Journal reviews

Edited by Robert Tyminski and Marica Rytovaara

Knox, J. & Lepper, G. 2013. 'Intersubjectivity in therapeutic interaction: a pragmatic analysis'. *Psychoanalytic Psychotherapy*, 28. 1, 33–51.

Analysts are very fond of 'big' theories, broad frameworks within which they can organise and account for their clinical experience. The shortcomings and hazards of this kind of approach are well known not least in the ways that expectations can lead to distortions of what is actually observed. Nonetheless the attractions remain compelling. In part this may be defensive, a consequence of analysts' exposure to uncertainty and doubt about the meaning and implications of patients' communications. This may be coupled with the reserve and isolation that an analytic attitude necessitates, which may tempt analysts to seek to contain and orientate themselves, by recourse to the kinds of structures that theory can appear to offer.

Alongside of this there has been an historic suspicion of extra-analytic and especially empirical research conducted outside of clinical sessions, which is often represented as in some way none, or even anti, analytic. There is something disingenuous about this, because analysis borrows freely, and it must be said often selectively, from research in other disciplines, where it is felt to support 'analytic' ideas. This essentially ambivalent approach often deters analysts from engaging in research that is capable of providing reliable ways of cross-referencing and triangulating the essentially subjectively experienced material which is the stuff of analysts' field of inquiry. Having said this, the need for this kind of approach is implicitly recognised, for example in need for clinical supervision and elsewhere, with tools such as Bion's 'Grid', which he explicitly states is only for use outside of sessions and for reviewing their content in a systematic fashion.

In Knox and Lepper's paper (both analysts who trained at the Society of Analytical Psychology) they describe their own extra–analytic researches into therapist/patient interactions, before going on to describe the ways in which this may have implications for how we think about, understand and work clinically. They focus in particular on 'turn-taking'; the ways in which there is a back and forth interaction between therapist and patient which consists of mostly unconscious, subtle negotiations regarding which direction, amongst many, the relationship between the therapeutic couple may take. Such turn-taking is an essential aspect

of all human interaction; patterns are established in infancy and it is both a proto-language and the substrate for all subsequent interactions; individuals' problems with taking turns is strongly correlated with psychopathology. The authors illustrate this by describing sections of a single therapy session (the session is one from the Penn Psychotherapy Project archive of clinical sessions which provides data-sets as a resource for psychotherapy researchers). The writers here provide passages from the session in verbatim form, which are examined for evidence of the factors which bear upon the flow of the conversation: competing agendas; the wish to avoid difficult or painful matters; the need to find points of agreement and emotional contact in order to preserve the relationship; in particular the emergence of 'ruptures' in the relationship which threaten its continuity and must be repaired or may ultimately lead to a breakdown in the relationship or at least impair its capacity to develop, for example, address painful or difficult matters. It may be clear from this, that this is an approach, which is interested as much in the structure of the interaction as in its content. From this perspective it is not just the explicit unconscious and conscious content of the patient's communications that is important, but also the unconscious structuring of the communication.

The authors describe the way in which a micro-analysis of a session is capable of revealing a multiplicity of dialogic threads and in the process they illustrate the richness and complexity of the material to be found in a single session, a single interchange or even in an only half-uttered word. In the process they draw out the ways new perspectives come to be generated for both therapist and patient and how essential this is for therapeutic work. This is painstaking and meticulous work which requires a rather different kind of role; that of researcher rather than an analyst or therapist. But the capacity to adopt this sharpens our capacity to listen to patients in the clinical situation along with our sense of what it is that we are listening to.

There are limitations to this objective approach of course; the subjective, especially affective experiences of the patient and therapist cannot be determined with any certainty by means of this sort of conversational analysis although something of this may be inferred from the interactions. By the same token it will not be hard for readers to imagine alternative vertices converging on the same material. But again this is important, because analysts sometimes talk about the analytic approach as though it is capable of providing an overarching understanding of a patient's material in any one session when it is really only over time and on the basis of multiple vertices that a satisfactory understanding can be reached. But as the authors make clear in their concluding remarks that they envisage the study that they are describing here as being only one amongst many contributing to a 'substantial project of pragmatic analysis… to build up a solid descriptive base of the properties of intersubjective processes in the clinical dialogue..' (p48) and for this to contribute to our therapeutic understanding and effectiveness.

A more substantial concern for me is the way in which, and I should make it clear here that the authors are absolutely not suggesting this, some analysts use

the idea of 'intersubjectivity' to suggest that the interaction between therapist and patient is the only place where meaning is created. This seems to me to create a rather thin account of subjective experience, which for example, attachment-based approaches seems to be susceptible to. So meaning and experience is not just a matter of intersubjectivity, but perhaps what we might call *intrasubjectivity* as well; the ways in which identifications with objects, coupled with states of identity mediated by objects, give rise to a sense of self rooted in affective and body—feelings states. These then become available for the creation of increasingly elaborated internal worlds, object relations, internal working models, unconscious phantasies, or however one might want to think about it. The complex interaction between the intersubjective and the intrasubjective is what we come to understand— as much as we can— within the transference/countertransference and it is this that, at its best, an analytic approach addresses.

So the careful, meticulous attention to *what actually happens* between analysts and patients should be the at the very core of analytic work whether this is in a session when we are formulating micro-theory hypotheses about a patients or outside of the consulting rooms when we construct meta-theory. Knox and Lepper's study is an impressive contribution to this iterative process, demonstrating our need for empirical researchers, who are also analytically trained. We need much more of this.

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Leichsenring, F., & Klein, S. (2014). 'Evidence for psychodynamic psychotherapy in specific mental disorders: a systematic review'. *Psychoanalytic Psychotherapy*, 28, 1.

