Winnicott perceives creativity to be a thing in itself that is present in all ("healthy") individuals. The identification that the simple act of breathing, *when experienced and enjoyed*, can be a creative act emphasizes that the notion of creativity is intricately and inextricably linked to our very sense of *being*. The creative impulse thus "belongs to being alive" and is a "basic form of living," (1971, 67). (Recall Esther Greenwood's chant "I am" when being conscious of breathing when swimming away from certain death.)

For Winnicott, the degree to which creativity is present in the subject constitutes an integral component of what we are to regard as psychopathologic. "In some way or other our theory includes a belief that living creativity is a healthy state, and that compliance is a sick basis for life" (1971, 65). In severe cases of compliance and the establishment of a false self organization, the creative capacity of the subject is subverted or repressed. (Winnicott's identification that "We might not have held this view elsewhere and in another age" (1971, 65) suggests that this pathology may be particularly endemic in our contemporary, specifically Western capitalist, culture.⁶)

The essence of creativity for Winnicott is to be found in the subject's *play*. Winnicott often engages in a strategy of creative play in his analysis of children (and sometimes adults), where he enters into games and the imagined realities of his young analysands as a means of communication. Play evolves from an entirely subjective object-world and develops the infant's perception of its external environment (a form of reality-testing), but the concept of play applies to adults as well, "only the matter is more difficult to describe when the patient's material appears mainly in terms of verbalization... for instance, in the choice of words, in the inflections of the voice, and indeed in the sense of

humour" (Winnicott 1971, 40).

For Winnicott, play is more than merely the expression of individual interiority or the discursive exchange between "doctor" and "patient." Playing is a *creative, communicative experience* where subjects meet. Winnicott further explains that "only in playing is communication possible; except direct communication, which belongs to psychopathology or to an extreme immaturity" (1971, 54). Psychoanalysis, Winnicott says, has developed a "highly specialized form of playing in the service of communication with oneself and others" (1971, 41). Play, as communication, is primarily *intersubjective*. Through creativity in the potential space, we meet what Jessica Benjamin calls *like subjects*; the recognition of the outside other as a separate and equivalent centre of subjectivity (1995, 7). Play permits the movement of experience from that of the entirely subjective object-world to mutual subject recognition and provides a basis for our symbolic use of objects (which then forms the basis of language). (Hence Winnicott's identification that direct communication -- "acting out" without the use of intermediary symbols -- belongs to a state of psychic immaturity.)

In his theory of creativity, then, Winnicott allows for and demands that the full weight of environmental factors be considered in the developmental aetiology of the subject.⁷ The history of the subject cannot be written in terms of the subject alone but must also necessarily take into account the environment that responds and either meets the adaptive needs of the infant or fails to do so. The recognition that creative experience is not something that happens solely *within* the individual, or something that happens *to* an individual subject, but *between* two subjects is an important re-conceptualization of the subjective and intersubjective space and how we conceive (in both psychoanalysis and elsewhere) of experience itself. However, it leaves us then to question, if play takes place neither within the individual subjective sphere of interiority nor in the (objective) environment, where are we to locate creative experience?

As I have suggested previously (Chapter 3.1), the location of creative experience is the *potential space*, the "playground," if you will, between two subjects; a "third area" (or, "third dimension" as described by Deborah Blau) that is neither "me" nor "not-me,"

that is between the internal phantasy world of the individual and the external world, or between the subjective object and the object that is objectively perceived (Winnicott 1971, especially 95-103).⁸ This area, first explored between caretaker and infant, is also the location of all subsequent cultural experience, which itself "begins with creative living first manifested in play" (Winnicott 1971, 100). Caretaker and infant, analyst and analysand (and subjects in general) enter this space *together*, as it is rightfully the creation of neither but *shared*. Thus, the potential space is perceived to be highly variable or volatile (it may indeed be so), and living here may often give rise to anxiety. Again, we see paradoxes that must be negotiated. But one aim of the play within the potential space is to demonstrate (to participating subjects) that paradoxes can have positive value.

4.3 – The Good Enough Analyst: Implications and Limitations

The role (and the perceived role) of the analyst may be therefore transformed.⁹ What I shall refer to as the "classical" model of psychoanalysis, that which is concerned primarily with the process of *interpreting* the text of the analysand, is challenged by Winnicott's "uninterpretation" (Bollas 1996). Instead of the interpreting Father-authority that, like the super-ego, demands compliance with its laws, and exists for the subject to be internalized and abided by through self-censorship, we have a picture of a nurturing (not spoiling) caretaker who, rather than interprets, plays, associates, and so communicates with the creative capacity of the analysand.

Winnicott often warns against the perils of interpretation, often referring to "interpretive intervention" as if this serves to sever the process of play and creativity. Specifically, he warns against the unlimited and ill-considered practice of hermeneutic tyranny upon the analysand. While recognizing a need for "interpretation" and its appropriate place in analysis, Winnicott calls for its practice to be more closely related to

playing and to be "as far as possible removed from authoritative interpretation that is next door to indoctrination" (1971, 73). Winnicott's theory of play, when applied to the psychoanalytic setting, attempts to construct the role of the analyst as that of "nursemaid" to the analysand and to draw both into the scene of inter-subjective play, the playground, the potential space where play can occur. Indulging in and encouraging play as seemingly disorganized and seditious actions against the compliance demanded by society/discourse is contrasted with the law-abiding words of the interpretive father. Winnicott makes a plea for creative approaches from both parties in analytic work, warning that "the patient's creativity can be only too easily stolen by a therapist who knows too much" and cannot resist the compulsion to offer/impose interpretations (1971, 57). Winnicott admits that the pressure and temptation to make interpretations is great. This is due to at least two (surely more!) important factors: 1) the very "easy solution" that discursive interpretation falsely promises (as we have seen) -- it is much easier (and cheaper) to make a product with an assembly line stamping out identical parts than to carefully fashion each product by hand (Henry Ford; McDonald's; Prozac) -- and 2) the analysand may demand or expect that such interpretations be made. We see this in demands Deborah makes at her admitting interview: "I told you the truth about these things -- now are you going to help me?" The subject may be too eager to realize an immediate solution and long to plug itself into the scientific interpretative machine. It enters the data and waits for a diagnostic readout.

Analysis should be a process in which this potential space is opened and entered. In favourable circumstances, to avoid the anxiety of separation and isolation, the subject fills the potential space with its creative imagination (Winnicott 1971, 102). However, this is not always the case. Whatever is in the potential space that comes from something other than the subject is viewed as persecutory material, and here such alien presences are especially dangerous as the subject has no means of rejecting them. In analysis, therefore, analysts, having opened a potential space, must not flood it with their own discourses or interpretations; the contents of this space must be carefully selected.

Analysts need to beware lest they create a feeling of confidence and an intermediate area in which play can take place and then inject into this area or inflate it with

interpretations which in effect are from their own creative imaginations.

(Winnicott 1971, 102).

To what extent the *analyst's* use of psychoanalytic discourse is creative must be decided on an individual basis and is another matter for a different study. I would ask, for example: How has the analyst used this discourse? What parts of *themselves* do analysts put into their discursive practices? Is the analyst him/herself complying with a discourse that is not their own? We need to differentiate here between what Bollas labels "intellectual development" and "intellectual totemism (1996, 7-8).¹⁰

We are faced, therefore, with three possible authors of the subject and its experience -- and three corresponding sources of knowledge in the analytic process; the analysand (dreamer), the maternal analyst (association) and the paternal analyst (interpreter). Bollas (1996) calls this the analytic Oedipal triangle, the family of authors. In Bollas's analogy, the dreamer (analysand) is likened to the infant, one that uses intense hallucinatory imagery to conjure a reality. Interpretation, such as it is employed in Freudian methodology, always bears the name of the Father, "the outsider who breaks the unhindered movement of desire and defence" (1996, 4). The practice of interpretation, as it is largely understood and practised, is a process of re-writing, re-vision, re-presentation, translation (from one discourse to another) etc.. The mother in this family is the text/knowledge generated by the collaborative efforts of two authors: the infant-analysand and the nursing-analyst, best characterized by the approach to analytic therapy endorsed by Winnicott.¹¹ Thus, the authorial role of the father is perceived to be monologic didacticism, the uni-directional imposition of ideas, whereas the co-authorial, facilitating role of the mother is perceived as an intersubjective dialogue between mutually recognizing subjects.

The image of the good enough maternal (facilitating, holding) analyst is not meant ultimately to replace (or castrate) the father, neither in practice nor in our theory here (which, again, we hope to be able to take even outside of the analytic nuclear family). For it is clear, and this is the central point that Bollas wishes to make, that what is required is a

balance of the associative, facilitating and interpretive/authoritative work (not only, as we shall see, in psychoanalytic practice, but also in literary criticism). To omit one of the three constituent elements of the analytic process is to make either for a childless couple or a single-parent family, and thus prohibit the beneficial realization of full analysis.

But, as Bollas recognizes, the breakdown of the ideal family of knowledge and authority is more common than its realization. As we are concerned here with the practices of interpretation and their limits, I have focussed my preceding critique on that paternal strategy and will present as a resolution the inclusion of the maternal. However, I must acknowledge that Winnicott too, like Freud and Klein (and Lacan) "has favoured one of the parental members of the triangle over another ...[and] unconsciously opposed full and cognizant inclusion of all three members of the oedipal family" (Bollas 1996, 9). (Although on this point I submit to Bollas's superior knowledge and familiarity with Winnicott's work, in Winnicott's defence he often recognizes the need for interpretation [see 1962; 1971]. Winnicott's strength, I believe, lies in his ability to set limits upon the utilization of interpretive practices.) As I state in my introduction, I do not wish to impose limits upon the analyst's ability to deal with specific patients by employing specific strategies.¹² I will do believe, however, that the analysand's true self must be the first and final authority of analysis if the goal of subjective ontologization is to be attained as the creative processes of the subject are better served by the intersubjective play provided by the good-enough analyst than by the interpretive authority prioritized by classical analysis.

