

Other/Wise

The Online Journal of the International Forum for Psychoanalytic Education (IFPE)

Issue 1: Fall 2018: "TIME"

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General Introduction to Other/Wise Fall 2018:

"Hold Infinity in the palm of your hand
And Eternity in an hour."
-- William Blake

This issue of Other/Wise concerns IFPE's 2017, 28th Annual conference, on the topic of TIME, that took place in Fort Lauderdale, Florida. Herein, Other/Wise presents an interesting and varied collection of papers from that conference that reflect upon many meanings of TIME: the stages of time in our lives, relevant psychoanalytic concepts and their roots over the history of time, ranging from ancient Greece to the present.

Troubling, confounding, mystifying, surprising, provoking, and evoking, TIME, though often taken for granted, is a prime component of psychoanalytic history, and relevant to each person's individual development and timeline from birth until death. Time is the ever-present backdrop for each aspect of our existence.

From the caverns of a timeless unconscious to Freud's fearful reckonings in the year of his death; from the immersion in subjectivity to existential anxiety; throughout the lifespan; in reflecting on early experiences and in fathoming death. Ever interwoven, either we race against TIME, or TIME

stalks us. We never know how much time we have, and it waits for none of us.

Just as is the case in IFPE's conferences, this issue of *Other/Wise* presents a mix of theoretical, autobiographical, clinical, poetic and experiential perspectives on the concept of TIME. This edition is comprised of seven of the many papers presented at IFPE's 2017 conference. We are quite pleased to present this variegated and representative sample. I dare say, I am of the opinion that there are some rather important and creative papers in this issue. As I suspect you will agree upon reading, it will be TIME well spent.

This issue begins with a fascinating interweaving of trauma and temporality, by Susan G. Burland, that is entitled, *Trauma, Autobiographical Sharing and the Experience of Time*. Beginning with reflections on the similarities and differences between survivors of a mass atrocity and survivors of abuse within a family, the author, who knows her subject matter from both personal experience and clinical experience, notes that,

“Despite obvious differences between the experiences of survivors of mass atrocities and survivors of extreme early family trauma, all are continually re-traumatized by being disbelieved—incarcerated alone in unbearable anguish. With each experience of failed witnessing, their shame and isolation is compounded by the anticipation of further disbelief the next time their truth is broached.”

In order to treat trauma, and to witness such inconceivable truth in their patients, Burland points out that therapists must have the capacity to face such truth in their own lives. In explaining the terror, isolation and despair of the traumatized person, the author also touches upon the important concept of “trauma’s decimation of temporality” wherein a temporal paradox can be seen. The loss from the past generates dread about the future. Therapy provides a way in the present to experience the trauma of past in order to restore the flow of time.

The author suggests:

“Trauma ravages the experience of time. One is haunted and held captive by the constant, savage, and invisible force and swirl of the past invading all present and future experience. Although sometimes difficult to perceive, and even more challenging to experience, we as therapists must see this “time distortion” that our patients experience.”

Burland concludes in a section that references Clare Winnicott, Franz Kafka and T.S. Elliot, as she ties the importance of an enduring self over time to the ability to heal from trauma in stating,

“There is no possibility of any continuity of past through the present to the future without an abiding sense of ‘I am’ that serves as the contiguous factor and, without which, there can be no enduring felt-“mine-ness” associated with one’s body and mind.”

In the second paper in this issue Susan Kavalier-Adler expands upon the concept of time as it is linked with object relations in the consultation room and differentiates between the qualities of time when related to intrapsychic processes. Entitled *The Subjectivity of Time: Time as persecutory, frozen, or holding: How time is transformed within clinical treatment*, the paper posits three forms of the subjective experience of time. Kavalier-Adler posits that “how we experience time interacts with our internal world and its internal objects,” and determines whether we experience time as painful and “persecutory,” versus surrendering to deeper feeling and “holding.”

In explicating her theory of developmental mourning, the author builds upon Melanie Klein’s theory of the depressive position. From an object relations standpoint, engaging in mourning in the clinical process taking place in the “eternal now,” the patient can better develop the capacity for true self being, and the frozen and persecutory aspect of time can relent. As the author explains,

“When time is frozen, the capacity for psychological transformation is arrested. However, in the clinical setting, when the analyst engages with a clinical process in the moment, frozen time can also transform into “holding” (Winnicott, 1960b) time, as primal trauma, and later loss and trauma, are felt and actively processed within critical clinical moments.”

The paper goes on to provide several examples of how therapy can bring the patient from a persecutory experience of time to a holding experience of time, in one case history, and from a frozen experience of time into a holding experience of time, in another. According to the author, one can live “fully within the affective experience of the moment, rather than being trapped in the frozen paralysis of trauma, or in the repetition compulsion of attachment to a persecutory object in a state of attack.” Kavalier-Adler explains aspects of the clinical process as follows:

“When one is all alone, and there is no transitional space joining one with another, time does not exist. Time is frozen. Linear time is frozen, and holding time is absent. The only way forward is to consciously assimilate – bit by bit and along with the company of the analyst as a ‘subjective object’ and ‘transitional object’– the intolerable affect states from the primal loss era of object loss, which could never have been felt at the time without a mothering presence...”

Next, in an article that is both sobering and uplifting, Rachel Saks presents her therapy work in nursing homes with the elderly, entitled *Reminiscence and Reflection: Life Review Therapy with An Elderly Patient*. Using Erik Erikson’s model of psychosocial development, the author reminds us that ego-integrity versus despair is the task on which psychoanalytically-oriented therapy with older adults needs to focus.

Saks describes conducting therapy over the course of nine months with Isaiah, a 93 year-old man with a history that included playing in an African American baseball league, serving as a sniper in North Africa during WWII, and becoming a gangster. She writes:

“Isaiah’s legitimate guilt and shame, triggered by the developmental press to look back at this life, may be understood as the primary cause of his severe depression. It was through our work together that he processed this guilt, came to understand the impact of individual and cultural trauma on his choices and identity, and ultimately restored some sense of integrity.”

The author also describes the transference and countertransference relationship. After some initial defensiveness, Isaiah came to greet Saks with, “Here she is, my ray of sunshine.” And of her own countertransference and that of therapists working with the elderly, she writes, “It is always the case when working with older adults that we must confront our own fears of aging and dying, and also the stark possibility of finding ourselves at the end of life, filled with regret and unable to go back and make amends.”

As Saks quoted Isaiah, many elderly, depressed and alone, express the feeling, “‘It’s the bottom of the ninth,” he said. “Two outs. It’s time to pack up and leave the park.” To the contrary, however, although one may be nearing the end of life, Saks shows us that, from her unique vantage point in treating the elderly, there is much to be gained from psychodynamic life review treatment at this last stage of life. She states,

“When I do life review therapy with older adults, an extraordinary

thing happens. I begin working with someone bent and wrinkled with age. As they tell their life story, I begin to see someone else emerge, or rather many other selves emerge... As we travel through time, I get to meet these selves, and together we discover that all of them still live. This is integration, and it is remarkable.”

The next paper goes back in time to the Sophocles trilogy about Oedipus, written between 441 and 405 BCE. In thinking about the Oedipus Complex, author Detelina Stoykova did not limit her source to *Oedipus Rex* only, as Freud did. In her paper *Oedipus—Myth, Reality and the Distribution of Guilt: With special consideration of Oedipus at Colonus*, she creatively reconceptualizes the Oedipus complex and the meaning of the myth by considering, the blinded King’s years in exile and his death as described in Sophocles’ *Oedipus at Colonus*.

By expanding the Oedipus Complex beyond its usual and well-known purview, Stoykova focuses instead on the “Laius Complex” that she describes as,

“...by Laius complex I understand not only father/son relationship, but also the complicated and ambivalent attitudes that any person who represents parental authority may have toward a “subordinate,” (Levy, 2011), which also includes the attitude of the mother. The terminology is in need of modification here, as the term “Laius complex” would have to stand for both—mother and father attitudes toward the child, as well as the attitude of the parental couple as a unit, either, or, or both.”

In the Laius Complex, Stoykova sees the effects of the interaction of both parents on a child, and in this very scholarly and well-researched paper, traverses Freud’s interpretation of the myth and the complex, as well as reformulations of the complex, and finally brings in elements to the complex that incorporate discovering the truth, as well as both primary and secondary (inherited) guilt.

The author also points out that, rather than lust as a main driving force in Freud’s interpretation of the complex, there are numerous other elements that, looking upon the myth from a more modern psychoanalytic perspective, point out to us the role that transgenerational trauma and guilt bring to the forefront instead:

“The tragedy does not start with the killing of Laius, or even with Laius’s mutilation of his infant son. Both Oedipus and Laius were descendants of the unfortunate line of King Cadmus, who started a family saga, which included such atrocities as infanticide, filicide, incest, cannibalism, castration, fratricide, and suicide. Laius, like Oedipus was abandoned and abused as a child. His own father died

when he was an infant, and he wandered in exile.”

In psychoanalysis Freud’s Oedipus complex has impacted a tremendous amount of the theory and literature of our field, so I think the reader will find this revision of our understanding of the myth and the complex to be particularly interesting and refreshing. For instance, according to Stoykova, Oedipus is blind in order to “redeem his parents” as opposed to the doctrinaire interpretation with which we are all familiar.

As the author states,

“Acceptance of unrecognized dynamics into mainstream psychoanalytic evaluation and with that, re-evaluating the terms, or coining new ones, in regards to Oedipal terminology would be a valuable contribution to the clinical field and to understanding the Oedipus complex in our clients and in us.”

In *On Being Fifty: A developmental crossroads and a time to reckon with past, present and future*, Hanna Turken compares and contrasts the challenges of being 50 in today’s society, with being 50 in times past. Beginning with documenting Freud’s own melancholy over his struggles when he was in his fifties, and noting that she was inspired to write this paper since her own children are in their fifties and many of her patients are also in the cohort, Turken sympathetically details the struggles, strivings and disappointments of today’s fifty-somethings. She notes:

“In today’s economy this does not seem to be the case. Being fifty in these times doubles the odds of difficulty for many. The present day fifty year-old is more likely to find his or her options narrowed, and likely to encounter interferences with his or her creative ego ideal goals, therefore diminishing self-esteem.”

Turken commiserates that in today’s youth oriented society, there are challenges for those at either end of the workforce spectrum. For the young, there is the danger of never fully maturing and the consequences of this paralysis:

“The lack of mature guidance during important development leads to a society composed of perennial adolescents. For Menaker, to push too early for autonomy as a social value may lead to ungenue ego autonomy and not a true ego synthesis. This situation is marked by doubt, uncertainty and possibly ego paralysis. At present we are already facing such a breakdown

that has caused a national emergency to be declared in regard to drug abuse and suicide amongst adolescents and young adults.”

The author points out that we often seem to disregard the developmental needs of society’s fifty-somethings as inconsequential, when, “in actuality, the continuous maturity of those in middle age is the key to the mental health of all in our society.” And yet, for many in middle age, financial challenges are great, business ventures and job security are more tenuous, their children preoccupy them on one side, and their aging or infirm parents preoccupy them on the other side. Turken presents thumbnail sketches of several of her patients who are in their fifties, and it is clear the a middle age of “generativity” with accomplishment and security may be less the norm, than are stories of struggles, disappointments and abandonment of pursuing their ego ideal selves.

Still Turken is optimistic, and believes that fifty-somethings still have the power to shape the future, and, as you’ll read, she report that:

“I have often been asked what my favorite, most enjoyable time of my life has been. My spontaneous response is, I would have liked to have remained in my early fifties for a bit longer.”

This issue of *Other/Wise* ends with two more creative perspectives regarding the concept of TIME, the first of which is Barbara Shapiro’s *Arrested Time in Wordsworth’s Poetry and in Psychoanalysis*. According to the author, despite Freud’s claim that the absence of time is a characteristic of the unconscious mind, we can also see that the “unconscious is suffused with time as the past haunts the present, particularly as repressed, traumatic experiences of the past impinge on and shape the present mind.”

Following from Dominique Scarfone’s (2016) ideas about time, Shapiro notes that:

“it is the aim of psychoanalysis to come to terms with “arrested/repetitive time”—a time “of what cannot be represented” (p. 516). Through the enactments of the transference, the “traces of unspeakable experiences” that compose such arrested time can be “re-presented” and elaborated, worked through in the present, and ultimately rendered into an integrated and true past.”

Shapiro sees a similarity to the processes found in the poetry of the English Romantic poet, William Wordsworth, and posits that his poetry also focuses on “arrested, repetitive time, on experiences to which he refers as difficult to

describe in language, experiences that contain terror and dread.”

In Wordsworth’s poetry, according to the author, there appears to be a process of mourning that reflects the stages of trauma recovery, including an immersion in arrested or frozen time that leads to a renewal of trust, compassion, and gratitude, and to a regeneration of self.

Using examples from Wordsworth’s poem, *The Prelude* (1805/1970), Shapiro looks at arrested, repetitive time in the poem from a relational perspective, stating that:

“a more relational interpretation that focuses on the dangerous ambivalence that inevitably arises out of the experience of separation and loss, particularly if it involves a child’s traumatic loss of a parent. For the purposes of this paper, I would suggest that “spots of time” can be defined as heightened moments experienced in the external world that, due to unconscious associations, rekindle traumatic, frozen time in the poet’s internal world.

Explaining that Wordsworth’s poetry is deeply concerned with time and “with the inevitable changes, losses and suffering that time inflicts on us all,” the author suggests that his poetry “engages the reader in a process akin to psychoanalytic therapy in which creative re-enactments, representations and elaborations exert a healing influence, potentially allowing one to find solace in the past and hope for the future.”

The final paper in this issue is by Cenk Cokuslu, and it is entitled *Cross-Temporal Sonatas in Staccato Ostinato*. Cokuslu explains that staccato means “detached” in Italian and, in musical notation, it signifies notes of “shortened duration.” Ostinato, he explains, is Italian for obstinate and in music refers to a “short” constantly repeated rhythmic pattern. Beyond this, I will say no more and just invite you to read, since this paper is a bit of free associative wordplay about sometimes serious and sometimes light concepts, ranging from inner deadness, to what the author identifies as “dérives” – defined as playful, constructive and interpretive behaviors that have to potential to empower.

--Farrell Silverberg

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Trauma, Autobiographical Sharing and the Experience of Time¹

By Susan G. Burland, Ph.D.

PART 1: Trauma and acknowledging/witnessing truth

You have stolen my ocean, my swiftness, my soar,

Delivered me to the clutch of uprupturing earth

And for what?

The mouth still moves though the man cannot.

- Osip Mandelstam

All extreme trauma survivors share this experience of being unrecognized...disbelieved. We therapists know it as "failed witnessing," what Ferenczi (1932) called the "double shock;" (p. 182) the child is betrayed by the parent, who then rejects and repudiates his/her attempt to bring this betrayal to the parent's attention.

In my preparation for this paper (which is actually part of a series of papers), I read Primo Levi's book, *The Drowned and the Saved* (1989) in which he describes the despair of the concentration camp inmates, their fear that they would not be

¹ This paper is a part of a series of papers based upon my IFPE presentations over the past few years and my experiences in IFPE's Autobiographical Dialogues moderated by Gersh Molad and Judy Vida. If the reader would like a copy of the full paper, it is available upon request.

believed, and their hope it might be otherwise. Virtually all described recurrent dreams with the same theme,

... "they had returned home, and with passion and relief were describing their past sufferings, addressing themselves to a loved one, and were not believed, indeed, were not even listened to. In the most typical (and cruelest) form, the interlocutor turned and left in silence." (1989, pg. 12).

No one could bear their truth.

Despite obvious differences between the experiences of survivors of mass atrocities and survivors of extreme early family trauma, all are continually re-traumatized by being disbelieved—incarcerated alone in unbearable anguish. With each experience of failed witnessing, their shame and isolation is compounded by the anticipation of further disbelief the next time their truth is broached.

Both Gerson (2007) and Benjamin (2015) stress the importance of speaking one's truth in the aftermath of atrocity. "Psychological survival requires that the impossibility of life be spoken" (Gerson, 2007, p. 14). To paraphrase Gerson, for the survivor of extreme family trauma, psychological survival depends on speaking their inconceivable truth.

As therapists, there are many possible impediments to our ability to hear our patients' truth, as well as our own (Searles,1975; Miller, 2005). I'd like to consider a few of them.

The survivor of extreme early family trauma cannot speak a truth of that they cannot even conceive! The "truth" in my own family, for instance, was inconceivable. (I don't mean inconceivably bad or terrible which it certainly was)...It was not knowable; the truth completely eluded me. ...Too terrible to be known. The perpetrators of such trauma, our parents, were those we loved beyond words, but at whose hands we suffered what Dubois (2015) calls "developmental death" Living in a state of daily terror and annihilation precludes thought and reflection. My mind was not my own.

Our most traumatized patients come to us not knowing their truth....I could not recognize, until after my parents had died several years ago (and despite years of my own therapy with several analysts since age 18), that I had been sexually abused by my father, with my mother's collusion from early childhood. I had to come to my own realization that my parents, whom I had still continued to idealize somewhat over years, were actually narcissistic sociopaths, and that, as an unconscious act of loyalty to them, I had given up my own creativity, my ability to think, and, my writing in particular. I refer to this period of my life as my free-fall like the opening

credits of "Mad Men," the popular television show, falling through space as everything around me collapsed.

The survivor of early family trauma requires the ongoing experience of witnessing his or her inconceivable truth (to be believed with love, compassion deep understanding and insight), an experience extending over years. These qualities create a safe-enough "relational home" (R. Stolorow, 2007, p. 9; with the other for both the initial registration of trauma, holding, and the metabolizing-over-a-lifetime... Mourning. I want to underline the words' initial registration. To order to witness such inconceivable truth in their patients, therapists must have the capacity to face such truth in their own lives as well as in their patients' lives. The extent of her trauma is most often entirely unconscious and embodied. First, there must be recognition on the part of the therapist of the possibility of murderous or parasitic parents; secondly, the terror and betrayal endured by the trauma survivor must be received "without recoil" (Gerson, 2007, p. 19). Otherwise, the inconceivable truth cannot emerge.

In *The Prisoners of Childhood* (1979), Alice Miller developed the thesis that therapists hone empathic skill as children in their relationships with their vulnerable parents. Atwood (2012) emphasizes that our job now is to help patients find their truth, not to remove pain as we may have done as children for our parents. In fact,

the truth may be more painful, but necessary. Atwood cautions that dangerous unconscious collusions will inevitably occur between therapist and patient, in the service of lessening both patient's and therapist's pain, but avoiding the truth. When this collusion does occur, neither the patient nor the therapist will be able to perceive/experience the catastrophe such a patient has barely survived. When failed by a therapist in this way, a patient is sentenced to years, if not decades, alone in a hell of self-hatred, terror, and self-blame.

As therapists, we need an acutely-honed sensitivity to the unconscious meanings of the experience of trauma survivors. For example, psychic agony is often dissociated and embodied in chronic illness and fatigue, body pain, eating disorders, and other forms of self-injury. The patient's lifelong terror may be represented by states of constant dread, panic, and preoccupation with death, or, the terror may lie buried under workaholism as well as alcohol and/or substance use. We need to see our patients' shame and self-blame as an aspect of what Atwood (2012) calls profound annihilation states. We need to recognize our patients' relentless experience of isolation, alienation, of not belonging anywhere. We need to understand that the extreme trauma survivors' idealization of their parents may be the enslavement to a lie, an aspect of what Dubois (2014) calls "family terrorism." We need to see that a mind, body and spirit which have been appropriated, a mind not recognized as one's own, but colonized from birth (Silverman, 2015), represents Dubois' (2015)

"developmental death." States of panic and terror about present and/or imminent breakdown need to be seen as evidence of a psychic near-death already survived, but unknowable in childhood (Winnicott, 1974).

Severe family trauma patients are particularly vulnerable to a therapist's unconscious projections, since their very survival as a child was dependent on absorbing their parent's projections (Zinner and Shapiro, 1972). For example, these patients readily and unconsciously volunteer to be the "sick" one or the "angry" one in relation to the therapist, deeply uncomfortable with their own disturbing emotions and disavowed vulnerability. This seems a repetition of their enslavement as a child and a hoping that this servitude might be seen and understood by the therapist. A family trauma survivor must internalize the projections of all significant others in order to survive. We, as therapists, are more likely to project when unaware of the extent of our own trauma and/or shame (and related omnipotence) as wounded healers. Such a survivor, who also surrendered their individuality, their creativity, their mind, in their efforts to heal their parents, will inevitably repeat this pattern with the therapist; they will unconsciously offer themselves to the point of perilous depletion in an effort to heal the therapist (Searles, 1975).

Very importantly, Searles, in his paper, "The Patient as Therapist to his Therapist" (1975) sees the child's efforts to heal a parent, and the vicissitudes in these efforts

(e.g., severe frustration, no acknowledgement, blame and rejection) as the most significant factor in psychological trouble of all kinds, and a key hidden issue in therapy impasses.

Christopher Bollas (1987) describes an unconscious process, which he sees as complementary to projective identification between parent and child, in which the parent takes, or appropriates for their own use, important aspects of the child's mind. Bollas calls this process "extractive identification" (p. 158). Searles' emphasis on what is "offered" by the child unconsciously in the interest of healing a parent, both the introjection of the parent's illness as well as giving via projection of the healthy aspects of the child's mind (so they might be better able to parent the child), may well occur alongside the more aggressive stealing process described by Bollas.

I also want to consider the effect of our Western-cultural beliefs. In *The Body Never Lies* (2005), Alice Miller describes the powerful Judeo-Christian ethic, embedded in Western culture, to love and honor our parents without question, which she believes undermines our ability to perceive our individual truth. For Miller, a therapist or a patient under the spell of these cultural strictures, cannot see their own or our trauma because to do so would be an unconscionable act of disloyalty to their/our parents. The survivor of early family trauma inevitably blames herself (as other

family members also often do) in order to spare their parents. A child can much more readily accept that she is inherently evil than that she is surrounded by evil, emanating from her parents (Fairbairn, 1952). By continuing to idealize her parents, the trauma survivor sacrifices the chance to know her truth, and thus reclaim her life. Idealization of parents alongside symptoms of trauma such as those described above is very likely indicative of a person who has been enslaved to "love" their parent by totally surrendering any claim on a mind or body of their own, or to be loved for themselves.

In *The Body Never Lies* (2005), Miller attributes her own ability to experience her truth more deeply in mid-life to having been in treatment with an analyst that was freed of the "love and honor thy parents" injunction. At a recent case conference I attended, a senior analyst said she "wasn't accustomed to thinking of parents as monsters," a profound example of Alice Miller's thesis.

A further obstacle to the therapist's ability to witness her patient's trauma is discussed by Jessica Benjamin in her essay, "The Discarded and the Dignified" (2014). Although Benjamin is addressing geopolitical trauma, her observations are pertinent here as well. She explores the psychological conditions that both enhance and undermine our ability to witness trauma. She identifies unconscious splitting whereby we render ourselves safe by appropriating the illusion of being better, not-

so-damaged, better-analyzed, while effectively othering and pathologizing the suffering person by projecting our own unbearable "not-me" experience into them. This splitting process precludes any possibility of identification with the sufferer, according to Benjamin, which is the basis of empathy. Splitting, then, inevitably results in failed witnessing in her view.