Once upon a time as depth psychologists we only had Jung's problem of the very devil (theory) and Freud's problem of the witch (metapsychology) to worry about; now we have research evidence. To this we can add related problems of diagnostic categories, outcome measurement, and questions of cost-effectiveness. For the Jungian analysts in private practice these things may seem far away—an irrelevance to what they aim to do and how they practice their craft—though this depends increasingly on jurisdiction and the reach of institutional purchasers, such as insurance companies and governments. For the Jungian analyst in public practice, working for a health service or a funded therapy provider, these things are likely to be uncomfortably close and may well be highly intrusive; perhaps to the extent that something called 'Jungian analysis' is not what they provide. In the UK, at least, Jungians in public practice have frequently exercised their depth psychological skills through the fortunately vague-enough medium of 'psychodynamic/psychoanalytic psychotherapy', most likely short-term (less than 40 sessions) and perhaps according to some kind of manual (eg. Lemma et al., 2011).

At the same time, these colleagues in the National Health Service have seen their psychodynamic services questioned, put under threat, and even shut down, because of an apparent 'lack of evidence' for their effectiveness and replaced by therapy modalities for which there is an equally-apparent 'presence of evidence' for effectiveness, most notably cognitive behaviour therapy (CBT). Similar things have happened to grant-funded voluntary-sector psychodynamic/psychoanalytic psychotherapy services. The language of 'evidence' and the 'evidence-base' for things is becoming a dominant discourse in public debates about what kinds of psychological intervention or training should be funded or allowed, even as the meaning of the words used has become imprecise and over-saturated with political rather than research meaning. In some countries, there are even whispers of potential malpractice claims being made against clinicians who cannot show they have used an (up-to-date) evidence-based intervention for their patients' problems, should the patient not be happy with what they have received (even assuming the treatment plan was approved by the funder, if in an insurance system).

In this context, we might welcome the steadfast work of Falk Leichsenring and colleagues in Germany which shows, very clearly, that there is no 'lack of evidence' for the effectiveness of psychodynamic psychotherapy and that there is, in fact, a 'presence of evidence' which admittedly is not as large as that for CBT, but still shows that psychodynamic psychotherapy works. And that it works for a range of mental disorders. Specifically these disorders are: depressive disorders (major and minor); anxiety disorders (such as panic, phobias, and generalized anxiety disorder); somatoform disorders (such things as irritable bowel syndrome); personality disorders (borderline personality disorder; avoidant, compulsive or dependent personality disorder); eating disorders (bulimia, binge-eating, and possibly anorexia); complicated or prolonged grief; posttraumatic stress disorder (PTSD); and substance-related disorders (opiate and alcohol abuse). All of these have randomized controlled trial (RCT) evidence that shows that psychodynamic therapy works as well as other therapies, or treatment as usual (supportive or psychopharmacological therapies). As the authors put it, 'these results clearly contradict assertions repeatedly made by representatives of other psychotherapeutic approaches claiming that psychodynamic psychotherapy is not empirically supported' (p. 1).

This kind of statement, based as it is on a review of the evidence, has been met with both delight and dismay by depth psychologists. For some, the delight is that it shows that we are right to persevere with our practice and to continue to cling, tenaciously, to our right to provide publicly-funded services and to remain proud of our privately paid-for ones; it shows that claims to the contrary are unsupported and driven by professional rivalries and not by the science behind which they hide. For others, it is horrifyingly sobering: that what we do, works on the whole as well as CBT, which means that CBT, on the whole, works as well as what we do. We do not get better results; we have no right to claim superiority on the basis of the evidence. When Leichsenring gave the annual lecture for the Association for Psychoanalytic Psychotherapy in the NHS in 2013 and presented

this material, a horrified member of the audience asked something along the lines of 'Are you telling me that my seven-year analysis and five-year training is going to get no better outcomes than I'd have got if I'd done an unanalysed, one-year CBT training?' Leichsenring, being a good researcher, said 'No, I'm not saying that… the evidence is'. And hereby hangs another aspect that dismays others: that the whole 'evidence-base' debate sees the triumph of the privileging of a medical model of diagnoses over personal distress; a pharmacological method of testing over an individual's self-awareness; and a quantitative, statistically-based, impersonal conception of meaning over the profound mystery of the (extra-) ordinary meeting of two people trying to make sense of the shape of their lives (one more urgently than the other). In this view, 'evidence-based' psychotherapy is an oxymoron: psychotherapy is, and can only be, personal and a unique experience.

This latter view is one that has had a strong influence on the lack of engagement by Jungian analysts in the kind of research that Leichsenring has reviewed so well. We have favoured (a particular type of) case study in which the unique person is privileged, or symbolic and archetypal amplification in which the collective elements currently at work in the person are given voice to. For some of us, the multiple facets of postmodernism have given something approaching a way in; for others, different versions of psychoanalysis and its highly circular definition of research have been a compass by which we navigate ('doing analysis *is* doing research—the only kind of research that is valid for analysis *is* analysis'). Where we have embraced more 'empirical' research organizationally, it has tended to be for reasons similar to that influencing the 'evidence-base' debate: what will be paid for and what will not? A good example is the review of studies of Jungian psychotherapy by Roesler (Roesler 2013), which shows that it too has good outcomes. This summarized studies which had as their impetus threats to exclude Jungian psychotherapy as a bona fide treatment on the grounds of 'lack of evidence'. Interestingly, none of the studies are RCTs and so none would have made it into Leichsenring's systematic review, because even though they are evidence, they are not the level of evidence that (yet) makes much of a difference, at least in the UK, and the suggestion that a 90-session therapy is 'cost- and time-effective' (Roesler 2013, p. 571) would similarly be laughed-at despite the evidence put forward. Equally interestingly, the studies have led to proposals for the use of routine personality and outcome measures in Jungian training cases in Germany (Roesler 2013, pp. 572-3), where they can add to the weight of evidence supporting Jungian psychotherapy as a bona-fide treatment eligible for funding by insurance schemes.