4.4 – Transitional Phenomena: Depersonalization, Desubjectification and the Analytic Scene

Instructions from the manual
could not have been much more plain
the blues are still required
the blues are still required again
past territorial piss-posts

past whispers in the closets
 past screamin' from the rooftops
 we live to survive our paradoxes

(The Tragically Hip, "Springtime in Vienna")

There are two further concepts of Winnicott's that I wish to introduce and consider in this study. First, the *transitional zone* is a liminal space between being and not-being, me and not-me, subject and object, etc.. The transitional zone is a third, intermediate area of *experiencing*, which is first manifested in the gradual separation of the infant from the mother. Although the transitional zone is presented as a phase in infantile development, the occurrence of transitional experience is by no means limited to the experiences of the infant. The potential space that must be entered in subjective creativity is a transitional zone between two subjects, phantasy and reality, me and not-me. The transitional zone (or space, or phase), Winnicott remarks, ideally must not be a place where the subject is challenged but a place of rest, a place with possibility of creativity "for the human individual engaged in the perpetual human task of keeping inner and outer reality separate yet interrelated" (Winnicott 1971, 2). It is a place, therefore, where we are encouraged to live/visit and recognize that paradox can have positive value. Without this acceptance of paradox, the child/adult is exposed to a dialectic struggle between worlds that results in defensive constructions, including that of a separate true and false self organization (Winnicott 1971, especially 14), the struggle between super-ego/ego and id, life and death, self and other, master and slave....

Finlay-de Monchy suggests that depersonalization is itself a transitional phase or liminal space, "a state of indifferentiation between self and environment, self and not self, external and internal boundaries" (1995, 39; *forthcominga*). Finlay-de Monchy likens the transitional phase to "a cut from one category to another," a split in the psyche-somatic integrity of the subject that exists in many (if not most) facets of existence, including "contemporary social institutions where the category of personhood is destabilized, for example prisons, high-schools, psychiatric institutions, Kafkaesque bureaucratization"

(1995, 28).¹³ Depersonalization may thus be seen as a component of the processes of de- and re-subjectification that are experienced by the subject, and not a condition or state that is an ends-in-itself but a means of realizing subjective ontology. As I have previously stated, depersonalization, desubjectification and disintegration are processes that are not *necessarily* detrimental to the recognition of subjective ontology, but may be, when balanced or strategically utilized, an integral aspect of subjective experience.

The difficulty I have been addressing in this study involves the infinitely prolonged experience of depersonalization as it is maintained in contemporary culture, and, most importantly, how it is maintained by the very processes that promise to liberate one from its horror (liminal phases generally being accompanied by varying degrees of anxiety). However, as I have demonstrated, psychoanalytic discourse/interpretation may serve to reinforce the defences of depersonalization and desubjectification to degrees that are necessary for healthy subjective narcissism. If we accept the evidence presented by the narratives studied here,¹⁴ psychoanalytic discourse seems eventually to provide the desired realization or recognition of the analysand's subjective ontology. Just as Esther can say "I am I am I am," the "It" that Marie Cardinal and Lisa Erdman discover they can speak is also an "I am": a woman, Jewish, my father's daughter, a living body, etc. Analysands and former analysands – Lisa Erdman, Marie Cardinal, Liliane and Deborah Blau (and even, temporarily and to a lesser degree, George III, Esther Greenwood) – all eventually emerge from their discursive treatments with a renewed sense of being, a resubjectification (even if it is only shortly lived before they succumb yet again to depersonalization, desubjectification and/or disintegration).

The liminal phase between being and not being, the depersonalization of the integrated psyche-soma, must be confronted by the analyst and analysand in analysis (Finlay-de Monchy 1995, 27). Analysis itself must take the form of a liminal experience, wherein two subjects enter and play in the potential space. For Winnicott, analysis does not begin until the analysand makes the terrifying movement away from the security of depersonalization and/or desubjectification, or until the nurse (false/caretaker self) has left the child (true self) with the analyst and the child begins to engage in play (1960a, 151).

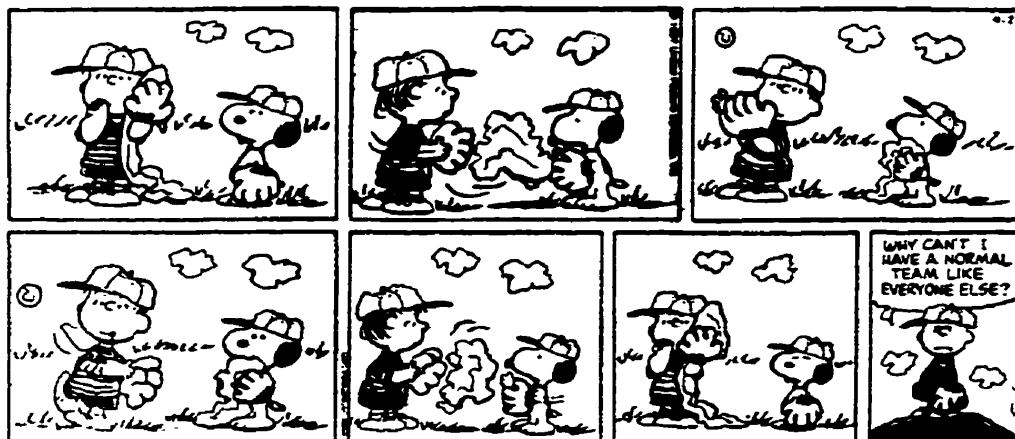
Abandoning reliance upon these defensive mechanisms represents a transition, leaving the security offered by the organization and presentation of false self, and constructing or recognizing the true self. In this transition there is a period of extreme dependence, which, if correctly met by the good-enough analyst, is followed by an improvement in of ego-integration. The final goal, that of (functional, non-pathologic) ego-integration and ego-strength, results "from loosening up of the defence which becomes more economically employed and deployed" and when "the now independent ego of the patient begins to show and to assert its own individual characteristics, and the patient beings to take for granted a feeling of existing in his or her own right" (Winnicott 1962, 168).

It is this transitional phase between extreme dependence and the recognition of being, however, that concerns us here. We can see (particularly) Lisa, Cardinal and Deborah in negotiations between an extreme dependence on their analysts and the eventual emergence of an independent, strengthened ego. The first phase, that of dependence, is marked by (perhaps extreme) compliance with the rules, the interpretations and the prescriptions of discourse. These analysands rely upon their analyst, but even more on the discourses of psychoanalysis, in this dependent phase until they develop the integration and resulting narcissistic ego-strength (the faith in the subject of their belief), to bear the separation. In this sense, the use of discourse as an object helps the analysand gradually overcome ego-dependence and tolerate, even be creative within, the potential space. Here, we may benefit from a look at the transitional function of (psychoanalytic) discourse through one final Winnicottian concept.

4.5 – Transitional Objects and Psychoanalytic Discourse

PEANUTS

BY CHARLES SCHULTZ



Helping the subject overcome the anxiety experienced due to the liminal status of the potential space is the *transitional object*. This term Winnicott uses to describe any number of objects first used by the infant to decrease the anxiety of its "transition from a state of being merged with the mother to a state of being in relation to the mother as something outside and separate" (Winnicott 1971, 14).

The object is a symbol of the union of the baby and the mother (or part of the mother). This symbol can be located. It is at the place in space and time where and when the mother is in transition from being (in the baby's mind) merged in with the infant and alternatively being experienced as an object to be perceived rather than conceived of. The use of an object symbolizes the union of two now separate things, baby and mother, *at the point in time and space of the initiation of their state of separateness*.

(Winnicott 1971, 96-7)

The successful use of the transitional object is necessary to achieve a balance in the transitional development between internal phantasy and external reality. The transitional object is regarded by the infant as neither internal (a mental concept) nor external (in that the object is perceived to be a possession belonging to the infant). The ontological status of the transitional object as either internal (subjective) or external (objective) is never challenged:

Of the transitional object it can be said that it is a matter of agreement between us and the baby that we will never ask the question: "Did you conceive of this or was it presented to you from without?" The important point is that no decision on this point is expected. The question is not to be formulated.

(Winnicott 1971, 12)

The function of psychoanalytic discourse in the analytic setting may be thus likened to that of the transitional object, an object that limits or controls the anxiety of separation and thus aids in the development of healthy narcissistic subjective realization. The analysand's use of psychoanalytic interpretations may provide a temporary stability for the subject as it moves from not-being to being, from compliance to creativity and re-subjectification through the liminal experience of the potential space, achieving a balance between dependence and separation and external and internal realities. Finlay-de Monchy describes Carolyn, an analysand who seems to utilize the discourses and interpretations of psychoanalysis in this manner, as an intermediate step between compliance and self-articulation. "For a time [the interpretations] were necessary for the containment of the anxiety levels that threatened this analysand's survival" (1995, 57).

At first I sought rather than assaulting her with skin-penetrating interpretations, to provide what Anzieu would call an auxiliary skin-self, a kind of analytic envelope to contain the analysand during the analytic work aimed at strengthening her self-integration enough so that she could construct her own skin-self boundaries.

(Finlay-de Monchy 1995, 58)¹⁵

Like the transitional object, I maintain, discourse may not be immediately perceived by the subject as something external to its own being. The analyst should not, at the critical stage of subjective compliance with the discourses of analysis, force the question "did you conceive of these words and this view of yourself on your own, or did I provide it for you." Rather, the analysand should be encouraged to play with the discourse in the potential space, at times holding it close for security, as Linus does his blanket, but also feel free to toss it away when the subject chooses to play, and the discourse then becomes too limiting,

persecutory, or simply no longer needed.¹⁶

But can specifically verbal discourse, a non-material entity,¹⁷ function as a transitional object? and why have I chosen to identify the discourse, and not the analyst, as the transitional object? I think it clear that the answer to the former question must be resoundingly affirmative. Winnicott's own illustration detailing the progression of the infant's use of transitional objects (1971, 3-4) would suggest this possibility. Transitional objects represent the infant's "first use of a symbol and first experience of play" (Winnicott 1971, 96). As such, they are used as communicative tools (Winnicott 1960b; 1971) and the infant's use of these objects develops from the manipulation of a blanket to mouthing, babbling, anal noises and the first musical notes (1971, 4). With onset of verbal capability and the increased capacity to use symbols in language (made possible by the manipulation of earlier transitional objects), discourses become important transitional objects of adult life. (This is not to say, however, that language or discourse ever fully or even partially *replace* these earliest objects.) In fact, if we accept Winnicott's location of cultural experience in the potential (transitional) space, as I do, then our basic cultural linguistic and discursive structures may serve as important transitional objects that are to be found in our communal playground.¹⁸

This location and use of discourse/language is the main reason why I have chosen to focus on *discourse* as a transitional object rather than the person of the analyst. While instances of the analysand using the analyst in this sense (among others) are documented in almost every case study (the very notion of transference postulates a form of subjective use of the analyst), I believe that the phenomena of discursive-transitional objects is both a more accurate reflection of circumstances (in the cases studied here) and offers a greater range of implications. First, while the analyst is often used by the analysand directly, this I believe would be an instance of "direct communication" belonging to a more primitive stage of subjective development. Between two subjects in the potential space (the analyst and the analysand), the focus of play, the toy that both share, must be a third object, the rightful property of both but neither, if creativity is to be best explored. Second, with

regard to implications, we can see that Lisa (for example), uses psychoanalytic discourse long after her formal relationship with "Freud" has terminated. More importantly, it is not *just* psychoanalytic discourse that she uses as a transitional object: her cultural identity (as either Christian or Jewish) and even the libretto of operatic scores seem to provide similar functions. In our own culture, may not discourses, such as fashion, marxism or feminism, also function as transitional objects? and are these discourses necessarily employed through the use of another embodied person (real or imagined)?

