

Shadow of the Other  
Intersubjectivity and Gender  
in Psychoanalysis

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others whose horizons are different there is always, as Spezzano (1996) points out, the "risk of being transformed." This risk reflects the reciprocity of dialogue, the inevitable fact that the other will share our wish to affect, have impact on, transform others. Challenging identity always threatens to be a reciprocal process, and in psychoanalysis our "subject" can always surprise us, turn the tables on us, transform us, painful as that may be. In the past, rigidity and orthodoxy often prevented theoretical dialogue from living up to and deepening the collaborative commitment to transformation. It created a mode of training and practice in which gravity suppressed play and authority stifled collaboration. The current climate of discussion and debate in psychoanalysis gives reason to hope that we may enlarge the dialogic space that engenders the third position, that the oppositions we present can play in freedom their hour upon the stage.

# 1 The Primal Leap\* of Psychoanalysis, From Body to Speech

Freud, Feminism, and the Vicissitudes  
of the Transference

## I

In reflecting on the one-hundredth anniversary of *Studies on Hysteria*, I felt impelled to remember an earlier point, the seventy-fifth anniversary, in which the rebirth of the feminist movement occurred—a movement that had at least equal importance for the inventor of the "talking cure," Anna O., a movement that has been shadowing psychoanalysis since its inception and has, in our time, called for and led to a massive revision in how we view ourselves and the subjects of those original *Studies*. Without the additional surge of the feminist movement, I would not be here as a psychoanalyst today, nor would I be able to say what I have to say. So it seemed worth noting the coincidence that, on the occasion of the seventy-fifth anniversary of psychoanalysis, I was, without realizing it, living just around the corner from the Leerbachstrasse in Frankfurt, where

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\* Origins = *Ur Sprung* in German, literally "primal leap." This paper was originally delivered in May, 1995 at a conference commemorating the hundredth anniversary of the *Studies*, "The Psychoanalytic Century," at NYU. Thanks to M. Dimen and A. Harris.

Anna O., known to her world as Bertha Pappenheim, settled after her recovery from hysterical illness in the 1890's.

Anna O. was the patient of Freud's older colleague Breuer, coauthor of *Studies on Hysteria*, and it was her treatment on which Freud based the connection between hysterical symptoms and specific ideas or feelings that could not be otherwise expressed. It was also her intense attachment to Breuer that led to a precipitous end to the treatment by the frightened physician and so inspired the founding myth of transference love as Freud conveyed it to us.<sup>1</sup>

Frankfurt was not an accidental choice, in the 1890s or the 1960s. As an historically independent, liberal city and center of finance, the site of the 1848 democratic parliament, Frankfurt was home to an important Jewish bourgeoisie before the Third Reich and was the center of "Red Hessen"'s social democratic movement. Therefore it had been and in the 1960s was now again host to the Frankfurt Institute for Social Research, famous for its neo-Marxist, psychoanalytically informed social theory. Having given up on what my only supportive professor at the time called "the antifeminist profession" of history, I had escaped to Frankfurt to study philosophy and social theory with the remaining professors of the Frankfurt institute. Once there, I had become deeply involved in the student movement's project to create new forms of early childhood education, an effort which sought a viable alternative to the authoritarian traditions of German fascism by renewing the psychoanalytic pedagogy of the 1920s (best known here in the work of Bernfeld and Reich) establishing "antiauthoritarian" early childhood centers. Yet at the same time, my commitment to the new wave of feminism was leading to an inexorable break with my first psychoanalyst, a man whose antifascist history still did not prepare him for the idea of angry women writing attacks on the idea of penis envy and the myth of the vaginal orgasm.

<sup>1</sup>The story of Bertha Pappenheim's treatment with Breuer is a complicated one. As Appignanesi and Forrester (1992) detail, Freud's later account of it suggests that Breuer terminated the treatment when his patient, purportedly at the end of abreacting all her symptoms, called for him to return and announced that Dr. B.'s baby was coming. In any event, contrary to the account in the *Studies*, Pappenheim was in and out of sanatorium for a number of years with continued symptoms. Freud's correspondence with Martha at that time seems to indicate that they were already aware of the possibility of attraction on the part of physician or patient, and also of Frau Breuer's jealousy.

The inception of the women's movement brought the dialectical poles of psychoanalysis and feminism into violent contradiction, seemingly the contradiction between the acknowledgement of social oppression and the awareness of internal repression. The notion of rebellion opposed the notion of illness, making heroines, or at least protesters, out of patients. Not surprisingly, hysteria was among the first issues explored by feminist criticism, and the idea of the hysteric as an antecedent form of woman's protest against the constraints of the patriarchal family (Cixous & Clement, 1975; see also Bernheimer & Kahane, 1985; Showalter, 1985;) was among the earliest revisions proposed by feminist scholarship.

Significant for our inquiry, however, is the fact that her illness is not the only thing for which Bertha Pappenheim is remembered in Frankfurt today. Pappenheim, founder of the first feminist Jewish women's organization, is not as well-known as her alter ego Anna O. But her history, with pictures, is to be found in the *Woman's Guide to Frankfurt* (Hillman, 1992), packed in alongside reminiscences of our contemporary women's movement as well as articles on women in health, banking and the performing arts. Pappenheim's address to the German women's congress in Berlin, 1912, can be found in the volumes on the history of Jewish women in Germany recently published by the state of Hessen (Wagner, Mehrwald, Maierhof, Jansen 1994). Here Pappenheim analyzes the difficult position of Jewish women, deprived of access to their own religious tradition, denied instruction in the Hebrew language and texts, prevented from managing even those institutions most relevant to them.

In recalling Pappenheim's history it is not my intention to create a countermyth of the feminist heroine or to take an uncritical feminist revisionist version of hysteria at face value. For reading Pappenheim's words is not an unmixed experience. Both as she appears to us in Breuer's recorded recollection and in the later histories that see her as the founder of the German Jewish women's movement and a forerunner of modern social work, Pappenheim is surely a difficult figure with whom to identify. A woman who saw the straight lines of needlepoint as a metaphor for the well-lived, socially useful life (Hillman, 1992), who renounced sexual freedom in favor of social agency, she was a woman guided by an incredibly powerful super ego. Nonetheless it was she who became a rebel against the role of women prescribed by her religion and family, who did not finally remain paralyzed by unexpressed anger and desire, who strove valiantly to express them through her body and her

speech. One could say that she overcame her incapacity by developing a position of active mastery in the world—a reversal which, in Freud's thought, would count as the characteristic masculine strategy for overcoming hysteria (Freud, 1896).

The reversal of passivity and the overcoming of the feminine position will turn out to be quite important, indeed fateful, to psychoanalysis. Pappenheim herself promulgated a feminism that founded women's active position in the virtues of maternal care as well as in economic independence and self-expression, the right to which she defended eloquently along with the right to freedom from sexual exploitation. Appignanesi and Forrester (1992) call the transformation from the illness of Anna O. to the healthy activity of Pappenheim "an inexplicable discontinuity." In fact, one could easily see her effort to forget her past, to repudiate her identity as patient and assume that of an activist social worker as a kind of defensive reaction. Then again, one could say that it reflects an identification with the other side of the analytic couple, the position of healer and helper, an identification Freud himself would later propose as a means of cure.