Finally, psychotherapy research has moved on—even if this has not yet trickled-down much into the power-struggles between different therapy brands and clinical/training empires. Non-aligned psychotherapy researchers are now much more interested in *how* therapy works. There is a general acceptance that all therapies work (though not all work for everyone or every condition) and that comparing one therapy against another to see which is better is generally of far less worth than in seeing what it is in each therapy that appears to be

so effective, particularly given the differences in results between therapists of the same school. Despite Shedler's much lauded attempt to claim this effect for psychodynamic techniques used unknowingly by CBT clinicians in their successful therapies (Shedler 2010), there is still a genuine openness about this question of 'just how does it work?'. Engaging in this version of psychotherapy research is likely to pay dividends to the depth psychological community, as we have a well-articulated theory about this that goes beyond symptom reduction: structural psychological change/individuation. We need to be researching just what this is, what its long-term effects are, and how we enable it most effectively—through agnostic practice rather than by keeping faith with the gods of our theory (see also the work of Jean Knox and Margaret Wilkinson). I have a hunch that it is likely to be highly influenced by the individual coming for help, and by the individually-crafted meaningful relationship between them and their analyst in which purity of technique takes a back seat; fortunately, the developing evidence base appears to agree with me. Unfortunately, it is inevitable that I'm not going to like some of its implications for my work and for my identity as a Jungian analyst/psychoanalytic psychotherapist; but that's just how it is.

References

Lemma A., Target M. & Fonagy P. (2011). *Brief Dynamic Interpersonal Therapy. A Clinician's Guide*. Oxford: Oxford University Press.

Roesler C. (2013). 'Evidence for the effectiveness of Jungian psychotherapy: a review of empirical studies'. *Behavioral Sciences* 3, 562-575.

Shedler J. (2010). 'The efficacy of psychodynamic psychotherapy'. *American Psychologist*, 65, 98-109.

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Bohleber, W., Fonagy, P., Jimenez, J.P., Scarfone, D., Varvin, S., Zysman, S. (2013). 'Towards a better use of psychoanalytic concepts: A model illustrated using the concept of enactment'. *International Journal of Psychoanalysis*, 94, 501–530.

In an effort to promote greater conceptual clarity and integration in the field, the IPA has formed the Project Committee on Conceptual Integration charged with developing a method of conceptual analysis for the examination of commonly used psychoanalytic concepts across different theoretical orientations. This article by the committee presents both the methodology developed for conceptual analysis and its first employment in the analysis of the widely used, clinically close concept of 'enactment' and 'countertransference enactment'. Hence the article is of interest to psychoanalytic researchers and theoreticians seeking such a framework, as well

as to clinicians interested in achieving more clarity on the important and widely used concept of enactment. As the authors note, the emergence of this concept has accompanied the greater attention in all schools of thought to the subjective experience of the analyst (countertransference) and what it reveals about the psychic life of the patient.

Four schools of thought are selected for examination, and particular papers on enactment chosen from within each school. The review is selective and not exhaustive, covering Kleinian, ego psychology, self psychology and relational schools of thought. Bionian, field theory, and intersubjective views are referred to at points in the analysis. It's noted that the French do not use the term enactment, preferring 'mise en acte' and are not included.

The authors detail their five-step methodology: a historical review, study of the phenomenology of the concept (how it is used clinically), a methodological analysis of the definition of the concept, meaning space dimensions, and assessment of the possibility of integration. They go on to analyze the concept of enactment according to this five step framework.

The historical analysis is of interest to analysts from any school of thought: the concept has appeared in the literature for the past 25 years but has roots in ideas about action and acting out (and, later, acting in) dating back to Freud's discussion of Dora's 'acting instead of remembering' (*agieren* in German translated by Strachey as 'acting out'). The emphasis on action as opposition to the analytic process began to be reconsidered in the late 1950s as the communication value of action was considered, i.e., action was no longer only thought of as resistance but also as communication, albeit in nonverbal form, and a 'bifurcation in the psychoanalytic study of action' ensued. Concurrently, Klein introduced the concept of projective identification, Racker's work on countertransference appeared, the concept of projective counteridentification was introduced by Grinberg, and Sandler discussed role responsiveness in the analyst in response to projective identification. The term enactment was introduced in a paper by Jacobs in 1986 describing unconscious nonverbal responses of the analyst to the patient's transference communications as well as actions elicited by a triggering of unconscious conflicts and fantasy in the analyst. Bion's work emphasized speech itself as action, field theory emerged, and the burgeoning emphasis on intersubjectivity in the analytic exchange all gave credence to the communication value of all that ensues between analyst and patient. (It can be noted here that though not reviewed by these authors, modern psychoanalysts have written about use of emotional contagion and countertransference induction since the 1940s, see Shepherd 2012).

The authors go on to describe the phenomenology of enactment as found in the literature, summarizing a five-stage process with a working definition of enactment as an unconscious, inter-subjective event involving both analyst and patient. (It is not just a patient's communication through action though it is this reader's observation that the term is sometimes used in this way in the current literature). In stage one, basic expectations about the analytic process

exist in the minds of analyst and patient, though underlying tensions exist between 'the analyst's anticipated action and the patient's hope based on transferential phantasy (p. 510) The analyst resists gratifying the phantasy and 'remains neutral' (essentially the analyst 'analyzes' instead of gratifying or acting).