Language/discourse, however, may also prove to be unavailable as a transitional object to the subject if it is conceived of as a foreign, persecutory object that does not belong to the subject, cannot be successfully manipulated by him/her (i.e. does not confirm omnipotence) and yet pollutes the potential space. Recall that the *contents* of the potential space must be carefully selected. The subject is unable to defend itself effectively against a foreign entity (or language) that encroaches upon and threatens to overwhelm its potential space. Thus, the use of language as a transitional object may be denied or averted, likely leaving the subject unable to negotiate the dialectic of me and not-me and with a diminished capacity for symbolization.¹⁹ Therapeutically, this turn of events (regression) need not be useless or undesirable. It does, however, restrict the capacity of analyst and analysand to experience in the third area. We can infer, then, that discourse must not be perceived to be alien or persecutory to the subject and its experience. Again, we must never ask if the discourse is a product of an inner (me) world or outer (not-me), and the discourse must similarly be non-oppressive: rather than a formula or model to which the infant/analysand must adapt, (psychoanalytic) discourse facilitates best when presenting itself as (or becomes) a subjective possession that permits communication with the external world and confirmation of the inner one.

I believe that much more could be written about discourse as a transitional object. I wish to contend here that psychoanalysis can and should present itself not as a dogma, an imperative or "truth" (a word that I found, upon first readings of Freud, occurring with alarming frequency), but as a "toy" (yes, even in the Kleinian [1955a] sense) to be played with by both analyst and analysand. Is the analysand aggressive towards this toy? Does she

break it? Does he play with toys indiscriminately and wildly and leave a "battle ground" in his wake? Is she interested in play at all, or is he uncreative and lazy? Or does he put everything aside in a "box," an "individual drawer, which is part of the private and intimate relation between analyst and patient" (Klein 1955a, 122-32)? Again, I want to restrain this temptation to celebrate and over-privilege the maternal analyst analogy so as to not call for the Jacobin-style overthrow of the old paternal, interpretative order. (Please bear in mind that I do not wish to expel the practice of interpretation in the psychoanalytic, or literary, setting, but only to set limits upon it, limits that are often proposed by practising analysts.)

4.6 – Facilitation versus Interpretation: Fried versus "Freud"

How might the above theorizations about the functioning of the good-enough analyst be put into practice? Winnicott, Balint, Bollas, Finlay-de Monchy and others explicitly and implicitly suggest ways in which this might be done. But are there any representations of such analysts in fiction, specifically within my chosen corpus, of this good-enough analyst, where I have thus far identified only the negative portrayal of the paternal, hermeneutically tyrannic analyst?

Although I certainly have found evidence of analysts facilitating subjective development (with various degrees of consistency and success), I must here admit an impediment to a simple demonstration of my hypothesis. I ask myself, *what does the analyst do?* And, *how is this function represented in narrative?* While interpretations and the discourses of psychoanalysis are themselves or easily translate into narrative form (language), how does a writer represent the pre-Oedipal, pre- (or supra-)discursive strategies put forth in this study? How does one depict "holding?" "containing?" As Liliana's analyst describes, this is the work of "simply being, experiencing feelings and thoughts we've put so far away we have no words for them." How does one represent (and then, *re-present* through literary interpretation) an intersubjective experience, a dialogic

technique, the very strength of which derives from its ability to transcend simple discourse and interpretation?

But it would be too shameful a retreat to take shelter in the "unrepresentability" of the good-enough analysts function as it is portrayed in these works. So I am left with a significant challenge, *what does the analyst do?* and *how does one represent this strategy?* Cardinal's analyst, it has been suggested, "contains" his analysand, both subjectively-ontologically and literally, by insisting upon the terms of dialogic exchange between himself and his analysand. Cardinal confesses, early in the novel, that she loved to make her abnormal menstrual bleeding the centre of her illness (4) and that she had an increasing dependence on drugs. "I was tempted by the medication that delivered me to a nothingness which was dull and sweet" (11). Her analysts insists first, that she stop taking any form of medication and, soon afterwards, that she not speak to him of her bleeding. "Those are psychosomatic disorders. That doesn't interest me. Speak about something else" (32). It is, in part, merely this insistence upon a new way of thinking, a new way of seeing herself and, subsequently, re-presenting herself that Cardinal's analyst introduces a strategy for dialogue with his analysand which allows her to investigate something that is both herself and not-herself. He contains, both Cardinal's experience and the menstrual bleeding, and opens new paths of exploration.

One might ask why I do not wholly embrace *The Words to Say It* as providing a representation of the "good-enough" analyst. To this, I would contend that while it is true that Cardinal's analyst finally does provide the means for her to overcome the desubjectification and depersonalization incurred through her life and in her analysis, there are two important elements in *The Words to Say It* that prevent me from rendering such a generally favourable evaluation. First, textually, it is only after their analytic relationship has dissolved (does it ever?) that Cardinal begins to react against her own objectification. Cardinal herself believes that her analyst is trying to maintain his discursive regulation: "Inviolable little man, so he's going to maintain his role to the end!" (295). Second, supra-textually, my particular edition of the translation includes a foreword and an afterward by Bruno Bettelheim. The entire text is thus framed by the discourses of analysis. The

afterward, in a particularly offensive manner (and so charmingly without irony) claims that despite this story speaking for itself, "still, at its end there remain a number of unanswered questions for the layperson and the psychoanalyst alike" (Bettelheim, in Cardinal, 297). After Cardinal has found "the words to say it," the analyst really does "maintain his role to the end!"

In a different way, the analytic scene described by Ntozake Shange in *Liliana* illustrates holding and subjective facilitation in analysis through a complex and dramatically effective combination of inclusions and exclusions. In the chapters which directly depict the analytic environment, Shange provides a hyphen at the beginning of each line that indicates a change of speaker, from the analysand to the analyst. What becomes paramount, then, is as much as what is *not* said as what is, or *what is done in the space where speech may have filled in, or eliminated, the potential space*. When a question or a remark made by Liliana is greeted with silence by her analyst, it is a very purposeful silence, emphasized by the indication that it is the analyst to speak. His silence may represent an interpretation not imposed on his analysand. So too, it may be much more: a look, a gesture, a deferral, a holding, an encouragement, an understanding. Shange's narrative style offers a very real sense of the environment in which her main character finds herself; an environment that we, the readers, often find to be warm, facilitating, and playful.

A constructive, and somewhat more clear, illustration of how the analyst may function in playful, dialogic co-operation with the analysand is found, I believe, in Greenberg's *I Never Promised You A Rose Garden*. This practical representation is not perfectly compatible with the theory outlined above; in fact, neither Dr. Fried, Deborah Blau nor Greenberg ever explicitly describe what Fried does as "psychoanalysis" or even "psychotherapy," let alone Kleinian, Winnicottian, classical or object-relation techniques.²⁰ There are, however, important parallels to which I wish to draw attention. While Lisa Erdman achieves psychic stability (i.e. recognition of subjective ontology) only after the termination of her analysis with "Freud" and she is able to distance herself from her dependence upon/compliance with his discourse, Deborah Blau achieves this state within the psychoanalytic setting and with the direct aid of her analyst. Deborah's analysis is a

struggle consisting of the gradual release of dependence on her inner world of Yr and her separation from that world, and incorporation into the "real" external world. To accomplish this, both Dr. Fried and Deborah must enter the potential space that exists (but cannot exist) between them. It is Fried's responsibility as the subject designated "analyst" in this scenario to provide a "good-enough" environment in which play in this space can be opened. And the discourses of analysis, I maintain, are the transitional object that Deborah utilizes, with Fried's encouragement, to decrease the anxiety of moving between these two worlds.

It is explicitly understood between Dr. Fried and Deborah that the process of analysis will be a difficult one. Fried recognizes what other "high standing" physicians do not: it is not enough simply to remove the symptoms of "madness," because for the "patient" they have a deep significance. Fried attempts to make Deborah understand this in their very first meeting.

[Deborah] "All right -- you'll ask me questions and I'll answer them -- you'll clear up my 'symptoms' and send me home.... *and what will I have then?*"

"Come, sit down. You will not have to give up anything until you are ready, and then there will be something to take its place."

(Greenberg 25)

Fried later emphasizes, "I want to tell you again that I will not pull away symptoms or sickness from you against your will" (Greenberg 27). Fried realizes that if Deborah is to enter the potential space with her, Deborah must feel safe in doing so, and know that she is free to return to Yr, where she can at least live, if no longer feel secure and in control. Deborah depends on her inner world of Yr; to abandon this world for the one offered by her culture or other doctors (as Deborah often declares is attempted) would be like ripping the infant away from the mother and thrusting it out into the world without feeding or weaning.

Fried presents her discourse not as a substitute to Deborah's reality, but only as a transitional object that can be played with by Deborah in both her analysis (external world) and in Yr (Deborah's internal world). Fried does not suppress or demand that Deborah

reject Yr. "The symptoms and the sickness and the secrets have many reasons for being... I do not ask you to give up your gods for mine" (Greenberg 227). Fried instead creates and enters into a new world, inviting Deborah into a third place that exists between them, a world that is neither Deborah nor Fried, Yr nor the hospital, but their shared liminal space of analysis. This stands in contrast to the more "typical" psycho-physician, who asks Deborah when being told about Yr, "And what does that signify to you?"... perhaps forgetting that if she could speak truly to the world, she would not be a mental patient" (Greenberg 185). At first, we are told, the mediator-Censor of Yr "assumed the role of tyrant over both worlds" (62). Eventually, however, the Censor begins to lose his influence as Deborah's dependence on him is replaced by the transitional object that is Fried's discourse-therapy.