As historical figures, Pappenheim and Freud inhabit the same discursive world, the tradition of German Enlightenment and humanism that secularized Judaism had made its own. In one respect their assessment of women's condition matched: Even as Pappenheim saw the one possibility for equal self-expression and agency in the maternal, Freud too defined the maternal position as the one in which women are active rather than passive. However, the gap between their positions becomes evident when we consider Pappenheim's declaration (1912) that the only commandment that gives women a position equal to that of men in the Jewish community is the one that constitutes the main tenet of the Jewish religion, "Love thy Neighbor as thyself," the very commandment that Freud (1930) uses to illustrate the naivete of religion and the nature of reaction formation. The disjunction between Pappenheim and Freud marks the site of a tension between psychoanalysis and feminism regarding love and femininity: For Freud, love is to be deconstructed, revealing the terms of sexuality or libido—yet this endeavor will be fraught with the contradiction between the effort to identify woman's hidden desire and his relegation of her desire to passivity; for Pappenheim, altruistic love is to be liberated from a desire associated with sexual passivity and exploitation into a protective identification (or identifying protection) with the vulnerable Other. If

you like, the tension between these positions may be seen as constituting an unfortunate kind of choice, one that has pulled feminist writers on hysteria in opposing directions (Bernheimer & Kahane, 1985; Gallop, 1982; Rose, 1985): On the one hand, reliance on Freud's attempt to liberate us from ideal forms of love; on the other, an effort to reinhabit and so revalue the position of the cast-off other.

Observing these pulls and counterpulls in the history of feminist thought, one might well ask, What does it mean, in light of Pappenheim's trajectory, to found feminism in a flight from the primary leap into the arms of the male healer, from the unanalyzed, un-worked-through erotic transference? But my focus will be on psychoanalysis, its founding in a particular constellation in which femininity becomes imbricated with passivity. Does not this, too, reflect a flight from the erotic, from the confrontation with female sexuality? This essay, therefore, will query psychoanalysis, concentrating on the ambivalent legacy Freud bequeathed us, a kind of liberation, freedom from religious and moral strictures, from grand ideals, from the temptation to save and redeem—but offered at a price: denial of the analyst's subjectivity and desire which might mirror that of the patient; distance from the helpless, the passive, and for that matter, the feminine Other, identification with whom did not always come easily to Freud, did not fit with his notion of objectivity and science. (Although it will follow from his own thinking that such identification is ineluctable and can only be prevented by acting against it in some intrapsychic way.) Thus I shall ask, How has the history of psychoanalysis been marked by the move from passivity to activity, and how is this move fundamental to the problems of the transference, especially the transference between unequal persons—doctor and patient, male authority and woman rebel? How did Freud's way of formulating that move reflect his ambivalence about attributing activity to women (see Hoffman, 1996), especially sexual activity, and incorporate defensive aspects that the psychoanalytic project must continually bring to consciousness?

Beginning with the *Studies*, the issues of passive versus active—along with other complementarities such as identification or distance, empathy or objectivity—can be seen as gender underliners of the themes that recurrently trouble the evolution of psychoanalysis. The effort to clarify those themes, to overcome an old and shallow opposition between feminism and psychoanalysis, might be seen as the work of producing a more creative tension

between the seemingly disparate personas, Anna and Bertha. So if psychoanalysis asks of feminism that it interrogate a founding gesture of liberation that denies the truth of dependency and desire, feminism asks of psychoanalysis that it reconsider its historical positioning of its Other, the one who is not yet able to speak for herself. Let us remind ourselves that in front of Salpêtrière, where Charcot paraded his hysterics as a spectacle for popular audiences, stands a statue of Pinel freeing the mad from their chains; indeed, Freud noted at the time that this scene was painted on the wall of that very lecture theater (Showalter, 1985). Doesn't that irony enjoin such a reconsideration?

In our time, this reconsideration has led to a concern with the radical effects of perspective, the necessity of struggling to grasp the viewpoint of another as well as to strain our own view through the critical filter of analysis. Easily said, but not easily done. Seeking to grasp the real process involved in attaining an approximation of another's viewpoint (or even glimpses of it) as well as awareness of our own subjective view is central to our current efforts to elaborate an intersubjective psychoanalysis. Hopefully, we shall reach some clarification of what this means by the end of this essay. Provisionally, I will say that grasping the other's viewpoint means striving to dissolve the complementary opposition of the subject and object that inevitably appeared and reappears in the practice and theory of psychoanalysis. As I shall try to show, Freud's work, beginning with the *Studies*, aspired to move beyond the evident constraints of this complementarity, but was nevertheless continually drawn back into that opposition because of the confluence of scientific rationalism and gender hierarchy.

If we, in hindsight, are more aware of what pulls us back into that complementarity, we are also more inclined to identify with Bertha's position in the story. This is not only because our theory of the unconscious teaches us that we cannot prevent such identification, that we can only split it off, repudiate it, in effect dislocate it and thus create a dangerous form of complementarity (one which, indeed, allows only a choice between immediate, unthinking, "hysterical" identification or repudiation). It is also the contribution of both contemporary feminism and psychoanalysis to our understanding of the necessity of taking in the position of the other. As a result, we recognize that the only choice is to develop this identification, that the (re)admission of what was rejected is central to evolving the analyst's position as well as the patient's. The dialectic by which we

undo repudiation is as important to psychoanalysis as it has been to the project of women's liberation, as it has been to each of the successive demands for recognition articulated in this century by the silenced or excluded.

The process by which demands are raised against those who already claim to be empowered as rational, speaking subjects is not identical with psychoanalysis. Nonetheless, the movement of psychoanalysis has a certain parallel with this project, which requires the self-conscious consideration of how to develop its forms of identification. As we see in social movements that found new identities, demands for recognition have their problematic side—a kind of entitlement or moral absolutism, which is always inextricable from and fueled by the power it opposes (see Chapter 3). It therefore always draws the other into the relationship of reversible complementarity. In many ways, as I shall try to show, Freud's journey through the transference is an allegory of learning to traverse the unmapped and surprising (though oddly familiar) paths of such complementary relationships.

## II

Lest the comparisons I have drawn between the movement of psychoanalysis and that of feminism seem forced, let me delay consideration of the history of the transference a moment and consider the background of psychoanalysis in relation to European thought. Our consciousness of who we are today should take into account the history of psychoanalysis as a practice indebted to the project of liberation rooted in the Enlightenment—and Freud, despite all his political skepticism, surely did see psychoanalysis as an activity only thinkable through and because of the Enlightenment project of personal freedom, rational autonomy, being for oneself. This project, as Kant described in "What is Enlightenment," is that of freedom from tutelage, in German *Unmündigkeit*. Usually translated as "attaining majority, adulthood," the term *Mündig*, derived from the word for mouth, refers to speaking for oneself (in fact, Pappenheim [12] uses it when she points out that every thirteen-year-old Jewish boy receives a *Mündigsprechung*, which girls are denied). To be *mündig* is to be entitled, empowered to speak, the opposite term to the one so often used today: silenced. It may thus fairly be understood as the antithesis of hysterical passivity, speechlessness. For the better part of the

twentieth century this project of freedom from authority has been questioned precisely because—so the poststructural, postmodern critique goes—the subject of speech was never intended to be all-inclusive, was always predicated on the exclusion of an other, an abject, a disenfranchised, or an object of speech. And yet, precisely this critique of exclusion and objectification operates by referring back to a demand for inclusive recognition of subjectivity that the Enlightenment project formulated (Benjamin, 1994, Chapter 3).