Benjamin suggests the concept of the moral third as a means of holding both sides of this good/bad split, provides "acknowledgement of violation by those who serve as witnesses ...by expressing condemnation and indignation over injustice and injury, trauma and agony endured by the victims" (2014, Part 3, pg. 1) whereby this suffering is dignified. In treating the trauma survivor, we must be mindful of the inevitability of splitting; of course, this happens among us as colleagues and friends as well. I would like to emphasize the need for a particular sensitivity to our vulnerability to splitting, as therapists with our own trauma histories, in light of the trauma survivor's family history of internalizing and embodying whatever splits were required for their parent's equilibrium.

I would also like to speak about a related topic, mourning our "lost childhood." Psychoanalysts such as Searles and Atwood, who've devoted their life work to treating severely-abused patients, emphasize the inevitability of significant trauma in all our backgrounds, deserving of a lifetime of reflection and mourning. Atwood

(2012) describes two likely childhood traumas (most often in reality a mixture of both, I expect) that co-opt our childhoods, and compel us to become therapists as adults. One is effectively a role-reversal in which we care for a chronically-depressed parent, as I tried to do for my mother; in the second, we suffer a very significant sudden loss of a parent through death, illness, or other serious disappointment wherein we cope by identification with the idealized lost parent, perhaps providing our family what we imagine that parent might have furnished. Atwood sees this idealization and identification in lieu of mourning as problematic.

I think it is potentially disastrous for us all, patient and therapist alike when the depths of the losses initiated at our parents' hands is not being continually plumbed. Our "lost childhood" must be dwelt in, recognized by others, and mourned over a lifetime. The monstrous nature of what has happened to us during our childhoods (as survivors of extreme early trauma), as well as what has not happened in the form of love and parental devotion must be recognized (witnessed) and grieved. A therapist who isn't actively engaged in this work of mourning his own losses, or who has become defensively-stalled in a more palatable narrative, will have limited ability to help similarly traumatized patients; they may unconsciously sabotage the work with their own denial, projections and blame of the patient. Further. I certainly hope the reader has understood that, for the trauma survivor, speaking her inconceivable truth is also the most dangerous thing of all, but when

spoken to, and heard by, an empathic witness, it's also a transformative event in the arduous process of reclaiming her life.

PART II: Immersion in the subjective world of trauma

All journeys have secret destinations of which the traveler is unaware.

- Martin Buber

Today is all black, little yellow hell

Pecking, pecking at my stone brain....

Black warships inching distance as through oil.

Black wakes like waves of sound that never sounded.

And here between the boat slips, icy emaciations

Past blackness somehow, the color of plummet...

- Osip Mandelstam

1. Terror

Terror is a word not often heard in case consultations, nor is it often written about although there are important exceptions (e.g., Atwood, 2012; Dubois, 2015).

Winnicott, using extreme language in order to match the extremity of the experience he addresses and referred to severe traumatic circumstances in childhood as "primitive agonies" (1974, p. 103). When we speak to one another as therapists about traumatized patients or, when we speak to them directly using a less dramatic

language, we refer to "anxiety," for example rather than to "terror," we may have failed to understand, and this empathic failure may in turn result in an unseen abandonment of the patient. One aspect of this emotional desertion rests in the impossibility of our patient ever being able to "know the terrible things" without our deeply-felt presence. Another feature of the abandonment pertains to the patient's utter aloneness, which so often has been life-long, and that is extended unbearably by such an unseen empathic rupture.

A patient whose present experience of dread is engulfing, may be confusing feelings which are rooted in childhood disaster for present or imminently-felt catastrophe, including a fear of breakdown, death, and/or illness. An understanding of this fusion of past and present is of critical importance in our clinical work.

Just as my analyst and friends have been vigilant about reminding me regularly that I am always, and already, in the grip of Susie's world (shorthand for my childhood experience), so too must we remind our patients about the grip of their childhood traumas upon them. I can now speak gently to Susie, remind her that she belongs on the planet, she has a right to be alive, and she is safe and loved now in the present.

There will invariably be somatic signs of terror in the form of a hyper-aroused autonomic nervous system, which requires attention. I have a yoga and meditation practice and pranayama (breathing exercises) that help address these issues. Like many who have suffered trauma, I have regularly had a symptom of breathlessness that I have come to understand as related to variations on the theme of "Do I have a right to be alive?" Trauma survivors are in a battle for life itself. Another symptom, not being able to think or speak clearly, has been understood as also connected with terror, with aspects of what Dubois (2015) refers to as "family terrorism."

2. Alienation, Isolation, and Aloneness

In addition to terror, the trauma survivor's daily experience is enshrouded in multiple, unseen, and inchoate experiences of alienation, isolation and aloneness. George Atwood and Robert Stolorow write movingly and brilliantly about the centrality and depth of these emotions for the trauma patient. In *Trauma and Human Existence* (2007), Stolorow says there is

"(A) profound despair about having one's experience be understood which lies at the heart of emotional trauma" (p. 15); he continues, "I was certain that the horizons of their experience could never encompass mine, and this conviction was the source of my alienation and solitude, of the unbridgeable gulf separating me from their understanding. It is not just that the

traumatized ones and the normals live in different worlds; it is that these discrepant worlds are felt to be essentially and ineradicably incommensurable." (p.15)

He highlights the "shattering of the absolutisms of everyday life," such as the belief that partners have that they will see one another in the morning, or love one another forever, the things we take for granted and find necessary to carry on with life. He continues, "it is in the essence of emotional trauma that it shatters these absolutisms, a catastrophic loss of innocence that permanently alters one's sense of being-in-the-world. Massive deconstruction of the absolutisms of everyday life exposes the inescapable contingency of existence in a universe that is random and unpredictable, and in which no safety or continuity of being can be assured. Trauma thereby exposes the 'unbearable embeddedness of being'" (Stolorow and Atwood, 1992, p. 22). As a result, "the traumatized person cannot help but perceive aspects of existence that lie well outside the absolutized horizons of normal everydayness. It is in this sense that the worlds of traumatized persons are fundamentally incommensurable with those of others, the deep chasm in which an anguished sense of estrangement and solitude takes form" (Stolorow, 2007, p.16).

The vast differences between an adult and a small child exposed to trauma often comes down to the fact that the suffering is at the hands of the very people the

child needs and with whom the child should feel safe, and from whom there is no possibility of receiving reliable care. Where Stolorow states the traumatized person "cannot help but *perceive* aspects of existence that lie well outside the absolutized horizons of normal everydayness," (2007, p. 16) the child is engulfed by such aberrations. This attack on a child's innocence is unfathomable. What life-long impact will it have if these absolutisms of "normal everydayness" can never form in the first place?

In his book, *The Abyss of Madness*, Atwood (2012) writes regarding "the theme of infinite isolation...the loneliness of the trauma victim is of the most extreme kind that one can imagine. It has as its essential feature that it is felt as absolute, never to be relieved. The loneliness is cosmic, rather than terrestrial. It extends through the universe, and seems to the person suffering it, to be eternal. It is not conceivable that it can ever be addressed, diminished, soothed, or escaped. It is damnation" (pp. 128-129).

3. Trauma's Decimation of Temporality

I will touch upon the relationship of trauma and time briefly in this section and at length in the final section of this paper that focuses on the aspect of time. For now, I will just note that family trauma decimates the person's sense of time or temporality. Trauma's impact on temporality is considered by Stolorow to be

another aspect of the shattering of "what is needed to experience ones world as safe, stable and predictable" and therefore a further elaboration of the abject alienation of the traumatized persons experiential world.... The "breaking up of the unifying thread of temporality"...a sense of continuity over time from birth to death, unifying the 3-dimensions of past, present and future (2007, p. 20).

The trauma patient's subjective experience often includes a sense of there being an impending, imminent disaster. This distortion in the experience of time is understood brilliantly by Winnicott in his paper "Fear of Breakdown" (1974) as a catastrophe from the patient's childhood that she couldn't know, but has barely survived. The loss, sustained then, needs to be experienced now, with a therapist capable of receiving and holding this trauma along with the patient, and then in helping metabolize and integrate it, mourning all the implications and related losses that followed from the original trauma. This apparent paradox of then and now, related to the patient's experience of time, is critical for the therapist and patient to understand.

4. A Child has been Murdered

Severe childhood trauma often includes a sense of having been killed or otherwise of having died. This is an emotional death, a killing off of innocence, and it brings about the loss of the capacity to hope for a better future. The murder of the child

means the end of all feeling of going-on-being (Winnicott, 1960), and may obliterate the experience of the mine-ness of mind and body. If the analyst fails to empathically grasp the felt-finality of this killing, there is little hope for a healing therapeutic bond to form.

5. Denial of Death and the Illusion about Childhood Possibilities Restored

One of the unconscious ways a survivor of early family trauma has attempted to bear what has happened is a subtle denial of death, which makes possible a related and likely unconscious illusion about redoing childhood. There is a strange faith that there will always be time available to undo the losses of the past. This precludes or obstructs the necessary mourning process that makes possible the vital engagement with life's creative possibilities that remain in the present. This illusion about lost childhood possibilities being restored (perhaps by the therapist) are unseen and may undergird collusions to avoid facing the grim truths of their (our) lives, both the therapist's and the patient's.

6. Invalidation, Erasure of Subjectivity, and the Erasure of the Erasure

Failed witnessing and the devastating, re-traumatizing effects of not being believed are critical themes when discussing trauma. Ferenczi (1932) writes about the "double shock" (p. 182) suffered in childhood wherein the child is first neglected and abused, unseen in their distress, and, secondly, the child's attempt to alert the parent is

rebuffed, rejected, and often the child is blamed. In my experience both personal and professional, these traumas can be followed by the triple shock effect of a therapists' failures to hear, believe, and hold the possibility of a annihilating trauma in their patient's early life. If the therapist cannot hold this possibility long enough, the patients may not begin to "know the terrible things" that have befallen them. It is this latter capacity" to hold the possibility of annihilating trauma in their patient's early life that Winnicott discusses in his paper *Fear of Breakdown* (1974) as a foundational element for the therapist seeking to accompany her patient into her "primitive agonies" (p. 103).

As I am able to settle further into the relational home my present analyst and I have made possible, a foundation of trust has been established between us whereby I can journey further into my own "knowing of the terrible things." The "inconceivable truth" that my sole reason for being was to meet all my parents' needs is fully believed without reservation, allowing for a thorough and searching exploration of these needs and the results of such a profound eradication of birthright, the love and protection of parents devoted to nurturing my/our going-on-being. My very personhood was stolen, and those generative possibilities supplanted by a toxic sense of myself as the "selfish thief", as bad, repulsive, and to blame for all family difficulties. One of the most devastating consequences of such identity erasures for

me alongside other trauma survivors is that the reality of the losses itself is also erased along with subjective experience of the self.

Mourning cannot take place in a vacuum without a sense of this reality; my parents' erasures have been memorialized by one of my own symptoms (never before appreciated as a symptom of trauma) of ongoing memory problems, and my continued questioning of my perceptions and truths, a well-known problem of family trauma survivors. In response to the obstruction of mourning just mentioned, my analyst encourages me to "stay with the violence of the erasure, and the double violence of the erasure of the erasure -- if we do this, the mourning will come."

THE NARCISSISTIC ANALYST

Narcissistically-impaired therapists who are caught in a ravenous need for affirmation of the corrective emotional experience they believe that they are offering, cannot face the despair and rage inevitably connected with the end of childhood, either for their patient, or for themselves. The betrayals of childhood for them both are absolute and done. Childhood is over. There may often be a shared, unconscious fantasy/delusion of re-parenting to avoid the agony of grief, the therapist "rescuing" the patient, needing to dispel her patient's pain. This is passed along inter-generationally from analyst to patient, and analyst to analyst. The fantasy that childhood is still a possibility led to a devastating re-enactment in my treatment

of my childhood experience, in which I was hated and loathed although this was completely denied. My subjective experience was continually attacked, and the narcissistic practitioner attempted to supplant my truths with the therapist's reality, and then, after doing so, implicitly blaming me for not "recovering." I had to finally leave that "treatment" relationship, initially believing that the failure was my own. Of course, this was exactly as I had left home, believing all my difficulties were my fault alone.

As is expected where a therapist cannot hold the patient's early trauma of annihilation experience, nothing of the catastrophe of my early life was ever seen, including its reenactment via my slavish devotion to meeting the analyst's needs above all, and what this meant for me as repetition of my early family life. What occurs then is a complete failure to recognize the annihilating and murderous circumstances of the patient's early life, the associated costs to psychic development, and collusive use of the patient to avoid their own grief. This is commonly-seen treatment impasse, sometimes lasting decades in which the patient is literally unable to leave, even when that patient hasn't been helped to see the repetition, let alone the original trauma. At such times, the traumatized patient blames himself and is repudiated by the therapist (Searles, 1975). Dubois (2015b) echoes these observations in a paper on the tragic "mismatch" between early family trauma survivors and narcissistic therapists.

Dori Laub (2005), in an article entitled "Traumatic Shutdown of Narrative and Symbolization," reflects on the difficulties, 30 years earlier, a training analyst and his supervisor had had in hearing the deepest concerns of his first control case. The phrase "traumatic shutdown" refers to the profound, unconscious unavailability he sees now, retrospectively, in both the analyst and his supervisor based on their own unaddressed trauma. Such a shutdown, which I believe is not an uncommon occurrence in the treatments of trauma survivors, impeded his capacity to explore widely and deeply with his patient, and collapsed symbolic play, among other problems. Laub does not mention the candidate's analyst in this article, and the important role s/he might have played in colluding with this blindness, or, under very different circumstances, how she might have helped both Laub, his patient, and his supervisor. Such assistance, rather than the collusion he describes, would surely have altered the course of the analyst's and his patient's work together, and hence, the quality of both their lives.

An important problem not explored by Laub is the predominance of concrete thinking for any therapist in the grip of a traumatic shutdown. This severely hampers his/her serious creative play with the metaphoric meanings of a patient's symptoms.

Searles' paper, "Efforts to Drive the Other Crazy" (1965), has been so important in validating some of the familial origins of my own psychic troubles, as well as

impossible and dangerous limitations in two of my own previous treatments. For Searles, one important protective measure for us as therapists in this regard is to be engaged in ongoing vigilance and study of our own use of reaction formation in our work, which he cites as a frequent and elusive defense of those with obsessive-compulsive characters. His interest in the connections between our early life, the origins of this defense, and this choice of profession is clear in this paper as well as in "The Therapist as Therapist to his Analyst "(1975). Here, he is particularly interested in the notion that a common underlying problem in patients' early-life histories (our histories!) as well as in therapy impasses is the patient's unacknowledged, and perhaps spurned efforts to heal something in the therapist, a spurned "gift" from the patient.

Atwood (2012) writes,

"The analyst is captive to his mother and/or father, in the sense that he or she, unconsciously, is always drawn to alleviating the parents' (and patients') pain, and the grip of this mission is an imprisoning death camp for the analyst's soul. If the child, fated to become a psychotherapist later in life, breaks away from the role of soothing and otherwise supporting the parent, he or she catapults the parent into an agony state, and is attacked or emotionally abandoned. This theme then plays out in the psychotherapy practice, where the real power of analysis - to address the truth of a life -

becomes subverted by the ancient agenda of relieving parental pain. All kinds of collusions and evasions then begin to structure the analytic dialogue, defeating its potential to achieve its most important goals." (2012, pp. 116-117).

SOMATIZATION AND SYMBOLIZATION

Several psychoanalytic writers have emphasized the devastating consequences to physical health of early family trauma, including Ferenczi (1929), Krystal (1974), Miller (2005) and Winnicott (1974). In his paper, "Fear of Breakdown," Winnicott mentions several "primitive agonies," (p. 103) or annihilation states, manifested by patients surviving childhood trauma such as "falling forever," "loss of the sense of real," and the disconnection of mind and body, which he calls a "loss of psychosomatic collusion, a failure of indwelling" (p. 103). While he does not elaborate further here, we might speculate that his fear of breakdown idea, extended somewhat elliptically to the fear of death, and experiences of non-being, might also be pertinent to similar fears and preoccupations regarding physical illness and disease, chronic fatigue and body pain. This possibility would be worthy of further study and writing.

Ferenczi (1929), in a paper entitled "The Unwelcome Child and His Death Instinct," described the susceptibility to poor health and "aversion to life" typical of children who "had observed the conscious and unconscious signs of aversion or impatience

on the part of the mother, and that their desire to live had been weakened by these. In later life, relatively slight occasions were then sufficient motivation for a desire to die, even if this was resisted by a strong will to live" (p. 104). Ferenczi goes on to emphasize that "the child has to be induced by an immense expenditure of love, tenderness and care to forgive his parents for having brought him into the world without any intention on his part; otherwise the destructive urges begin to stir immediately. And this is not really surprising, since the infant is still much closer to individual nonbeing... slipping back into this nonbeing might therefore come more easily to children" (p. 105).

In Alice Miller's book, *The Body Never Lies* (2005), she articulates her thesis that therapists under the unconscious influence of the Judeo-Christian ethic to love and honor parents, would be unable to help their patients find the truth of their traumatic childhood experience vis-a-vis their parents, and that such therapists would, for the same reason, be unable to tell their own life story. Miller cites as examples a number of well-known writers in the 19th and 20th centuries with significant family trauma who developed various life-threatening physical illnesses, as if they would sooner perish not knowing their truth, than be disloyal to their parents.

Children subjected to protracted early family trauma almost invariably develop a variety of somatic symptoms since none of their emotions is validated, and any expression of emotion is usually dangerous. As a consequence, a critically-important focus for the therapist is his/her immersion in which the symbolic meanings of these experiences are thoroughly explored. As analysts we must search for the unseen significance of pain, fatigue, breathlessness, blurred vision, migraine headache, immunologic collapse, dysmenorrhea etc. This is the path of transmuting somatic symptoms into emotional truth. As mentioned earlier, the therapist's own traumatic shutdown, manifested in concrete thinking regarding these symptoms, precludes or truncates this journey.

THE NEED FOR COMMUNITY

"We wish to believe that life can be enabled, and even vitalized by bringing the deadliness up from the netherworld in which it is neither buried nor fully alive. And that this painful reckoning could alter the endless immersion in the half-life of a stillborn existence where life is attempted, desired even, but is missing some essential property that would imbue activity with the potential for growth... We have all come to recognize that the most basic necessity for psychic aliveness in the aftermath of atrocity is the active witnessing presence of an other" (Gerson, 2007, p. 14-17).

In this same paper (2007), Gerson writes about his understanding of the essence of Primo Levi's poem, "Unfinished Business," that, "Psychological survival requires that the impossibility of life be spoken" (p.14). For Gerson, this 'active witnessing presence' is required for both the initial "registration" of trauma, as well as for the lifelong mourning process. One critical element of witnessing is the ability to receive "without recoil." A colleague of Gerson's in London, reporting on an interview she had conducted with an aid worker regarding her work with newly-released inmates from concentration camps, stated that "the act of rocking together and receiving their pain without recoil (*italics added*) was essential" (p.19). In trauma therapy, the inevitable moments of recoil whatever their form, must be non-defensively acknowledged and repaired.

PART III: Reflections on the Impact of Trauma on Our Experience of Time²

"You have stolen my ocean, my swiftiness, my soar...."

-O. Mandelstam³

² **Based on my IFPE 2017 conference presentation**

³ The latest translation of Osip Mandelstam's poetry is titled *Stolen Air*. Since I have been exploring over many months in my therapy the meanings of my own experience of breathlessness, alongside all the other things stolen from me over decades, this title, *Stolen Air*, spoke to me.

In this final section of my paper, I want to explore the complex interplay between trauma and our experience of time. Extreme family trauma leaves the survivor with an "inconceivable truth" (Burland, 2015), and what Dubois calls "trauma of the unimaginable" (2016): I am speaking of the loss, the theft of birthrights such as love, protection, innocence and safety. Trauma ravages the experience of time. One is haunted and held captive by the constant, savage, and invisible force and swirl of the past invading all present and future experience. Although sometimes difficult to perceive, and even more challenging to experience, we as therapists must see this "time distortion" that our patients experience. Failure to do so, and to dwell deeply, dooms them.

G. Atwood (2012) writes, "The loneliness of the trauma victim is of the most extreme kind that one can imagine. It has as its essential feature that it is felt as absolute, never to be relieved. The loneliness is cosmic, rather than terrestrial. It extends through the universe, and seems to the person suffering it, to be eternal. It is not conceivable that it can ever be addressed, diminished, soothed, or escaped. It is damnation." (p. 128-129)

D.W. Winnicott, in his seminal paper, *Fear of Breakdown* (1974), described how one's fear of an imminent psychological catastrophe may embody a memory of traumatic emotional disaster from long ago, which is projected into the future. I will discuss

Winnicott's idea, and extend his understanding to other disturbances of time experience:

"This past and future thing then becomes a matter of the here and now, and become experienced by the patient for the first time" (p. 104).

Referring, in *Fear of Breakdown*, to the failure of a defense organization, Winnicott states, "...We need to use the word 'breakdown' to describe the unthinkable state of affairs that underlies the defense organization (emphasis added)...It is a breakdown of the establishment of the unit self that is indicated" (Winnicott, pg. 103). He goes on to list several unbearable early states-of-being which he names '**primitive agonies**' (emphasis added), specifically stating, "anxiety is not a strong enough word here" (p. 104). In his list of primitive agonies, Winnicott includes:

- A. Returning to an unintegrated state...
- B. Falling forever...
- C. Loss of psychosomatic collusion; failure of indwelling...
- D. Loss of the sense of real...

Winnicott describes the elements of a fear of breakdown, and its concomitant agonies as follows:

1. "Clinical fear of breakdown is the fear of a breakdown that has already [occurred]. A fear of the original agony that caused the defense organization the patient displays... There are moments when a patient needs to be told that the breakdown, a fear of which destroys his life, has already been" (p. 104).

2. "...The patient needs to 'remember' (the catastrophe) near the beginning of his life but it is not possible to 'remember' something that has not yet happened, and this thing of the past has not yet happened, because the patient was not there for it to happen to... this past and future thing then becomes a matter of the here and now, and becomes experienced by the patient for the first time" (p. 105).

3. "If the patient can accept this queer kind of truth, that what is not yet experienced did nevertheless happen in the past, then the way is open for the agony to be experienced in the transference... All this is very difficult, time-consuming... but not futile. What is futile is the alternative" (p. 105).

Winnicott goes on to apply these thoughts to the fear of death, suicidal ideation, as well as the experience of emptiness and non-existence. I would add that such matters are also linked to physical illnesses and disease, chronic fatigue and body pain, as well as to a preoccupation with immunological difficulties including auto-immune disease.

This posthumously-published paper by Winnicott is important in several ways. First, he apprehends the heart of the trouble for trauma patients, which lies in the original "agony," the unseen shattering of the "unit self," or more likely, the unseen protracted annihilation experience with care-givers that allowed minimal development of a unit self. He appreciates the absolute necessity of the false-self adaptation for earlier survival, while wasting no time getting to the underlying "unthinkable state of affairs." To do otherwise, to avoid or erase, for Winnicott, would be "futile" (p.105). There would seem to be an implicit awareness in this way of working, that the only greater agony for such patients would be the betrayal that results when such wounds remain unrecognized by the clinician (as I described in previous sections of this paper).