In stage two, a rupture occurs in the normative mode of functioning, the emotionally involved analyst unthinkingly responds to the 'pressure to act' and 'catches himself in the act' e.g., sleeping. In stage three, the analyst recognizes through his countertransference feelings that he is 'entangled' in an enactment, he 'catches himself'. As he reflects, he moves into stage four, realizing he has actualized a patient's unconscious fantasy. The patient picks this up consciously or unconsciously—all enactments are 'co-enacted' (this is an important point). Stage five, the resolution, depends on the school of thought. All analytic schools reviewed in the article rely on interpretation but from different vantage points, the patient's transference fantasy or the internal world of the analyst. Relational analysts recommend self-disclosure of failures of empathy if there is a retraumatization potential in the enactment. The conclusion from this review is that enactments are inevitable and 'may become a powerful means to reach inner depths dissociated from the self' (p. 513)

The authors then present criteria for assessing a psychoanalytic concept's construct validity for use in step three, criteria useful for assessing any psychoanalytic concept. In considering meaning space and dimensions of meaning, the authors conclude that enactment refers to a 'collapse in the analytic dialogue' in which the analyst 'unwittingly acts' and unconscious wishes are actualized which are not accessible through language. Enactment may be induced by analyst, patient or both, and it may be discrete or ongoing. Analysis of the 'meaning space' of the concept yielded six dimensions for analysis of different conceptualizations by school: 1) Action versus thought. All schools emphasize action, at one extreme, brought on by vulnerability in the analyst and a failure to contain or at the other, as a ubiquitous and ongoing process accompanying verbal dialogue. 2) Level of symbolization, desymbolization. While not all schools deal with this dimension in detail, some see enactment as a 'level' of symbolization and memory and means of bringing material into the psychic field (Scarfone) and the only way to bring traumatic memories into psychic elaboration. 3) Failure versus inevitable part of process. Differences here range from a failure to contain and think (Kleinians) to the idea that enactment is inevitable even necessary for analysis to be successful (some ego psychologists, relational analysts). Self psychologists are in between seeing it as a 'misunderstanding' with the opportunity to discuss and lead to greater understanding. 4) Involvement of the analyst's subjectivity. Positions range from the idea that the analyst is always subjectively involved (relational) to the idea that the analyst's unworked through conflicts and traumas are activated and result in actions (Jacobs; Steiner). 5) Usefulness versus harmfulness. All agree that what happens afterwards is critical for outcome. 6) Mechanisms of induction. How does one decide whether what emerges, through pressure from the patient, in which the analyst is drawn into mutual action, is projective identification, or is it a result of

activation of the analyst's unresolved conflicts? 7) Setting. Enactment can be observed in negotiation and changes in the contract.

Based on this meaning space, the authors conclude that there are three main conceptualizations that are not reconcilable into a single concept:

> 1-Enactment is a failure to contain or understand;
> 2-Enactment is the stimulation and actualization of unconscious conflict with meaning to both analyst and patient, only representable through action;
> 3-Enactment is continuous and ubiquitous.

They further conclude that the field needs a theory of action and a theory of symbolization. The authors end by invoking Ogden's analytic third, suggesting that there is the possibility of integration if one thinks of the 'rules' of analysis and enactments occurring in a dialectical process and the 'intersubjective solution' bringing the analytic situation 'to a new level of understanding'. Their conclusion sounds vague to this reader.

The conceptual analysis presented in this article is useful, though it leaves out some important schools of thought (Jungian analysis, modern psychoanalysis). The Committee is to be commended for developing a method of analysis applicable to any major psychoanalytic concept. Regarding the concept of enactment, there is indeed a need for further analysis on how the concept fits into the overall conceptual framework in which it is embedded.

As analysts work with preverbal states many forms of 'bringing to mind' will occur in the analytic dialogue: action, somatization, emotional inductions (both ways), fantasies/reveries, as well as verbalizations (see for example Levine, Reed, Scarfone, 2013; Meadow, 2003). What one does with this material will depend on one's particular ideas about analysis and technique, but the goal of analysis (which may be conceptualized differently by different theoretical schools and this would be worth analyzing) is to grow mind—put everything into words, experience all feelings, resolve blocks to maturation and develop flexibility in response, have the ability to reflect on one's subjective states and freely choose a course of action. In this process the total experience of the analyst and patient will be important 'data' about the mind of the patient as it impacts the mind of the analyst and vice versa. Perhaps analysis along a meaning space dimension of how enactment is understood in relation to the developmental phase or character structure of the patient would also be revealing, as enactments may be expected to occur with more primitive patients as a means of communication whereas occurrence with more highly structured verbal patients may more likely be an expression of countertransference resistance.

Enactments are inevitable, all schools agree. How to work with them productively when they occur is the task of the analyst, and here differences exist in theory of technique. For example modern psychoanalysts make emotional communications, or work within the symbolic communication rather than interpreting (Spotnitz & Meadow 1995). Field theorists also use interventions other than interpretation.

Jungian analysts use amplification in addition to other techniques (Cambray, 2001). As noted in the article, the basis of interpretation varies among schools, some espousing self-disclosure to offset potential trauma.

In summary, this article presents an excellent framework for conceptual analysis and clarification useful for furthering dialogue between schools as well as providing a basis for operationalizing concepts for clinical research and writing. It offers a beginning analysis of the concept of enactment which may be further elaborated through review of conceptualization in other schools of thought and analysis of neighbouring concepts.

References

Cambray, J. (2001). 'Enactments and amplification'. *Journal of Analytic Psychology*, 46, 275–303.
Gabbard, G.O. (1995). 'Countertransference: The emerging common ground'. *International Journal of Psychoanalysis*, 76, 475–485.
Levine, H.B., Reed, G.S., Scarfone, D. (eds.). (2013). *Unrepresented States and the Construction of Meaning*. London: Karnac.
Liegner, E. (1987). 'Countertransference resistance and therapeutic leverage'. *Modern Psychoanalysis*, 12, 179–186.
Meadow, P.W. (2003). *The New Psychoanalysis*. Lanham, MD: Rowman & Littlefield.
Sandler, J. (1983). 'Psychoanalytic concepts and psychoanalytic practice'. *International Journal of Psychoanalysis*, 64, 35–46.
Shepherd, M. (2012). 'Speaking the never spoken: the challenge of id analysis'. *Modern Psychoanalysis*, 37, 1–38.
Spotnitz, H. & Meadow, P.W. (1995). *Treatment of the Narcissistic Neuroses*, 2nd ed., Northvale, NJ: Jason Aronson.