Now this contradiction, between rejecting and calling upon the categories of Enlightenment, makes for a particular uneasiness regarding the place of psychoanalysis. For the twentieth-century theory that rejects the Enlightenment has invoked Freud himself in its efforts to show that the figure of the autonomous, coherent, rational subject is a deceptive appearance, which serves to deny the reality of a fragmented, chaotic, incoherent self, whose active efforts to articulate and make meaning are ultimately defensive. And yet the advocacy of meaning over chaos, thought over suffering, integration over splitting, symbolization over symptom, consciousness over unconsciousness remains essential to psychoanalysis. Finally, we can cite one more problem, one which arises regarding the psychoanalytic relationship: The achievement of autonomy is revealed to be the product of a discourse that situates the subject in the oppositional complementarities—subject and object, mind and body, active and passive, autonomously rational and “irrational”—that worked historically by splitting off the devalued side of the opposition from the subject. And, of course, by associating femininity with the devalued side. Psychoanalysis has thus continually reenacted these oppositions, which are in fact iterations of gender hierarchy, even as it offers the possibility of uncovering their meanings. As with Freud’s frequent rehearsals and disclaimers of the association between passivity and femininity, psychoanalysis reproduces the splits it aims to analyze.

Thus, to pick up where I left off, it is useful to explore the identification with Anna O./Bertha Pappenheim because she incarnates for the first time and in a most compelling way that dual identity which each psychoanalyst-patient pair, separately and together, must embody. The contradictions of Anna/Bertha—which appear through the split image of the helpless, fragmented patient versus the articulate, stalwart feminist who defends the helpless—reflect the split in every analyst, who is her/himself subject to as well as subject of the analytic process. In Freud’s own evolution as well as in psychoanaly-

sis in general, we can see the problem of constructing the encounter as one between the Analyst-Subject who already speaks and the Patient-Other who does not yet speak for herself. This suffering Other requires recognition by the subject who does speak. But this recognition will be effective only if it incorporates a moment of identification, and so disrupts the enclosed identity of the Subject. Likewise, the Other’s attainment of speech may only proceed by her identification with the speaking subject, by which she is in danger of losing her own “identity” as Other. If the patient must “become” the analyst, the analyst must also “become” the patient.

Thus both analyst and patient have reason to resist the identifications that result from their encounter, for eventually the doubleness of identification leads to a breakdown of the rationalistic complementarities between knower and known, active and helpless, subject and object. And while this identification may in theory be laudably subversive of hierarchy, it is in practice a “most dangerous method” (Kerr, 1993), generating a muddle of boundaries, mystification, anxiety and old defenses against it. To this analytic heart of darkness we will turn shortly. For now, speaking of theory, let us say that psychoanalysis and feminism may join in the project of inspiring this inevitable breakdown to assume a creative rather than destructive form—to challenge the valorization of the autonomous, active, “masculine” side of the gender polarity without reactively elevating its opposite.

I am highlighting this paradoxical movement in psychoanalytic history: That even in the moment of breaking down those oppositions through which the masculine subject was constituted, the psychoanalytic project necessarily participated in the hierarchical opposition between activity and passivity with its gender implications. This project, raising the symptom to articulation in the symbol, I have designated here as the primary move from the body into speech, referring to this founding form of psychoanalytic activity as the “primal leap,” punning on the German word for origin, *Ursprung*, *Sprung* meaning leap and *Ur* meaning original, primal, first, deepest. From body to speech. To make the inarticulate articulate, to translate the symptomatic gestures of the body into language, is incontrovertibly the first lesson of Freud and Breuer’s work.

No sooner having said this, however, we must object, or at least ask, Whose speech? For the leap that is psychoanalysis consists, properly speaking, in Freud’s decision to give up hypnosis in favor of a more collaborative enterprise, one in which the patient herself

becomes the *subject* of speech—and if Freud chose to attribute this transition to a certain resistance on the part of his patients (Breuer & Freud, 1895), perhaps in order to legitimate it as a necessity (or to occlude his fear of the erotic transference that hypnosis unleashed, as his autobiography revealed [Appignanesi & Forrester, 1992], this makes the sharing of credit no less true.

How else could the value of collaboration be discovered, if not through the patient's refusal of the passive position of being hypnotized, even if that refusal appeared to be a resistance? In effect, the step out of passivity is framed as resistance. Subjected to her own symptoms and captive in her own body, the patient can nonetheless mobilize against surrender of consciousness. And so the origin of psychoanalysis, its decisive move, is ambiguous.

I hope here merely to underscore a certain paradox in the evolution of psychoanalysis as a discipline, and in each individual analysis as well—each fresh resistance of the patient drives the process forward. To refer to the thermodynamic metaphors of the nineteenth century, we could say that the resistance is the essential element in the combustion that drives the engine of change. For Freud himself, this paradox was exemplified in his discovery that the repressing agent was itself repressed, that the "secrets" of the psychic world seemed increasingly to lie not in the content of the repressed, in other words, not merely in what the resistance hides, but in the resistance itself. Resistance itself becomes the revelation, as in Freud's discovery of the function of erotic transference, or any acting in the transference—but more of that later.

So far I have been constructing a leading argument here, suggesting that the move from the body that suffers itself to be an instrument of unconscious communication to the speaking subject who articulates insight seems to fit with a transition to active subjectivity as long-defined by the Enlightenment tradition. Thus Freud framed his understanding of overcoming resistance and defence in the *Studies* in characteristic fashion:

What means have we at our disposal for overcoming this continual resistance? Few, but they include almost all those by which one man can exert a psychical influence on another . . . we may reckon on the intellectual interest which the patient begins to feel after working for a short time. By explaining things to him, by giving him information about the marvelous world of psychical processes into which we ourselves only gained in-

sight by such analyses, we make him himself a collaborator, induce him to regard himself with the objective interest of an investigator, and thus push back his resistance. . . . One works to the best of one's power as an elucidator, teacher, representative of a freer or superior view of the world, as a father confessor giving sympathy and absolution. . . . for it is well to recognize this clearly: the patient gets free from the hysterical symptom by reproducing the pathogenic impressions that caused it and by giving utterance to them with an expression of affect, and thus the therapeutic task consists solely in inducing him to do so. When once this task has been accomplished there is nothing left for the physician to correct or remove. (282–283)

So we see, the analyst has merely set the patient free, has in fact found a way to make him (Nota bene! when the patient is active, Freud uses the male pronoun; when simply ill, he uses the feminine) a collaborator. The patient is to identify with the analyst in the overcoming of resistance through self-reflection, a process of internalization that implies both tutelage and freedom from tutelage. He is to collaborate in an investigation. By contrast, Breuer's use of hypnosis with Anna O. seems of a piece with his medicating her, case managing her in the manner appropriate to the metaphor of an illness, still embedded in a discourse of subject and object, actor and acted-upon. Such a discourse, sustained by the practice of hypnosis, could only explore the patient's subjectivity by vitiating it of the qualities that otherwise characterize it: agency and intentionality.