While Winnicott clearly understands that "anxiety is not a strong enough word here" (p. 103) for what he correctly names "primitive agonies," he still seems to under emphasize this point when he uses the term "fear" in his title, *Fear of Breakdown*. In my opinion, the word "terror" seems more apt than "fear" and more consistent with an underlying "agony" which he describes as "unthinkable."

TIME DISTORTION

In addition to his critical appreciation of the "agonies" at the heart of early annihilation experiences, the more subtle contributions of this work lie in Winnicott's

appreciation of the complex distortions in the traumatized person's experience of time. An emotional catastrophe from long ago, experienced as a present and/or imminent event, is already ruining the patient's life, and is threatening to ruin his or her life forevermore.

This paradoxical 'past and future thing' points again to the minimal development or obliteration of a nascent self-experience, to an arrest in any further development of the patient's "unit self." This would include the disruption of the sense of going-on-being, and such a disruption collapses past, present, and future. Such catastrophe can only emerge into the past tense as a memory—through the painstaking, abiding emotional dwelling of the clinician, in the present tense over a long period of time. The profound disturbance in the sense of temporality, Winnicott describes can create an unbearable "eternal now" (Atwood, 2012, p. 12) for the patient. If the analyst herself cannot recognize the meaning of these preoccupations with imminent disaster, the therapeutic dialogue is subverted, and the stage is set for the inevitable re-traumatization of the patient, who "must go on fearing to find what is being compulsively looked for in the future" (Winnicott, p. 104).

My own interest in Winnicott's "Fear of Breakdown" is deeply personal. I find myself suddenly in the grip of, or even a stranglehold, of an "agony" or terror which feels unequivocally about now, casting a hopeless despair over my future, until I can right

myself, and experience that temporarily-paralyzing affect as a flashback-into-the-future belonging to the terror of my early days. This work is often a daily practice both for myself and with my patients until they, too, can right themselves.

TRAUMA AND TEMPORALITY: Absence of an abiding sense of "I am"

Severe childhood trauma often includes a sense of having been killed or otherwise of having died. This is an emotional death, a killing off of innocence, and it brings about the loss of the capacity to hope for a better future. The murder of the child means the end of all feeling of going-on-being (Winnicott,1960), and obliterates the possibility of the essential experience of mine-ness of mind and body.

Clare Winnicott (Winnicott,1980) published a report of a treatment illustrating her husband's ideas from *Fear of Breakdown*. Her patient is a 40-year-old musician suffering from a persistent amnesia. Two dreams from this treatment highlight the centrality of D.W. Winnicott's ideas. The first dream mentioned by the musician patient was a recurring nightmare:

"She dreams she is in a desert which is a vast empty sandy space. There are animals but no people...The animals don't seem real, although they are familiar. Some are two-dimensional, made of wood or cardboard. They all begin to sink into the sand until they have completely disappeared and she is alone and very frightened (p. 352)."

This dream profoundly seems to reflect D.W. Winnicott's unthinkable "agony"—Clare Winnicott's patient is expressing the terrifying experience of annihilation and erasure, the animals symbolizing shattered aspects of the unit self, her vast, eternal isolation, and imminent slipping away into nothingness. Nothing is real. Past, present and future are thereby collapsed.

In a second later dream, the patient finds on the right side of her bed a slowly disappearing pile of coal; opposite to where the coal had been, there is a camel that the patient is pleased to see, and that she recognizes as her analyst, "a special camel mother who had enough food stored up to take her across the desert" (p. 353), an allusion to their journey together in the present through a vast desert, hopefully allowing the patient to shift her engulfing catastrophe slowly into the past tense. C. Winnicott viewed the shrinking pile of coal as related to her own presence or absence in the patient's psyche, "if I am not there, she is left with the broken-up bits of coal which are like the broken-up bits of me" (p.354).

Another possibility is that the broken-up bits of coal symbolize the patient's utterly-decimated "unit self," easily crumbling in the therapist's absence leaving her with the horror of the past agonies invading the present (a growing pile of black coal). That the patient's terror in the face of such profound vulnerability catapults her into non-being (upon her analyst's absence) would be wise to keep in the forefront of every

clinician's mind. The imagery in both these dreams of fragility, collapse, terror, and erasure reflects an annihilation of the felt reality of "I am," without which there can be no steady discrimination between past, present, and future. Winnicott's agonies of falling forever, disintegration, and loss of the sense of real, come immediately to mind.

Whereas Clare Winnicott optimistically interprets the dream as a healing consolidation of the positive transference, I wonder whether, at the same time, the disappearance of the coal reflects a further annihilation experience in which the patient's fragmented emotional experiences are lost, buried, and erased once again.

There is no possibility of any continuity of past through the present to the future without an abiding sense of "I am" that serves as the contiguous factor and, without which, there can be no enduring felt-"mine-ness" associated with one's body and mind. In addition to the terror of erasure, the trauma survivor's daily experience is enshrouded in continuous, inchoate experience of alienation, everlasting aloneness, and hopeless despair about being understood. Without a secure sense of going-on-being, Stolorow (2011) writes there is a collapse of past, present and future, "experiences of emotional trauma become freeze-framed into an eternal present in which one remains forever trapped, or to which one is forever condemned to be perpetually returned through the port-keys supplied by life's slings and arrows" (p.

55). Key to the relationship between trauma and time, is that one's identity may be splintered along the axis of time.

KAFKA'S COUNTRY DOCTOR AND THE WOUND OF TRAUMA

There was a missed opportunity that occurred in the early stages of a very destructive psychotherapy I experienced decades ago. It concerned my encounter with a short story written by Franz Kafka, "A Country Doctor," which has haunted me all these years since that time. I mentioned the story to my analyst, but he turned away from it and from me, showing no interest in what it symbolized about my own buried horrors. Sadly, at the time, I was unable at the time to resist the power of his denial.

Kafka's story embodies an example of the "eternal now" nightmare of a chronic annihilation state and the concomitant temporal disintegration that tends to go along with that (personal communication, G. Atwood, 2017). In the story, a doctor is summoned to see a very ill young boy, and must travel by horse-drawn gig across a vast, snowy landscape—"a thick blizzard of snow filled all the wide spaces between him and me" (between he and his patient), perhaps foreshadowing the dissociative impossibility of understanding and connection between them. The doctor is "deafened and blinded by a storming rush that steadily buffeted all [his] senses." In a distortion of time, he is instantaneously transported to the boy's house and the

blizzard stops. Completely unaffected by the suffering, "gaunt boy with vacant eyes" or his immediate gesture of throwing his arms around the doctor, imploring him to let him die, the doctor dismisses him, accusing him of malingering, and needing nothing other than to be kicked out of bed. Just as the doctor is preparing to leave, exclaiming to himself with contempt about the expectations of his patients, the patient's sister is holding a "blood-soaked towel" and the doctor concedes the boy may be more ill than he had thought. The doctor is stripped of his clothes by a chorus of villagers, and forced to lie in bed beside the boy and his open wound. Their lying naked alongside each other can be interpreted as though they have become one. The story is riddled with images of violent attack, brutality, and forceful entry through windows and doors, suggestive of imminent murder and death.

I'm going to quote a very disturbing passage describing the horrific wound that the doctor uncovers:

"In his right side, near the hip, was a open wound as big as the palm of my hand. Rose-red, in many variations of shade, dark in the hollows, lighter at the edges, softly granulated, with irregular clots of blood, open as a surface mine to the daylight. That was how it looked from a distance. But on closer inspection, I could not help a low whistle of surprise. Worms, as thick and as long as my little finger, themselves rose-red and blood-spotted as well, were wriggling from their fastness in the interior of the wound toward the light,

with small white heads and many little legs. Poor boy, you were past helping. I had discovered your great wound; this blossom in your side was destroying you.”

This extraordinarily-disturbing description was the ugliest and most horrifying thing I had ever read, in light of all it has symbolized for me as a trauma survivor. Much later, I realized that I had been alone, all these years, with this very sense of horror and dread, with the help of an epically-different analyst. The boy’s wound and its worms, Kafka’s wound, and my own wound, are the result of an infection from the outside—the wound, is an apt metaphor for the disfiguring impact of trauma itself that attacks and obliterates the integrity of the “unit self.” In fact, there can be no mine-ness of a sustaining kind in the presence of terror that threatens psychological murder and death. In addition, everything seems to be occurring at the same time, collapsing past, present, and future. These thoughts regarding “A Country Doctor” evoke, of course, Winnicott’s ideas about “primitive agonies” and the past engulfing the present and future, collapsing any possibility of self-constancy and going-on-being in a safe surround.

Kafka’s nightmarish imagery symbolizes the disruption and disintegration of a unitary sense of “I am,” occurring in consequence to the vast early trauma in his own life. Deep insight into the specific features of this trauma is provided in Kafka’s

"Letter to The Father," which I also discovered 35 years ago. Franz Kafka's father was a destroyer of souls rather than a true parent, someone so absorbed in himself as to deny reality and validity to anyone's experiences but his own.

Kafka is a kindred spirit, a brother-in-darkness. When I first read "A Country Doctor" and "Letter to The Father," I had an immediate, inchoate sense of deep identification which I needed to immediately gut and erase as an act of obedience to the "law of the land" (Dubois, personal communication, 2015) required by my parents and my analyst for survival. I saw the effect of my parents' psychic rape of my life in Kafka's horrifying image of the boy's worm-infested wound, and also in Winnicott's formulations of the "primitive agonies:" a lifelong, buried terror of annihilation stemming from the disastrous hold of the past catastrophe on our present and future.

Let me close this paper on a more hopeful note, one looking toward the possibility of real understanding and healing in a psychotherapy process that recognizes the full scope of early trauma and its associated agonies. Out of such a lengthy process, the past can become past in the Winnicottian sense, transformed into painful memory, freeing the present and the future from everlasting captivity.

... "This is the use of memory:
For liberation - not less of love but expanding
Of love beyond desire, and so liberation
From the future as well as the past...
History may be servitude,
History may be freedom. See, now they vanish,
The faces and the places, with the self which, as it could, loved
them,
To become renewed transfigured, in another pattern

T.S. Eliot, "Little Gidding," from Four Quartets (1942)

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**THE SUBJECTIVITY OF TIME: TIME AS PERSECUTORY, FROZEN, OR HOLDING:
HOW TIME IS TRANSFORMED WITHIN CLINICAL TREATMENT**

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(Presented at 2017 IFPE conference)

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The Three Forms of the Subjective Experience of Time

It may be helpful to conceptualize that there are three forms of the subjective experience of time that are highly relevant for clinical work. They are the experience of time as persecutory, the experience of time as holding, and the experience of time as frozen. How we experience time interacts with our internal world and its internal objects. In another paper (Kavalier-Adler, 2013b/ 2016), *Dialectics of Mortality and Immortality*, I wrote: "I wake with time as persecutory, and by evening I experience time as holding: Time changes as my state of mind changes. I have wondered how this is for others..." (p. 38). For me, this is based on two different internal objects, and the persecutory impact of time in the morning is also related to the pressure of the burdens of responsibility that I integrate within the day. Transforming time from persecutory to holding involves surrendering to the moment of feeling experience. I need to allow myself to go inward, where I can face whatever I feel from within.

The degree to which one is willing to face the pain of mourning the losses of one's life also affects the degree to which time can be experienced as holding as opposed to persecutory. The loss that is not mourned haunts the psyche until the pain of grief is felt. Also, the aggression that one might ward off from within the internal world affects the degree to which one experiences time as persecutory as opposed to holding. The aggression within loss and separation is part of the aggression that needs to be contained in order to be felt and symbolized. As one settles into one's being, time becomes increasingly holding. For the full experience of time as holding, however, one must have an internal holding object, one that would have been internalized during infancy, and during the separation-individuation era of pre-Oedipal primal development, when the experience of the *self* is first forming. If the initial maternal object was persecutory rather than holding, this will be reflected in the person's subjective experience of time.

When I speak of time as frozen, I am relating primarily to the absence of an object that comes from primal level abandonment trauma, and from the numbing of one's psyche to ward off the intolerable pain of annihilation terror. The absence of a primal level object is intolerable. Even a persecutory object is preferred to the absence of an object, when the internalization of a holding object has not been accomplished, or has not been sustained. Additionally, it is important to note that the persecutory attachment can become eroticized. Many people cling to their persecutory objects, and in doing so, they are then doomed to experience time as a persecutor.

The Eternal Now Moment and Time as Holding

The persecutory tread of linear time (left brain) can be interrupted by "eternal now" moments that relieve the haunting threat of one's mortality, which can be conscious or unconscious. In the "eternal now" moment, one is in a right brain experience of being, as opposed to being in the left brain experience of anticipating the future within linear time. Even the anticipation of the next moment is suspended.

One example of how this experience can come about is within the very organic dance of Argentine tango. In Argentine tango, the follower needs to continually be in a state of "non-anticipation" so as to instantly connect with the moves of the leader. Also critical is that the leader and follower connect with the music. To be fully in the moment, one needs to be connected with oneself, one's partner, and the music (Kavaler-Adler, 2016). The follower (usually the woman, but now often not) is able to close her/his eyes, and go into the "zone" of deep feeling connection, without thought. The follower receives the direction from the leader, or the "invitation" from the leader, through the upper body embrace, and through feeling the weight of the leader on the floor, as the leader moves to each new step, or as the leader pauses in one place. Studies in the brain activity of Argentine tango dancers, when in this embrace, have shown that each of the two partners' brains are merged with each other, as they engage in a dance of coordinated "intersubjectivity" (Berrol, 2016; Burzynska, Finc, Taylor, Knecht, 2017; Poikonen, 2017). In this state, time is experienced as holding as opposed to persecutory or frozen.

If the follower anticipates the next steps rather than remaining open and receptive to the leader's lead, the organic body flow, and the psychological intersubjective flow, will be disrupted. If the leader does not mutually surrender to receiving the full cue of the follower's responsive movement "in the moment," the intersubjective psychological flow and the organic body flow will be disrupted. However, when the intersubjective flow is fully allowed, there is the opportunity for both tango partners to

experience the “eternal now” sensation of being fully in the moment, with a temporary suspension of awareness of the continual tread of linear time.

The tango follower can surrender to an open receptivity towards the leader, which is enhanced by being in the flow of the music, which appeals to the soul, and the embrace engages the heart to heart (*corazon-a-corazon*) connection of both partners. Similarly, in the clinical dyad, the psychoanalyst remains fallow, ready, in a state of receptivity in relation to each patient who is in the psychic atmosphere with her/him in the moment. Freud (1912) spoke about the art of “free floating attention,” where the analyst turns her mind, like a receptive mental organ, toward the unconscious mind of the patient that is in the room with her. Wilfred Bion (1967) went further, and spoke of the analyst suspending memory and desire, in any one clinical session, or clinical moment, to take her lead from the unconscious. Like the follower in Argentine tango, the psychoanalyst waits until the patient engages with their internal world affect and object related state. Then the analyst can tune into the authentic area of “being” in the patient, which may have been perpetually repressed, or dissociated form. D. W. Winnicott (1960a) speaks about a similar authentic engagement with the “true self” of the patient, when he speaks of the capacity for play, or for the creativity of everyday life. Sometimes this true self engagement involves suffering the most intense moments of hostile aggression in the patient, while the analyst tries to contain her own internal experience enough to “survive” – in the Winnicottian (1969) sense of staying present rather than retaliating or abandoning the patient.

My theory of developmental mourning incorporates such object survival, as well as readiness for feeling with the patient, and sometimes suffering with the patient through the most intense transformation of rage to existential grief (as opposed to neurotic guilt that is a mental construction, and thus defensive). This theory of developmental mourning is built upon Melanie Klein’s (1935; 1940) theory of depressive position. Klein was the first psychoanalytic theorist to speak of mourning as a critical developmental and clinical process. It is relevant here to note that when linear time is suspended, so is our conscious awareness of our mortality. This happens in “eternal now” moments, when one’s full affective sensation and being can be felt, and sometimes suffered (Joseph, 1989). Then, the usually persecutory aspect of time can relent and time can become holding. Also, in these moments, internalized aspects of the primal “holding” mother can be built upon, so that the capacity for surrender to true self “being” is enhanced (Winnicott, 1960a, 1963). When time is frozen, the capacity for psychological transformation is arrested. However, in the clinical setting, when the analyst engages with a clinical process in the moment, frozen time can also transform into “holding” (Winnicott, 1960b) time, as primal

trauma, and later loss and trauma, are felt and actively processed within critical clinical moments. Interpretation facilitates this process so that moments are conceptually connected over time for the patient, and the many levels of self-integration within development are felt as affectively alive through a developmental mourning process (Kavaler-Adler, 1992; 1993/2013; 1995; 1996/2014; 2003a; 2003b; 2006; 2013b; & 2014b).

The following are some clinical examples of how the persecutory aspect of time can be transformed within a clinical moment to one of holding. There will be also the example of how the dissociation from the area of the psyche where a holding object once resided can create the experience of endless frozen time, a phenomenon that can occur when there has been primal pre-Oedipal trauma. I will speak about the clinical transformation from this frozen time to time as holding. In both forms of transformation, the mourning process and to which I refer as a developmental mourning process will be seen. The transformative moment becomes the moment in which the repressed or dissociated experience of loss of the object is for the first time experienced in the clinical context. This also involves the transformation of the experience of the analyst from that of a persecutor, or an absent object, to that of a holding object.

Clinical Transformation from Persecutory Time to Holding Time

It was after my pre-Oedipally arrested patient expressed her most direct and intense primal rage to me, and I survived in Winnicott's (1969) terms of not retaliating or abandoning, that my patient moved to a symbolic level in which she could free associate and accept my interpretations of her experiences, including dreams. In other words, this patient became an "interpreting subject," in Thomas Ogden's (1986) terms. She could make interpretations of her own experience then, as she could understand that she and others were interpreting their experience.

I will call my patient Rochelle. She had lost her mother to cancer at age 8. A former symbiosis with the mother was not disillusioned, and a mourning process for the grief of losing the mother was required. Yet, in the immediate clinical moment, as I made a spontaneous interpretation of which I had never thought before, the patient erupted into the authenticity of her repressed grief expression. She opened, as her dissociated rage and the defenses against it opened up. Rochelle became free to feel and free to think through an "in the moment" association for the first time. A portion of one of her dreams then allowed me to have an improvisational moment of spontaneous interpretation (see Winnicott, 1999, on "spontaneous gesture"). The scene in the dream was that I was seen by her to be Ronald Reagan, and in her dream Rochelle was a young black boy delivering a pizza. I then paid her much too much for the

pizza, and Rochelle wondered why. I interpreted as follows, not thinking until I felt the words rise up in me that I was saying:

“Consciously, you think you are giving and giving and giving to me (money), and think I am taking and taking and taking from you. However, unconsciously it is just the opposite. You believe that you are taking and taking and taking from me, and using me up, just like you felt you used up your mother and killed her!” As my words evolved in the organic dream interpretation, Rochelle erupted. She began to cry out: “I did it! I did it! I did it!” The formerly sealed off grief exploded from inside the core of her being. She started to sob, and sob, and sob. She was feeling the longing and loss of her mother who died from cancer when Rochelle was eight, and feeling the existential guilt behind her grief. She was unusually calm after her grief poured out, and I stayed with her in the clinical moment of intense feeling and being.

The next session was to prove most interesting. Rochelle lay down on the couch. She promptly fell into an extremely peaceful state of sleep. While she slept, I had an unusual state of access to her internal world experience, being able to directly tune into her unconscious. In fact, I experienced my lips and fingers transforming into the sensation of being baby lips and fingers. Meanwhile, I also experienced the sound of a lullaby within my mind. I felt like I was both the baby part of my patient’s psyche, and was also the primal mother that had once held her, before the time of loss that might have come with a gradual psychic separation during the separation-individuation period, but which came instead with a harsh traumatic edge. Psychologically, Rochelle’s mother died gradually over time, but then – extremely abruptly from the decay of cancer. The night her mother died, Rochelle’s father threw her into the shower to wash her own hair, which she had never done before. She came out of the shower crying, with soap still invading her hair. From then on, Rochelle lived in a perpetual state of helplessness. Meanwhile, the father, who had been emotionally distant from her, became both emotionally and physically abusive. He became a persecutor and was internalized as such. Consequently, the analyst became a persecutory father in the transference (symbolized in the dream as Ronald Reagan), alternating with being the mother with whom she was still engaged in a regressive symbiosis. How could time then be anything but persecutory for Rochelle? She was constantly burdened by her own patients in her work as an occupational therapist, and there was never enough time for her to breathe.

However, time began to transform for Rochelle in the moment of my key interpretation, as she opened her heart and soul to the primal level of sadness that she had been avoiding her whole life. She

had avoided this deep grief sadness through a combination of repression and dissociation, of raw instinctual affect. In that moment of core self-surrender, Rochelle transformed her internal persecutor into a holding mother, and thus time itself became holding. She was able to let go of time in the next session. She allowed herself to sleep peacefully in my presence, and I could feel like a mother holding her like a baby in my arms as she lay on the couch. She slept peacefully in my presence, trusting me as she had never done before, trusting me as if her lost primal mother had returned to her, after she had released her mother through grieving her loss.

Along with Rochelle, I felt myself being held as she slept, and as her unconscious delivered to me the baby and holding mother parts of her. Time transformed from persecutory to holding for both of us. Linear time seemed suspended as I could be in the pure sensation of my lips and fingers feeling like a vulnerable soft baby, and as I heard the tranquil and soothing lullaby inside of my mind. Yet, all this was dependent at that critical time on Rochelle's surrender to an unconscious state of trust and relaxation in her sleep.

Interestingly, when Rochelle awoke, linear time took its revenge. I had to enforce linear time by ending the session at a certain time. In doing so, I woke Rochelle from her deep state of surrender to her unconscious, and to the holding mother within her internal world. When Rochelle woke, she brought her internal persecutory object – in the visage of time – sharply and abruptly back into the room. I experienced this message from her unconscious as if I was suddenly being thrown into a shower, and told to wash my hair, when my mother had always done it. So in the abrupt moment of consciousness of time intruding, Rochelle screamed out, sharply, “Oh damn! I slept through the whole session! What a waste of time!” I didn't say anything at that moment, as it was “time to go!” However, when, in a later session I shared my experience with her, Rochelle got angry! Rochelle said that I was just imagining all that. She said that I shouldn't “waste her time” with all that. Her defenses were back full force, and she belittled the nature of the holding mother's sense of time that I had shared with her. Nevertheless, even if she did not express awareness of the connection that occurred in that “holding time” session, after that session, Rochelle did feel safer than ever before to yield consciously to her softer side when with others. She told me that she was continuing to allow herself to cry and mourn with a girlfriend. And she let me in on her experience by saying: “Now when I think of my mother, I don't feel such pain anymore.” Rochelle was implying that now that she was able to cry and feel and to sob out the crying of grief. Her mourning process was allowing her freedom and healing. As Rochelle mourned and healed, she also allowed her arrested developmental process to renew its organic course. Time, as an internal persona,

could now become increasingly holding and less persecutory for her. The initial moment of transformation continued as her defenses could be dealt with over time in clinical treatment.