Although Fried is kept from Yr, Yri characters are aware of her (very real) presence, and sometimes these Yris enter the space of analysis. Fried is called "Furii" (meaning "Fire-Touch") in both worlds, an indication that while Deborah lives in Yr (when alone) and in the external world (on the hospital ward), she exists in a liminal place between these when in analysis. The presence of both the Censor and "Furii" in analysis attests to the characterization of Deborah's analysis as a "third area" of (inter)subjective experience -- the manner in which it is Fried ("Furii") and the Censor that are allowed to play in the space opened by analysis attests to their roles as mediators. Fried recognizes her own role as a transitional object: "Here again, as a hundred times before, she was standing between one person's truth and another's..." (72).²¹

As we have identified, the transitional object helps one to cope with the anxiety of existing in the liminal space. It is not when Deborah is firmly located in Yr, Fried understands, that she needs the discourses of psychoanalysis as a transitional object, but when she is separated from Yr and experiencing in the space that is neither Yr nor "reality."

[Fried] "This is the hardest time of all, harder than even your sickness was before you came here. At least *that* had meaning for you, as awful as the meaning was sometimes. You must trust me enough to take on faith that the new food, when it

comes, will be richer."

(Greenberg 139-40)

Here, Fried is offering herself and her discourse as Deborah's "nursemaid," a temporary caregiver to ease the anxiety of separation. This analogy is aided by Fried's use of a nourishment metaphor. (Is the food from a caretaker recognized as a whole object richer than that from an imagined part-object breast?)

Fried recognizes that "healthy" subjective experience is not a question of relinquishing one world in favour of another or "oscillating wildly" between the dialectics of phantasy and reality, individual inner and outer world. Her purpose, like Winnicott's, is to foster the idea that paradox can have positive value and that the ontological spheres of interiority and the real each have their importance (and consequences) in subjective experience. She tells Deborah, "'When it's over, you can still chose Yr if you really wish it. It is only the choice which I wish to give you; your own true and conscious choice'" (Greenberg 130). Although this choice need not necessarily (or possibly) be "conscious," Fried is correct to allow Deborah to exist in both worlds, and by facilitating the negotiation between these worlds, she makes Deborah's capacity to live in each stronger. "Oh Deborah! Health is not simply the absence of sickness. We never worked this hard just so that you might be unsick!" (Greenberg 292). For Fried, "healthy sickness" (262) is about "staying alive" or *being*.

The strength of Fried's approach lies in her ability to foster a *dialogue* between herself and Deborah, where analyst/mother and analysand/infant enter a third, creative space together rather than relying solely upon compliance with the *loi du pere* to achieve what Fried constantly refers to as "health."²² In the process of their analysis, Fried reveals to Deborah that she has "a hunch" and asks Deborah if she would like to "try it" with her (111-2). Deborah, surprised at being taken into such confidence by her analyst, asks, "Do you trust me with it?" to which Fried responds, "Certainly, or there wouldn't be this science at all, where the two of us work together. Your own basic knowledge of yourself and truth is sound. Believe in it." Fried explicitly encourages and in fact *insists* upon a dialogic, creative process in the analytic setting. It is said of Fried that "[s]he liked working *with*

patients" (18 -- italics mine). As Deborah becomes acutely aware, such an intersubjective strategy must be employed, "or psychiatry will disappear" (112).

At the conclusion of *I Never Promised You a Rose Garden*, we are left with Deborah studying for school as she attempts to re-integrate (or perhaps integrate herself for the first time) into mainstream society. Her history readings may provide us with a lesson as to how psychoanalytic discourse may, or perhaps should, function.

TECHNOLOGICAL ADVANCES AFFECTED WESTERN
EXPANSION IN MANY SPECIFIC WAYS...

THE INVENTION OF T.N.T MADE POSSIBLE THE JOINING OF
THE COASTS BY RAILROAD...

AND BOTH RAILROAD AND THE MORSE TELEGRAPH
MAINTAINED THE CONTACT INDISPENSABLE TO MODERN
INDUSTRIAL SOCIETY...

(Greenberg 300)

I would like to suggest that psychoanalysis may be like this technological advance, that has both positive and negative consequences for the subject and that has opened new possibilities to utilize previously untapped resources. Through the discourses of psychoanalysis, the polar (or "coastal") opposites may be connected between subjects and between the internal and external worlds of the subject. The coasts are connected through exploration and the creation of infrastructure in the potential space that exists between the extremes. And modern industrial society, our cultural experience, is maintained by the connections (railroads) and communication (telegraph) that are laid in this intercoastal region. Of course, if Deborah merely memorizes these facts as she is instructed, without re-examination or making them relevant and meaningful to herself, she is merely abandoning her compliance with the Censor and gods of Yr and complying with other discourses of her society.

Endnotes for Part IV

1. As I shall demonstrate, the Winnicottians endorse as the primary goal for psychoanalysis the *ontologization* of the subject rather than the subject's *liberation* (as it is conceptualized by the Frankfurt School of Marcuse, Fromm, Habermas).

For Habermas, the individual subject's existence is not really placed into question but, at times, one has the feeling that it is the pragmatics of language -- the Ideal Speech Situation -- as opposed to a subject which has ontology and the emancipatory interest bestowed upon it... Ontology precedes emancipation. Being must precede Doing... We wish to suggest that the telos of psychoanalysis may be something other than emancipation. It may be an ontologization of the subject.

(Finlay-de Monchy, *forthcoming*, 482-3)

2. Two qualifications must be made regarding the use of the term "mother" in this context. First, simply, Winnicott tells us that the mother need not necessarily be the infant's own mother, and second, that it need not be a female. "Mother" is used here because it is understood that in most cases, the infant's first experiences are in relation to its mother. Although the functions served by the good-enough and/or not good-enough mother may also be performed by the father or another male, the infant does not recognize this figure as "male" or "female"; what is of importance to the infant in this stage of development are only those functions that relate to feeding, nurturing, holding, etc.

It has further been challenged of the use of this term that it may serve to essentialize the functions of "mothering." While I accept this criticism and it is clear that another term is preferable to avoid inadvertently calling to the negative (ideological) implications of gendering the caregiver, I find myself in a difficult position. I do not wish to disembodify the functions of mothering (as I find "caregiver" might serve to do), and, with the term "mother," I think that we should problematize the concept by bringing to bear all of the implications that such a usage invokes.

3. There are other (related) functions that the mother may perform well-enough in infantile development (e.g. helping the infant to recognize objects as not-me), but I can only here focus on those functions which most directly relate to the issues at hand.

4. "Healthy" here is not used with the traditional connotations. Foucault (1965) identifies that, since the Enlightenment, the diagnosis of "madness" or mental "illness" has come to denote little more than the absence of reason. "Health," in such a case, becomes little more than the ability to maintain a semblance of disembodied, psychic "Reason." The type of health to which is referred here is something more than mere rationality: it is the integrated psyche-soma, the realization of subjective ontology.

5. My recognition of the positive value of narcissism stems from a variety of sources. Thanks are due especially to Marika Finlay-de Monchy; Fairbairn (1949); Psychoanalytic Studies (Sheffield) electronic mail discussion group.

I would like also to offer thoughts regarding how the notion of healthy narcissism

relates to the Kleinian identification of the paranoid-schizoid position and the depressive position. My own views (developed through much lively discussion) are that the depressive position is not entirely characterized by negative ambivalence. Klein actually mis-named the "depressive position." Life in the depressive position offers endless opportunity and experiences of *jouissance*. Only in the PS position can "depression" occur. The psychic maturity that the depressive position is meant to represent must necessarily permit (indeed foster!) healthy narcissistic processes.

There are those who see the depressive position as inherently and necessarily ambivalent and depressive, and they must therefore call for the subject to make occasional visits, or "controlled regressions," to the paranoid-schizoid position that allow the subject to realize its own subjective ontology. I do not want to even pretend to be able to settle this debate here; rather, I would like to take refuge in the positive value of both positions (theoretical and psychic). However, do we necessarily need to locate these processes in one of these two positions? Acknowledging that most of us spend most of our time living in a liminal space between the D and the PS positions, perhaps there is a *third space*, another option, between total ambivalence and omnipotent narcissism?

6. I will not attempt here to evaluate Winnicott's historical considerations regarding the degree to which creative play manifested itself in the lives of subjects "a thousand years ago." For more on this see Winnicott 1971, 70.

7. For Winnicott, the emphasis placed on the instincts by Freud and Klein are unacceptable and represents a retreat to the refuge offered by heredity. "The concept of the death instinct could be described as a reassertion of the principle of original sin" (1971, 70).

8. Winnicott also remarks that this area is not meant to be thought of as part of (body-)ego organization, but that it is found "on body *experiences*" (1971, 101). This is consistent with the view (maintained in this study) that experience is inscribed in the body.

9. I do not wish to discern whose perception we are talking about, merely to state that there is a perception (held by the public, analysands and *some analysts themselves*) of the analyst as a surrogate father-figure. Freud himself was not so reductionist in his view of the analyst and of analysis in general, but there is strong and sometimes blatantly obvious evidence that he did, at least at times, envision such a role, both with his analysands and his intellectual disciples. As Bollas phrases it:

Even though Freud privileged the analyst's interpretation of meaning, his fascination with dream contents and the matrix of unconscious material and his fidelity to the process of free association meant that at no point in his writings did his belief in his interpretive truths ever displace a method that would always undermine him.

(Bollas 1996, 3)

10. See also Kernberg, "Thirty Ways to Destroy Creativity in Psychoanalytic Candidates."

11. One must resist the temptation to describe the parental/maternal analyst dichotomy so as to pit the Freud-father against the *Kleinian* mother. While Klein pioneered the use of

psychoanalytic "play-technique" and greatly influenced Winnicott's thought (and Kleinian object-relations can sometimes be seen as an entirely different branch of psychoanalytic thought), it is clearly Winnicott, not Klein, that establishes this different technique of analysis. This is apparent through even the most superficial glance at Klein's writings. Klein, Bollas points out, "consistently stresses the interpretive work of the analyst and admonishes analysts for emphasizing the function of holding and the generative work of silence" (1996, 5). I mention this only because it was my initial (and incorrect) impulse to regard Klein as The Non-interpretative Mother in psychoanalysis.