Of course, the transition from passivity to activity, from symptoms to being the subject of speech, turned out to be not a one-time leap, but a process that Freud evolved slowly, for which the giving up of hypnosis was only a beginning. Indeed, we can see Freud's subsequent elaboration of psychoanalytic practice as an ongoing effort to remove the analyst from the position of coercive authority and to enfranchise the patient.

But even as Freud reports his move away from hypnosis, he allows us to discern the way that the patient exerted her power to bring into being another force. This, the force of transference, is already discernible, already beginning to destabilize the main event of the *Studies*. This event was meant to be Freud's discovery of a formulaic equation: one symptom, one recollection. In any event, it is apparent in the first study that symptoms are not the only matter at hand. For it is not merely in her body that Anna O. offers up the en-

coded memories; equally important are the reliving of perceptions and feelings. These Freud will later figure as the main thing opposing language: "acting," a term that evokes not merely doing, but dramatizing, representing in deed. When Anna O. refuses to drink water because it reminds her of the despised dog who drank from the bowl, this is not a bodily symptom, but acting.

Where speech, symbolic articulation, would constitute the true activity of the subject, acting has been seen as merely another form of representing without knowing what is being represented, of evacuating or expelling, hence not an expression of subjectivity. This distinction between communicating and acting is still subscribed to by many analysts, for instance Green (1986). Yet, acting has also been seen as a stage between discharge and full representation (Freedman, 1985) that implicates the analyst in a new way. In fact, in contemporary relational analysis, acting and interacting are the indispensable medium through which the analytic work proceeds. At the very least, acting constitutes a new intermediate position between unconscious and conscious, a different kind of effort at representation, which at once reveals and resists—to paraphrase what Winnicott says about destruction, it is only resistance because of our liability not to understand it, to become caught up in it.

Freud was at first sanguine about seizing this new opportunity for mastery through understanding. For although the patient, Freud tells us, is "deceived afresh every time this is repeated . . . the whole process followed a law" (Breuer & Freud, 1895, 303–304). The work follows a "law," the law of logic, the same law formulated for relieving symptoms through images or pictures produced under pressure: As soon as the images have been put into words, fully explicated, raised to the symbolic level, they disappear. In the same way, Freud contends, the illusion of the transference "melts away" once he makes the nature of the obstacle clear. Freud has not yet confronted the intersubjective aspect of the phenomenon, the bidirectionality of unconscious communication; he believes that transference can be simply observed from without. He remains reassuringly within the law—according to which words must replace action, symbol replace symptom, each proceeding in order.

Freud's remarks at the end of the *Studies* on resistance and transference in the absence of hypnosis already represent an important modification of his enthusiastic statements in the Preliminary Communication of 1893. Still, they continue to echo the earlier optimistic formula in which symptom dispersal occurs by putting

the event and affect into words. Once the activity of speech—language—substitutes for action of the body or of the transference, everything follows. Where before the patient's resistance was overcome by the pressure of the physician's hand, now the patient must be more consciously enlisted to overcome her own resistance.

Freud's move away from hypnosis is of a piece with a gradual process of lessening the doctor's grip on the patient's mental activity, of relinquishing coercion and control by the doctor, with a concomitant freeing of the analysand, whose autonomy should be realized within the analysis itself. Already, we have glimpsed the contradictions within the discourse of autonomy, and it should not surprise us that Freud continues to struggle with them, that the new technique does not remove these contradictions but *displaces them in the transference*. In his writings on the transference more than a decade later, we will observe in new form the reinstating of the hierarchical binaries that have been so readily exposed in the paradigm of male doctor, female hysteric. Indeed, the transference gathers these contradictions together in a way that led Freud to the apt metaphor of explosive chemicals.

In "Remembering, Repeating and Working Through" (1914), Freud looks backward on the path he has followed in order to relinquish charismatic authority, hypnotism and faith-healing: the beginning use of interpretation to "circumvent resistance" while still focusing on the symptom, followed by replacing abreaction with "the expenditure of work which the patient had to make" to suspend his criticism of free association "in accordance with the fundamental rule . . . and finally . . . the consistent technique used today, in which the analyst gives up the attempt to bring a particular moment or problem into focus . . . studying whatever is present for the time being on the surface of the patient's mind" and using interpretation mainly to recognize resistances and make them known to the patient. "From this there results a new sort of division of labor," in which the doctor uncovers resistance and the patient fills in the material. But, Freud avers, "the aim of these different techniques has, of course, remained the same . . . to fill in gaps in memory; dynamically speaking, it is to overcome resistances due to repression" (147).

Freud's narrative constructs a consistent, logically proceeding evolution of his method and aims. Notwithstanding this coherence, there are some significant points of difference between these later writings on transference and his earlier formulations in *The Interpretation of Dreams*. In particular, this is evident in his ideas regarding

the surrender of the critical function of reason. In *The Interpretation of Dreams* Freud tells us that

We must aim at bringing about two changes in the patient: an increase in the attention he pays to his own psychical perceptions and the elimination of the criticism by which he normally sifts the thoughts that occur to him. . . . It is necessary to insist explicitly on his renouncing all criticism of the thoughts that he perceives. We therefore tell him that the success of the psychoanalysis depends on his noticing and reporting whatever comes into his head. . . . He must adopt a completely impartial attitude to what occurs to him. (101)

Freud emphasizes the importance of "*relaxing deliberate (and no doubt critical) activity,*" of allowing ideas to emerge "of their own free will" (102). And here, following a suggestion made by Rank, who was particularly identified with the tradition of romanticism and its aesthetic reflections, he invokes Schiller, who explained to a friend that his inability to be creative probably lay

in the constraint imposed by your reason upon your imagination. . . . [I]t seems a bad thing and detrimental to the creative work of the mind if Reason makes too close an examination of the ideas as they come pouring in—at the very gateway, as it were. . . . where there is a creative mind, Reason . . . relaxes its watch upon the gates, and the ideas rush in pell-mell, and only then does it look them through and examine them in a mass. You critics . . . are ashamed or frightened of the momentary and transient extravagances which are to be found in all truly creative minds. . . . You complain of your unfruitfulness because you reject too soon and discriminate too severely. (103)

"What Schiller describes as a relaxation of the watch upon the gates of Reason," Freud says, is not all that difficult. He then goes on to discuss the two psychical agencies or forces, first the wish, expressed in the dream, which corresponds to the Imagination; then the censor, the gate, which corresponds to Reason.

This text expresses what might be considered the first of Freud's two, antithetical theories of mental freedom: The first proposal advocates a freedom from the critical faculty responsible for resistance, allowing the real, in other words, unconscious, thoughts

to emerge. The second theory, that emerges in his later writings on transference, emphasizes the freedom that comes in reorienting the mind to the reality principle and relieving it of preoccupations with unconscious thoughts that hold it captive to the past and the pleasure principle. It may even be said that Reason, for Freud, has a very different status when it opposes the aesthetic imagination than when it opposes instinct, when the conflict relates to self-expression (his own, especially) or when it relates to the transference.