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Lemma, A. (2005) '**The many faces of lying**'. *International Journal of Psychoanalysis*, **86, 3, 737–53.**

In her 2005 article '*The many faces of lying*', Alessandra Lemma attempts to broaden our understanding of what may motivate—consciously or unconsciously—a patient to lie, applying these reflections to three case studies. I found the interpretation, 'Lies are perhaps like a skin for you that keep you warm and safe in a world where you feel you can't trust anyone' (2005, p. 741) as the likely foundation of this article. Lemma mainly uses Glasser's (1979) binary notion of self-preservative lying versus sadistic lying and also reflects on lies as creating a skin, camouflage, or deception between Self and Other. Drawing upon Darwin's notion about evolution that species have often been preserved through using deception, she considers the positive use of lies and how the psyche may falsify truth in response to unbearable feelings of betrayal, deception, abandonment, and separation. In this sense, lies can hold a healing compensatory function. If, however, lies are autonomous and unconscious, they can become destructive and sadistic.

Lemma focuses on sadistic lying in the first case. The subsequent two cases explore: a) the use of self-preservative lying as a self-object need, and b) the lie used to create space (or skin) as a developmental protection from an invasive object. Lemma outlines how lies are a way to 'control' the Other, and throughout this article, she holds truth as a liberating phenomenon, grounded in the reality principle, yet also empathizes with the lie as a psychic attempt to progress or grow. Lemma is no stranger to the body's largest organ, and I couldn't help but reflect on this article as a seed for her later study on skin and body modification, *Under the Skin: A Psychoanalytic View of Body Modification* (Lemma 2010). In that work, she focuses on the negotiating relationship between Self and Other stating, 'Control over the 'other' may be expressed through attempts to remodel the bodily self, thereby creating an illusory certainty that the self 'knows' and so controls what the other sees when looking at the self' ((ibid., p. 78). Likewise, the patients in this article seek to control the Other through the use of lies.

The case on sadism was the most complicated of the three she presents, yet as I worked through it, I found this section to be the most fruitful because it framed most of the article for me. Lemma defines sadistic lying as a conscious victory to deceive or humiliate an object. In this case, Mr. S. shows these qualities with contempt, revelling in his victorious duping each time he deceives an object. In referring to his past, Mr. S. says, 'my mother understood me perfectly but my father was stupid. To this day I can't understand what she ever saw in him and why she spent her life following him around the world in his pointless travels' (p. 739). Mr. S. associates to his work issues and his stupid boss stating, 'It gives me intense pleasure to get over on him at every opportunity. I make up stories … just to wind him up and he falls for it every time. Every time!' When Lemma describes lies as a possible safe haven for him, he replies, 'lies keep me warm' (p. 741). Lemma wonders if this getting over on 'him' may have been a 'defensively constructed Oedipal illusion' (see Britton 1989) whereby attacking his father protects a special private relationship with his mother.

In support of her argument about Mr. S., she considers Freud and his case of Little Hans. Freud (1905), she states, may have been on to something about a possible origin of lies because Little Hans was caught up in lies as a retaliatory attack on his father (p. 738). I found this notion, while briefly noted in the article, an exciting reflection as she wonders if Mr. S.'s use of lying might have historically been in response to the 'internal prototype of the child's first experience of being deceived' (p. 742). Mr. S. must have been deceived by his mother in choosing the stupid father over him which could mean, as Lemma states, that 'the child's subjective experience is of having been rejected brutally by the parental couple and humiliated' (p. 742), thus making him the dupe after all. In other words, Mr. S. may experience this lie or duping as a cut into the psychic umbilical cord between himself and his mother. Unable to mourn this cut, he instead splices the umbilical cord with a lie. Lemma may be providing the reader with a potential assessment tool insofar as the deceptions of a sadistic liar may be found to have roots in an unresolved Oedipal conflict.

In self-preservative lying, the sadistic impulse is not employed; rather, a melancholic feeling of loss is repressed or circumvented by the lie. The case of Tony shows how his lies aim to manipulate longing and desire in the object. Tony was adopted, and at age seven, his adoptive parents conceived their own daughter leaving him to feel 'sidelined'. Tony experienced his parents as abandoning, and in order to gain their love, he would spin fantastic, though obviously inflated stories in which he, like an archetypal super hero, would rescue the damsel in distress or slay the dragon—something a seven-year-old could create as a reparation fantasy. When late for sessions, Tony creates stories putting himself 'at the epicentre of some impending disaster' (p. 744), like rescuing people in an elevator or saving a mugged man. Lemma finds these stories simultaneously create desire for contact although, at the same time, they distance Tony from his true self by splitting him between the unreachable masked hero and the hidden abandoned self.

Lemma remains focused on the insecurity that Tony feels at the abandoning self-object level, and interprets to Tony, 'sometimes it might be difficult for you to show me the real you because you are so afraid I will reject you' (p. 746). It's clear here how Tony uses lies, like insulation, as a self-preservation against the terrifying anxiety of abandonment. He does not attack Lemma sadistically, but rather tries to control her perception of him. She believes that because she feels an empathic countertransference to his stories, his lying is of the self-preservative type in order to keep her at a safe distance. Tony may have also experienced an earlier Oedipal loss with regard to his mother when she gave birth to his sister.

The third case expresses another form of self-preservative lying. Ms. B. uses lies to conjure an Oedipal third father (her father died when she was age one) to protect herself from an overly invasive psychotic mother. Ms. B. did not have the developmental experience of space (either a protecting skin or a separating third) between Self and Other, and she later offset this early invasion of her psyche by lying. This tendency is revealed by Ms. B.'s response to Lemma's request to change the session time as a one-off. Ms. B. replies, 'No, I don't think that's going to work for me…sorry, I'm being a bit vague but that's because I have so many commitments right now, they're getting confused in my mind' (p. 749). She continues describing how she might get food poisoning at dinner, and Lemma replies, 'My asking you to change the time next week has turned me into a therapist who dishes up poisonous therapy' (p. 748). Ms. B. admits her lie, and then Lemma replies, 'Lying to me seems like the only option when you feel I'm asking something of you that feels intrusive' (p. 748). Ms. B. had a compulsion to 'automatically' lie to her mother and at times even made up a boyfriend to escape from her mother. Lemma believes that the use of such lies with Ms. B. was, albeit developmentally frozen, a 'momentous step into separateness and autonomy' (p. 750), placing lying again as something of an attempt to develop or progress in a context of emotional pain. When the use of the lie is separated from the original developmental intention, it can spin off, go underground, and become a complex or an addiction, similar to what we experience with pathological liars, alcohol and recreational drug addicts, or Munchausen's syndrome.