12. For example, Bollas suggests that the paternal analyst may be too persecutory for the narcissistic patient, but that the obsessive-compulsive personality may benefit from the strictly ordered *loi du pere* rather than the associative, dream-like coddling provided by the mother (1996, 17).

13. The focus of Finlay-de Monchy's paper (1995) is the disintegration of the psyche-soma in the experience of graphic horror (which "destabilizes the status of Being").

A compiled list of transitional zones identified by various theorists would be thoroughly exhausting. Ross and Ross (1983) examine the liminal experience of various religious rites and rituals (although it may not be the ritual itself that is the liminal experience – the ritual may in fact serve as a transitional object to minimize the anxiety associated with a transitional experience). A brief selection of other examples (both other's and my own) include: sado-masochistic behaviour, carnival, the graduate degree and perhaps (it has been suggested) life itself. (Of course, each of these phenomena must be examined to determine what is the liminal experience and what is the object that aids the subjective movement through this experience. For example, I am not sure that sado-masochistic practice itself is a transitional zone, but a practice that is engaged in so as to move through a liminal experience.)

14. We can only speculate with regards to what has happened to the texts of those who did not experience a successful analysis.

15. The metaphorical and, also, the *actual* body of the analysand may also serve as a transitional object, both within and outside of the analytic setting. In this case, the "body" (soma) of the psyche-somatic subject is objectified and reduced to the mere status of *flesh* (Finlay-de Monchy, 1995; *forthcoming*). John Kafka believes that the body may be used in this respect. His description of his analysand "Mary" (1969) bears a resemblance to Deborah Blau's suicide attempt in *I Never Promised You a Rose Garden*. Kafka describes that "[i]n a sense, as long as one has blood, one carries within oneself this potential security blanket capable of giving warmth and comforting environment" (1969, 209). Mary's use of blood protects her from the anxiety of separation from the comfortable environment provided by her mother. Deborah too, had not wanted to let the blood get "too far away."

16. Winnicott himself does not appear explicitly to draw this connection between the transitional object and the discourses of psychoanalysis. His identification that the analyst serves as a "nursemaid" (1960a, 1962), however, clearly allows for the possibility for the

analyst to be viewed in such a manner, as a "temporary" and/or "transitional" (surrogate) mother that fosters healthy narcissism while gradually releasing the analysand from compliant dependence on discursive interpretations.

17. I realized that my referring to "verbal" discourses I am ignoring the importance of non-verbal communication. I am not sure that there is such a thing as a "wholly verbal discourse" that does not utilize or address some material object in communication, but I mean here to separate discourses, such as psychoanalytic theory or marxist ideology, from security blankets, string (Winnicott 1960b) or bodies/surfaces in collision.

18. This notion of *cultural transitional objects* that are both individual and public property (but also, neither individual nor public property) may be expanded to include languages, ideologies, sciences, fashion, etc. I recognize, however, that such a view must be approached carefully: what applies to individual development does not necessarily apply to cultural development.

19. Finlay-de Monchy suggests that it is at this point, when an inviting potential space is unavailable, that the body may become a transitional object: "an etching of surfaces" where symbolic language usage is blocked and replaced with regressive acting out (1995, 59).

20. I have it on good authority, however, that the actual "clinic" to which Greenberg refers may be The Chestnut Lodge -- the home of Frieda Fromm Reichman (Dr. "Fried" herself?), Erich Fromm and Harold Searles.

21. In this passage, Fried is specifically referring to Deborah's reality versus her mother's. However, it is not hard to imagine that Esther Blau's world is (at least largely) representative of the external world with which Deborah feels she must comply.

22. Although it would be grossly unjust to claim that Freud did not recognize the necessary conditions of analysis as a co-operative endeavour, and while he, "Freud" and Cardinal's analyst often explicitly insist that their relationship with their analysands is mutually participatory or that the actual work is done by the analysand, there is little evidence to suggest that they realize these claims.

– PART V –
CONSIDERATIONS AND CONCLUSIONS

How can the ethical limits of interpretive and discursive practices outlined above be extended to other fields of inquiry? Can we derive more general ethical limits and practices from these insights? In the following section, I hope to suggest how the ideas explored in this study may be extended beyond the psychoanalytic setting into the spheres of ethical philosophy, political and economic policy and literary criticism. What follows are not attempts to make definitive statements, but merely some generalized suggestions that may open the door to future explorations.

5.1 – An Ethics Grounded in the Recognition of the Unitary Psyche-Soma: An Alternative to Rationality

We have seen how the perils of discursive compliance and desubjectification serve to depersonalize the subject. While I have repeatedly stressed that depersonalization and desubjectification are not inherently negative and may in fact, in degrees, be necessary elements of subjective experience, I also have indicated that there are limits to which they may be perpetuated and endured. If we take the realization of subjective ontology, that is, allowing each subject to *be a subject*, as a desirable *telos* of individual, intersubjective and cultural experience, then we must accept that a generally applicable ethics for the subject must recognize the psyche-somatic nature of that subject. Such an approach would favour neither an abstracted psyche (as has been the norm for ethical philosophy) nor the body-machine (as threatens to be the dialectic, antithetical reaction).

Finlay-de Monchy similarly argues that an ethics of the subject be "grounded in the affective interest in the unitary body as psyche-soma" (1995; *forthcominga*, especially 225-

296). An ethic that is based upon mutual recognition between *like subjects* (two subjectivities, sharing a potential space and each with a particular idiom and creative capacity) must appreciate and facilitate the psyche-somatic realization of both subjectivities. This entails a recognition of one's own and the other's body (as a distinct subjective object), and the experience that is inscribed therein. Michel Foucault identifies in *The History of Sexuality* that the institutionalization of the processes of depersonalization intensified in the late sixteenth and seventeenth centuries, serving the ideological interests of the new emerging political capitalist economy. Marcuse theorizes (1972) that this depersonalization provided a justification for the bourgeois articulation of authority and for the work-ethic so imperative to a capitalist economy. By divorcing the mind-psyche (Winnicott 1949) from the psyche-soma, the false entity "mind" becomes "free" while the (psyche-)soma is sold into slavery. Thus, in what Marx saw as the "Christian cult of the abstract man," there exists a culture of "'persons' without regard to their material existence... in which men [sic] do not confront each other as concrete individuals [idiomatic, psyche-somatic subjects] but as abstract buyers and sellers of commodities..." (Marcuse 1972, 129). As I noted earlier, Marcuse *et al.* present the marriage of psychoanalysis and ethics as a prospect for subjective liberation. It has been my intention here, along with Winnicott and Finlay-de Monchy, to insist, rather, upon the *ontologization* of the subject. Ontologization and the facilitation of the unitary psyche-soma may serve to "liberate," but also, as we have seen, offers so much more.

The ethical systems presented in this age of the "abstracted" subject have not, as of yet, addressed the ontology of the subject as a psyche-somatic entity. On the contrary, most (if not all) have further served to naturalize or otherwise fortify these ideologies of depersonalization. An ethics that appeals to Reason alone disembodies subjects and insists that they exist in a sterilized, subject-less bubble (that is sometimes labelled the "public sphere").¹ This is the strategy for grounding ethics so prevalent in the Enlightened pursuit of the ideal human, guided by Reason and rationality ("the Ideal Speech Situation"?) alone. An ethics of the *true subject* and *between subjects* necessitates abandoning these pseudo-utopian notions of disembodiment.²

The utilization of Reason in the pursuit of an ethical philosophy relies upon what Fairbairn (1940) describes a process of *intellectualization*. "Intellectualization implies an over-valuation of the thought processes" (Fairbairn 1940, 20), a denial of the more unpredictable and barbaric affective states (the "indignities of passion," we might say) that are the property of the body. Fairbairn identifies the process of psyche and somatic splitting (what we have thus far referred to as depersonalization) as a characteristic trait of schizophrenic behaviour. Like many of the subjects studied in this paper, the rationalizing schizoid divorces thought from feeling and is therefore unable to make *meaningful*, emotional contacts with other people.

The search for intellectual solutions of what are properly emotional problems thus gives rise to two important developments: (1) The thought processes become highly libidinized; and the world of thought tends to become the predominant sphere of creative activity and self-expression; and (2) ideas tend to become substituted for feelings, and intellectual values for emotional values.

(Fairbairn 1940, 20)

The effort to "elevate" the human subject, the creature of reason, above our more base, somatic tendencies (a project "Western" philosophy has struggled to achieve since long before Descartes) is little more than a culturally institutionalized attempt to maintain an omnipotent, pathologically narcissistic illusion.

Does this have implications in the treatment of psychopathology? "Talking intellectually and talking about analysis," Winnicott insists "is rather different from *doing* analysis" (1972, 32). Fairbairn notes that we must beware of this intellectual that thus libidinizes the thought processes. "Such a personality, when he is in love with an intellectual system which he interprets rigidly and applies universally, has all the makings of a fanatic -- which is indeed what he really is" (1940, 21). This may also be said of the doctor who treats psychopathology, if he is unable to be spontaneous, creative, or adequately adapt to the needs of his analysand, and instead rigidly and ruthlessly applies his interpretations.

Winnicott notes, "Analysts are well protected. They avoid violation by special mechanisms for protection" (1972, 29). The processes of radical intellectualization, however, provide a very unsound (and certainly a professionally detrimental) basis for ethics of conduct for the psychotherapeutic practitioner. As I stated in the introduction, the medical doctor divorced from affect is better able to distance him/herself from his/her patient and maintain the myth of clinical objectivity, a claim that I hope to have thrown much suspicion over throughout the course of this study.³

5.2 – Ethics in the Political Sphere: An Argument for Social Responsibility

If we are to accept the unitary psyche-somatic subject as the basis for ethical behaviour and reject rationality as a basis for ethical standards, how may we then apply this to the practical field of, say, political action and social policy? As one psychoanalyst observed in a recent electronic discussion group, there has never been a "National Party of Irrationality" and never have the troops been rallied behind a flag of "Revolutionary Unreason." Or, I argued, perhaps they have. For example, if we accept that public policy should concern itself with *psyche-somatic* subjective development rather than false-self psychic/intellectual, can we conceivably expect a child that is malnourished to excel in school? Recent Canadian studies would suggest not (see Galt and Cernetig, 1997). Cultures divorce thought or intellectual process from feeling when privileging profits and the logic of market economics over the general welfare of the people; and also when they divorce the intellect from the body by employing workers of whom nothing more is asked than that they be machines who abdicate their inquisitive, creative faculties for overtime shifts on an assembly line that leave them too exhausted when they get home to do anything other than watch brainless sit-coms on television. Thus, I suggest that ideological discourses, unlike murder or genocide, cannot "permanently rent asunder" the subject, we may instead wish to say that discourses (such as neo-conservative economics) may permanently serve to rob subjects of any opportunity to realize their subjective being. Rather than being "rent asunder," many

subjectivities are simply "rented out."