Now in the beginning, Freud intended that the patient abandon his critical faculty and, in effect, turn it over to the analyst, who retains a logical, organizing mentation, noting the logic of dream thoughts, following gaps and clues. In a sense, the division of labor here involves the alignment of the patient with the first psychic agency, imagination, and the doctor with the second, discriminating Reason. But soon Freud came to recognize that deliberate attention is as problematic for the analyst as for the patient. It is after he has formulated his theory of dream interpretation that he comes to realize that inner, mental freedom is necessary for the analyst, to prevent him from controlling the patient, and so losing the access to repressed material that would be gained from the patient's obeying the fundamental rule. We may speculate that Freud attained this realization through hard experience, his failure in Dora's case.

The case of Dora, we know, was the one Freud hoped would actualize his dream theory, but which, instead, came to exemplify the transference difficulties that ensue when the analyst tries to retain all logic and reason on his side. It is easy to read Dora as an object lesson in the catastrophic results of attacking the resistance in the way Freud originally and naively recommended, of controlling the locus of attention in order to create a seamless narrative of cause and effect. Freud was disappointed in his expectation that Dora would, as he wrote to Fliess, "smoothly open to the existing collection of picklocks" (1900, 427).

Dora has been understood by a multitude of authors to encapsulate what is problematic in any simplified understanding of bringing the hysterical patient to speech. Unlike Anna O., Dora and the unnamed female homosexual both reveal, more than Freud seemed to intend, a conflict in which Freud tries to penetrate woman's sexuality but the woman resists or rebels. If Freud (1905) thinks that he who disdains the key, which is sexuality, will never open the door to the patient's mind, then Dora, as Jane Gallop (1985) remarks, is there to let him know that no one wants to be opened by a skeleton key.

Feminists and psychoanalysts alike have pointed out the way in which Freud pursued the unlocking of meaning, the mining of secrets, the connecting of event and symptom in a seamless narrative—without gaps and holes, or other feminine metaphors of incomplete knowledge (Moi, 1985)—to the detriment of the analytic stance toward the patient.

In any event, the recognition of the transference, Dora's particularly "pointed" resistance, once again pushed Freud to reflect on his position and abandon a certain form of control. He moved toward the model of evenly suspended attention as he described in his own retrospective account. Nonetheless—and here we come to Freud's "second theory"—Freud seems to reproduce the conflict between reason and imagination on a new level in his writings on the transference between 1912 and 1915. The old refrain of the conflict between language and action can be heard in his discussion of struggle between "intellect and instinct, recognition and the striving for discharge" (1912, 108). Yet again the problem emerges that action is indispensable, for "No one can be slain in absentia, in effigy" (108). Thus in order to put an end to the unconscious manipulation of the powerful forces, we must expand our permission, invite the patient to take certain liberties—not just the relaxation of judgment and freedom of thoughts, but now the actual reenactment in the transference in "the intermediate realm" or "playground" of the analytic situation (Freud, 1914).

At the same time, the analyst must be able to go near the dark forces without succumbing to them, protect himself from the patient's effort to assert "her irresistibility, to destroy the physician's authority by *bringing him down to the level of the lover* [my italics]" (1915b, 163). And "to overcome the pleasure principle . . . to achieve this *mastery* of herself she must . . . [be led to] that greater *freedom* within the mind which distinguishes conscious mental activity [my italics]" (170). As I've said elsewhere (Benjamin, 1995b), paradoxically the patient's autonomy emerges out of the identification with the analyst's authority, which she accepts. *She* makes the axiomatic move from loving him as an object to identification and puts him in place of her ego ideal.

But this is a dangerous project, and Freud (1915b) must justify his persistence in unleashing the explosive forces. As he does so often, he looks for legitimation not in the freedom of imagination, but in science, the discourse of objectivity, of reason over instinct. He compares the handling of the transference to the chemist who carefully handles the dangerous chemicals in the laboratory. Of course, the problem

with this analogy is that the chemist is not the chemical, whereas the analyst does act as a force in the combustion of the transference. The psychoanalytic doctor is less like a chemist than like the priest who must encounter the demonic in order to exorcise it. Indeed, it turns out that psychoanalysis can refuse hypnotism and faith-healing precisely because the same force reappears in the transference—as Freud (1921) will say later, it is only a step from being in love to hypnotism. For that matter, how could any German-speaker miss the connections between healing, (*heilen*) holy (*heilig*) and redeemer (*heiland*)?

### III

What Freud's warnings scarcely conceal is the impossibility of the very objectivity that he prescribes. As these connections suggest, the psychoanalytic doctor is not able to heal without becoming implicated in the transference, and so in the illness itself. This could be the message to analysts offered by Kafka's story, "A Country Doctor": a story written as though in response to Freud, or perhaps, a doctor's dream. The doctor is called out to a distant village at night, but he has no horses of his own to pull his wagon. Seemingly in exchange for the team of horses that mysteriously appears in his barnyard, he must leave at home his maid, Rosa, to be raped by the groom who appeared along with the horses. While he is objecting, the horses simply carry him off. In a moment he arrives at the village, is surrounded by the patient's family and neighbors, who press him toward the patient, a young boy lying in bed who hardly appears ill, perhaps a malingerer. But as the doctor would leave he looks closer and discovers the patient is truly ill, he has a gaping wound in his side, pink—that is to say Rosa—which is alive with little worms (maggots). The family grab him, undress him and lay him in bed, while outside the school choir sings, "Unclothe him, Unclothe him, then he will heal, and should he not heal, then kill him. He's only a doctor, only a doctor." But he, "thoroughly collected and above it all," simply looks at them. As he escapes naked, his coat hanging from his carriage, the villagers triumph, "Rejoice you patients, the doctor has been put in bed with you." Still, as he flees, he knows his practice will go to pieces, he will never recover, his Rosa is sacrificed, and the stable groom is still rampaging in his house.

We might consider this dream-story to evoke something of the danger Freud would have had in mind when he admonished young

physicians to heal by remaining covered, true to their cloth. To become unclothed, naked, is to be de-vested of one's authority, brought down to the patient's level. It is thus to have the parts of the self that have been split off into the patient—one's own dangerous instincts—exposed. Unavoidably, to face the way in which one's authority has been created out of this very process of projection. To be clothed, in-vested, is to have this process remain invisible, and in a sense to protect the authority of the official, the clergyman, the father, the physician, from exposure (Santner, 1996).

If the patient and the doctor speak a dialogue that is actually made of two voices within one mind, still they are in competition with each other for space (You're crowding my deathbed, says the boy) as well as recognition or pity (What should I do? believe me, it's not easy for me either, replies the doctor. I'm supposed to be satisfied with that excuse/apology? complains the boy.) The doctor consoles him by suggesting that his wound is something others never get to have: "many offer their side, and never even hear the axe in the forest, let alone have it approach them." Then the doctor snaps out of it. Too late, his authority can never be recovered.