Ultimately, the organic flow of time could be felt as in that which I have called the *love-creativity dialectic* (Kavaler-Adler, 1996/2014). In the love-creativity dialectic, one connects freely with one's internal self and internal creative resources in a natural flow of alternating connection between the outside world/outside other and connection with the internal self and creative resources. Connection outside brings intimacy and love within the external interpersonal context. Time is experienced as holding when this organic flow of internal and then external connection – back and forth – is felt. When arrested with a perseveration of external connection, you get the love addict, who is unable to connect with the internal world and with internal resources for creativity. When arrested in a perseveration of internal connection, you get the “compulsion to create” addict, who can't let go of the internal world, and who fails to connect fully with another outside, sacrificing love and intimacy. This “compulsion to create” phenomenon in an artist would exploit the internal world for creativity until the resources of the internal world begin to dry up. For a full case study example, see my study of Emily Dickinson (Kavaler-Adler 1993/2013).

Transformation from Time as Frozen to Time as Holding

When time becomes frozen, there is often a primal trauma behind the subjective experience of time stopping. The trauma involves an intolerable experience in relation to a primal mothering other. This intolerable experience, which is dissociated, as in the “unthought known” of Bollas (1987), is always threatening to happen, and as seen in Winnicott's (1974) *Fear of Breakdown*. So past time becomes the object of future fear. But the subjective sensation of time being frozen foments a trenchant terror of annihilation. The world becomes empty of an object, or one lives in a world where the object to which one attaches is an absent object, or a “no thing” (Bion, 1965; 1970). In the case of a trauma due to persecution, time would, of course, subjectively be experienced as persecutory. However, when the object is absent rather than persecutory, time subjectively is experienced as frozen. Also, dissociation from the early part of the self that experienced the trauma makes one to cling to a “no thing” (Bion, 1965; 1970). However, the numbness and paralysis of time being frozen must be felt consciously before the active clinging to the “no thing” object can be experienced. When time is frozen, there is just numbness and paralysis.

In the case of a woman who I will call Cynthia, the patient was haunted by a dissociated experience from the linear time location harkening back to her age of 21 months old. In a four times per

week psychoanalysis, she began to tolerate the trauma that first emerged through a psychic fantasy of being all alone in the world after a Holocaust. Before she felt rage, loss, longing, and grief, she just felt numb, as if there was no connection to another. Time was frozen in that part of her psyche because without a sustained internalized object connection, there was no moving forward, and no sense of a continuous flow of time. What happened to her at 21 months old? At that time that Cynthia's mother went into a hospital for a week to give birth to Cynthia's younger brother. One's age of 21 months is the time for "rapprochement phase" (Mahler, 1971; Mahler, Pine, Bergmann, 1975) within separation-individuation stage of development; it is a time of critical need for sustained maternal contact to promote the development towards an individual self that can feel and define its own subjectivity. If during this critical stage, the mother is absent for a period of time longer than it is needed for the child to retain an image of the mother in her mind – the terror of being in a void, without an object, or of being attached to a "no thing" (absent presence) becomes a state of traumatic dissociation. During this rapprochement phase of separation-individuation," the child will try to keep the physically absent mother alive by imagining the mother. However, if the mother is away for too long, the child will no longer be able to "image" the mother (see Mahler, 1971; Mahler, Pine, Bergmann, 1975). Then the mother no longer exists within the child's internal world as the containing and holding mother of primal pre-Oedipal childhood.

This is what happened to Cynthia. Her primal level of trauma occurred within this critical linear developmental time of "rapprochement," and rapprochement failed. By the time the mother returned, Cynthia had lost her internal experience of having an object inside, and of being connected in a sustained way to an object. She also lost her ability to image or visualize. She had imagination, but it could not emerge as visual imagining of herself, or of the other (Mahler, 1971). The later mother was internalized, often as persecutory, and during a critical time at 7 years old – as rejecting. The primal area of the psyche that had suffered but had not yet felt the earlier absence of the mother, stayed frozen in time. When Cynthia regressed to this stage in the therapeutic object relationship, she had the subjective feeling of being "all alone in the world after a Holocaust." As she felt this, and put it into words within the transitional space that connected her to me, her female analyst, she began to re-own the dissociated part of her self and psyche. When she was helped to put this experience into words, Cynthia was actually excited by the term "no thing." She felt that this phrase seemed to relate to her "all alone" experience of craving an absent object as a "no thing." "No thing" explained her absent sense of *self* without an early object of some kind.

When one is all alone, and there is no transitional space joining one with another, time does not exist. Time is frozen. Linear time is frozen, and holding time is absent. The only way forward is to consciously assimilate – bit by bit and along with the company of the analyst as a “subjective object” and “transitional object” – the intolerable affect states from the primal loss era of object loss, which could never have been felt at the time without a mothering presence (Winnicott, 1958). One can only develop a capacity to be alone by having first experienced being alone with an *affectively alive* other. When the mother was absent at the critical time for this state of being to occur, the therapist becomes the alive other that can, for the first time in the present, allow the patient to tolerate the experience of being alone.

This is what happened with Cynthia. She gradually could feel her *self* by feeling herself in relation to me, as I felt and witnessed her primal trauma. Then, her experience gradually transformed, and frozen time transformed, becoming increasingly holding in its nature. This allowed her to do the creative writing of which she only dreamed. Before this, she had blocked such writing by building a wall against her internal experience. In this way, she had protected herself against the intolerable experience of being all alone in the world without an object, which involved the experience of time being frozen.

As Cynthia came alive, her transference towards the analyst changed. When time was frozen, I had been experienced as an affectively “ice cold” “absent breast” mother. As she came alive through tolerating the trauma in the transitional space with me as an affectively alive analyst, her experience of herself, the analyst and time all changed. Cynthia could begin to have memories of a differentiated mother, as well as of differentiated experience with the mother. Her lost cognition from the period of 21 months old was gradually regained. She could have these differentiated memories, and a differentiated sense of clinging to a “no thing” object,” rather than feeling like she was all alone in the world after a Holocaust. The fantasy of a Holocaust disappeared. She became a child reacting to separations, reprimands and the exhaustion of a seriously ill mother. Time took on a reality as a linear phenomenon (left brain experience) and as a holding experiential phenomenon (right brain experience). So too, I became alive and responsive to Cynthia’s subjective experience. She spoke of me as warming up, and she could gradually surrender on the couch. The tension and rigidity in her body gradually relaxed, as the connection between the absent object of 21 months, and the experience of time as frozen, began to make sense to Cynthia. She gradually lessened her expectation that time would always be frozen, and that she would never be able to write. She spoke earlier of her anticipation of terror: “I am terrified I will die without ever being able to write. That thought makes me feel like dying.”

Cynthia also would speak of the formerly dissociated experience of paralysis lifting and dissipating – as she became conscious of the annihilation terror, and aware of what triggered it in any one moment or session. Sometimes Cynthia would walk out of the session feeling blocked and paralyzed, as if time was returning to being frozen. However, the next day she felt that whole sensation of being paralyzed lift, after we realized what had triggered it in the session the day before. Soon after a session she would feel the dissociated state “lift,” and simultaneously the sense of time being frozen also lifted.

Cynthia mourned many levels of loss in relation to the mother, and that increasingly allowed her primal dissociated trauma to become more tolerable in consciousness. Thus time could begin to flow again, as Cynthia felt held by the primal object, represented in the internal world as a symbiotic object, apropos to prior to the time of the trauma within the time of separation. Then Cynthia could consciously process the trauma with the analyst as subjective object, transitional object, and witness.

Conclusion

To be within the flow of time, one must convert time as persecutory and time as frozen into time experienced as having a holding object within one’s internal world or psyche. This involves facing the rage and grief of primal object loss. Consequently, a progressive developmental mourning process within clinical treatment is required. My clinical examples show how time is converted from the unconscious experience of time as persecutory and/or frozen into time as holding, which implies an organic flow of time resuming. In “eternal now” moments, the flow of time is felt. The persecutory aspects of linear time, and of one’s mortality, are suspended. One lives fully within the affective experience of the moment, rather than being trapped in the frozen paralysis of trauma, or in the repetition compulsion of attachment to a persecutory object in a state of attack. Re-integration of dissociated areas of the psyche, and of the internal world in which time is experienced as an internal object, can occur in clinical object relations treatment. This is all part of the progressive levels of developmental mourning.

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Reminiscence and Reflection:

Life Review Therapy with An Elderly Patient

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Maya Angelou once said, “There is no greater agony than bearing an untold story inside you.” This quote rings true as an essential aspect of human existence. Narratives are the way we organize experiences, convey memories, and share our truths. Much of psychotherapy is an act of storytelling. The patient delivers a narrative, and the therapist listens intently, clarifying details and motivations, confronting gaps and false statements, and interpreting subtext and thematic content. The teller selectively recounts events and describes characters with her audience in mind, unconsciously editing the story in response to transference feelings. Through our stories, we describe and define ourselves, with the hope that the narrative has some resonance and meaning. Nowhere is this more evident than in work with older adult clients. As a therapist working with elderly patients in nursing homes over the course of ten years, I came to realize the essential value of life stories told and received. In this way, time is distilled and cohesion may be restored or created. I believe that we all strive to be known by others, but it is through the telling of our stories that we come to know ourselves.

As described by Erikson (1980), the last stage of psychosocial development, ego integrity vs. despair, arises in response to the crisis of old age and impending death. Individuals seek to better understand their choices, relationships and acts, to develop a sense of their lives as cohesive and meaningful. Butler (1963), a contemporary of Erikson, explained that life review is a naturally occurring, universal process at this stage,

wherein previously unexamined conflicts may be explored and resolved.

Psychoanalytically-oriented therapy with older adults often focuses on the resolution of this task, and offers a rich opportunity for increased insight and the ongoing development of the self.

Butler identified three groups at risk for pathological responses to life review resulting in guilt, depression and anxiety. First are those who always look forward. These individuals habitually engage in defensive avoidance of examining the past. Second are those who have severely and consciously hurt others. These individuals struggle with legitimate and sometimes overwhelming guilt. And, third are those with narcissistic tendencies, for whom death may be seen as the ultimate insult. In my experience, and beyond Butler's three categories, I would add that those who have experienced significant trauma represent a fourth at risk group. Many older adults with whom I have worked have pointed themselves ever forward, thereby avoiding the task of mourning, or even acknowledging past trauma, only to find themselves overwhelmed at this later stage by past events they thought they had overcome.

This paper will examine life review therapy with "Isaiah," a 93 year-old African American man seen in psychotherapy in a nursing home setting. I worked with Isaiah over the course of nine months, meeting weekly to engage in psychodynamic life review. Isaiah's legitimate guilt and shame, triggered by the developmental press to look back at this life, may be understood as the primary cause of his severe depression. It was through our work together that he processed this guilt, came to understand the impact of individual and cultural trauma on his choices and identity, and ultimately restored some sense of integrity.

Isaiah arrived at the nursing home following hospitalization for a minor stroke. Prior to becoming ill, he had been living in an abandoned apartment with a friend. According to the social worker who referred him for treatment, they had been living with no heat or electricity, and barely any food. Though both the doctor and physical therapists had determined that Isaiah should be able to regain full functioning and return to the community with support from the local senior services organization, Isaiah had made little to no progress. He had gained no weight, and refused to get out of bed or participate in physical or occupational therapy. When I first met Isaiah, he barely made eye contact. He shrugged his shoulders and consented to work with me, but assured me that there was really no point. "It's the bottom of the ninth," he said. "Two outs. It's time to pack up and leave the park." Such a response is not unusual with many older adults. They have often been socialized to regard therapy as only for "crazy" people. It is also the case that African Americans, particularly from this generation, have learned that you do not share your personal business with therapists, particularly white ones. Yet there was something about the way in which he carried himself that alerted me to the fact that this resistance was about more than that. He seemed to feel that he wasn't worth the time. Convincing him that he might find himself playing extra innings regardless of his plans, and he might want someone on this team, I began to lay the groundwork for our alliance.

Despite the severity of his depression, Isaiah presented with evident strengths. He was obviously intelligent, perceptive and able to make use of humor. I began by exploring with him as to the reasons that made him feel that he should not work on improving his health. He was, he explained, baffled as to why he should still be alive

when so many “good” people had already died. I wondered with him about why he might not regard himself as good. He insisted that he was bad, and that “Some things just should not be forgiven.” Was it his fantasy that he should be punished, and was he inflicting that punishment on himself? With this hypothesis in mind I began to question him about his identity. How was it, I asked, that he came to be so bad? In response to this, he began the months long process of telling me his story.

Isaiah grew up in the South in the early part of the 20th century. The first son of a highly educated and prosperous black family, he held special status both in his family and in the larger African American community. This, of course, was in contrast to the general discrimination, exclusion and racism he experienced among Whites. He described an ever-present internal tension that resulted from confusion about these divergent roles. From an early age he recalled feeling angry with his mother for her assertions that they were somehow better than other people he knew. She chastised him for playing with children she felt were beneath him. He didn’t feel truly seen by her, or by his emotionally absent father. At school and in the neighborhood he projected confidence and strength, but worried inside that he was not at all what people imagined him to be. Adopting the defense of presenting a false façade, that he did not care what other people thought, he managed quite well, but failed to internalize a sense of his authentic self as loved and validated.

Isaiah did well in school, and enjoyed social success and the admiration of his peers. Delaying college, he played for a time as a catcher in an all African American minor league team. He was a natural leader on his team, and enjoyed the experience of brotherhood he felt. He fell in love, and married a local girl with what he felt to be high

standing, who garnered approval from his parents and younger siblings. It was when he came back from serving in WWII that he became “bad,” he explained. He left his wife, became estranged from his family, and began a life of crime. He was eventually imprisoned, spending over twenty years in jail.

Isaiah fought in the military in the North African desert against General Rommel’s Army. He was a sniper. He described long, exhausting hours of waiting and worrying, broken up by tense frightening battles. He was considered an excellent sniper, talented at shooting and killing his targets. He was highly admired, and yet, he felt enormous dissonance and guilt about what he was doing. His leadership, along with his marksmanship offered him a potential career path, but he chose to leave the Army rather than rise in the ranks. He could not reconcile succeeding in an organization that denied his fellow African American soldiers the opportunity to integrate, to become officers, or to go to the officer’s club. He left the army and returned to a country that celebrated its victory in war, but did not laud, or in many cases even recognize, the contributions of black soldiers. For him there was no GI bill, no subsidized housing, no medals, and no parade.

Isaiah returned home a confused hero, unable to convey his complex emotions to his family. He didn’t recognize himself, and though he tried at first to re-enter his life, he felt unable to find his former ability to maintain a confident edifice. His relationships fell apart and he couldn’t hold down a job. He was angry and scared, and there was no place for him. He began to dabble in petty crime, and became connected with the local African American organized crime syndicate. And there, he found a place where his skills were

respected, and where he felt like he fit in. He became a gangster. That, he explained, was how he became bad.

It was difficult for Isaiah to be frank in discussing the many things he did in the years that followed. Only as he began to trust the constancy of my commitment to him and my nonjudgmental acceptance of him, did he begin to share this part of his story. Isaiah was a leader. He had several nightclubs, ran rackets and had brothers in arms. He robbed banks. He was also “muscle,” and he committed murder. He insisted that I understand that he had done irredeemable harm. He asked me to imagine looking in a man’s eyes as he begged for his life and taking it anyway.

Yes, some things cannot and should not be forgiven, but they can be understood. This is the essence of life review. It is only by examining the full story that we can begin to see the full tragedy of it. I once had a professor in graduate school who said that the goal of psychoanalysis was not to be rid of our faults and burdens, but was, instead, to become the tragic hero of our own stories. In Isaiah, we see many disparate lives lived: That of a young and angry but successful and popular man, that of a skilled but conflicted sniper, that of a marginalized black soldier, that of a successful criminal, that of a long-time convict, and that of a poor, lonely and guilt-ridden older man. With this in mind, ego integration was an exceedingly difficult task, particularly under the specter of his justified guilt.

Who was I to him? As is always the case, the transference evolved over the course of the therapy. I was at times a friend, a confessor, a lost wife, and finally a much needed mother to him. It was clear from the beginning that he felt I should not like him. He projected my disapproval and judgment, and saw me as an unwilling recipient. At

first distant, he eventually became warm and open. He would often say, as I walked into his room for a session, “Here she is, my ray of sunshine.”

There were a few key turning points in our relationship occurring in the context of my sharing my perspective on his life story. Seen from without, it was clear to me the immense role that trauma played in his life. Living in the era that he did, he had no language for trauma and no understanding of its impact. I was, over time, able to help him to develop some empathy for the troubled young man that returned from the war plagued by confusion, anger and self-loathing. I was able to help him to understand his drive to endlessly relive his days as a sniper. The ongoing toll of this trauma became evident during one session when an older black man walked by the door of his room with his hand in his pocket and Isaiah snapped up in alert. He was ever vigilant, still expecting to be “taken out,” by another killer.

It was also crucial to examine the role of racism in his marginalization, complicated by his identification with his mother, who in her own way may have contributed to the oppression of working class African Americans by looking down on them. While I could not draw on my own experiences as a privileged white woman born in the later part of the century, I was ever-curious in exploring this dimension of his experience, and drawing his attention to its impact. I have wondered since about his feelings towards me and my whiteness. I think it was my curiosity and persistence about trying to understand this aspect of his experience that may have allowed him to explore it with me. I have also wondered whether my own guilt about my privilege may have in some way mirrored some of the guilt he felt.

In terms of countertransference, I had a variety of feelings. This was, perhaps, the most moving course of therapy I have participated in to date. I felt concerned and protective, and also at times repelled by his past. I felt overwhelming sadness for him, and struggled with the power of his regret. It is always the case when working with older adults that we must confront our own fears of aging and dying, and also the stark possibility of finding ourselves at the end of life, filled with regret and unable to go back and make amends. There is also an element of fascination and voyeurism that can be a distraction as you find yourself drawn into another time and place, akin to watching a flashback scene in a movie, transported to a different time and place with full costume and dramatic music score. His story was not for me, but for him, and this was what I needed to remind myself when I found the fascination a distraction.

Relational therapists talk about the power of becoming progressively more honest in the presence of another person. Isaiah needed not only to be honest about the harm he had done, but also about the pain and isolation he had felt and feels still. Since he was a child, he had longed for someone to really see him, without judgment, and to accept him. I have found that no matter how old people become, when they are vulnerable and sick, they yearn to be held by a loving and protective mother. I think that Isaiah did not need punishment or absolution, so much as he needed to be mirrored and cared for and really seen.

When I do life review therapy with older adults, an extraordinary thing happens. I begin working with someone bent and wrinkled with age. As they tell their life story, I begin to see someone else emerge, or rather many other selves emerge. People come alive, their posture changes, their faces light up, and I am able to interact with the child,

teenager, or adult they once were. As we travel through time, I get to meet these selves, and together we discover that all of them still live. This is integration, and it is remarkable.

It was only after Isaiah and I greeted and made peace with these former selves, that he was able to acknowledge other aspects of himself and find some hope and purpose. He was able to finally mourn the loss of his family and wife, the loss of years in prison, and the loss of the life he might have led. As he did this, his condition improved. He began to walk, to care for himself, and to put on weight. He remembered that though he had caused great harm, he had also done some good. After being released from prison he had worked for a time with a local organization for the homeless. "I did help some people," he said. "Some people found a place to live because of me." When the time came for his discharge, he felt he had a purpose. He would go to subsidized housing for seniors, and spend some time in the neighborhood talking to young guys. He wanted to pass along some wisdom and hopefully help them from making some of the mistakes he had made.

Many months later, Isaiah returned to the nursing home, this time after a much more severe stroke. These were to be his final days. He was weak, struggling to breathe, and nonverbal. Of course, I could not resume therapy with him, but I did go and sit with him. He held my hand, and looked in my eyes, and I like to think that all of the selves he had been looked back and saw me, seeing him in all of his truth. Each of us has a story to tell. As therapists, we have the unique honor of hearing those stories. Writing this for me has been a labor of love. Isaiah had a story to tell, and by passing it along I hope to keep some part of him alive.

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Oedipus —Myth, Reality and the Distribution of Guilt:

With special consideration of *Oedipus at Colonus*¹

by Detelina Stoykova, M.A., M.A.

The myth of Oedipus the King and the eponymous Oedipus complex has ignited our imagination with its mystifying power. As the myth has been retold and has endured through ancient times, so have its interpretations. However, the Oedipus complex is rarely included in our case formulations anymore, as if it had exhausted itself and became a cliché, more readily embraced by pop-culture than by scientific circles. Some authors have challenged its universality and central importance; others have noted a whole analysis can go without the emergence of Oedipal material, suggesting that there is deficit of Oedipus complex issues (O'Shaughnessy, 1989). Still others have gone as far as to revoke the complex from its eponymous bearer (Eisner, 1987; Steiner, 1985). If the cornerstone of psychoanalysis has become clinically insignificant, theoretically, it had become its Gordian knot to be untied from many different perspectives with far-reaching inferences.

Freud saw Sophocles' drama in a way that no one had seen it before—the significance of seeing the oracle's wish as the unconscious wish, and myth as an emanation of unconscious dynamics, established a paradigm shift in our understanding of myth in general. Even though there is no single work defining the Oedipus concept, Freud elaborated on the structure and its universality throughout his work: *The Interpretation of Dreams* (1965); *The Ego and the Id* (1960); *Totem and Taboo* (1950); *The Future of an Illusion* (1927); and, *Moses and Monotheism* (1939). Overall, Freud struggled with some of the Oedipal concepts, modifying others, and remaining adamant about others,

¹ A version of this paper was presented at a conference of the International Forum for Psychoanalytic Education (IFPE) on November 9-11, 2017, in Fort Lauderdale, and the present version appears in the Winter 2018 Edition of *Other/Wise*, the online Journal of IFPE, Issue 1, "TIME," on the web at: www.ifpe.wordpress.com. Additionally, this paper received an Analyst-in-Training writing award, on November 10, 2018 at the National Association for Advancement in Psychoanalysis annual conference.

besides obvious clinical contradictions (Verhaeghe, 2009). Through all the twists and turns of its development, the core of Freud's formulations remained unchanged and the definition of that core concept is generally accepted today: the Oedipus complex is the organized body of loving and hostile wishes, which the child experiences toward his or her parent (Laplanche & Pontalis, 1973). It plays a central part in the structuring of the personality, and in the orientation of human desire (Laplanche & Pontalis, p.283).

Since the formulation of the Oedipus complex, many attempts have been made to reexamine, re-evaluate, and revisit the concept, as the titles of numerous articles testify (Pollock, 1986; Britton, 1994; Quinodoz, 1999; Bernstein, 2001; Zepf & Zepf, 2011). However, even in many of the revisions, the theoretical and clinical terms remain unchanged since its initial formulation, and they are largely adultocentric (Devereux, 1953), and in most cases demonstrate a masculinist (Verhaeghe, 2009) perspective. By adultocentric I mean the "adult's deep-seated need to place all responsibility for the Oedipus complex upon the child" (Devereux, 1953). The masculinist perspective is the original one, where the male child's complex is taken as a blanket term and patched over the rest of the participants in the Oedipal drama. Verhaeghe (2009) posits that Freud's theory of the Oedipus complex endorses and supports the basically masculine fantasies and anxieties (p.xvii). It still seems to me, that this "blanket term" does not stretch far enough, and when revisionists try to cover one part, another part remains uncovered. One of the goals of this present paper is to suggest coining new terms, or, alter the current ones, to encompass the totality and complexity of the complex.