The social democratic movement in many countries may be seen as employing an ethics grounded in the recognition of the unitary psyche-soma. Consider the position of "right-" and "left-wing" parties in Canada, the U.S. and Britain. The Conservatives and Republicans place their faith in the Invisible Hand (Disembodied and Dismembered part-object) of capitalist markets, facilitating the growth of the stock-market, investment, etc.. Social democratic parties, however, have traditionally favoured spending in social welfare, health care, education and job creation, all of which are intended to facilitate both the psyche and somatic development of the social-subjective-body.

The political spectrum, however, is definitely shifting to the right, towards the rational, ideological presuppositions of the abstracted capitalist market. The movement of political parties to disembodied platforms attests to this. What is perhaps more frightening is the degree to which formerly socially-responsible parties are being swept to power by electorates that have been convinced (desubjectified? depersonalized?) that their psyche-somatic interests do not matter, or at least are not as important as the disembodied structures of the market. The recent election victories of the Democrats in the U.S., "New Labour" in Britain and the Liberals in Canada are political indications, I believe, of the increased depersonalization of the subject in our culture.⁴

5.3 – The Depressive Position and the Possibility for an Ethical Imperative

There is another, not unrelated, approach to ethics that may be taken from an object-relations psychoanalytic theory. Fairbairn (1940) notes how the schizoid, who recognizes only *part objects*, has a "tendency to treat other people as less than persons with an inherent value of their own" (12). Because the paranoid-schizoid does not recognize other people as being *whole objects* (like subjects), everything and everyone is reduced to its functional capacity to serve the needs of the omnipotent phantasy of the psychically "immature" subject. (We may call this "pathological narcissism" in the adult, to be

contrasted to what we earlier identified as "healthy narcissism.")

I was particularly struck by the similarity of Fairbairn's ethical condemnation of the schizoid (split) individual with Kant's second formulation of the Categorical Imperative from *Fundamental Principles of the Metaphysic of Morals*:

Now I say: man and generally any rational being *exists* as an end in himself, *not merely as a means* to be arbitrarily used by this or that will, but in all his actions, whether they concern himself or other rational beings, must be always be regarded at the same time as an end... *So act as to treat humanity, whether in thine own person or in that of any other, in every case as an end withal, never as a means only*"

(Kant 1785, 56-58).

Having just condemned the Kantian tradition of a reason-centred (decentering) metaphysic of morals, it may seem odd that I now use his work to open a potential space for an ethical imperative through a recognition of the integrated psyche-soma. I must clarify that I do not wish to infer a direct lineage from Kant to Fairbairn, nor do I believe that I need adopt Kant's metaphysical or rationalist grounding or methodology to make use of his principle.⁵ That understood, Fairbairn does seem to be calling for an ethics that would similarly insist upon facilitating the subject's sense of itself *as a subject*, integrated psyche-somatic entities and not simply functions of the schizoid's own omnipotent phantasy.

A part object cannot be regarded as a another subject, but concerns a subject only in so far as it serves a function required by (pathological) narcissism. An ethics of the subject grounded in the mutual recognition of like subjects in a potential space must be a meeting of subjects as whole objects. Thus viewed, the realization of the depressive position becomes not only an achievement of psychic maturity and improved identification of the real, but an ethical imperative. With regard to gender equality, for example, it is therefore the ethical responsibility of men to abandon their patriarchal objectification and look upon women as whole objects that have value in themselves as like subjects, and not merely as part objects that serve the needs of male phantasy (as feeding breasts, sexually-gratifying orifices). So too, employers must recognize not just "employees," but like

subjects with needs and responsibilities outside the workplace (to support families, etc.). And when, I find myself repeatedly asking, did the "taxpayer" become the only entity that mattered to politicians, ignoring "citizens" of communities or nations?⁶

This opinion may be criticized, perhaps rightly so, for being oversimplistic. For example, we would not wish to limit our applicaiton of ethics to "man and rational beings;" nor would we want to embroil ourselves in the other trappings of Kantian (and/or Hegelian) rational morality. Also, as I have previously indicated, it has also been argued that there are virtues to the paranoid-schizoid position that are not served in the depressive position. However, recall my previous identification that healthy narcissism is necessarily present in the depressive position. The self-interest of healthy narcissism is appreciated in Kant's imperative, when he indicates that one must act to treat all humanity, *including "thine own person,"* as an ends and not a means only.

5.4 – The Ethics of Interpretation in Literary Criticism, Part I: A Case Study

May we also similarly conceive of an ethics for academic scholarship? To fully understand texts, do we not need to enter into a dialogue with them? if we do not grant that they too are capable of expressing a particular idiom? if we do not recognize the articulations of like subjects?

By way of example, I wish to examine recent scholarship regarding a text familiar to this study, Charlotte Perkins Gilman's "The Yellow Wallpaper." Julie Bates Dock, in tracing the evolution of the text and critical responses to it, notes that recent editions vary in wording and structure.

Moreover, many received "facts" on which interpretations of "The Yellow Wallpaper" have been built -- including Gilman's valiant struggle to get her story into print, the original audience's reading of it as a ghost story, and the irate reception it received from the male medical community -- do not hold up well under scrutiny.

(Dock 53)

It is Dock's thesis that Gilman's text, and our historical understanding of Gilman herself, have suffered as a result of the shifting interests of various critical evaluations. For example, "the struggle to gain a foothold for women writers in literary studies and in the academy" (53) resulted in changes and revisions of the text itself. The text has been transformed from an idiomatic articulation into an object of ("scientific") inquiry in another's subjective experience. Using the story as an entirely subjective object, the literary critic does not enter into a dialogue with the like subject that is represented by/in the text. So too, the history of Gilman's life has been rewritten, often at the expense of accuracy. For example, the story was not received with the degree of hostility that many feminist scholars would have us believe. Dock notes that "many feminist critics of the 1970s accepted -- and perhaps even required -- a publication history that cast Gilman in the role of beleaguered heroine" (57).

Do we wish to say here that there has been a breach of the ethical limits of interpretation? Although perhaps refraining from declaring these readings and revisions to be "unethical," I would certainly like to suggest that these scholars have acted in academic bad faith. But also, I have been challenged, do we wish to grant a text the same ethical status as a psyche-somatic subject? I would suggest not. However, is not the text an idiomatic representation of a subject? Is not a work of art, sent out into the potential space between two subjectivities (in this case, between the author and the critic), to be played with? Can we draw a parallel between the relationship between the author and critic and the analysand as dreamer and the analyst as association/interpreter? I would (tentatively) suggest that this is indeed plausible. The critic, by manipulating the text and making it an entirely subjective object, would in effect be upsetting the balance in the potential space. The text, if we may regard it as a toy in the potential space, can facilitate the idiomatic expression of two subjectivities if it is understood that it belongs to both author and critic, but also to neither; if it is located in a third area of cultural experience; if it fosters the understanding that paradox can have positive value.

As with my investigation into the psychoanalytic uses of interpretative discourse, I

do not wish to single out feminist theory and proclaim it to be particularly tyrannic. On the contrary, feminist theory should more often be praised (like psychoanalysis) for its self-awareness on these issues and the honesty with which it explicitly draws attention to its potential exclusions. I would much rather employ an ethics of interpretation in literary criticism to counter the claims made by such critics as Harold Bloom. Bloom (1994) attempts to create a Virginia Woolf (his own entirely subjective object) who writes only in the interest of literary aesthetics (i.e. confirms his pathologically narcissistic phantasy of what writing should be about). Woolf and her texts become part-objects that are manipulated in Bloom's wholly imaginary world. While Woolf herself problematizes the notion of what it means to write "as a woman," Bloom would have us all believe that it is possible to write from with-out the body, from with-out a place in time. Such beliefs are entirely without justification, contemplation or insight; worse, they serve ideologies that seek to undermine the claims of those subjects who can not, or will not, *indeed should not* live without their bodies or the ability to articulate their own subjective idiom. Such depersonalizing, rationalist claims actively undermine the political utilization of an ethic that recognizes the integrated psyche-soma.

5.4.1 – The Ethics of Interpretation in Literary Criticism, Part II: A Self Evaluation

And what of my own practises as a literary critic in this study? How would I fare in a self evaluation based on my own criteria for an ethics of interpretation? I have attempted, for the most part, to offer *readings* rather than *interpretations*, trying to add my voice to the voices of the texts that I am (paradoxically) appropriating. Do I succeed on every level? Not as perfectly as I would like, I'm sure. What I have tried to do is open spaces in which others' voices can enter my text: the voices of those upon whose theories I rely, upon whose narratives I "appropriate," and even those who may dissent or offer alternatives views to what I am proposing here. I find that I myself am faced with a problem similar to that I encountered in Part IV. Just as a narrator might find it difficult to (linguistically)

describe “holding,” “facilitating” or “Being,” I find that I am at a loss as to how to prescribe practical applications of the “ethics of interpretation” thus premised. Perhaps to act ethically in discursive practices is merely to *not* do certain things: do not be definitive, do not impose readings, do not fill the potential space with your own graffiti at the expense of another. Do, on the other hand, play with others’ texts *creatively*, recognizing their transitional nature as objects between two subjects and therefore endowed with a capacity to facilitate meaningful, dialogic exchange. This, I find, applies not only to the practices of academic writing, but to fiction as well.

5.5 – More Questions

As I indicated in my introduction, I feel as though I am left with many more questions. (I think that these concluding remarks have left little doubt of that). I do feel, however, that I have in this study opened a space in which I might ask much better questions, and find hosts of potential respondents. What I believe this line of inquiry has done, more than anything else, is provide a (*dialogic*) strategy through which these topics can be investigated.