As the symmetry of their dialogue implies, the level of action here reflects a complementarity that, like the erotic transference, first requires and then risks the analyst's authority. We might better grasp this form of complementarity by referring to a distinction well-known in the detective genre (Žižek, 1991). In the *Studies*, Freud is still in the mode of Holmes, the investigator who is "collected and above it all," who has a collection of picklocks and an eagle eye for holes in others' stories, who intends to construct a seamless narrative to which he knows the culprit will surrender. She will be able to object no further, she will have to admit the truth of her desire. Then there is the Noir detective, Marlowe or Spade for instance, who gets involved and is implicated in the whole story, and if he in the end places the guilt where it belongs and refuses to take the fall with the guilty one, still, like the country doctor, he is not untouched—indeed, he is never quite the same. This might be seen as the passage Freud has to suffer in the Dora case, from a complementarity that establishes well-bounded opposites, to the reversible complementarity of "It takes one to know one," the one that takes you into bed with the patient.

Freud's difficulty in accepting his identification with the passive, helpless position of the young woman Dora, struggling against her reduction to the position of object, leads him into the reversible

complementarity of the power struggle. (More profoundly, Rose [1985] argues, recognizing Dora's rejection of him in favor of Frau K.'s adorable white body would destabilize Freud's theory of sexuality and femininity; it would reveal a more complex constellation in which Dora, or anyone, could both identify with and love the same object. This would disrupt the very framework of heterosexual gender complementarity, and in effect *drag* him into the feminine identification he resists.) He becomes the complementary other to Dora's resistance not only by identifying with Herr K. but by becoming invested in proving that he knows what is really going on. One of the most striking points in his narration is the way that his own observation in the text—that one always reproaches the other with that which one does oneself—applies to his own ending: He reproaches Dora with wishing only to take revenge, while one can hardly see his refusal to treat her on that ground as any less vengeful. Dora's resistance, her cool rejection of Freud's perfect interpretations that mimics the rhetorical position of the scientific authority with its object helpless before it—like his unnamed "female homosexual" (Harris, 1991)—undermines his vestments of neutrality by provoking him to reveal his investment.

The patient who acts, rather than thinks or speaks, pulls the analyst into the complementary identification and away from both representation and empathy. The analyst who resists identification with the patient's position engages the complementary aspect of the relationship and unwittingly stimulates action. The patient's action then becomes, painfully, an inverted mirror of the analyst's action that aspires to achieve through knowing or helping a security-in-control. As Racker (1968) made clear, the complementary position can be countered by the identificatory position in the countertransference, the analyst's ability to be on both sides of the divide. By adopting the concordant position of identification with the patient's position, the analyst has the leverage to think about the patient. If the analyst does not identify with the patient in her or his own ego, "recognizing what belongs to the other as one's own," (134) she or he will become identified with the patient's bad or good objects, and the split complementarity ensues: doer/done to, vengeful/victimized, etc.

What does it mean to identify in one's own ego? In a sense, it means the opposite of hysterical identification, which involves a "mapping" (J. Mitchell, 1995) of self onto the other, an unmediated assimilation of other and self that Freud writes of in the *Interpretation* and later classifies as a phenomenon like mass contagion (1921).

Such hysterical identification—which may be part of the inevitable feeling evoked by the relationship with certain patients and which we can sometimes only divest by cloaking ourselves with our role—can be distinguished from those identifications that are mediated by representation and so eventually become useful sources of knowledge for us and the patient. Another way to formulate this is to say that, properly speaking, not the act of identification, which is unavoidable and unthought, but the act of representing identification creates a point of freedom.<sup>2</sup>

In practice, we also distinguish identification that retains contact with the patient's multiple and conflicting positions from the kind that appears in split complementarities, in which we take one side of a conflict. As we see in Dora, the notion that enemies resemble each other applies, perhaps because the patient is also identified with the bad objects in her ego. Following the unconscious logic of "I could be you and you could be me," complementarity often involves symmetrical responses, tit for tat, I'm rubber you're glue. Thus the complementary countertransference recreates an internal dialogue, as in Kafka's dream-story, which captures both participants. Insofar as the patient experiences the analyst's investment in being the one who "understands rather than the one who is understood, who is needed rather than who needs" (Hoffman, 1991), to be the master or Lacan's "subject supposed to know," the analyst may find her or himself pulled ever deeper into the power struggle. In such a case, when the analyst is invested in omniscience, the basic fault in the idea of the patient making the analyst into her/his ego ideal is exposed.

<sup>2</sup>This distinction leads to an important point regarding unconscious representation and its relation to trauma, in particular in relation to actual events. Since traumatic events are dissociated, that is, remain split off, encapsulated, they often remain concrete and unsymbolized, not susceptible to being grasped metaphorically. Identifications developed around such experiences are thus nonsymbolic, immediate, and also subject to the logic of primitive reversibility, "If I am this, you are this; if you are that, I am that." This is a principle that Casement (1991) has discussed in reference to Mate-Blanco's idea of symmetry as part of the logic of the unconscious, and indeed the unconscious is often reduced to this logic. But it may be more helpful to think of this logic as not necessarily pertaining to all unconscious thought, but thought especially related to unsymbolized or traumatic experience.

For this ego ideal of analytic understanding has, to varying degrees, already been constituted through split complementary structures that devalue the one who is speechless, passive, does not know, is needy, the object of pity, etc. What it means to pull ourselves out of such complementary power struggles by immersing ourselves in a very specific way, learning to swim in the countertransference rather than drown, can surely be seen as the psychoanalytic project of the last few decades of the century. Freud's notion that the patient could identify with the ideal side of analytic authority momentarily forgets the equally plausible reaction of rejecting authority: that the patient would also attack the analyst precisely because of her or his investment in the role of healer (against which Freud also warns) would call forth the hidden dimension of power in knowledge, which cannot win out against unreason without the usual consequences of subjugating a binary opposite.

#### IV

In drawing a line between hypnosis/suggestion and analysis aimed at freeing the patient's subjectivity Freud instituted a crucial paradigm for dealing with binaries. As we shall see regarding the idea of analyst as ego ideal, such simple opposites are likely to conceal or obscure the contradictions that inevitably arise in our practice. The strict equation of the analyst's distance and objectivity with the patient's freedom that Freud invoked seems to have been more successful in providing legitimation for psychoanalysis than it was in working with patients. A case in point is Riviere, whose reflections on the negative therapeutic reaction drew on her own experience with Jones and Freud and apparently inspired Freud's original discussion of that phenomenon (Kris, 1994). In a noteworthy essay, A. Kris (1994) has pointed out the dilemma that arises in Freud's (1923) efforts to address it, apparent in his footnote on the negative therapeutic reaction in *The Ego and the Id*. Freud remarks that successful work with a patient whose unconscious guilt leads to narcissistic defenses may "depend on whether the personality of the analyst allows of the patient's putting him in the place of his ego ideal, and this involves a temptation for the analyst to play the part of prophet, savior and redeemer to the patient" (1923, 50).