Freud based his conceptualization of the Oedipus complex entirely on the drama *Oedipus the King* by Sophocles. However, *Oedipus the King* is only a snapshot, so to say, of the Oedipal family saga, a part of the whole story, and in Sophocles' case, a part of a trilogy. Sophocles was very involved with the Theban myth, as he worked and staged three separate plays on the theme over

several decades of his life, *Antigone*, *Oedipus the King* and the last one, *Oedipus at Colonus*, staged posthumously by Sophocles' son (Griffith & Most, 2012).

It is not known whether Freud was familiar with the entire saga described by Sophocles and if he ever read *Oedipus at Colonus*. If he did, doing so did not influence his initial concepts. I believe that the formulation of the Oedipus complex started, so to speak, on the *wrong foot*, by taking the play *Oedipus the King*, and Oedipus's character, out of their mythical and literary context. It is the same reason that prevents us today from grasping the entire scope and complexity of the complex. I contend that the play *Oedipus at Colonus*, the third of Sophocles' trilogy, has to be taken into account when formulating the concept of the Oedipus complex. If we took a hero, after whom we named a structure, who we choose to represent a trans-historical fact of human psychology (Pederson, 2015), considered fundamental for our psychic development, we should, therefore follow his entire journey and pre-history.

A number of provocative studies (Bergmann, 1992; Pollock & Ross, 1988; Verhaeghe, 2009; Perelberg, 2015) stimulated the ideas in this paper, and are works, that outline the multi-dimensional aspect of the Oedipus complex. One of these aspects is looking at its counterpart—the incestuous and filicidal impulses of the parents generally referred to as the Laius complex (Pollock & Ross, 1988). George Devereux first introduced the term “Laius complex” into the literature, in his 1953 paper “Why Oedipus Killed Laius” (Devereux, 1953). Devereux noted that there is a “blind spot” in regard to the Laius complex, its sadistic and murderous aspects, which he believed proves that the Laius complex is even more “ego-dystonic and culturally objectionable” than the Oedipus complex (Levy, 2011). In his description, Devereux referred to the Laius complex as a “complementary” (Devereux, 1953) to the Oedipus complex. I take as a premise, the hypothesis that the Laius complex is the **obverse** and not complementary motif (Ross, 1988), but instead is an inherent part of the organization and psychic structural cluster that we have come to know as the Oedipus complex.

Therefore, by *Laius complex* I understand not only father/son relationship, but also the complicated and ambivalent attitudes that any person who represents parental authority may have toward a “subordinate,” (Levy, 2011), which also includes the attitude of the mother. The terminology is in need of modification here, as the term “*Laius complex*” would have to stand for both—mother and father attitudes toward the child, as well as the attitude of the parental couple as a unit, either, or, or both. Just as the *Oedipus complex* had become the accepted term for its equivalent in girls, so the *Laius complex* in this presentation would stand for its equivalent presentation in women/mothers. This is where theory is in need of coining new terms that would aid the therapeutic assessments and work. Furthermore, this paper explores the resistance to accepting the *Laius complex*. Even if the concept has been widely discussed, it has been slow in gaining theoretical significance, and even slower in clinical implementation. I suggest that such acceptance would require a paradigm shift that might be inconvenient or even psychologically impossible.

Next, this paper explores the subject of guilt as central to our understanding of *Oedipus*’s character and eponymous complex. The thesis that *Oedipus* is a bearer of primary as well as secondary, acquired guilt is put forward. I suggest that the subject of guilt with its determinants is central to the *Oedipal* structure and should be included in our formulations of the *Oedipus complex*.

In my conclusion, I will propose a new definition of the *Oedipus complex*, which encompasses all above-considered aspects of the structure. I will extrapolate the nature of psychic processes that propelled the original tragedy, and their consequences by looking at the exact text of Sophocles’ trilogy of dramas.

Oedipus the King: From Ignorance to Knowledge

It is not coincidental that Freud became fascinated with this particular version of the *Oedipus* myth—the retrospective development of the plot in Sophocles’ play resembles quasi-analytic investigation. Furthermore, the investigator is the protagonist of the play, *Oedipus*, unwittingly

unraveling his own crime. In his *Poetics*, Aristotle (Aristotle, 1988) used Sophocles' play as exemplary for illustrating the art of Tragedy, which he considered the highest form of art. According to Aristotle (1988), the tragic effect of any play is the **reversal** of the situation and the **recognition**. Aristotle quotes the Oedipus tragedy as a masterpiece in presentation, where reversal of the situation—the action veers to its opposite, and recognition—a change from ignorance to knowledge—coincide (p.72). In the Oedipus play coming from ignorance to knowledge is not only a dramaturgical technique; it is the subject of the tragedy.

A multitude of analyses of the Sophocles play have already been done. However, in my analysis I would like to keep strictly to the text of the play. The text is the only concrete narrative we have of the myth, via which we received the story. It is comparable to the script we make of a dream or a therapy session. Further, the text of the myth should be studied in its entirety, and in its original cultural mytho-poetic context, which acts as a para-textual understanding of the myth's message.

The play begins with Oedipus in his full glory as a revered king, who with courage, and determination nearing impudence, starts on a quest to find the slayer of the old king, in order to rid the city from the plague. Along the way, the riddle of his birth is solved. According to the ample literature and general understanding, the true theme of Oedipus' tragedy is revelation of the truth. However, a few authors contend to the contrary (Steiner, 1985; Devereux, 1953) that the play *Oedipus the King* is about a cover up of the truth. The play is not the drama of discovering what happened—the murder and the incest—the audience already knew the story. It is the drama of the discovery itself. The tragic effect comes not from the deed that has been done; it comes from the ironic twist of the unwitting discovery of one's own crime.

The foreknowing is echoed in the background of the play through the refrains of the chorus, the remarks of the characters, and by the protagonist himself. In the very beginning, Oedipus speaks to the priest about the plague that ravages the city:

But I have known the story before you told it
only too well. I know you are sick,
yet there is not one of you, sick though you are,
that is as sick as myself (Sophocles, 2013, pp. lines 55-63).

The author gives us ample evidence in the text that nearly all the characters acted in knowledge of the events, whether conscious or unconscious, about which they decided to be silent, ignore or consciously conceal.

Tiresias—the blind seer, knew the truth. His character is seen by many as Oedipus’s alter- ego, a projection of his unconscious knowledge (Rascovsky & Rascovsky, 1964). Tiresias’s stubborn refusal to speak, when summoned by Oedipus to deliver his knowledge, is perceived as the painful denial of psychic reality, the tense dialog between them—as a compromise formation between repression and knowledge coming to the surface. Tiresias does not reveal the entire truth—he tells that Oedipus killed Laius, but only through obscure implications does he reveal that Laius was Oedipus’s father and Jocasta, his mother.

Next, Oedipus summons Creon, accusing him of being a traitor and his foe. Here the unconscious knowledge is projected outward in a paranoid defense. The dialogue between them is terse in short verses, resembling contemporary interrogation. Oedipus questions Creon about Laius and his murder: “You never made a search for the killer?” to which Creon replies defensively: “I don’t know; and when I know nothing, I usually hold my tongue” (p.98).

According to Steiner (1953), Creon shows no surprise when told of Tiresias’s accusations to Oedipus. Steiner contends that Creon, just as the other participants in the drama, was involved in a cover-up of the truth about the king’s murder, but had his own reasons to keep silent.

The next to appear on stage is Jocasta, who attempts to calm the squabbling between her husband and her brother Creon. Many authors assert that Jocasta knew all along the whole truth about her new young husband. The resemblance to Laius, the pierced feet, Oedipus’s age that matches the age

her son would have been at this time, his arrival in Thebes right after Laius's murder. Sophocles embedded enough information in the play to show the implausibility of Jocasta's ignorance (Bross, 1984). Bross insists that had Sophocles wanted to portray Jocasta as an unwitting mother-wife, as seen by Freud, he certainly had the artistic means to do so, as his many female characters are drawn with penetrating observation (1984, p. 329), but he did not choose to portray her that way.

In this first dialogue between Jocasta and Oedipus she reveals:

...as for the son—before three days were out
after his birth King Laius pierced his ankles
and by the hands of others cast him forth
upon a pathless hillside... (Sophocles, 2013, p.105, lines 715-720)

At this, Oedipus becomes deeply disturbed; the scene of their dialogue is wrought with palpable tension. Oedipus is inquiring of Laius--what he was like as a man, without knowing that Laius is his father, but with the confirmed apprehension that he had murdered the king. Jocasta, while trying to console Oedipus, is supplying all the information of his own mutilation, exposure and abandonment by his father. She tells Oedipus that the king was "in his form-not unlike you"

(Sophocles, 2013, p. 107). She goes on to persuade Oedipus that it cannot be true that he is the killer of Laius because of Apollo's prediction that:

...by his son from me he would be killed. And yet
that poor creature surely did not kill him—
for he himself died first (Sophocles 2013, p.111, line 855).

If Jocasta knew that she was talking to her son, a very gruesome character of a mother emerges from the play. Even if she did not know that Oedipus was her son, in these chilling words of her infant's death no regret, no sentiment, no feeling of loss transpires.

As the action revolves hastily toward the reversal, Jocasta keeps trying to divert Oedipus from his zealous quest for the truth. Upon learning of the death of Oedipus's adoptive father, Polybus, she takes that as prove not to trust the prophecies, as his father is dead and Oedipus did not kill him:

“still in your father’s death there’s light and comfort?” (Sophocles, 2013, p.117, line 989). Polybus, who with his wife adapted and raised Oedipus, was a kind father to him. Jocasta’s words sound callous, even if the fact of his (adaptive) father’s death seems to absolve (mistakenly) Oedipus of at least one part of the prophecy.

Jocasta continues to desperately implore Oedipus to stall his search: “Don’t give it heed;”, “I beg you, do not hunt this out-I beg you”, “O be persuaded by me, I entreat you, do not do this.” ” O Oedipus, god help you! God keep you from the knowledge of who you are!” (Sophocles, 2013, pp.122-123, lines 1060-1070). The final piece of the puzzle leading to the recognition is not, as yet, delivered, but while Oedipus is grappling for hope, Jocasta already knows that she is going to her death.

Freud contended that the main force driving the Oedipus tragedy, and accordingly, the kernel of the Oedipus complex, was lust for his mother, the coveted libidinal object. However, there is no evidence in the text of Oedipus’s affectionate feelings toward his wife/mother. By looking closely at the text, it is hard to be convinced that Oedipus was in love or had any passion for her. The only evidence of lust found in the play is when Jocasta is trying to console Oedipus: “Now let us go indoors. I will do nothing except what pleases you...” (Sophocles, 2013, p.112, line 860). On the few occasions when Oedipus is talking about or to his wife, he mentions her noble origin, her rich family, or he displays a benign condescension toward her reasoning. She seemed not to be an aim for Oedipus; never mind the aim that Freud surmised. Instead, she was what came as a prize for saving Thebes from the Sphinx, according to the ancient tradition of giving the widowed wife to the new conqueror (Steiner, 10985). Many authors have suggested that the Sphinx was an emanation of Jocasta (Kanzer, 1988; Eisner, 1987), the dreaded female, guarding the doors to the feminine (the city) and to knowledge (of carnal pleasures) and destroying young people who tried to get to it. The Sphinx is the keeper of the knowledge, just as Jocasta is in her attempts to cover the truth and

mislead Oedipus. Jocasta kills herself upon Oedipus's finding out the truth about his origin just as the Sphinx does upon Oedipus finding the answer to her riddle. Again supporting the idea of truth, and finding it through cover-up, denial or repression, was the driving force. Another view, is that the Sphinx with its four legs is the incorporated and corporeal image of the primal parental couple, in a coital embrace². Indeed, Jocasta feels akin to her late husband, evident in her final words before her suicide—raging into her marriage chamber, groaning and cursing, she summons up not anybody else's name but her late husband, “crying upon Laius long dead...” (Sophocles, 2013, p.131, line 1245).

The complete revelation of Oedipus's origin comes by the herdsman—the mutilation by his father from which he got his name Oedipus—*swollen foot*; his exposure on the mountain site; his mother's collaboration. The tragic scene that follows is so heart-wrenching that the ancient author gave its narration to a messenger and did not work the scene onto the stage—so intense is the terror of the protagonist's experience. Frantic Oedipus is roaring through the castle, shouting and begging: “Give me a sword, I say, to find this wife no wife, this mother's womb, this field of double sowing, whence I sprung...” (Sophocles, 2013, p.132, lines 1255-1260). With chilling bellowing and fearful groans, he finds Jocasta hanged, undoes her brooches and stabs his eyes with the brooches “again and again” (p.132). In his affected state, the question arises, had she not been already dead, was Oedipus going to kill his mother with the sword, just as he had his father? Much has been said and more than I can quote here, about the symbolism of Oedipus's self-blinding act. Before I continue on that theme, I would like to look at the character that propelled the tragedy behind the scene—Laius.

It is interesting to note that all the participants in the play, though they are not outlined in detail, emerge under the masterful pen of the author as complete and finished characters. Laius's image,

¹In many ancient Greek drawings, the Sphinx's face is consistently masculine. It is a rather hermaphroditic image, even though grammatically it is referred to as “she.” The Sphinx is one of many hermaphroditic monsters, populating Greek myths. The symbolism of the Sphinx has fascinated researchers and much can be said in that direction, however, it is not the theme of this work.

however, is only implied in the back story, wherein the only description of Laius is the one Jocasta gave of him to Oedipus. Sophocles does not give any ethical or moral evaluation of Laius's character at any point of the drama. Many researchers of the Oedipus myth have wondered why Freud did not see Laius's part in initiating the tragedy. It might be reasonable to suppose that Laius, not being an actual participating character in the drama, gave Freud the grounds for this omission. This is an example of taking the play out of its mythological context, which was well known to the ancient audience. Sophocles did not find it necessary to start the tragedy with its actual beginning—the curse upon Laius. However, the author embedded many references to Laius's crime throughout the text including the title of the play. In the text, we can follow a thread of cues that the author gives the audience, which masterfully put the action of the play in context, without having to tell the entire story. This thread consists of metaphors containing the word “feet” and “on foot” that abound in the text.

There are many subtle reminders of Oedipus's origin and the origin of this tragedy—an infanticide gone wrong. These verbal references found throughout the text involved the use of “foot” and “feet”, such as in Tiresias's foreboding: “A deadly *footed*, double-striking curse, from mother and father both, shall drive you forth...” (Sophocles, 2013, p. 91, lines 415-420). For the ancient audience they were linguistic cues, as Oedipus literally meant “*swollen foot*” in Old Greek.³ For the Greeks the question of who Oedipus was and his story was apparent from the start by the name of the play itself Oedipous Tyrannous--Swellfoot the Tyrant. They knew why he was called Swellfoot, in consequence of his mutilation, abandonment and exposure. These internal verbal references have lost their direct significance today for the modern audience, therefore my suggestion in the beginning of this analysis that we have started on the ‘*wrong foot*,’ in our understanding of the “Swellfoot” character dynamics and the psychic processes propelling the drama.

³From Ancient Greek Oidipous—from oid, edema, (oidao, “to swell”)+(pous, (genitive podos) “foot”) from Pie root ped- “foot”—Oidipodos or Oidipodis. (Oedipus. Origine and hystory of Oedipus., n.d.)

The tragedy does not start with the killing of Laius, or even with Laius's mutilation of his infant son. Both Oedipus and Laius were descendants of the unfortunate line of King Cadmus, who started a family saga, which included such atrocities as infanticide, filicide, incest, cannibalism, castration, fratricide, and suicide. Laius, like Oedipus was abandoned and abused as a child. His own father died when he was an infant, and he wandered in exile. By all accounts in different versions of the legend, Laius had a violent and impulsive character. He became known as the father of pederasty—he abducted and raped Chrysippus, the son of Pelops, a neighboring king who had given Laius an asylum. By the few remarks about him in the play, we see that Laius was prone to hubris, violence and impulsivity. He attempted to kill his son twice—as an infant and as an adult at the crossroad, where he found his own death. When Oedipus recalls the story to Jocasta, he does not seem to feel any regret for the old man, and likewise, Laius's death does not provoke compassion in the audience. However, by the ancient Greek laws, when someone was dead someone had to answer for it (Eisner, 1987, p. 14).

The Greek gods might appear erratic in their demands regarding who is to be punished and who is to be absolved and for what. As Bergmann (1992) pointed out, "...Greeks never succeeded in creating loving gods..." (p. 52). However, there is a consistency of motifs, belonging to the realm of the Oedipus tragedy—*patricide and filicide* populate the primordial myths since the beginning of time.

The Greek primordial myth, that traces the ancestral and psychic genealogy of Oedipus to Uranus, the first god, reflects the motifs of filicide and patricide. Uranus appears to be the only one who was not deposed or in some other way brutalized by a father—he did not have one. He was the ultimate primal Oedipal child—born to a single mother, Gaia, Earth, without the aid of a father, then, this comes as no surprise, becoming her husband. He was also the first primal father who was overthrown by his son Cronus. Cronus rescued his siblings, and castrated his primal dad, in turn

devouring his infant children one by one. Zeus was saved by the wit of his mother, and later rescued his own siblings—all-future Olympus celebrities, out of their father's gut and castrated his father as well.

Infanticide, in the form of sacrificing children to the deities, is a well-researched anthropological fact. In mythical reconstruction, we find it in many different manifestations--prehistoric tales, folk tales, legends and myths of different origin. Martin Bergmann's (1992) brilliant research "*Into the Shadow of Moloch*" is a great contribution to the psychoanalytic interpretation of that fact and its implications for the Oedipal theory.

Patricide, however, seems to appear more as a motif in literary works, fiction and modern myths, rather than being supported by concrete anthropological evidence. It appears that the unconscious wish to kill one's father may have been a compensatory mechanism, triggered by the reality of the infanticide and filicide in primitive societies (Rascovsky & Rascovsky, 1964; Ross, 1982; Perelberg, 2015). This is not to enumerate the crimes of humanity against children or to establish the primacy of filicide over that of patricide. I believe that the question of which comes first is an elliptical one, not unlike the question about the chicken and the egg. However, since the myth of Oedipus is built around these motifs, my goal is to identify the universal psychic structures ingrained in the myth, which allows for the identification with the character throughout centuries.

In accordance with the subject of the play-- knowing and finding the truth, there is an escalation of what was known, and, what could not have been known to the main character. Oedipus knew that he had killed a man; he might have surmised that this man was the king and that he married his wife; he might even had discerned that he killed his father and married his mother, in completion of the prophecy. However, the piece of information that he could not possibly have known, is that he was left to die by his father and mother. Upon discovering this, terror gripped him. In his search for the

truth of his life and character, Oedipus finds out two things—*that he had committed a crime and that he was a victim of a crime*. This final stark discovery is what Oedipus was not able to bear.

This part of the Oedipus's discovery—the parental crimes toward him, has not been emphasized by Freud and has not been psychoanalytically explored. Freud (1900) established that blinding symbolizes castration, and blindness stands for Oedipus not wanting to see the truth of his own crime. That view still holds grounds, accepted nearly *sine qua non*. But, this also begs the question of why not see blinding as just what it is—blinding, based on the analogy of “eye of the body” and “eye of the mind” (Fergusson, 1988). It appears that Oedipus knows exactly what he is doing, while he is doing it, even though he is in a deranged state as is persuasively stated in the play:

... You will never see the crime
I have committed or *had done upon me!* (Sophocles, 2013, p.132, lines 1270-1275), [emphasis mine].

The theme of sight and blindness, light and darkness, runs through the play with other important imagery—*blind* is Tiresias, the *seer* (Fergusson, 1988). Many researchers of the myth alluded to the blindness as “turning a blind eye” (Steiner, 1985), “blindness of the seeing eye” (Britton, 1994), “requesting to close the eyes” to the truth discovered by Oedipus and parallel to that, the Oedipus complex. Physical blindness, which they took to be synonymous with ignorance, is in fact a recurring mythological trope of the opposite—having insight. Blindfolded Justice, blindfolded or one-eyed prophets, represent turning one's eyes inward and being *enlightened* of the truth, not blind to it. By the act of blinding himself, Oedipus could be seen as achieving the insight of the seer, merging with the knowing part that has been repressed and expelled prior to that act. This idea is implied in the dialogue between Oedipus and the chorus, the latent thought would be: “I had eyes and did not see; now I'm blind and I see”.

For Oedipus, the blinding seems to be a conscious, nearly ceremonial act of defiance, but not denial, an act of acceptance, but not submission. I contend that the act of Oedipus's self- blinding

does not stand for castration and for turning a blind eye; but for the opposite: it shows acceptance, insight and possessing of the situation. Oedipus certainly does not appear impotent after his self-blinding and does not drop his regal stature, when he gives his final commands as a matter of course, ordering rites for Jocasta and how to deal with his children, and his exile.

Oedipus the King closes with his request to see his two young daughters. The scene of their meeting is the most lyrical and tender humane expression in the entire play—the warm fatherly feelings of a loving dad toward his daughters are palpable in the text. He calls them “my two darlings,” he wants to touch them, to sob with them, and he beseeches Creon to take care of them as a father (Sophocles, 2013, p.139, lines 1450-1475). He mourns their pitiful fate and future, and in despair asks Creon to not take them away from him. Antigone will follow her father to Colonus, where he will find his resting place.

By looking at the concrete text of the play *Oedipus the King*, certain themes emerge that can be reconsidered and evaluated psychoanalytically—the supposed affection of Oedipus to his mother/wife; the image of Jocasta as knowing and cruel female; the act of blinding as an act of enlightenment, not closing one’s eyes to the truth; further —as an act of defiance, not of defeat and punishment; infanticide as a main motif and propeller the tragedy, alongside parricide and incest. These themes are further developed in *Oedipus at Colonus*.

Oedipus at Colonus –The Drama of Character

Following his exile from Thebes, Sophocles described the rest of Oedipus’s life in his final tragedy *Oedipus at Colonus*. The plays *Oedipus the King* and *Oedipus at Colonus* correspond directly to each other contextually and thematically and the characters complete their development in the last play. As mentioned earlier, we should see the protagonist’s character through to his end and

derive our inferences accordingly and not come to premature conclusions as Freud may have done by not taking the full trilogy into account.

A few authors have written on *Oedipus at Colonus*. Kanzer (1950) sees this final play as integral part of the drama, where the relationship between father and son finds a successful resolution (p.89). He finds reconciliatory notes in Oedipus's attitude toward Theseus, the ruler of the land where Oedipus seeks refuge, and an attempt to reconcile with a father substitute. Fromm (1957) insists that the theme, uniting the three tragedies is the conflict between father and son, to the exclusion of the problem of incest (p.123). Eisner (1987) emphasizes the dramaturgical success of Sophocles' "swan song to the hero," who has finally come to a place that will become the only secure home he has ever had (p.57). Moreover, the place of his death will become a sacred place, which will give protection and prosperity to the people who inhabit it. There is a reversal of the situation for Oedipus—from being an outcast, expelled from his city, he is now wooed by other cities, all of which want him to die in their vicinities, so they can benefit from the power and protection that his resting place is said to provide.