If I were to extract one lesson that I have learned through the course of this study, one that I hope readers would also take with them, it would, without a doubt, be the notion that paradoxes can have positive value. Why this? Because, for me, this realization speaks to many of the conflicts that I have struggled with and attempted to address in this study and so many others. And, lest I leave a doubt, the questions upon which this investigation were initially formulated are entirely about conflict and “surviving our paradoxes.” Subject or object? me or not-me? discourse or body? mother or father? external or internal? social or individual? facilitation or interpretation? creativity or compliance? author or critic? ontology or de-ontology? to experience or not to experience?... *to Be or not to Be?* This is not so much the question as it is the answer.

Endnotes for Part V

1. Finlay-de Monchy notes how Habermas's "description of psychoanalytical communication overemphasizes rational self-reflective interpretation at the expense of affect-laden and/or regressive discourse" (*forthcominga*, 16). From my initial (limited) understanding of his plan for a discursive ethics in the public sphere, I also find that Habermas's approach demands a rationalistic denial of affect as disembodied spirits enter a space, presumably disposing of or transcending the experience inscribed on the very being of the subject.

2. Angela Carter offers a wonderful portrait of Enlightened [hu]Man's futile pursuit of the rational ideal. In her *Nights at the Circus*, she depicts a rehearsal: under the big-top, a professor instructs apes taking notes sitting at desks with slates on lessons of anatomy and biology as the strong-man copulates with the child-bride chimpanzees's keeper seems to be indifferent to the man throbbing on top of her as the clowns rest and the tigers are released from their cages, preparing to carve themselves a feast from the unsuspecting masters. In the middle of this three ring (and more) circus, stands the novel's hero, Wasler, naked before everyone for the benefit of the apes' lessons, wearing a dunce cap and his red, white and black clown's face, quoting, "What a piece of work is man! How noble in reason!..."

3. For an excellent example of how an analyst may balance the recognition of the analysand as a like subject and an appropriate degree of "professional distance," see Shange (1994 -- especially 99-104).

4. So too, we may wish to examine the practices of supra-governmental organizations. The World Trade Organization, for example, is comprised of non-elected officials who make rulings so to facilitate trade between nation states. The WTO, however, has no provision in its mandate to acknowledge the needs of workers (the subjective body), or the needs of environment sustainability (the global body, which the subjective body must inhabit). In fact, such considerations of labour and environmental rights are deemed "worrying" by those whose rational interests the WTO serves (see Abley 1997). The decisions of the WTO are not based on ethical considerations of the integrated psyche-soma (subjective or global), and focus only the *product*, not the *processes* of international trade. This means, for example, that tuna is deemed "dead fish" and viewed to be the same product whether or not (preferably not) the methods used in the capture, making or packaging of that product take into account the conditions of workers (human sustainability) or the number of dolphins killed (environmental sustainability). Instead, the WTO bases its decisions solely on the basis of (legal and market) discourse; twenty four thousand pages of discourse, to be more precise. It also privileges, again, the disembodied hand of market economics over the real, *material existence* of subjects and the environment, even serving to thwart previous agreements intended to provide for either than body and/or balance (by, for example, overturning multilateral environmental agreements).

5. Why, then, attempt to formulate an ethical imperative? Most simply because, I must admit, the idea(l) appeals to me. I find that I cannot tolerate the utilitarian approach, that condones a degree of "acceptable losses." This too, I find, to be a product of an ideology that necessitates that there be "winners" and "losers."

6. In addition, as a vegetarian, I would insist that "non-rational" beings (i.e. animals) be included in this ethical imperative so that we do not use other creatures (or the earth itself) as merely means to our own ends. During an introductory seminar I gave on the topic of object-relations, a friend innocently asked, "So, the pork-chop is a part object of the whole object that is the pig?" Yes.

Works Cited and Consulted

- Abley, Mark. (1997). "The Whole World in Its Hands." *Montreal Gazette* 19 April 1997. B1+.
- Abrams, M. H. (1985). *Glossary of Literary Terms*. 5th Ed. Toronto: Holt.
- Adorable. (1993). *Against Perfection*. Creation/EMI.
- American Psychiatric Association. (1980). *Diagnostic and Statistical Manual of Mental Disorders*. Third Edition. Washington, DC: APA.
- Balint, Michael. (1968). *The Basic Fault: Therapeutic Aspects of Regression*. Foreword by Paul H. Ornstein. Evanston, IL: Northwestern UP.
- Beckett, Samuel. (1967) *Stories and Texts for Nothing*. New York: Grove P.
- Benjamin, Jessica. (1988). *The Bonds of Love: Psychoanalysis, Feminism and the Problem of Domination*. New York: Routledge.
- . (1995) *Like Subjects, Love Objects: Essays on Recognition and Sexual Difference*. New Haven, CN: Yale UP.
- Bennett, Alan. (1992). *The Madness of George III*. London: Faber.
- Bloom, Harold. (1994). "Feminism as the Love of Reading." *Raritan: A Quarterly Review*. 14.2: 29-42
- Bollas, Christopher. (1987). *The Shadow of the Object: Psychoanalysis of the Unthought Known*. New York: Columbia UP.
- . (1989). *Forces of Destiny: Psychoanalysis and Human Idiom*. London: Free Associations.
- . (1992). *Being a Character: Psychoanalysis and Self Experience*. New York: Hill and Wang.
- . (1996). "Figures and Their Functions: On the Oedipal Structure of a Psychoanalysis." *Psychoanalytic Quarterly* 65: 1-20.
- Boomtown Rats, The. (1994). *Great Songs of Indifference: The Best of Bob Geldof and The Boomtown Rats*. Vertigo-Polygram.

- Bourdieu, Pierre. (1991). *Language and Symbolic Power*. Ed. John B. Thompson. Trans. Gino Raymond and Matthew Adamson. Cambridge, MS: Harvard UP, 1994.
- Breen, H.J. (1986). "A Psychoanalytic Approach to Ethics." *Journal of the American Academy of Psychoanalysis* 14: 255-76
- Brenner, Charles. (1996). "The Nature of Knowledge and the Limits of Authority in Psychoanalysis." *Psychoanalytic Quarterly* 65: 21-31.
- Bronte, Charlotte. (1850). "Biographical Notice of Ellis and Acton Bell." In *Wuthering Heights* by Emily Bronte. London: Penguin, 1988.
- Brown, Norman O. (1959). *Life Against Death: The Psychoanalytical Meaning of History*. Toronto: Random.
- Burnham, Robert C. and Peter L. Giovacchini. (1969). "Symposium on Impulsive Self-Mutilation: Discussion." *British Journal of Medical Psychology* 42: 223-9.
- Cardinal, Marie. (1975). *The Words to Say It*. Trans. Pat Goodheart. Preface and Afterword by Bruno Bettelhiem. Cambridge, MA: VanVactor.
- Carter, Angela. (1984). *Nights at the Circus*. London: Vintage, 1994.
- Chodorow, Nancy J. (1996). "Reflections on the Authority of the Past in Psychoanalytic Thinking." *Psychoanalytic Quarterly* 65: 32-51.
- Clavreul, Jean. (1989). "The Stakes of Psychoanalysis: An Ethics of the Subject." Trans. William J. Richardson. *Psychoanalysis and Contemporary Thought* 12: 663-86.
- Deleuze, Gilles and Félix Guattari. (1972). *Anti-Oedipus: Capitalism and Schizophrenia*. Trans. Robert Hurley, Mark Seem and Helen R. Lane. Preface Michel Foucault. Minnesota: U of Minnesota P, 1983.
- Dock, Julie Bates. (1996). "'But One Expects That': Charlotte Perkins Gilman's 'The Yellow Wallpaper' and the Shifting Light of Scholarship." *PMLA* 111: 52-65.
- Eidelberg, Ludwig, ed. (1968). *Encyclopedia of Psychoanalysis*. New York: Free Press.
- Elliott, Anthony and Charles Spezzano. (1996). "Psychoanalysis at its Limits: Navigating the Postmodern Turn." *Psychoanalytic Quarterly* 65: 52-83.
- Fairbairn, W. Ronald D. (1935). "The Sociological Significance of Communism Considered in the Light of Psychoanalysis." In *PSP*. 233-46.

- . (1936). "The Effect of a King's Death Upon Patients Undergoing Analysis." In *PSP*. 223-29.
- . (1949). "Steps in the Development of an Object-Relations Theory of the Personality." In *PSP*. 152-61.
- . (1940). "Schizoid Factors in the Personality." In *PSP*. 3-27.
- . (1952). *Psychoanalytic Studies of the Personality*. New York: Basic, 1994.
- Finlay-de Monchy, Marike. (*forthcominga*). *Post-modernizing Psychoanalysis: Psychoanalyzing Post-modernity: Free Associations on Subjectivity, Narcissism, Horror, and the Origins of Symbolization Processes*.
- . (*forthcomingb*). *Dialogical Strategies: Strategic Dialogue: A Discursive Analysis of the Subject's Interiority in Psychoanalysis. Volume I of Recuperating the Ontology of Subjective Interiority*.
- . (1995). "The Horrified Position: An Ethics Grounded in the Affective Interest in the Unitary Body as Psyche/Soma." *Body and Society*: 25-64.
- Flaherty, Peter. (1986). "(Con)textual Contest: Derrida and Foucault on Madness and the Cartesian Subject." *Philosophy of the Social Sciences* 16: 157-75.
- Foucault, Michel. (1954). *Mental Illness and Psychology*. Trans. Alan Sheridan. Foreword by Herbert Dreyfus. Berkeley, CA: U of California P, 1987.
- . (1965). *Madness and Civilization: A History of Insanity in the Age of Reason*. New York: Vintage.
- . (1978). *The History of Sexuality: An Introduction*. New York: Vintage-Random, 1990.
- Frances, Allen et al. (1977). "Depersonalization: A Self-Relations Perspective." *International Journal of Psycho-Analysis* 58: 325-31.
- Freud, Sigmund. (1905). "Fragment of an Analysis of a Case of Hysteria: Dora." Vol. 8 of *PFL*. 27-164.
- . (1909b). "Notes Upon a Case of Obsessional Neurosis (The 'Rat Man')." Vol.9 of *PFL*. 33-223.
- . (1917). "Mourning and Melancholia." Vol. 11 of *PFL*. 245-68.