Although Lemma holds an ambivalent view of lying, she outlines its developmental, restorative, and sadistic uses quite well. While reviewing this article, I have noticed how often lies express themselves in my clinical work, particularly the self-preservative lie, which seems to manifest more frequently in an abandoned and narcissistically injured psyche. I also found her referencing an Oedipal betrayal as constituting the first experience of being deceived to be very compelling, yet I also wonder about other ways a child may feel duped, for example, in untrue but common experiences such as being given a pacifier or told a tale about Santa Claus. These conscious lies from caregivers soothe and preserve imagination, but it seems that we know all too well the sad loss that usually comes when these stories are found to not be true. Conversely, a child can also be exposed to too much truth, such as when a child is exposed to traumatic concepts or images in media, or when truth is used in a sadistic manner to destroy a child's idealization or healthy fantasy. Timing and compassion with truth is important too. In this rich and varied paper, Lemma succeeds in providing a thinking model for lies.

References

Britton, R. (1989). 'The missing link: parental sexuality in the Oedipus complex'. In *The Oedipus Complex Today: Clinical Implications*, eds. R. Britton, M. Feldman, E. O'Shaughnessy & J. Steiner. London: Karnac, 83–102.

Freud, S. (1905). *Three Essays on the Theory of Sexuality. London: The Hogarth Press*, 123–243.

Glasser, M. (1979). 'Aggression and sadism in the perversions'. In *Sexual Deviation*, ed. I. Rosen. Oxford, UK: Oxford University Press, 279–300.

Lemma, A. (2010). 'Being seen or being watched'. In *Under the Skin: A Psychoanalytic View of Body Modification*. New York: Routledge, 74–91.

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Sanchez-Cardenas, M. (2013). 'Matte Blanco and narrative: Hitchcock's Vertigo'. *International Journal of Psychoanalysis*, 94, 825–40.

Alfred Hitchcock's *Vertigo*, directed and produced in 1958 and based on the 1954 novel *D'entre les morts* (*The living and the dead*) by Pierre Boileau and Thomas Narcejac, remains a piece of cinematographic art. Art is impressionable, inviting a reader or viewer to consider different narratives belonging to the individually evoked experience. Sanchez-Cardenas aims to provide an understanding of how different narratives in the movie have been discovered and are still to be explored, using the unconscious axes introduced by Matte Blanco. As the title suggests, the viewer tumbles deeply into Hitchcock's dazzling unconscious only to recover a sense of reality towards the end of the movie together with Scottie, the main character of the movie. Sanchez-Cardenas's psychoanalytic reading of the plot, using Matte Blanco's logical theory of the structured repressed unconscious,

makes for new interpretations and understandings of this famous movie. *Vertigo* is the British Film Institute's most popular film of all time, over and above the many essays and reviews already written.

Sanchez-Cardenas takes the reader through a brief summary of Matte Blanco's theory, who by building on Freud's concepts of condensation and displacement introduced the concepts of symmetry and asymmetry. The author sets out to describe the different modes, symmetry and asymmetry, which are situated in strata, to develop Matte Blanco's model of the mind. With increasing consciousness there is more asymmetry while with increasing unconsciousness there is more symmetry. With more asymmetry there is more experience of a sense of an external reality, a difference between 'I and thou', whereas with less asymmetry there is the replacement of the external with psychic reality (p. 826). Matte Blanco speaks of the deeper levels of the unconscious as 'a tendency towards unification' (ibid.), spacelessness and timelessness.

Each of the strata bring different narratives, as a function of the quantity of symmetry and asymmetry, representing different layers of the unconscious, which in turn are in line with different theoretical models and understandings. There is the explicit stratum with well-differentiated characters, or objects, a further stratum with prototypical characters of the Oedipal configuration; a stratum in which split-off parts begin to pass between subject and object, where good and bad parts are projected, and finally there is a stratum where subject and object are identical (p. 837), or fused. *Vertigo* can be understood as a story with different narratives being played out at different levels, or strata, which all co-exist, thus forming, what Matte Blanco referred to as, the bi-logic.

Matte Blanco is known for the introduction and application of the complexities and paradoxes of mathematical logic to the realm of the unconscious, enriching the understanding and the depth of the clinical situation (Grotstein, 1996). Matte Blanco had always insisted on his indebtedness to Freud (ff. p. 825) who, he considered, had opened up his path, not necessarily always agreeing with all of Freud's work. Matte Blanco had for example politely questioned the existence of the death drive (Matte Blanco 2005). A further difference with Freud would be the definition of the unconscious, which in Freud's view was characterized by repression, whereas Matte Blanco, whilst not rejecting the importance and function of repression, developed the notion of the structured unrepressed unconscious. As Sanchez-Cardenas put it: 'But Matte Blanco focuses his remarks on the logical qualities of the symmetrical unconscious: unconscious is not only an adjective (e.g. a 'repressed' complex), but a different quality of functioning where this fusion occurs, independent of splitting and projective-introjective movements' (p. 826). Fusion here refers to high levels of symmetry, the dream world, hallucinatory activities or hallucinations.