Kris believe this statement refers to Freud's decision to be more supportive in order to penetrate beneath the patient's critical

attitude to the unconscious guilt, which Riviere herself saw as tied to depressive love for the lost, critical object. In other words, the supportive stance aims to steer clear of the inevitable complementarity that ensues when an attacking object is on the screen and either patient or analyst is impelled to play that object's part. To this aim the therapeutic move will be to achieve concordance, an identificatory position, what is commonly called empathy, and so steer clear of being attacker or attackee. But, Freud objects, this move will foster the patient's feeling that the analyst is now the savior from the critical object, will be loved in its place. What is to be done? In the very next sentence Freud objects to his own suggestion that the analyst's personality can play a role in counteracting the negative therapeutic reaction, stating that "the rules of analysis are diametrically opposed to the physician making use of his personality in any such manner." Characteristically, he refers us again to the aim of giving "the patient's ego freedom to choose. This, not making pathological reactions impossible, is the goal of analysis" (50, 1923, my italics).

It is noteworthy that Freud, in referring to what we now think of as the classical rules, does not distinguish between the analyst's countertransference fantasy of being a redeemer and the patient's fantasy of him as the savior in the transference. The countertransference reflects the analyst's disowned desire to be saved, projected onto the vulnerable, helpless patient. It is this unconscious identification with the wish to be saved that stimulates idealization, and sometimes enactment of the erotic transference very like the dynamic between Breuer and Anna. But the reaction against this desire, the superego's demand for abstinence, leads to other difficulties. For the idealization that devolves upon the analyst who abstains, who counters grandiosity and redemption with impersonality, also produces a formidable ego ideal—and are we to think that just because the patient is to identify with that ideal the analyst does not appear as a different kind of "redeemer"? The history of sainthood in Christianity hardly supports such an assumption. This scenario produces the anti-erotic enactment in which the patient will have difficulties with the analyst's objective authority, will experience such adherence to rules as withholding, critical of her needs, and so reinstitute the analyst as a guilt-inducing object. We may question whether such withholding of subjective response makes the analyst less exalted (Menaker, 1942), less a god, especially to himself—and for the patient, certainly, he may well appear to be the god who denies only this particular sinner the redemption she seeks.

Freud sets up a parallel between two sets of contrasting terms: between remaining objective/abstinent and using one's own subjectivity, between falling into the temptation to be a redeemer/healer and giving the patient freedom. But these contrasts miss the crucial point of the analyst's identification with the patient and so lead Freud to an impasse—he should like to use his personality to prevent the punitive scenario but he would then lose his defense against the wish to play the redeemer—which he resolves not by analysis but by appealing to the rules. This paradigm of objectivity, with its conflation of subjectivity and idealization, failed to analyze the unconscious desire of the analyst. Holding sway for decades as a guide to those ensnared in the complementary transference, this view of the rules of analysis may well have created the problems it claimed to solve.

## V

Doubtless the clinical impracticality of holding the position of objective knower as well as the influence of postmodern challenges to objectivist epistemologies have led to a profound revision in contemporary psychoanalytic thought, sometimes designated as intersubjective theory.<sup>3</sup> The idea of analytic neutrality is increasingly challenged (Renik, 1994) or subject to redefinition (Gerson, 1996a). The intersubjective analyst's idea of freedom—the analyst's freedom—is to make use of one's emotional responses, one's subjectivity, in a knowing way. Of course, contemporary analysts who identify with this position differ in the degree to which they support the patient, reveal their own process, and allow the idealizing transference to unfold. Analysts from a number of schools are beginning to argue that the analyst will not only experience in the countertransference all the possible positions that the coincidence of the patient's difficulties and analyst's disposition create, but will inevitably reveal some of this countertransference (Aron, 1996). In that case, the question will be whether this revelation is voluntary and controlled by the analyst, or happens "unconsciously," despite the analyst's efforts to avoid it.

<sup>3</sup>This is not the place to attempt a summary of such revisions, which include a range of relational, social-constructivist, perspectivist arguments by a wide range of analysts. A good summary can be found in Aron (1996).

To refigure what it means to use one's subjectivity rather than accept the polarity of subjectivity and objectivity is an important aim of contemporary analysis (Mitchell, 1993; Gill, 1994). We aim to formulate a space in between suggestion and objective distance, which encompasses the analyst's emotional response to the patient and takes account of her or his involvement in the complementarity transference action as well as the means for extricating her or himself from it. In the process, the distinction between speech and action necessarily breaks down (Greenberg, 1996; Aron, 1996), as we become aware that all speaking has the impact of an action and all action communicates "information" from a particular point of view. In other words, as we cease to privilege the analyst's perspective as objectively derived knowledge, we acknowledge the analyst's participation in an interaction of two subjects. The double action of intersubjectivity—recognizing the other's subjectivity and one's own—means that as the patient becomes less objectified, the analyst becomes a more "subjective" subject.

Such acknowledgement requires both a different understanding of mental structure, that is symbolic representation, and of the intersubjectivity of the analytic situation—each understanding furthering the other. The principle that informs both is the idea of transforming complementarities into dialectical tension, into tolerable paradox, instead of into antinomies that compel dangerous choices. Opposites are to some extent unavoidable because of the inherent psychic tendency to split; because, in fact, they allow the mind to think. It is the capacity to hold them in tension and overcome splitting that is at stake. This inevitable movement through opposites is what we need to hold in mind both in our theory and in the clinical situation.

Likewise, we may accept that the split complementarity inevitably reemerges time and again in the transference, and consider how we re-solve it in our minds, modify it by restoring the sense of separate subjectivities. Frequently this occurs not through distance, conventional objectivity, but by one person trying to know what the other is feeling, so that identification becomes a recognizable effort to break up the enclosure in the paranoid position. In this case, identification functions as a channel allowing the flow and processing of emotion (in self-psychological terms, through empathic introspection. Stolorow, Brandschaft & Atwood, 1987). To create the conditions for this flow, to establish this channel, the analyst must be able to think and represent the character of the current complementary

situation, including her or his actions within it, as well as to simultaneously identify with unconscious communications from the patient as represented through her own responses (Spezzano, 1993).

If the complementary position is not supplemented by the represented identification, it will become sticky, intractable. The analyst will feel unable to think. The ability to symbolize emerges via the analyst's ability to survive the inevitable involvement in complementarity by making use of identificatory responses that bypass or dissolve it. The analyst is always striving to represent both the patient's position and her or his own in order to create the dicologic space of the third position. Even if this representation is at best only an approximation of the other's meaning, and at worst a misrepresentation, it can nevertheless serve to create the two planes necessary for the third, a double-sided perspective. It maintains a tension or space between self and other; it can be extended to the patient as an invitation to collaborative thinking. This intention can be felt by the patient and the content corrected. If I state flatly that misrecognition is a lesser danger, I believe it is the logical consequence of abandoning the ideal of objectivity in favor of acknowledging the analyst's subjectivity. Once subjectivity is embraced, we have entered into a realm of knowledge based on identifications, hence knowing that is intrapsychically filtered. In short, we must tolerate the inevitable misrecognition that accompanies our efforts at recognition. To react to this inevitability by relinquishing the effort to know or recognize would simply reinstall the principle of objective knowledge as the only one worth having.