In the beginning of *Oedipus in Colonus*, we see old Oedipus limping, with mutilated eyes, supported and nursed by his daughter Antigone in his exile in the vicinities of Athens. With less action and more philosophical discourse, the entire play revolves around Oedipus's contemplation of what had happened to him and his preparations for his passing. Despite being blind and in pitiful condition, Oedipus does not appear to have lost strength of character and to be a passive sufferer. He knows where he wants to be, he knows what he wants, and he demands protection by Theseus.

As mentioned earlier, it is not known whether Freud ever read or was familiar with this play. However, had Freud read *Oedipus at Colonus*, he would certainly have acknowledged Oedipal presentations that were "*positive*" manifestations of the Oedipus complex, more clearly defined in

this play than in Oedipus the King. Here Oedipus has grown into a “proper” Oedipal father to Antigone--he insisted that his daughter comes with him and takes care of him, which she properly did. In his attitude toward his daughter, he is very, if subtly demanding of care and duty. The claim that he has turned into a helpless infant (Kanzer, 1988) is not supported in the text; rather he is a demanding, if feeble father, not unlike some real characters, which we can find in Freud’s case formulations (consider Anna O. and Dora). Antigone, for her part, has replaced Oedipus’s mother/wife, becomes her own mother, and is an “Oedipal victor” so to speak (Bergman, 1992, p.277), perpetuating her father’s fate. Antigone’s image is truly more suitable counterpart of the positive Oedipus complex in girls, than is Electra. Antigone forfeited her youth to serve her father, and later her womanhood to bury her brother, events described in the play *Antigone* (Sophocles, 2013). After Oedipus’s death, Antigone opposes Creon, her uncle and a father-substitute, to give a proper burial to her brother Polyneices, with that, expressing her own rebellion toward her father, which she was not able to do while he was alive, and for which she was punished with death. Oedipus’s tender feelings for his two daughters are countered by his vehement anger toward his sons--Oedipus is a “Laius father” to them, properly perpetuating the pattern of the family saga and his own father’s attitude toward himself. He curses his two sons, venting intense anger and hatred toward them for not standing behind him upon his expulsion from Thebes. He condemns them to utter destruction, which finds them after Oedipus’s death, when they battle with each other for their father’s throne (also described in the play *Antigone*). Oedipus’s implacable behavior strikes a discordant note (Bergmann, 1992), canceling the otherwise reconciliatory refrain of the last days of Oedipus, which casts doubt to the claim that he reached enlightenment or reconciliation in Colonus:

Now go! For I abominate and disown you,
Wretched scum! Go with the malediction
I have pronounced for you... (Sophocles, 2013, p.207, lines 1380-1385).

Oedipus is implacable to the words of Antigone, who is hopelessly trying to dissuade her father of his wrath toward his sons:

Reflect, not on the present, but on the past:
Think of your mother's and your father's fate
And what you suffered through them! If you do
I think you will see how terrible an end
terrible wrath may have. (Sophocles, 2013, p.201, lines 1190-1200),

We can see all the characters promptly falling into the classic positive Oedipal categories. The developments of Oedipus's character, and the psychological determinants of his sense of guilt make this subject a central theme of the play. If the theme at *Oedipus the King* was **coming to knowledge**, the theme of *Oedipus at Colonus* is **coming to terms with the sense of guilt**:

"I suffered those deeds more than I acted them,
as I might show if it were fitting here to tell my father's and my mother's story...
...I had been wronged, I retaliated; even had I known what I was doing, was that evil?
Then, knowing nothing I went on. But those who wronged me, knew, and ruined me"
(Sophocles, 2013, p.158, lines 256-275).

Oedipus claims that he is not a sinner, that there are "extenuations" as he did not know the man, who tried to kill him first. When Creon comes and wants to take Oedipus back to Thebes for the Thebans want to have the healing powers of his grave, Oedipus defends himself passionately, with nearly contemporary sounding sarcastic verse:

"Just answer me one thing:
if someone tried to kill you here and now,
you righteous gentleman, what would you do,
inquire first if the stranger was your father?"
(Sophocles, 2013, p.193, lines 990-995)

Besides his realization that he suffers not only of his own faults, in Oedipus's internal struggles there is no single word against his father, Laius, and even less is said about his mother. In his defense, Oedipus even summons his father on his site: "My father's soul, were it on earth, I know would bear me out." (Sophocles, 2013, p.193, lines 995-1000).

Some authors see Oedipus's behavior in *Oedipus at Colonus* as inconsistent—he has punished himself for the crimes he had committed unknowingly; yet, he is adamant in insisting that he is not guilty. I believe that the preconception that Oedipus punished himself for the unconscious murderous and incestuous wishes and the corresponding guilt has limited our understanding of the Oedipal dynamics; just as the preconception of his self-blinding standing for symbolic castration and submission, has limited our view of that symbolic act. As we know Freud's explanation of why Oedipus feels guilty, although he committed the crimes unknowingly, is because of his unconscious wish to murder his father and marry his mother. Because these wishes are present in the unconscious, the feeling of guilt will occur even when murder and incest have not taken place. Freud struggled with the idea of "tragic guilt" in the ancient drama. For its explanation, it is even possible that Freud went as far as to invent the myth of the murder of the primal father, in *Totem and Taboo* (1913), where he insists that actual murder did occur (Freud, 1913). It is rather puzzling to see how Freud went against his own finding--that the mere desire to do the deeds suffices to arouse primal guilt.

The ideas described in *Totem and Taboo* (Freud, 1913) are an important contribution to psychoanalytic thinking, as they display the primal phantasy for the murder of the father, just as the myth of Oedipus displays the unconscious wishes for that murder. Still, this does not answer the question what are the determinants of the Oedipal sense of guilt. What is significant in *Oedipus the King* and *Oedipus at Colonus* is not why Oedipus feels guilty, but, it is that the protagonist **feels guilt at all**. Oedipus's claims of clear consciousness tainted with the existential doubt are a new element in myth, as well as in artistic presentation. One might say that the pre-Oedipal stage in the Greek mythology is the Theogony- the myth of the creation, where patricide and filicide had no bearings on the consciousness. In the pre-Oedipal myth, gods punished the sons who overthrew their fathers. Pre-Oedipal murderers do not feel guilt, their observing agency is transferred to the gods,

who punish or acquit them. The doer of the crime just bares the consequences of his punishment. The development of the play represents a transformation— the hero takes the fate into his own hands, by discovering his own crimes and the crimes done to him. The ending marks a turning point—the hero is implementing his own punishment. The role of the gods has been in a way abdicated, the punishment coming from some impersonal outside source, is being internalized. *Oedipus at Colonus*, is not a drama of fate, as is *Oedipus the King*—it is a drama of character. With the presentation of the protagonist’s internal struggle and the experience of guilt as a central subject, Sophocles brings the hero into modern times, close to our western sensibilities.

Why does Oedipus feel guilty?

A stalemate, such as the kind that has occurred in understanding the Oedipus complex, is often a sign of a wrong premise. In *Oedipus the King*, Oedipus discovered two sets of crimes—the ones he did and the ones done to him. If one can think of economics of the sense of guilt, it could be surmised that where there is a crime there should be guilt. The two crimes—his and his parents’ crimes, are the sources that can reasonably give rise to guilt feelings.

Let us consider the first source of guilt—the murder and incest Oedipus committed. There is a peculiar insensitivity to the fact that in *Oedipus the King* there was a murder and someone was killed, regardless if that was a father or if the father had brought it upon himself. Murder has occurred, whether in an actual act or in a corresponding unconscious act. If the murdered man were a criminal, does that justify his murder, and absolve the murderer? On another hand, the murdered person’s death does not exculpate him from his own crimes. Not knowing the identity of the murdered person is also inconsequential in regards to experience of guilt or punishment. In the unconscious, murder is a murder is a murder; and thus, as the Greek gods punished it indiscriminately, so it is punished in the unconscious—there is murder and for that a price must be

paid. The same is true in the contemporary jurisdiction and therefore, the blindfold on the image of Justice. By that analogy, Oedipus's self-blinding could be taken as a sign that he remained impartial to the fact he had just found out, that the murdered person was guilty himself and had abused and tried to kill him as an infant. The unconscious and equivalent punishment for murder is murder, yet Oedipus does not kill himself. Blinding, however, does not redeem murder. He lived on, even though he claimed: "...I have done things deserving worse punishment than hanging" (*Oedipus the King*, Sophocles, 2013, p.136, line 1370-1375). The monolog of *Oedipus the King* is in direct correspondence to his monolog in *Oedipus at Colonus*:

...The truth is that at first
my mind was a boiling caldron; nothing so sweet
as death, death by stoning, could have been given me;
yet no one there would grant me that desire.
it was only later, when my madness cooled,
and I began to think my rage excessive ,
my punishment to great for what I had done..."
(*Oedipus at Colonus*, Sophocles, 2013, p.166, lines 435-440)

Should we take the fact of the parental abuse described in the myth only as a projection of infantile fantasy? If we take the myth of Oedipus as analytic allegory for the Oedipus complex, should we think of the entire chronicle "merely as a four-year-old-psychoic fiction" (Ross, 1982), wherein Oedipus's deeds are an allegory of his unconscious wish and his parents' deeds are Oedipus's unconscious projection onto them? Does the infantile phantasy eliminate the parental unconscious? I believe that seeing the myth only as infantile projection and infantile unconscious phantasy is unsubstantiated psychoanalytically. If we see the parental crimes as his projection, then again, why would Oedipus feel guilty for being left to die? If we see them as an allegory of the parental unconscious wishes, into which he was fated, something for which he could not have taken responsibility, then taking up the guilt has a different origin. In this way, the act of blinding is

transformed into a redeeming act. In order not to substantiate the crimes of his parents, he takes up the guilt of their unredeemed crimes upon himself.

What is the significance of this psychic act? Why is this elaborate unconscious work done?

In a way, it could be said that Oedipus was already dead before his journey began. After finding out the truth of his mutilation, binding and abandonment, Oedipus had to come to terms with that fact—he was fated to die by his parents and he is living a borrowed life. How would his psyche reconcile this deadened self? The issue at stake here is not expressed in terms of the ambivalence between love and hate for the parents; the issue is between life and death—actual and psychic. Rather than facing the unconscious dread of complete annihilation, which such realization would bring, he accepts the burden of the guilt of his parents. He is guilty for being alive, but he is blind in order to redeem his parents. **This secondary, or I would like to call it--acquired guilt, has a different origin and operates by different set of psychic mechanisms, then the primal guilt.**

In her book, *Murdered Father Dead Father*, Perelberg (2015) conceptualizes the law of abolition of the dead father, based on the phantasy of the murdered father. If the law of the dead father is abolished, one is left with no structuring law, be that internal or external. Perelberg gives an example of the abolition of that law in the concentration camps, by citing an author, who described that experience: “The reality of the camps appears to burst the bounds of imagination, the precinct of conceivability...if something is labeled incomprehensible, one can avoid having to perceive its horror in all its detail” (2015, p. 163).

Perelberg’s (2015) notion highlights the taking on the acquired guilt. The reality of what has been done to Oedipus is incomprehensible. Taking up the guilt of his parents is a balancing act, with the purpose to fend off the abject horror of his annihilation. It is better for the psyche to bear the burden of an acquired guilt, then to handle the annihilation anxiety. It is psychically impossible to perceive the abject horror of our own annihilation, especially when inflicted by one’s parents. **Ultimately, it**

is more acceptable to the psyche that one is their own source of one's misfortune, then to be non-existent--a state, not only unacceptable but also impossible to experience. This explains a phantasy that we often come about--that the parents who inflict abuse, real or perceived, are not our real parents, or the fantasy of being adopted. In Oedipus's drama the adoption is also a motif, only here his adoptive parents are the good parents to Oedipus, the ones who saved him. The adoption motif rings through ancient and modern myths of heroes being raised apart from their real families, adopted by animals or other parents, being saved from their fathers' or father based figure's destructive wrath. The myths of heroes left to die or otherwise abandoned and being raised as feral children are numerous and not exclusive to Greek origin. Zeus was raised by a goat, Atalanta was raised by a she-bear, and Romulus and Remus— were nursed by she-wolf, Moses—was sent on the river and adopted by an Egyptian princess. Freud (1931) gives a good account of this motif in *Moses and Monotheism*. The motif persists down to modern day prose and fairy tales, where it is not only the father, who is the destructive force, but also step-mothers, or mother-substitutes (consider Snow White, Cinderella, Rapunzel). Oedipus has been taken away from the family situation, being raised by the more benign father and mother substitutes. Just as in other ancient tales, Jocasta, the mother, saved her infant from his father's wrath. She was a collaborator in the crime; nevertheless, she did not leave her infant to die, but handed him to the shepherd.

It has been conjectured that Oedipus is a father-based drama and the Oedipus complex, a father complex (Kanzer, 1988; Fromm, 1988; Verhaeghe, 2009). Interestingly, Freud himself first used the term *Father Complex*, before he formulated it in Oedipal terms. The term *Father Complex* is still vaguely defined, as Freud later wrote that it is the heir of the Oedipus complex, but did not determine its definitive origins and development (Freud, 1923). Freud granted a mythical stature to the father, and a special status to the father-son relationship--his Oedipal theory talks about the son almost exclusively and hardly ever about the daughter and the other participants in the Oedipal

romance. The father-son relationship is seen as a matrix of a relationship between parent and child by Freud, as well as by later neo-Freudians. Lacan's concept of the Name-of-the-Father as the ultimate parental metaphor is particularly instructive in that matter (Dor, 1998). Lacan, as well as Freud, see the father as the provider of law and the authority, which is the stabilizing factor, the third, who protects from the mother's primal seduction. Freud situated the incestual desire in the child, while Lacan saw the danger in the mother's desire for the child and her seduction (Verhaeghe, 2009). Paul Verhaeghe (2009) posits that for both, Freud and Lacan, the paternal function is primal and the father is needed to protect from the dangers coming from the mother's or from the child's unconscious wishes (p. 32). When father authority fails, when his image is de-crowned, due to him behaving contrary to what he professed and to what he should stand for, the child will invent a father or a father substitute- uncles, teachers, tutors--who does not fail. Verhaeghe (2009) used a very fitting term for that process—an unfailing father will be **installed**, where one is absent, and **re-installed** when one has failed (2009, pp. 30-31). I would add that another way of inventing the unfailing authority of the father is **relieving him of his faults, by taking the guilt upon oneself, in this way, keeping the father's image pure.**

In *Oedipus at Colonus* we find this “upgrading of the father figure” (Verhaeghe, 2009, p. 32) materialized in the image of Theseus—a virtuous noble character, of whom Oedipus demands protection and offers him his own—by consecrating the land of Theseus with his sacred death, Oedipus is going to give eternal protection to the father substitute. The re-installment of a father figure is needed for Oedipus's psychic survival, and the taking up the guilt is part of that process.

In his study “*The Repression and the Return of Bad Objects*,” Fairbairn (1986) describes his experience with delinquent children who came from homes where violence reigned supreme (p. 108). He found a consistent peculiar attitude in the children-- they would rather be bad themselves than admit the badness of their parents. By becoming bad, the children were really taking upon

themselves the burden of badness, which resides in their objects (Fairbairn, 1986, p. 108). This process of purging their objects of their badness rewards them with a sense of security of being in an environment of good objects: “Other security is purchased at a price of inner security...” (Fairbairn, 1986, p. 108). Fairbairn refers to this as “the defense of guilt”. He also distinguishes between “unconditional” badness and “conditional” badness (1986, p. 109). To exemplify his statement Fairbairn resorted to religious terms: “Framed in such terms the answer would be that it is better to be a sinner in a world ruled by God than to live in a world ruled by the Devil” (Fairbairn, 1986, p. 110).

In other words, it is better to be bad in a good universe than to be good in a bad universe. By being bad in a good universe, there is always a hope of redemption. In a bad universe, badness is unconditional; there would be no structure and no law to go by, the only prospect being death, destruction and chaos. This universal category is represented in Oedipus—taking up the guilt of his parents is a defense against annihilation anxiety, which would have taken hold of him, had he not done this self-preserving act. It is a survival mechanism, which allowed him to live on, and the mutilated eyes are a benign substitute for the death, that was supposed to have happened. By his living on, he denounces his parents’ crimes, exculpating them and keeping their image pure. Had he died he would have accomplished their wishes, forfeiting any possible redemption for them and for himself.

While Oedipus might have found absolution for his parents in that balancing act of atonement, by accepting the guilt for the badness within him another imbalance is created—he is not able to contain it and instead he passes it on to the next generation. This is described in his attitude toward his sons, his curse upon them and their imminent death. He takes up the guilt of his parents, but does not see his own repetitious behavior as a parent. In a way, his suffering is pre-emptive for what he would do to his sons, without acknowledging his own guilt in that matter. This brings another nuance to the

Oedipus complex —the distinction of Oedipus’s role as a child to his parents and his role as a father to his children. Breathtakingly, the absolution of the parents is more important for the psychic survival, than even the physical continuation of one’s species. In this way the guilt is distributed from parent to child in a continuous manner—as a child he takes up the guilt of his parents, the parental image is absolved; as a parent, Oedipus repeats the pattern toward his children, with that trusting the guilt upon his sons. This balancing act of guilt distribution is perhaps the ultimate act of redemption—to keep the image of the parent pure at all cost is the ultimate survival mechanism.

As the image of father becomes the blue print for creator, representing law and structure, he is needed to be perfect, as not to personify the hostile universe himself. The guilt taken off the father’s image and acquired by the child serves a self-preserving function to ward off annihilation anxiety. If this defense starts to fail, abject fear sets in.

It appears that in *Oedipus at Colonus*, the murder of the father and father’s redemption via the son, have been addressed, giving the grounds to think of the play as a father-based drama, while there is no direct talk in the text about the mother, the incest and the guilt, associated with it. However, this is achieved indirectly, in the end of the play, in the mysterious grove where Oedipus goes to find his death. Only a few authors have elaborated on the symbolism of this act, most interpretations being anthropological, rather than psychoanalytic (Bergmann, 1992; Eisner, 1987). Bergmann (1992) compares Oedipus’s miraculous death, with ancient motifs of self-sacrifice and martyrdom (p.267-280). The super-natural death is, in a way, a sanctification, which puts Oedipus’ image on par with other legendary heroes of the more recent tradition—saints and martyrs. I believe that had Freud read the last Theban play, he would have come to the same conclusion. In his short study *Dostoyevsky and Parricide*, Freud (1928) clearly identifies in Dostoyevsky’s work this type of hero, the criminal, seen as “...a Redeemer who has taken on himself the guilt, which must else have been born by others” (p. 455). In Oedipus’s case, the unwitting redeemer carries on the unconscious

wishes of everyman, which in the first play incites the identification with the hero's acts, and in the second play—the identification with the hero's redemption for his unjust sufferings.

Sophocles gives a detailed description of the purification rituals, which Oedipus performs on himself in preparation for his death in the groove of the Furies. The roles are reversed—form a blind limping old man, Oedipus now guides his daughters to the place, as if led by an inner light:

...let me alone discover
the holy and funereal ground where I
must take this fated earth to be my shroud. (Sophocles, 2013, p.214, lines 1540-1545)

The act of Oedipus's passing has been seen as a symbolic reunion with the primal mother, or returning to the womb (Bergmann, 1992). Eisner (1987) posits that far from wanting to sleep with the mother the adult male wants to insert his whole self back into the warmth of the nourishing and protective womb (p. 55). However, if we do not stray from the text of the play we would find that Oedipus does not return to the earth. The text is unequivocal:

But some attendant from the train of heaven
came for him; or else the underworld
opened in love the unlit door of earth. (Sophocles, 2013, p.218, lines 1660-1665)

And further:

...but something invisible and strange caught him **up—or down—**
into a space unseen. Sophocles, 2013, p.219, lines 1680-1685).
[emphasis mine].

These are the words of the onlookers describing Oedipus's ascending at the groove. The scene is dense with symbolism on many levels. His disappearance is comparable to rising from the grave of a semi-divine or divine hero, who undergoes transformation. His mutilation, exile, suffering and implied resurrection achieve the characteristics of martyrdom. Even though the tragedy takes place in a multi-deity ancient world, with this act Oedipus can be seen as a precursor to monotheism. As pertaining to the issue of guilt and atonement, if we accept going down to earth as an act of symbolic

reunion with the mother (womb, earth), and raising up (to the sky, heaven) as an act of redemption, Oedipus's death represents the ultimate atonement and redemption act. It is a mysterious reconciliation with the mother, the ultimate symbiosis with the original libidinal object. The raising up is an act of absolution for that union and expiation for both, mother and child. The down/up opposition is an attunement of the feminine/ masculine dichotomy within himself, between the internalized parental images. It is also a symbolic attunement between the land (feminine) and the ruler of the land (masculine). Oedipus's mysterious death described as a disappearance between heaven and earth is the ultimate balancing act, exculpating him from his crimes, reuniting him with his parents, rehabilitating, and preserving their images pure, reconciling all of the "complexes" and turning him into a redemptive hero.

Discussion: The Oedipus Complex--The "Father of Complexes"

Current controversies around the Oedipus complex include whether it is indeed universal, of central importance, and should it still be regarded as the "nucleus" of development (O'Shaughnessy, 1989).

In this paper's analysis of the ancient tragedy I selected certain themes which have been overlooked—themes that I consider essential for drawing conclusions of the psychic processes, revolving the drama and determining the Oedipus complex. The overlooking, which some authors pointed out as "blind spot" (Steiner, 1985) "scotomization" (Devereux, 1953), or creative misreading of the myth (Verhaeghe, 2009; Eisner, 1987), including by Freud himself, brought about a generally held long-term misconception of the different aspects of the Oedipus complex, which could be the reason of its stalemated condition in psychoanalytic discourse. I suggested that this is due to the fact that the myth of Oedipus has not been read in its entirety and the development of Oedipus's character over the course of Sophocles' trilogy has not been taken into account. By returning to the

myth as presented by Sophocles trilogy of the Theban family saga, by seeing *Oedipus at Colonus* as an organic part of the original myth and development of the characters, and examining the concrete text of the plays, I have identified certain dynamics that have not been evaluated psychoanalytically previously.

The themes that I identified through detailed analysis of the text are as follows:

-- It was not the libidinal impulses, which propelled the drama—there is no testimony in the text of the affectionate feelings between Oedipus and his mother. The stake for Oedipus was not between love and hate toward his parents, but between life and death, physical and psychological.

--The characters of Laius and Jocasta emulate the unconscious parental libidinal and aggressive wishes toward the child, just as Oedipus's character emulates the unconscious infantile wishes toward the parents.

--The motifs of filicide and patricide are laid down as the basis of the ancient drama —the tragedy does not start with the killing of Laius, it is a family saga, going down to Oedipus's genealogy. The mythic topos of infanticide and filicide is well-attested. It perpetuates throughout the Theogony (the succession myth of gods and heroes) into more recent religious tales. Besides being a mythical trope, it is a confirmed anthropological fact, researched by anthropologists (Frazer, 2012) and psychoanalytically interpreted (Bergmann, 1992).

--Oedipus's self-blinding does not stand for symbolic castration. Opposite to the popular view that Oedipus blinded himself to his crimes, I suggest that blindness stands for achieving insight after lifting denial and cover-up. It is an act of defiance to what has been set for Oedipus. Instead of being a victim of circumstances beyond his control, far from becoming impotent, Oedipus masters the situation. Blindness is also a benign substitute for killing himself. Oedipus was fated to die and with his blindness, he opposed that act. Blindness is a ceremonial act and symbolic acceptance of his parents' guilt, absolving them and keeping their images pure. The acceptance of the acquired guilt is

a survival defense mechanism to ward-off annihilation anxiety produced by the inconceivable state of non-being.