- (1918). "From the History of an Infantile Neurosis (The Wolf-Man)." Vol. 9 of *PFL*. 225-366.
- (1920). "The Psychogenesis of a Case of Homosexuality in a Woman." Vol. 9 of *PFL*. 367-400.
- (1923). "The Ego and the Id." Vol. 11 of *PFL*. 339-408.
- (1925). "A Note Upon the Mystic Writing Pad." Vol. 11 of *PFL*. 427-434.
- (1940). "Splitting of the Ego in the Process of Defence." Vol. 11 of *PFL*. 457-64.
- *The Penguin Freud Library*. Trans. James Strachey. Ed. Angela Richards. 15 vols. London: Penguin, 1990.
- Freud, Sigmund and Breuer. (1893). *Studies in Hysteria*. London: Penguin, 1991.
- Galt, Virginia and Miro Cemetig. (1997). "Two Schools, Two Worlds Apart: Poverty a Barrier to Student Opportunity." *Globe and Mail* 26 April, natl. ed.: A1+.
- Gilman, Charlotte Perkins. (1892). "The Yellow Wallpaper." *The Yellow Wallpaper and Other Writings by Charlotte Perkins Gilman*. New Brunswick, NJ: Rutgers UP, 1989. 1-20.
- Greenberg, Joanne. (1964). *I Never Promised You a Rose Garden*. New York: Holt.
- Grosskurth, Phyllis. (1991). *The Secret Ring: Freud's Inner Circle and the Politics of Psychoanalysis*. Toronto: Macfarlane.
- Grossman, William I. (1982). "The Self as Fantasy: Fantasy as Theory." *Journal of the American Psychoanalytic Association* 30.4: 919-37.
- Habermas, Jurgen. (1971). *Knowledge and Human Interest*. Trans. J. Shapiro. Boston: Beacon.
- Hegel, G.F.W. (1977). "Lordship and Bondage." From *Phenomenology of Spirit*. Trans. A.V. Miller. In O'Neil.
- Hinshelwood, R. D. (1989). *A Dictionary of Kleinian Thought*. London: Free Associations.
- Hopkins, Gerard Manley. (1885). "[Carrion Comfort]." *The Norton Anthology of English Literature*. Vol. II. Fifth Edition. New York: Norton, 1986.
- Horgan, John. (1996). "Why Freud Isn't Dead." *Scientific American* December 1996: 106-

111.

Jackson, Rosemary. (1991). *The Eye of the Buddha and Other Therapeutic Tales*.

London: Woman's P.

Kafka, John S. (1969). "The Body as Transitional Object: A Psychoanalytic Study of a Self-Mutilating Patient." *British Journal of Medical Psychology* 42: 207-212.

Kant, Immanuel. (1785). *Fundamental Principles of the Metaphysics of Morals*. Trans. T.K. Abbott. Buffalo, NY: Prometheus, 1988.

Kernberg, Otto F. (1976). *Object Relations Theory and Clinical Psychoanalysis*. New York: Aronson.

Khan, M. Masud R. (1975). Introduction. In Winnicott 1975.

—. (1986). Introduction. In Winnicott 1972.

Klein, Melanie. (1946). "Notes on Some Schizoid Mechanisms." *Envy and Gratitude and Other Works 1946-1963*. London: Virago, 1988: 1-24.

—. (1952a). "The Origins of Transference." *Envy*: 48-56.

—. (1952b). "The Mutual Influences in the Development of Ego and Id." *Envy*: 57-60.

—. (1955a). "The Psychoanalytic Play Technique: Its History and Significance." *Envy*: 122-140.

Klimovsky, Gregorio, et al. (1995). "Ethical and Unethical Conduct in Psychoanalysis: Correlations Between Logic, Ethics and Science." *International Journal of Psychoanalysis* 76: 977-89

Lacan, Jacques. (1960). *The Ethics of Psychoanalysis. The Seminar of Jacques Lacan. Book 7*. Ed. Jacques-Alain Miller. New York: Norton, 1992.

—. (1968). *The Language of the Self: The Function of Language in Psychoanalysis*. Trans. with Notes and Commentary by Anthony Wilden. Baltimore: Johns Hopkins UP.

Laing, R.D. (1966). *The Divided Self: An Existential Study in Sanity and Madness*. New York: Penguin.

Laplanche, J. and J.B. Pontalis. (1973). *The Language of Psychoanalysis*. Trans. by Donald Nicholson-Smith. New York: Norton.

- Lehmann-Haupt, Christopher. "Psychologist an 'Empty Fortress' in Unsparing New Biography." Rev. of *The Creation of Dr. B*, by Richard Pollack. *Globe and Mail* 18 January [Toronto], Montreal ed.: D11.
- Levy-Suhl, Max. (1946). "The Role of Ethics and Religion in Psycho-Analytic Theory and Therapy." *International Journal of Psychoanalysis* 27: 110-9.
- Low, Albert. (1991). *The Iron Cow of Zen*. Rutland, VT: Tuttle.
- Marcuse, Herbert. (1972). *From Luther to Popper*. Trans. Joris De Bres. London: Verso, 1988.
- Masson, Jeffrey Moussaieff. (1988). *Against Therapy: Emotional Tyranny and the Myth of Psychological Healing*. New York: Antheneum.
- MC 900 Ft. Jesus. (1994). *One Step Ahead of the Spider*. American Recordings.
- McDougall, Joyce. (1989). *Theatres of the Body: A Psychoanalytic Approach to Psychosomatic Illness*. London: Free Association.
- Merleau-Ponty, M. (1962). *Phenomenology of Perception*. Trans. Colin Smith. New York: Routledge, 1995.
- Millon, Theodore. (1981). *Disorders of Personality. DSM III: Axis II*. New York: Wiley
- Modlin, H.C. (1973). "Science and Technology vs. Ethics and Morals." *Bulletin of the Menninger Clinic* 37: 149-168.
- Money-Kyrle, R.E. (1952). "Psychoanalysis and Ethics." *International Journal of Psychoanalysis* 33: 225-34.
- Nine Inch Nails. (1989). *Pretty Hate Machine*. TVT Records.
- O'Neil, John, ed. (1996). *Hegel's Dialectic of Desire and Recognition: Texts and Commentaries*. Albany, NY: SUNY P.
- Pao, Ping-Nie. (1969). "The Syndrome of Delicate Self-Cutting." *British Journal of Medical Psychology* 42: 195-206
- Plath, Sylvia. (1963). *The Bell Jar*. London: Faber, 1966.
- Podvoll, Edward M. (1969). "Self-Mutilation Within a Hospital Setting: A Study of Identity and Social Compliance." *British Journal of Medical Psychology* 42: 213-221.

- Rachels, James. (1986). *The Elements of Moral Philosophy*. 2nd Ed. New York: McGraw, 1993.
- Racker, Heinrich. (1966). "Ethics and Psycho-Analysis and the Psycho-Analysis of Ethics." *International Journal of Psycho-Analysis* 47: 63-80.
- Rajchman, John. (1986). "Lacan and the Ethics of Modernity." *Representations* 15: 42-56.
- R.E.M. (1983). *Murmur*. IRS Records.
- Ricoeur, Paul. (1977). "The Question of Proof in Freud's Psychoanalytic Writings." *Journal of the American Psychoanalytic Association* 25.4: 835-71.
- Ross, Mary Ellen and Cheryl Lynn Ross. (1983). "Mothers, Infants, and the Psychoanalytic Study of Ritual." *Signs* 9.1: 26-30.
- Rustin, Michael. (1982). "A Socialist Consideration of Kleinian Psychoanalysis." *New Left Review* 131: 71-96.
- Schultz, Charles. (1997). "Peanuts." Cartoon. *Montreal Gazette* 3 May 1997.
- Schwartz, Lynne Sharon. (1989). Introduction. In Gilman.
- Segal, Hanna. (1977). "Psychoanalytic Dialogue: Kleinian Theory Today." *Journal of the American Psychoanalytic Association* 25: 363-70.
- Shaffer, Peter. (1975). *Equus*. New York: Avon.
- Shakow, D. (1965). "Ethics for a Scientific Age: Some Moral Aspects of Psychoanalysis." *Psychoanalytic Review* 52: 335-48.
- Shange, Ntozake. (1994). *Liliana: Resurrection of the Daughter*. NY: St. Martin's.
- Smiths, The. (1992). *Best... I*. Warner Chappell Music Ltd.
- Spence, Donald P. (1986). "When Interpretation Masquerades as Explanation." *Journal of the American Psychoanalytic Association* 34.1: 3-22.
- Spillane, Robert. (1987). "Rhetoric as Remedy: Some Philosophical Antecedents of Psychotherapeutic Ethics." *British Journal of Medical Psychology* 60: 217-24.
- Stewart, Walter A. (1964). "Depersonalization." *Journal of the American Psychoanalytic Association* 12: 171-86.
- Thomas, D.M. (1981). *The White Hotel*. London: Penguin.
- Tragically Hip, The. (1996). *Trouble at the Henhouse*. MCA.

Wihl, Gary. (*Forthcoming*). "Liberalism and the Articulation of Cruelty."

Winnicott, D.W. (1945). "Primitive Emotional Development." *Collected Papers*. 145-56.

— (1952). "Anxiety Associated with Insecurity." *Collected Papers*. 97-100.

— (1954-5). "The Depressive Position in Normal Emotional Development." *Collected Papers*. 262-77.

— (1958a). "Mind and Its Relation to the Psyche-Soma." *Collected Papers*. 243-54.

— (1958b) "Transitional Objects and Transitional Phenomena." *Collected Papers*. 229-42.

— (1960a). "Ego Distortion in Terms of True and False Self." *Maturational Processes*. 140-52.

— (1960b). "String: A Technique of Communication." In *Maturational Processes*. 153-7.

— (1960c). "Counter-Transference." In *Maturational Processes*. 158-65.

— (1962). "The Aims of Psycho-analytical Treatment." In *Maturational Processes*. 166-170.

— (1965). *The Maturational Processes and the Facilitating Environment*. London: Karnac, 1984.

— (1971). *Playing and Reality*. Harmondsworth: Penguin.

— (1972). *Holding and Interpretation: Fragment of an Analysis*. Ed. and Intro. M. Masud R. Khan. London: Hogarth; New York: Grove, 1986.

— *Collected Papers: Through Pediatrics to Psychoanalysis*. London: Tavistock, 1975.

Wortis, Joseph. (1963). *Fragments of an Analysis with Freud: A First Hand Account*. New York: Charter.