The unrepressed unconscious was addressed by Carvalho (2014) who used Matte Blanco's and Bion's theories to vindicate Jung's concept of the unconscious and the notion of *participation mystique*. Although Matte Blanco's theory may not predict the existence of a collective unconscious, there is significant evidence,

as Carvalho argues, for the acknowledgement of an unrepressed unconscious in Jung's theory. His theory is characterized by high levels of symmetry leading to the dissolution of the individuality, a conclusion also discussed by Sanchez-Cardenas when he discusses implications of Matte Blanco's theory for *Vertigo*: 'Seen through Matte Blanco's lens, we can see that the story is not simply one of characters who are bound together by their affective strings, their splits, the reciprocal identifications and projections, but one in which the hero is an affect, of which the characters of the film are simply equivalent examples' (p. 838).

Sanchez-Cardenas's brief outline of Matte Blanco's theory may, when unfamiliar to the reader, feel warped away, associating away from what is familiar psychoanalytic territory. Trying to understand Matte Blanco may require the reader to give up what is theoretically known and to be taken on a journey to discover that logic and the unconscious, apparently contradictory, in fact help to develop a much deeper understanding of the role of affect. Reading Sanchez-Cardenas's essay, and studying Matte-Blanco, is not unlike leaving the known theoretical reality behind for a dive into the unknown only to let oneself find reality again. This parallels the experience of Scottie, who sinks deep into the unconscious, trying to understand his anxieties only to recover shortly before the end of the movie (p. 835). This is perhaps not unlike the reader being subject to a logical unfolding of Matte Blanco's thinking. Once understood Matte Blanco's thinking is a rich addition particularly to the understanding of affect in analysis. Playfully, Sanchez-Cardenas helps the reader on the road to that discovery. He shows us how different narratives contain different formations of the unconsciousness. Scottie is part of an explicit narrative, subject to Oedipal preoccupations, and merges together with Madeleine; different levels of unconsciousness with different levels of symmetry, which are at play at the same time. The movie's plot thus unfolds at several simultaneous strata (p. 838). The hero is also defined as an affect carried by the different characters, who become spokespersons of the 'fractal' diffractions of the affect. At this level the characters become representations of affective states of mind and lose their personalities all together.

This is a well-written essay that provides a brief and concise introduction to the work of Matte Blanco. Sanchez-Cardenas invites the reader to understand that Matte Blanco's theory is overarching and inclusive of Freudian and Kleinian thinking, whilst being a parallel to Jung's definition of the unconscious where affect, as in the original definition of the archetype and carrier of the complex, is the basis of any experience.

References

Carvalho, R. (2014). 'A vindication of Jung's unconscious and its archetypal expression: Jung, Bion, and Matte Blanco'. In *Transformation: Jung's Legacy and Clinical Work Today*, eds. A. Cavalli, L. Hawkins & M. Stevens. London: Karnac.

Grotstein, J.S. (1996). *Thinking, Feeling and Being: Clinical Reflections on the Fundamental Antinomy of Human Beings and World. By Ignacio Matte-Blanco*. London: Routledge, 1988.

Matte-Blanco, I. (2005). 'The four antinomies of the death instinct'. *International Journal of Psycho-Analysis*, 86, 1463–76.

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Maiello, S.(2012) 'Prenatal experiences of containment in the light of Bion's model of container/contained'. *Journal of Child Psychotherapy,* 38, 3, 250–267.

Suzanne Maiello begins with Bion's provocative question: 'Does a fetus think?' (Bion 1962 cited in Maiello 2012, p. 250). She queries, 'is it too daring to think that the germ of the highest levels of mental abstraction may lie in the earliest psycho-physical developmental states of the human being?' (p.252). In the context of Bion's container/contained model, Maiello hypothesizes that prenatal sensations of physical containment, particularly auditory, tactile, and kinesthetic sensory experience, 'may have their mental counterpart in the development of a proto-mental container and memory, the existence of which can be observed in the newborn infant' (p. 250). Maiello shares theory, infant observation, and case material, creating links toward a deeper understanding of how prenatal experience might dwell in the human psyche.

Maiello reviews Bion's model of container/contained, emphasizing its dynamic qualities and susceptibility to emotion. Her writing adheres to Bion's phenomenological sense that the aim of hypothesizing is to invite new contemplation, a sense resonant with Jung's description of hypothesis as symbolic, 'an anticipatory description of something still essentially unknown' (Jung 1971, para. 817). She invites us to wonder if 'uterine containment is not only a physical reality', but a reality 'connected to primal prenatal *proto-mental* experiences' (p. 252).

Maiello describes the conjunction of two elements at conception through their evolution into the unborn child's sense of contained separateness, which allows for 'thinking'. She reminds us that thinking usually requires a tolerance for separateness and that this situation gives rise to projective identification, for example when a newborn, or perhaps even a fetus, communicates anxiety that the mother contains and responds to, thus transforming unbearable experience into something manageable. Survival and development for the unborn child depend on the physical 'containing capacity of the mother's uterus and the nurturing and filtering capacity of the placenta, as well as on the maternal mental containing function' (p. 253), which can be manifested in conscious and unconscious desires to 'receive, nourish, and protect the baby' (p. 253). To illustrate a compromised capacity for containment, Maiello shares the case of a distraught young woman whose ambivalence toward pregnancy resulted in an abortion after which she suffered persecutory guilt. This patient required an experience of containment, herself, that occurred through the therapist's capacity to help metabolize primitive affects. The patient became pregnant again, expressing her own capacity to contain and communicate with the unborn child through a particular touch on

her belly. In a complementary turn, Maiello portrays an experience of the contained infant in the report of a woman who shares that it was through a kick from her unborn child during a rock concert that she realized the baby could not tolerate such music.

Maiello deepens this discussion of an unborn child's world, exploring auditory and tactile realms to 'trace their respective functions in relation to the experience of containment and their role in the development of some form of a prenatal proto-consciousness' (p. 253). She refers to her earlier paper on prenatal auditory experience of the mother's voice (1995), which I recommend as a companion piece to this article. Here, Maiello emphasizes that an unborn child becomes acquainted with the mother through the quality of her voice, its linguistic singularity, and notably, through its presence and absence, particularly how the latter might relate to pre-conception or a 'state of expectation' (Bion 1962, p. 91) as a rudimentary stage of the infant's capacity to contain. From a Jungian angle, it is possible to imagine this stage as including the germ of an archetype.