--*Oedipus at Colonus* is an integral part of the myth where the drama of fate decisively turns into a drama of character—the function of the gods, personifying the unconscious human desire is abdicated from them and the conflict is internalized. With the experience of guilt Oedipus becomes a modern hero, close to our western sensitivity and perhaps one of the reasons we identify with him so readily. In addition, in *Oedipus at Colonus* the Oedipal motifs are further developed—first in Oedipus as a father to his daughters and to his sons, then, in his daughter’s characters and in his sons’ behavior, and finally in Oedipus’s attitude toward a father substitute—installing an honorable and unfailing father figure—Theseus.

-- Oedipus’s super-natural death at the end of *Oedipus at Colonus*, his disappearance between heaven and earth is an apotheosis of redemption of the parental images, reconciliation with them, transcendence of the “complexes,” as well as attunement of the feminine/masculine dichotomies and familial conflicts and repetitions within himself.

--The genealogy of the Oedipal sense of guilt was explored in light of these new findings. The sense of guilt is seen as an inherent Oedipal development. I suggest that besides guilt associated with unconscious murderous and incestuous wishes toward the parents, there is also acquired guilt from the parents, in an act of exculpating the parents/creator, and keeping their images pure at all cost. This act is a mechanism of psychic and physical survival, and constitutes a defense against annihilation anxiety.

Oedipus can be seen in two plains—first, in his particular Oedipal situation, where early abuse and exposure occurred; and in the allegorical plane—as the emanation of universal psychic processes. Not every parent is as abusive and maltreating as Oedipus’s parents were. Nevertheless, every parent has projections onto the child. Primal unconscious infantile phantasies and projections

onto the parent do not preclude parental projections onto the child. Besides, we see the unconscious phantasy of abandoning abusive parents, much too often coincides with the unconscious parental wishes, and regrettably, parental deeds, as is the case of the fictional character Laius (Ross, 1988). Through Laius and Jocasta, the unconscious parental wishes are emulated, as through Oedipus--the unconscious infantile wishes. Both, the parental abuse, as well as the retribution of the child in later life can be as real as any prototype character of an ancient or a modern story.

The classic psychoanalytic interpretation of the myth ignored the fact of the parental maltreatment and accepted Oedipus's guilt unquestionably. The discovery of the desire to kill the father is one of the scandals of psychoanalysis, together with the discovery of infantile sexuality (Perelberg, 2015). However, it seems that more is at stake by admitting the fact of infanticide and filicide and other forms of child abuse and maltreatment, as well as attributing such unconscious wishes to the parental images. The parental unconscious wishes and phantasies, their projection onto the child have not been evaluated as determinants of the Oedipus complex. The attempts to include these motifs in mainstream psychoanalysis has not met acceptance (Ross, private communication, 2016). Is it, perhaps, more psychologically acceptable to deflect the responsibility onto the child, who does not have the means to protest or protect itself, than to attribute it to the adults, who supposedly have developed a stable ego and should be able to bring those wishes and phantasies to a conscious awareness? In this deflection of responsibility, it is not an infantile omnipotence, but an **adult's omnipotence** that transpires.

In the analysis of Oedipus's myth, we saw that it was psychologically more feasible to exonerate one's parents and to take their guilt upon oneself. This creates a mechanism of continuous guilt distribution throughout generations. Children exonerate their parents. Parents do not see their guilt toward their children, and take up the guilt of their own parents. In both cases, the parent is excused – first by the child, and later in his parental role, he self-excuses himself. In this way, everyone

suffers for the guilt not of one's own, but for the guilt that someone else should have experienced—clearly exemplified in *Oedipus at Colonus*. This type of guilt, besides being unconscious, and a secondary guilt, has been identified as a **borrowed** sense of guilt (Fernando, 2000), a **defensive** guilt (Fairbairn, 1986), a **mature reparative** guilt or **induced** guilt (Carveth, 2010). Carveth (2010) in his attempt to systematize different types of guilt talks about justified and unjustified, existential and induced guilt (p. 117-118). The defensive guilt, described by Fairbairn (1943), who was one of the first to elaborate on what he called “the moral defense against bad objects,” refers to the same, the implication being that it is better to be bad in good universe than to be good in a bad universe. With that defense, the child bargains with the circumstances, preserves the good internal objects, exonerating the external objects, in this way warding off annihilation anxiety. It is the same process, found to operate in the Oedipus drama, as described above, in his self-blinding, self-imposed suffering and finally redemptive death. I believe all these types of guilt can be derived from, or coincide with, the acquired sense of guilt as it arises from the Oedipus complex.

Accepting the obverse of the Oedipus complex—the parental trigger, does not mean that we should take away the intra-psychic origin of it. It could be argued that the sense of guilt can be derived without involving the parental figure. But we have to ask ourselves to what extent the early unconscious phantasies projected onto our parents are influencing the development of Oedipal dynamics and to what extent the actual parental attitude and any external circumstances have bearings on this development. The child arrives in a pre-structured universe and willing or not, has to abide to its rules. It arrives in an already built constellation of mother, father, or their substitutes, where the roles have been set. The child arrives in a triadic relationship, formed before its arrival—mother and father have already had their unconscious, as well as conscious projections onto the coming child. The newcomer immediately faces two conscious and unconscious realities, their conscious and unconscious relationship, and the image of them as a couple with all real and

phantasized dimensions. The adults have to accept the newcomer into their lives and situate themselves in relation to him/her, making physical and emotional space within themselves and among each other. In this situation, it is easy to project what the adults already have layered genetically and empirically onto the new arrival. This defines the adultocentric point of view—an attempt to contribute the entire development of the Oedipal structure to the child's unconscious fantasies, projections and wishes.

I believe that the Oedipus complex is born in the interplay of the child's unconscious fantasy with the adult's unconscious fantasy. We will never be able to proportion how much of either infantile or parental projections and wishes are more influential for the development and establishing of the Oedipus complex, but we can acknowledge the fact that it is formed in interaction between three different unconscious.

Freud aptly conceptualized the Oedipus complex as a family romance. The trouble is that what we mostly see in the psychoanalytic interpretation of this romance is the male child's projections onto the other members of the family. This masculinist perspective has influenced psychoanalytic discourse of the Oedipus complex since its initial formulation until recent times and it has obscured a more thorough analysis. In his late writings, Freud elaborated on the girl's Oedipus complex, but he did not have the means to encompass the entire scope of dynamics, characterizing the development of the complex in girls.

Another point I put forth in the beginning is the discontinuation of the discussion of the development of the Oedipus complex—how children, boys or girls, with Oedipus complex become adults with Oedipus complex. We saw that continuity clearly in the characters of *Oedipus at Colonus* and most prominently in Oedipus himself. In our work with clients, we try to reconstruct, if we reconstruct at all, the clients' Oedipal triangle with their parents, and rarely do we apply the Oedipal constellation to how they carried their roles as parents to their own children. We must remember that

the Oedipal situation is tripartite (Verhaeghe, 2009), and we are always a part of one—be that as infants and children, be that as parents and spouses. Even if children are not present yet, Oedipal dynamics should be considered in the decision to have or not to have children, as well as to have or not have a partner. The tripartite structure is always present whether there is an actual third or not—it is the phantom image from the original constellation. As each of us is a participant in such constellation, the Oedipal situation is eminent in our roles not only as children to our parents, but as parents to our children, as well as in our relationship with authority figures.

The analysis of the two tragedies and above observations brought up more aspects to the surface, with implications, reaching farther than originally thought. I see the Oedipus complex as ongoing development throughout lifetime, and a constant psychic structure, which undergoes transformation, but it does not get resolved. In this regard, what is called a resolution of the Oedipus complex I see as transformation from pre-Oedipal, to Oedipal proper, to post-Oedipal development in adolescents and adults.

In the light of these premises, I suggest that the Oedipus complex is universal and Oedipus does represent Everyman. Everyman—with our libidinal and aggressive wishes toward our parents; Everyman—with our libidinal and aggressive wishes toward our children; Everyman—taking up acquired guilt from our parents; and Everyman—not acknowledging our own guilt toward our children. The complex revolves throughout all stages of development. The parental involvement in the Oedipus complex along with the consequent distribution of guilt is an inherent part of this psychic structure. It represents a joint survival mechanism, which is perhaps, evolutionally determined.

Being aware of these dynamics, acknowledging their existence will help us identifying them, define them theoretically and apply them clinically. Acceptance of unrecognized dynamics into mainstream psychoanalytic evaluation and with that, re-evaluating the terms or coining new once in

regards to Oedipal terminology would be a valuable contribution to the clinical field and to understanding the Oedipus complex in our clients and in us.

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ON BEING FIFTY: A DEVELOPMENTAL CROSSROAD : Generativity vs. stagnation: a time to reckon with past , present and future.

by Hanna Turken LP, BCD, LCSW

The fifties could be the best of times or the worst of times. In a country where youth is so valued, to be fifty and not accomplished in your love and in your work life, might lead to what Freud first defined as melancholia, or what Erickson defines as stagnation and ego arrest.

Freud tells us in *an Autobiographical Study* (1935) about his ten years of isolation after his break with Breuer, and given the poor reception of *The Interpretation of Dreams* (1900): “I was completely Isolated. In Vienna I was shunned; abroad no notice was taken of me. I was scarcely reviewed in the technical journals. However by 1906 a number of students gathered about me. Bleuler and Jung and others took an interest in psychoanalysis.” (p. 91)

After returning from America in 1909, Freud writes, at that time, “I was only fifty-three. I felt young and healthy and my short visit to the new world encouraged my self-respect in every way. In Europe I was despised but over there I was received by the foremost men as an equal” (Freud, 1935, p. 99) Freud’s melancholia was due to the narcissistic loss, the blow to his ego ideal in relation to his inability to impact on the professional establishment seems to have led to emotional stagnation for a number of years. This is consistent with Erik Erikson’s (1950) concept of generativity in mid-life, that entails: 1) the need to transmit what we know and the responsibility for the next generation, and; 2) the right to be respected by one’s young one’s, one’s peers and one’s elders.

If productivity and creativity are thwarted, stagnation ensues. These ego developments are, for Erikson, psychologically and sociologically related. For Esther Menaker (1950) ego development is always progressive. Ego represents the continuity of what the individual is in the dimensions of time and space. The ego-ideal and the maintenance of a stable self-esteem are the vehicles for social cohesion and the capacity for change and progress. Chasseguet–Smirgel (1985) indicates that healthy narcissism prevents regression and maintains psychological development moving forward. It defines reality and promotes mastery. It creates the stable connection between the individual and society. For the fifty-three year old Freud, it was the recognition of the importance of his work that restored a healthy narcissistic balance as demonstrated by his prolific accomplishment; *On Narcissism* (1914) and *Mourning and Melancholia* (1917) amongst them, which I found particularly relevant to this paper.

At this time I have a number of patients in my practice that are entering their fifties. My two children and their cousins are in this age group as well. I have found that the difficulties they are encountering are quite different from those encountered when we reached a similar age in times past. When I turned fifty, I became aware of options opening for me and for other women. I had been busy working at a mental health clinic while also being a wife and raising children. Thanks to the women’s movement I felt that I could choose any path in life that I wanted. Marking this significant year I experienced a sense of freedom, and felt that time was on my side. A search into the person I had become, and the need to search for the person I was to become, led me to begin my

analytic training. I was lucky that the times were such that I was afforded the opportunity. In today's economy this does not seem to be the case. Being fifty in these times doubles the odds of difficulty for many. The present day fifty year-old is more likely to find his or her options narrowed and likely to encounter interferences with his or her creative ego ideal goals, therefore diminishing self-esteem.

D. will be fifty-two this year. He lost his full time job and full benefits when the company for which he worked for was taken over by another company. Although at first he was promoted by the new company, he was soon after fired in their effort to reduce costs. He now works as a copywriter for a book company on a three days per week basis without benefits. He feels defeated by his inability to make a decent living and the pain of a failed long-term relationship. From childhood, he had a vision of becoming a fiction writer but his motivation and commitment to fulfilling this ego ideal has been lost. In his words, "there is no point, I feel empty."

M., a fifty-two- year old, lost her job two years ago. She was the editor of a teen magazine that went out of business. M. is now self-publishing but generating minimal income as there is no editing job to be had at her age. She has been withdrawing funds from her retirement account rapidly just to cover bills, and as a result, she has been experiencing uncontrollable panics after awakening from very disturbing dreams.

J. is a modern composer working as music teacher in an junior high school. He feels he is running out of time for his music to be performed because his genre, atonal music, is out of favor at this time. He has been working towards a Ph.D. in music but has no assurance that a teaching position at a university level will be there for him.

H. has a small business dependent on the insurance industry. She is not sure that her business will survive.

T. married a woman half his age. His second child was just born. The pressures of work and his sense of responsibility at a time when his industry is shaky has sent him into an emotional rut, experiencing a lack of pleasure and an inability to feel good about what he does have. T.'s main concern, after the death of an older brother, is questioning who would act as a father to his children if anything were to happen to him.

There was a prior time in which the expectation of working people was that their jobs would be there to provide income until retirement age; that their skills would be passed on, preserved and expanded by the next generation; and, that savings put away would be sufficient to get them through their later years. Now such predictability is gone and midlife has become a most uncertain time, yet while security is more uncertain the duties and responsibilities of this age group to themselves and their families have remained the same or increased. This dilemma has attracted the attention of the media.

On August 4, 2017 David Brooks wrote an article for the New York Times entitled: "Can People Change After Middle Age" (p. A23) in which two men were able to reprocess their lives and find new directions. He found that indeed, people can develop interests that balance their lives. In an opinion article in the New York Times on August 6, 2017, Sally Koslow (p. .L17) writes about losing a productive, well-paid job with full benefits in publishing. She is in her mid-fifties and "knows" that the reason she was fired

is “age related.” Koslow is resentful of the fact that employers ignore this mature work force because they do not want to pay the salaries that people with extensive experience deserves. On September 7, 2017, on the PBS News Hour, Elizabeth White was interviewed about her book, “Fifty Five, Unemployed and Faking Normal.” A Harvard graduate with a degree in finance, who having earned substantial money and “living high,” lost her job during the financial crisis of 2006. She has not been able to find work and finds herself financially impoverished. She hopes that her book might generate some income while doing a speaking tour and meeting with many people in the same situation.

William Sze in his book *Human Life Cycle* (1975) states that systematic and measurable changes occur in the second half of life. A self awareness, a sensitivity to the self, acts as the instrument by which to reach goals; it is a new aspect in self utilization that is the product of increased maturity. Middle-adulthood increases the awareness of physical vulnerability, the need to look at time left to live rather than time since birth, and the creation of social as well as biological heirs. There is an increasing of self processing, introspection, gained from observing aging parents and young adult children. One of Sze’s patients expressed it as akin to “looking at a three way mirror,” the self, the self in the aging parents, and the self in one’s child. It is a time of cognitive height, of decision-making. Accomplishment is not only appropriate at this stage of life, but expected to be carried out with not only self awareness, selectivity and mastery but also with introspection, reflection, and stock taking. Of out most importance is the structuring and restructuring of experience. Re-adaptation to a new phase in development could lead to either a constructive or a destructive psychological way of dealing with internal and external tasks.

For Erikson, society is organized by age and social status experience. Each class—middle, working, rural, urban etc., has its own rights, duties and obligations. As already noted early in this article, relationships between age groups changes with historical times. These changing roles affect identity. Identity and Self-realization involves love, sexuality, sexual procreativity and productive work patterns. To accomplish these ego ideals is essential.

According to Erickson, there are gender differences in how one experiences accomplishment and failure during middle age. Negative ego states lead men to feelings of being impoverished, a sense of losing autonomy, of being closed up, being restrained, and being attacked. Fear of being exposed, fear of remaining small, being immobilize, and of having no guidance. Female identity reflects being left, being left empty, and feelings as if being raped. Positive ego autonomy is the key to individual potentiality—the ability to play, love, work and grow.

For Menaker (1984) an ego nexus is developed within an interactional process. This ego nexus is composed of all the previous psychosocial stages and their resolutions brought together in our own individual way. According to Menaker, it is our unique creative ego process that leads to ego autonomy, ego differentiation and ego identifications that consolidate with maturity. Ego identifications are the core of self-image, of ideal and superego formations. It is the internal and external mastery of one’s self and socio-cultural demands that will ensure the fulfillment of one’s potential in self-actualization and introspection. It therefore follows that for the fifty plus these developmental achievements are of the greatest importance in order for this group to maintain stability and fulfilled the on-going demands.

As previously mentioned, each stage of development brings new processes. My patient A. is in a transitional stage. She will be fifty this month. She has encountered many changes in her life during her forties. She is entering this middle age stage with a realistic understanding of the tasks ahead. She is a poised, very attractive, and athletic woman who is compulsively drawn to people who make her laugh. She first came into analysis at a frequency of two times per week, soon after the attack on the World Trade Center, when both she and her husband lost their jobs. He worked on Wall Street, she worked in advertising. The following year he was back working in investments earning a comfortable salary. She stopped treatment, then return to treatment when her father, the only person whom she totally trusted to care for her emotionally and economically, died.

A. was, experiencing severe grief. Her mother (a judge) was too burdened by her work and the loss of her husband to attend to her daughter's grief. Since I last saw her she had given birth to a girl and had gotten training as a medical assistant, a position at which she worked at for a while but eventually decided was not for her. Again she stopped treatment after another year but then returned again. In the interim, she had gone back to school, was about to receive her degree in nursing and had given birth to a second child, a boy. Her husband, still working in securities had lost a second job, and the lack of income made her dependent on her mother for financing her education. Her mother was evidencing the beginning symptoms of Alzheimer's disease. A. has remained in treatment until now. She has been working through her anger at herself, her husband and her mother, and has been addressing her guilt for wishing herself free of the marriage, and for not fulfilling her father's expectations for stability in her life. She is cognizant of the reality that she is a middle age woman, with an unemployed husband, an adolescent child fighting for her independence, and an aging increasingly incompetent mother entrenched in fighting her about the possibility of moving to an assisted living facility. A. is currently working as a nurse assistant, earning enough money to get by and has gone back to school again, this time to get a master's degree in nursing. This will provide the credentials that should considerably increase her income, and she hopes will make her economically independent.

E. is at the verge of a later middle age life transition; she is now fifty-nine. She came into treatment seven years ago. She was angry and severely conflicted about the relationship with her husband of thirty-two years, whom she met and married after their graduations from the same college. She felt stagnant. Her two children were now grown up. Her son was a medical student at Harvard, her daughter was teaching English in Germany. Her job assisting her husband in his accounting business no longer satisfied her need for growth and creativity. She was in desperate need of a change. Her husband, was refusing to let her out of his sphere. When she found a job at a local college, he admonished her and predicted she would be back with him in the business within a couple of months. She divorced him the following year at a significant emotional cost. She hurt her mother, a devout Catholic who does not believe in divorce; her children have a troubled relationship with their father since he refuses to even speak with my patient on the phone. She does not regret the divorce but hungers for the company of a man. She has been promoted in her job to the highest position she can attain without a higher degree. She is well respected for her work by the administration and the academic community. She is an integral part of meetings and is looked upon as a creative contributor in the program to promote diversity in education. Having achieved, through

her work in treatment the restoration of her self esteem as an independent individual, E. is no longer dreading the years ahead. She is confident that she will make them productive and fulfilling.

At this time in our country we are contending with natural disasters, a chaotic situation in Washington with rapid fluctuations and uncertainty as to health care, education, funding for the arts and economic stability. The consequences to the developing adults is that self-reliance is necessary before they are mature enough to take charge.

For Fromm (1941), self reliance that is acquired too early produces a sense of individuality that is not true individuality. For Bly (1985) it is what he calls the emergence of the sibling society. The lack of mature guidance during important development leads to a society composed of perennial adolescents. For Menaker, to push too early for autonomy as a social value may lead to ungenune ego autonomy and not a true ego synthesis. This situation is marked by doubt, uncertainty and possibly ego paralysis. At present we are already facing such a breakdown that has caused a national emergency to be declared in regard to drug abuse and suicide amongst adolescents and young adults.

What prompted my interest in doing this paper is the remarkable and difficult position in which my colleagues, my children and my patients who are in their fifties have on their hands, as well as could have in shaping the future. This is the connective generation between the young and the old They are in the unique position of having a physical and psychological advantage in creating change. Often we seem to disregard their developmental needs as inconsequential, when, in actuality, the continuous maturity of those in middle age is the key to the mental health of all in our society. I have often been asked what my favorite, most enjoyable time of my life has been. My spontaneous response is, I would have liked to have remained in my early fifties for a bit longer.

Esther Menaker was my training analyst. Many times in expressing my-self, she would pick up my trying to relate to my patients as if I were Freud or Stallorow, etc. She would always address my elocutions by reminding me that to be an effective therapist I could only do it well as Hanna Turken. I needed to maintain what she referred to as self-constancy. John Klauber (1987) indicates that it is the spontaneity in the analytic process that is responsible for the artistic and most creative aspects of the analysis. It is the listening and exploration of creative thinking in our patients that can lead to their understanding of who they truly are. I have written and presented papers on different subjects but the impact of the ego ideal and the role of father's have occupy a large part of my developing maturity as a therapist. Through my practice I came to learn that one of the most important factors in maturation is the quality of the attachment and the completion of the process of separation from the father. It is this process that is responsible for creating the developmental impetus in the transitional space and in finding the way to the next life experience.

As it has been said throughout this paper, growth never stops, time is always changing and demanding that we keep in mind the past, concentrate in creating a productive present, and to be confident of the future. For the fifty-plus, the past is not the priority; instead it is the exploration of the present self that is prioritized. I was able to create my future in an era of forward movement that sustained my ego development. I found what Betty Friedan calls *The Fountain of Age* (1993). Productivity in the last

stage of life can only be sustained if the middle age years lead to a true understanding of the self. Erikson calls it ego integrity. Hopefully I've created what Irving Yalom refers to in his book, *Staring at the Sun*(2008), as "rippings." Yalom wrote, "Often without our conscious or unconscious intent or knowledge we create concentric circles of influence that may affect others for years and even for generations" (p.83). The fifty plus generation is entering a developmental ego stage in which the building of resilience and the transmittion of knowledge to the next generation is their developmental task. These are the "rippings." It is the responsibility of knowing we have to consider the welfare of the next generation that sustains productivity in the later part of life.

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Arrested Time in Wordsworth's Poetry and in Psychoanalysis

by Barbara Schapiro, Ph.D.

One of the most salient features of the unconscious, according to Freud, is the absence of time. By that he is referring to the linearity of chronological time. In another sense, of course, the unconscious is suffused with time as the past haunts the present, particularly as repressed, traumatic experiences of the past impinge on and shape the present mind. Dominique Scarfone (2016) argues that it is the aim of psychoanalysis to come to terms with “arrested/repetitive time”—a time “of what cannot be represented” (p. 516). Through the enactments of the transference, the “traces of unspeakable experiences” that compose such arrested time can be “re-presented” and elaborated, worked through in the present, and ultimately rendered into an integrated and true past. A similar process can be found in the poetry of the English Romantic poet, William Wordsworth. His poetry also focuses on arrested, repetitive time, on experiences to which he refers as difficult to describe in language, experiences that contain terror and dread. Yet the poetry does confront and represent those experiences, and in so doing, it takes the reader through a healing process that, in its own way, mirrors a successful psychoanalytic treatment in which arrested, traumatic time is integrated into the flow of the past, providing hope for the future. Some of his poems, as we will see, indeed describe a process of mourning that reflects the stages of trauma recovery as described by Judith Herman (1992). Those stages include an immersion in arrested or frozen time that leads to a renewal of trust, compassion, and gratitude, and to a regeneration of self.