The heart of Maiello's current article is a discussion of an unborn child's experience of tactile and kinesthetic sensations. She posits that the maternal-child relationship is not only a physical configuration of container/contained, but that an unborn child might 'have rudimentary *experiences* related to the spatial reality it inhabits' (p. 255). She then asks:

> Can we imagine that the experience of containment in concrete space could stimulate the formation of a mental counterpart in terms of a prenatal proto-mental apparatus? An apparatus capable of receiving sensory impressions and reacting to them through action, or transforming them so that they can be stored in a prenatal memory...? (p. 25)

Thus, the unborn child might have an elementary capacity to contain and transform sensations as 'the content of procedural memory' (p. 255).

Maiello finds evidence in both ultrasonic imaging and infant observation that sensory memories accrue from prenatal experience. She asserts that 'there must be rudimentary mental activity before birth, which allows perceptions to be transformed into awareness, experience, and memory' (p. 256). Referencing Piontelli's (1992) study of infant character before and after birth, Maiello considers fetal awareness of the uterine environment. In the tactile and kinesthetic domain, 'there could be some experience of differentiation between container and contained' (p. 256). She speculates that there could be proto-awareness of the uterine environment as a form of being 'not-me' (p. 257). In this light, she wonders about container/contained experience toward the end of pregnancy when space is actually constricted.

Maiello discusses a containing 'background object' (Grotstein 1981, cited in Maiello 2012, p. 257) that could form an elemental representation for subject and object, thus becoming an early template of containment. She concludes that toward the end of pregnancy, 'the child may experience moments of differentiation between its contained existence and the maternal container' (p.258). Actual

experience bears out her assumptions. She first relates that during an opportunity to observe newborns, she used a spontaneous gesture to calm them when they were placed on their backs immediately after their birth, usually screaming and communicating a sense of fragmentation. Maiello turned the babies on their sides and softly touched their backs. The babies calmed and resumed a presumably more familiar fetal position. She wonders if her touch *re-evoked* a memory of their recent experience in a tight uterine environment (p. 257). Secondly, Maiello shares an observation of a two-year-old girl who, due to prematurity, lacked an experience of containment provided by the late-stage uterine environment and who would back up to adults to feel their legs against her back, perhaps as a way to 'reinforce the abstract mental counterpart of a container' (p. 258).

Maiello examines qualities of dynamism inherent in Bion's model, giving the example of prenatal thumb sucking as a 'tactile proto-experience . . . which dynamises the connection between container and contained, giving rise to pre-conceptual awareness of a possible relation *between* two entities' (p. 259) or an emergence of self-object and relational object. While the mother's voice is 'the first really *other* object' (p. 259), Maiello outlines how the thumb might hold an intermediate position between self-object and relational object' (p. 259). She then describes a three-year-old girl's symbolic play with Russian nesting dolls to illustrate the child's introjection of a dynamic, flexible container/contained sensibility and relational awareness.

Maiello offers further evidence for prenatal proto-awareness of container/contained dynamics in an evocative description of a clinical case that illustrates a negative valence of the paradigm. The child, Rosetta, had almost been miscarried. Two miscarriages followed her birth. During yet another pregnancy, an event occurred in the child's psychotherapy when related and symbolic play emerged in lieu of her more typical 'psycho-physical autistic armour' (p. 265), expressing what seemed to be embodied memories of 'nameless dread' (p. 265) stemming from the earlier exposure to potential miscarriage. Maiello felt compelled to rely on gestural communications to allow for a newer representation of containment in this child. Reading this case, I thought of the recent film, *Gravity* (Cuerón & Heyman 2013) and the experience of the character Dr. Stone (played by Sandra Bullock) that pulls the viewer into a sense of aborted containment and unspeakable agony as Stone drifts in space, no longer tethered to the mother ship. I am reminded of archetypal dimensions to the proto-mental experience Maiello considers.

Suzanne Maiello has written a provocative article, remaining faithful to Bion's elegantly simple model. As I read Maiello, a resonant theoretical connection came to mind. With a nod to Merleau-Ponty, who describes the body as 'a nexus of living meanings' (1964/1968, p.151), cognitive linguists Lakoff and Johnson assert that the very germ of metaphor occurs developmentally out of our undifferentiated sensorimotor experience combined with subjective experience as infants (1999). Might prenatal proto-mental experience be the root of archetype, meaning, and metaphor? It may not be too daring, then, to believe

that a fetus can already engage in something that we might call thinking! Maiello provides a nuanced and compelling argument for the *in utero* underpinning of Bion's container/contained model, inviting us to imagine proto-mental states in an unborn child that may well become the foundation of complex human thought. Her profound reflections enhance our awareness of the roots of embodied, and at times traumatic, experiences expressed through metaphor, play, dreams, and nonverbal communication of children and adults in our consulting rooms.

References

Bion, W.R. (1962). *Learning from Experience*. Northvale, NJ and London: Jason Aronson.

Cuerón, A. (Producer and Director) & Heyman, D. (Producer). (2013). *Gravity*. United Kingdom and United States: Warner Bros. Pictures.

Jung, C.G. (1971). *Psychological Types*. CW 6.

Lakoff, G., & Johnson, M. (1999). *Philosophy in the Flesh*. New York: Basic Books.

Maiello, S. (1995). 'The sound object—a hypothesis about prenatal auditory experience and memory'. *Journal of Child Psychotherapy*, 21, 1, 23-41.

Merleau-Ponty, M. (1964/1968). The Visible and the Invisible (A. Lingus, trans.). Evanston, IL: Northwestern University Press.

Piontelli, A. (1992). *From Fetus to Child—An Observational and Psychoanalytic Study*. London: Routledge.

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