Wordsworth's mother died when he was eight years old, and that traumatic event was formative in the poet's life and art. The moments of arrested time in the poetry not only involve feelings of loss and abandonment, but dangerous, repressed feelings of overwhelming anxiety, rage and aggression. By giving form to those moments through the poetic imagination, Wordsworth describes a changing relationship with Nature that re-presents, re-enacts and repairs a maternal relationship that was arrested in time.

In *The Prelude* (1805/1970), an autobiographical verse narrative that Wordsworth subtitled the "Growth of a Poet's Mind," he writes:

There are in our existence spots of time,
Which with distinct pre-eminence retain
A vivifying Virtue, whence, . . .
. . . our minds
Are nourish'd and invisibly repair'd,
. . .
This efficacious spirit chiefly lurks
Among those passages of life in which
We have had deepest feeling that the mind
Is lord and master, and that outward sense
Is but obedient servant of her will.
Such moments worthy of all gratitude,
Are scatter'd everywhere, taking their date
From our first childhood: in our childhood even
Perhaps are most conspicuous. (p. 213)

Here Wordsworth is stressing the pleasurable, nourishing, and efficacious aspects of these "spots of time" or moments from childhood that impress him with the power of the human mind. In these moments, in other words, the power of internal mental experience dominates and holds sway over the "outward sense" of the external world. Wordsworth's spots of time indeed share much in common with Freud's notion of the "uncanny" (Freud, 1919/1959) in which the repressed fantasies of infancy are revived by some impression and reinforce the infantile belief in the omnipotence of thought. Freud stresses

the uneasiness, guilt, and threat usually associated with the uncanny, and so too do these qualities repeatedly emerge in Wordsworth's descriptions of the various spots of time in *The Prelude*. While Freud saw these feelings of threat and guilt as primarily Oedipal and arising from the forbidden impulses of the id, I would like to suggest a more relational interpretation that focuses on the dangerous ambivalence that inevitably arises out of the experience of separation and loss, particularly if it involves a child's traumatic loss of a parent. For the purposes of this paper, I would suggest that "spots of time" can be defined as heightened moments experienced in the external world that, due to unconscious associations, rekindle traumatic, frozen time in the poet's internal world. They are thus felt to be emotionally profound and ultimately revivifying.

In the first spot in *The Prelude*, the poet describes how once, as a boy, while riding in the hills, he became separated from his companion and accidentally stumbled upon a gibbet-mast "where in former times / A murderer had been hung in iron chains." The boy sees the murderer's name carved indelibly in the ground. Wordsworth continues,

. . . forthwith I left the spot
And, reascending the bare Common, saw
A naked Pool that lay beneath the hills,
The Beacon on the summit, and more near,
A Girl who bore a Pitcher on her head
And seem'd with difficult steps to force her way
Against the blowing wind. It was, in truth,
An ordinary sight; but I should need
Colours and words that are unknown to man
To paint the visionary dreariness
Which, while I look'd all round for my lost guide,
Did at that time invest the naked Pool,
The Beacon on the lonely Eminence,
The Woman, and her garments vex'd and toss'd
By the strong wind. (Wordsworth, 1805/1970, p. 214)

The spot begins with the anxiety of separation and an association with murder, and those elements invest the vision of the pool, the beacon and the girl with its uncanny power and meaning for the boy. Both the “naked Pool” and the “Girl who bore a Pitcher on her head” call forth maternal associations (with the pitcher perhaps a displaced breast symbol). The phallic “Beacon on the lonely Eminence” could also suggest an aggressive, looming male presence. The image of the girl “vex’d and toss’d” by the storm, forcing her way against the angry, blowing wind, may further reveal enraged and violent feelings surrounding the maternal figure. The predominant sense the scene conveys, at least to my reading of it, is one of profound dreariness and dread. Yet the poet relates how in later years, as he “roam’d about / In daily presence of this very scene, / Upon the naked pool and dreary crags, / And on the melancholy Beacon, fell / The spirit of pleasure and youth’s golden gleam” (Wordsworth, 1805/1970, p. 215). He speaks of the “radiance” and “power” these remembrances have left behind, and that radiance, power, and pleasure, I believe, arise from the creative imagination’s ability to give external form to the inner terrors associated with separation and traumatic loss, and particularly their attendant feelings of rage and aggression. Though the poet says he would “need / Colours and words that are unknown to man / To paint the visionary dreariness” of the scene, the very representation of those images speaks the unspeakable and gives expression to psychic dread. In the imagination’s externalization of what feels to be terrifying and unrepresentable lies its therapeutic and reparative function.

Water images, like the naked pool in the above spot, figure frequently in the spots of time and in Wordsworth’s poetry generally. The lakes, streams, seas, and waterfalls that enliven his landscapes are always the agents of either deep joy or profound terror and

destructiveness, and they invariably hold, or so it seems, clear maternal associations. Wordsworth refers frequently to the “bosom of the lake” or pool and to the “breast of open seas.” Water is invested with a distinct “power” and often with a loud, chastising, or threatening “voice.” In another spot the boy Wordsworth (1805/1970) witnesses the ghastly figure of a drowned man rising up out of a “calm Lake” which “Grew dark, with all the shadows on its breast” (p. 79). The water image can be a nourishing, receiving, and comforting presence while also the source of a terrifying vengeance for the boy/poet’s aggressive rage. It may also reflect the boy/poet’s deeply divided feelings towards the lost mother.

The spots of time often result in the boy feeling either exhilarated or profoundly disturbed as a result of his destructive feelings. In another spot the boy stealthily untethers a shepherd’s boat and takes it out on a moonlit lake: “from the Shore / I push’d, and struck the oars and struck again / In cadence” (p. 11). Nature retaliates, however, as a “huge Cliff / Rose up between me and the stars, and still, / With measur’d motion, like a living thing, / Strode after me” (Wordsworth, 1805/1970, p. 12). The boy returns the boat but describes how for days after, “in my thoughts / There was a darkness, call it solitude, / Or blank desertion,” a sense of “huge and mighty Forms” which “mov’d slowly through my mind / By day and were the trouble of my dreams” (p. 12). Whether the spot of time proves disturbing or exhilarating, however, it is an experience for which Wordsworth repeatedly expresses gratitude. These arrested moments of time from his childhood past, as they enact terrifying feelings and fantasies that he yet survives, ultimately seem to provide him with a deep and abiding sense of benevolence, both within Nature and himself.

This same process is described in one of Wordsworth's most well known poems, "Lines: Composed a Few Miles Above Tintern Abbey" (1798/1971). Like the spots of time, which are described as experienced "many a time" and are associated with repeated action, so "Tintern Abbey" begins with an emphasis on the passage of time and the repetition of past experience:

Five years have past; five summers, with the length
Of five long winters! and again I hear
These waters, rolling from their mountain-springs
With a soft inland murmur. —Once again
Do I behold these steep and lofty cliffs,
That on a wild secluded scene impress
Thoughts of more deep seclusion; and connect
The landscape with the quiet of the sky. (Wordsworth, 1798/1971, p. 164)

The scene again reflects the familiar water imagery—here it is "soft and murmuring"—along with the potentially threatening "steep and lofty cliffs," similar to those that pursue the boy in the stolen boat spot of time. The description emphasizes isolation and "seclusion" and goes on to allude to a sense of abandonment as it refers to "vagrant dwellers in the houseless woods" and a "Hermit's cave, where by his fire / The Hermit sits alone." Yet the poem insists throughout that this natural setting, as well as the poet's ability to conjure it in his own imagination when separated from it, has been a source of healing for all of the loss, pain, and loneliness that time inevitably inflicts:

These beauteous forms,
Through a long absence, have not been to me
As is a landscape to a blind man's eye:
But oft, in lonely rooms, and 'mid the din
Of towns and cities, I have owed to them
In hours of weariness, sensations sweet,
Felt in the blood, and felt along the heart;
And passing even into my purer mind,
With tranquil restoration:—feelings too
Of unremembered pleasure: such, perhaps,

As have no slight or trivial influence
On that best portion of a good man's life,
His little, nameless, unremembered, acts
Of kindness and of love. (Wordsworth, 1798/1971, p. 164)

Like *The Prelude*, "Tintern Abbey" can be seen as chronicling the growth of a poet's mind or psyche. That growth involves a confrontation with loss, terror and dread that results not only in "tranquil restoration," but in an enhanced moral sense of our connections with others. Critics have sometimes puzzled over how and why exactly the poet's experiences in nature should lead to moral goodness. A psychoanalytic perspective can shed some light on this question as we consider how the poetry can be seen as articulating an evolution of internal relations and unconscious fantasies surrounding the lost mother. "Tintern Abbey" continues to detail the poet's shifting relationship with Nature through time:

And so I dare to hope
Though changed, no doubt, from what I was when first
I came among these hills; when like a roe
I bounded o'er the mountains, by the sides
Of deep rivers, and the lonely streams,
Wherever nature led: more like a man
Flying from something that he dreads than one
Who sought the thing he loved. For nature then
(The coarser pleasures of my boyish days,
And their glad animal movements all gone by)
To me was all in all. —I cannot paint
What then I was. The sounding cataract
Haunted me like a passion: the tall rock,
The mountain, and the deep and gloomy wood,
Their colors and their forms, were then to me
An appetite; a feeling and a love,
. . . —That time is past,
And all its aching joys are now no more,
And all its dizzy raptures. (Wordsworth, 1798/1971, p. 164)

This passage describes a relationship with Nature that has changed from simple joy and “glad animal movements” to a “haunting” passion in which the poet felt he was “flying from something that he dreads.” The “tall rock” and “deep and gloomy wood,” again, seem to reflect a Nature that is as dangerous and menacing as it is joyful and rapturous. By giving expression to such frightening ambivalence in both Nature and the self, the poem presents a process of psychic growth in which it is possible for angry, destructive feelings towards the lost mother to be confronted and survived. This process then leads to an acceptance of loss and a newly awakened feeling of compassion for suffering humanity in general: “Not for this / Faint I, nor mourn nor murmur; other gifts / Have followed; for such loss, I would believe, / Abundant recompense. For I have learned / To look on nature, not as in the hour / Of thoughtless youth; but hearing often-times / The still, sad music of humanity, / Nor harsh nor grating, though of ample power / To chasten and subdue” (Wordsworth, 1798/1971, p. 164). The poet’s evolving relationship with nature leads him back to human connection and to moral responsibility.

“Tintern Abbey” concludes with Wordsworth’s direct address to his sister

Dorothy:

“Oh! yet a little while /
May I behold in thee what I was once, /
My dear, dear Sister! and this prayer I make, /
Knowing that Nature never did betray /
The heart that loved her” (1798/1971, p. 165).

The use of the negative construction here in asserting that Nature never did betray him suggests, of course, that he once did feel betrayed and abandoned. Now, however, the poet feels blessed, and he himself blesses Dorothy. Should she, like himself, ever encounter “solitude, or fear, or pain, or grief, . . . with what healing thoughts / Of tender

joy wilt thou remember me,” he exclaims, “And these my exhortations” (Wordsworth, 1798/1971, p. 165).

The process of mourning that “Tintern Abbey” records calls to mind Judith Herman’s (1992) description of the stages involved in trauma recovery. The first two stages involve giving narrative form to traumatic memory and investing it with feeling. This involves mourning the loss of basic trust and confronting despair (p. 193), which, Herman contends, “has a timeless quality that is frightening. The reconstruction of the trauma requires immersion in a past experience of frozen time” (p. 195). In the third and final stage, the trauma survivor “creates a new self, both ideally and in actuality” (p. 202). I am reminded here of the end of “Tintern Abbey” in which Wordsworth (1798/1971) sees in Dorothy the embodiment of his own past self. The third stage also involves a renewed capacity for trust, intimacy and connection, along with a sense of compassion for one’s self and others, and an emergent feeling of gratitude. Throughout his poetry, Wordsworth can be seen as taking the reader through these stages as he gives poetic form to experiences of frozen or arrested time. The imaginative confrontation with traumatic loss and its concomitant feelings of terror and dread leads to the renewed sense of trust, compassion, and gratitude that Herman identifies as emblematic of the final stage of trauma recovery.

Wordsworth’s poetry, finally, is deeply concerned with time—with the inevitable changes, losses and suffering that time inflicts on us all, as well as with the timelessness of the unconscious, as the poetry instructs us on how the past, particularly childhood experience, never ceases to affect and inform the adult’s mind and imagination. As Wordsworth courageously delves into the mystery, dread, and terror of arrested time, his

poetry engages the reader in a process akin to psychoanalytic therapy in which creative re-enactments, representations and elaborations exert a healing influence, potentially allowing one to find solace in the past and hope for the future.

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Cross-Temporal Sonatas in Staccato Ostinato

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“Cities were built to measure time, to remove time from nature. There’s an endless counting down, he said. When you strip away all the surfaces, when you see into it, what’s left is terror.”

~ Don DeLillo, *Point Omega*

“O reader, do not ask of me how I
grew faint and frozen then – I cannot write it:
all words would fall far short of what it was.

I did not die, and I was not alive;
think for yourself, if you have any wit,
what I became, deprived of life and death.
The emperor of the despondent kingdom
so towered from the ice, up from midchest,
that I match better with a giant’s breadth
than giants match the measure of his arms...”

~ Dante Alighieri (*Inferno XXXIV, 22-31*)

The sleeping patient is panicked; because he cannot have a nightmare; he cannot wake up
or go to sleep; he has mental indigestion ever since.”

~ Wilfred R. Bion, *Learning from Experience*

This is a tale of Future Anterior in Future Anterior.

Future Anterior is a tense created to deal with the paradox of the a-temporality. A tense allowing to live and to pretend to be living as well as to have biologically lived while simultaneously maintaining the feeling of being dead inside. An invented predicate with the aim to deal simultaneously with the reality but also the impossibility of Thanatos. In other words, not only to listen to the sonatas, but also to become a participant and a spectator of a bleak psychic oratorio.

French Situationist Guy Debord (1956) defines the concept of “dérive” as a technique of rapid passage through varied ambiances. It is a stroll through the city to understand its psychogeography. From a “dérive” point of view, cities have psychogeographical contours, with constant currents, fixed points and vortexes that strongly discourage entry into or exit from certain zones. The city represents a special instance of repressed desires. In a “dérive” the individual and/or a group of people are engaged in a playful constructive and interpretive behavior during which the city is turned around. The participants see in the city unifying and empowering possibilities in place of the

fragmentation and decay. "The spatial field of a *dérive* may be precisely delimited or vague, depending on whether the goal is to study a terrain or to emotionally disorient oneself," says Debord (1956, p. 178). As far as the temporality is concerned, the average duration of a "*dérive*" is one day, according to Debord, and it is considered "as the time between two periods of sleep. The starting and ending times have no necessary relation to the solar day. But more importantly, a "*dérive*" often takes place within a deliberately limited period of a few hours, or even fortuitously during fairly brief moments; or it may last for several days without interruption" (p.178)

Z's disclosure in the first session that they had a terminal congenital disease, and that they had reached the average life expectancy, shattered the inherent lack of temporality in the analysis, leaving no choice but starting the analysis with Mahler's Adagio, in his Symphony No. 9 in D-major. In lieu of analysis, the process turned into a series of *détournements*, or somewhat "subversive" detours that go counter to the original intent, and "*dérives*." The truth has created its own psychogeography turning every session into an interplay between Eros and Thanatos. Together we organized architectural field trips, pretending to focus on how to enrich the psychic sustainability while, in reality, we ended up focusing compulsively to identify every possible clock tower in the vagueness of the psychic depths with an unconscious desire to beat Chronos in a marathon of "*dérives*." Do not start having reveries about the lovely Astronomical Clock in Prague! Instead, all the clock towers discovered during these "*dérives*" had the look of the Zimmer Clock Tower in Lier, Belgium. Mechanical rather than artful; cold rather than warm; a constant reminder of linearity rather than poetically dream inducing; "*strepitoso*" rather than "*soave*"; serving absolutes and precision as if to engineer a refutation against negative capabilities ...

Z and I encountered in our sessions *détournement* of our desires; and possibly our unconscious collective ones too. Formulating my version of *Nepenthe* for Z, the mythical potion that banishes grief, and they formulating their version of *Nepenthe* for me. This way, our sorrows, deriving from the inherent realities of the particular analytic relationship, could be quelled with forgetfulness.

Donald Meltzer expounding his theory of "Aesthetic Conflict" says that:

"The tragic element in the aesthetic experience resides, not in the transience, but in the enigmatic quality of the object. The central experience of pain of the aesthetic conflict resided in uncertainty, tending towards distrust, verging on suspicion. It is the desire to know rather than possess the

object of desire, the K-link, the quest for knowledge. Desire makes it possible, even essential, to give the object its freedom.”

Exiled desires... Desires in exile... Desire-less freedoms of the internal displacement...

Desires being shattered by lack of seduction... Offering absence of seduction as soul murdering...

Perpetuating desires creating timelessness... Not being able to forget... No Nephenthe as an antidote for the acute pain of what is to come, sooner or later...

Dejected individual's desire to exile himself/herself as a détournement. A dérive to find the never achieved encounter elsewhere, in a foreign geography or in the Heimlich of an Unheimlich (Freud's estranged familiar and the uncanny); or may be in the multitude of unexplored temporalities...

How could Z possibly integrate and assimilate the reality of their congenital illness from belonging to the land of inconceivable into the part of her psychic universe known to her? What color, smell, flavor, texture of Winnicottian "I AM" is needed to make that happen? (1968, p. 267)

How could her self's coherence could be maintained if the time becomes a persecutory object? What kind of détournement is needed to provide regulation for such an obliterating instinct?

If Z were to accept time as a Winnicottian "me" part, what would be happening internally? Could temporality be suspended as a defensive maneuver? How would the juxtaposition of the affect and the quality of the elliptical relationship to time sound musically? Ever since Z became aware of her condition, Z must have inhabited, timelessly, in a world of undreamable panic as Bion suggested (1962a, p. 8). Death leaking through the defenses; oozing from psychic membranes. Virtuosity of Thanatos suffusing Z's being with nightmares, night terrors, daymares and dayterrors. Thanatos pushing Z to dwell in a temporality "between nothing and no-thing," as Andre Green described in negative womb (1986, p. 142).

Countertransferentially, I either found myself in a very manic mode denying the-dread-that-could not-be-named or extremely worried and lethargic before and after meeting Z. The time seemed to fly in the sessions. In my recurring reverie, I kept watching Yasujiro Ozu's movie where people were

filmed constantly rushing from somewhere to some other-where in a series of “dérives,” toward Eros, possibly with the desire to capture the timelessness of desire, without realizing, however, being taken with every step instead, to a psychic détournement where Thanatos, the inherent untruth of Eros, resided. And watching this movie constantly, both in and out of the sessions, deprived me of the capacities for reverie. I felt panicky, unable to sleep; unable to wake up...

There must have been no feelings of a “beginning” when all felt to have already begun. It might have felt dwelling in an endless End. What would constitute then the End of a beginning-lessness? Is there something preserved to dig or just nothing to dig to preserve? Had there been a destruction of some sort already or the destruction permeated inherently the whole architecture? Alluding to a passage by Freud, at the beginning of his paper “Notes Upon a Case of Obsessional Neurosis” (1909, p. 175-176) could Z burying their self be seen as an attempt to be preserved as a defense against the felt reality of time? Preserved and protected from being destroyed timeless times? Could developing capacities as a result of being in analysis have started Z’s real destruction similar to that of Pompeii? Analysis becoming a détournement of analysis.

The encounters with Z have been a series of silent sonatas composed in a-temporal temporality in staccato ostinato, each note persistently detached from the previous or next, until the day when I have been informed by her passing. I could still feel my eyes’ frantic movements to locate the clock tower and Yasujiro Ozu’s movie slow-motioning to a complete stop. I could still remember unquantifiable self-parts of mine desperately asking for a détournement to take place. Wishing for another “dérive” with the desire to repair the diptych broken at the hinge. Making the thing that happened simply “unerasable” thus, negating in a Freudian sense (what would mean negation of negation analytically?), Shelley’s “unerasing waves” emphasizing the fleeting quality of time.

Within the surface of the fleeting river
The wrinkled image of the city lay
Immovably unquiet, and forever
It trembles, but it never fades away
~ Shelley, *Evening: Ponte al Mare, Pisa*

As Shelley’s “wrinkled image”, Z’s absent presence, still, “lay immovably unquiet” in the trembling depths of my unconscious, until perhaps, if and when, I decide to wake up and start dreaming and

falling asleep again in the times of other temporalities, allowing the plangent sonata in “staccato ostinato” which Z and I composed together to be transformed eventually into a “legato” in time, starting softly “pianissimo” and gradually “allargando” becoming less “ostinato” and less “staccato” with each and every musically expressed temporal articulation of the mourning process.

Developing capacities, finally, to let go of the shackling desire; the desire to steal the Chronosphere like Alice did with the intention of traveling back in time to stop Jabberwocky killing the Mad Hatter’s family. Coming to terms with the indescribable ambiguity that the feeling of simultaneous existence of Eros and Thanatos creates; forgiving, perhaps, “Time” and realizing that it is nothing but an illusionary contour to set stage for the macabre dance whose madness, if not contained, would become the force that Bion talks about: the force that continues to feeding on itself after having destroyed the existence, time and space. (1965, p. 101)

Where does its denuding, cannibalistic hunger then come from? Mike Eigen (2014, personal communication) has an idea which he poetically expresses while remaining both courageous and curious:

“After life is destroyed, it (the force) will continue to feed on death, nonexistence after nonexistence. Surely such a force cannot be real – its existence is a contradiction in terms. But it is precisely this impossibility that gives it power” (2004, p. 62)

Which key the composer, I wonder, would choose if he/she were to compose a sonata for the nonexistence Eigen intimates?

At the impossibility of destroying of or constructing a person “in absentia”. That is where I felt being abandoned at... Brief encounter with Z left me in the wide world web of “indeterminateness”, the same place where they were left when they had a beginning-less End. In cross-temporal geographies with no available “dérives” at disposal for more psychic détournements taking place.

Lieutenant L., Freud reports, enquired as to whether there was any guarantee of what one’s attitude would be towards what was discovered. What would Z’s attitude be?

Similar to Dante’s mise-en-scene, Z did not die and they were not alive. Z dwelled in psychic no-wheres deprived of both life and death. Could you, the reader, intimate what Z has become? Maybe Shakespeare decided to cast her as Hermione in Winter’s Tale.

Staccato, Italian for detached, is a form of musical articulation. In modern notation, it signifies a note of “shortened duration”, separated from the note that may follow by “silence”.

Ostinato, Italian for obstinate, is music refers to short melodic phrase repeated throughout a composition. A rhythmic ostinato is a “short” constantly repeated rhythmic pattern.

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