## VI

The psychoanalytic efforts to deconstruct the dominance of an objectively knowing subject in favor of a personal subjectivity parallel recent feminist efforts to disrupt the conventional oppositions and their encoding in gender hierarchies. The question of how we envision dissolving the ever-recurring complementarities, especially the idealizations intrinsic to binary hierarchies, is common to each. Some important overlaps can be found in the reassessment of the maternal function and of the maternal transferences that psychoanalysis and feminism have undertaken in the last decades. In rehabilitating maternal activity, both movements showed some propensity for idealization of the mother, an element I've pointed out in Pappenheim's

feminism as well. While such idealization might have merely reproduced the logic of binary oppositions, reversing what was once devalued, they have actually allowed a far deeper exploration of maternal metaphors. With this, as we shall see, has come a perspective from which we can approach the questions of activity and passivity, body and speech, somewhat differently.

For example, we may now reverse the movement we followed in considering how psychoanalysis evolved its focus on symbolic function, which I have put in the shorthand "from body to speech." In a sense, much current work on early mother-infant interaction can be seen as working backward from speech to the body, in its primary dimension as locus of sensation, energy and affect (see Brennan, 1992). In the thematic reworking of the body as container can be found a reprise, with a difference, of Freud's understanding of the body as energy system, of tension and discharge, of releasing affect through symptom-symbols. I am referring to our current theorizing about how the use of the analytic space as an extension of the maternal body container, which holds and gives coherence to the self, first makes symbolic thinking possible. This includes the less widely developed but important metaphor of breathing, which analysts influenced by Eastern thought have discussed (Eigen, 1993; Shapiro, 1996), to suggest how the body holds tension so that the mind is not overwhelmed by it.

The formulation of this aspect of the psychoanalytic process sprang from the observation that many people suffered from an inability to represent affect except through acting; they could not "use" the analyst (Winnicott, 1971), that is, the intersubjective properties of the relationship. Whereas Freud had articulated the means of interpreting unconscious symbolization, it now became necessary to theorize the conditions that foster development of symbolic capacity. We might see this as no longer taking dreaming, primary process, for granted, rather recognizing it as an accomplishment. Bion (1959, 1962), who took this crucial step beyond Freud, focused on thinking, the capacity for elaborating symbolic reality, as an achievement, distinguishing between thought that tolerates feeling and mere evacuating bad feeling into the other. While Bion formulated the maternal function that sponsors thinking as the container, Winnicott (1971) formulated along the lines of the intermediate space and the conditions of symbolic play. The person who remains unable to process bodily tension except through motoric discharge or somatic symptoms could be described not as lacking speech or

symbolic capacity, but as lacking a *relationship* that is a condition of that capacity.

This relationship in which subjectivity develops is predicated on certain kinds of activity by the other. Psychoanalytic developmental theory has intensively explored various metaphors—containment, holding, recognition, affect attunement—for the maternal activity that is necessary to form the somatic sense of self and to perceive and think about the me and not-me environment; in other words, to become one's own container, able to own affects rather than be overwhelmed by them. The mother acts as an outside other who is able to help the subject to process and tolerate internal states of tension. The first form she assumes is that of concrete physical other, whose holding and breathing contain the child, whose nourishment stimulates and soothes. However, this concrete experience has formal elements—such as timing, kinetics, distance and closeness—that later enter into speech (Beebe & Lachmann, 1994) and so are already a basis for the subsequent metaphorical object of representation. The evolution from a concrete to a metaphorical experience is contingent on some achievement of bodily regulation and its intersubjective quality of recognition, through which the body metaphorically becomes the mental container. Therefore this container-body, for which the mother's body is the cultural/theoretical template, should not be dismissed into an unrepresentable presymbolic—as in Lacanian theory—but should in fact be seen as something that attains metaphoric dimensions and remains a substrate of affective life that is more or less in awareness.<sup>4</sup>

In sum, the early two-body experience is seen as crucial to the way that representation emerges intersubjectively; specifically, rep-

<sup>4</sup> Let me briefly allude to the debate among psychoanalytic feminists that hinges on this question. The idea that hysteria represents a return to the pre-oedipal relation to the mother, and thus a privileged feminine experience of access to the maternal body, a "concept of the feminine outside discourse" and a direct relation to the body outside language, is critiqued by Rose (1985). However the terms of this debate strike me as false. My point is that we see hysteria as symptomatic of failure in the relational conditions of bodily integration, which is in turn the precursor of speech and the basis for metaphorical, symbolic thinking, for speech's faculty of representation and communication. Hysteria is not a "return" to the maternal, in this view, for we do not agree that the maternal lies outside representation, nor that it can only be approached retroactively through the oedipal.

resentation is mediated through the evolution of the transitional space, which includes not only the fantasy experience of "alone-with-other" but also dialogic interaction. The transitional or potential space often has been noted as important between analyst and patient; but again, it should be observed in the alternations between reverie and two-person dialogue, not merely in the former. Language is the heir to the transitional space (Green 1986) inasmuch as we see it less in its Lacanian sense as subjecting the individual to the symbolic structure, and more relationally as forming the medium of the subject's acting on and interacting with the world. Hence it constitutes a space of fluctuating convergence and divergence between inner and outer. When we consider language as speech between subjects, we modify our understanding of the move from body to speech. Speech no longer figures as the activity of a subject empowered to speak, but as a possibility given by the relationship with a recognizing other. Or, we could say, speech is conditioned by the recognition between two subjects, rather than a property of the subject. Because communicative speech establishes a space of dialogue potentially outside the mental control of either or both participants, it is a site of mediation, the "third term."<sup>5</sup> Significantly, this understanding of intersubjectivity has grown from our attention to the analytic and maternal dyads.

In the dialogic structure, identification can evolve. Mediated by symbolic expression, identification can become not a collapse of differentiation, but a basis for understanding the position of the other. The kind of separation that allows this symbolic development is predicated not merely on a boundary set by an outside other (an abstract idea of limiting the omnipotent self) but rather on a maternal subjectivity that is able to represent affect and hence process the pain of separation between the mother and her child. This maternal

<sup>5</sup>I have argued elsewhere (Benjamin, 1995c) that we can set the dialogue of the maternal dyad in the place of Lacan's third term that breaks the dyad, the symbolic father or phallus. This is significant because Lacanian feminists such as Mitchell took this point to mean that there was no escape from the "dyadic trap" (Mitchell, 1974) other than the patriarchal form. Intersubjective space, I suggested (Benjamin, 1988) more broadly, could be understood in terms of the dialogue as creating a third, something like the dance that is distinct from the dancers yet cocreated by them. Ogden's (1995) idea of the analytic third is the most intense exposition of this idea of a cocreated yet independent relationship of two subjectivities.

subjectivity will be the object of the child's cross-identifications, as First (1988) shows, in the dialogic processing of loss, separation, aggression, indeed, negation in general.

This elaboration of the mother's mental work of representation or thinking (and *work*, as the nineteenth-century metaphor for transformations of energy, seems an appropriate term, as does Ruddick's [1989] *maternal thinking*) becomes an archimedean point of the shift in the notion of the subject as active representer of the world. We can recast Freud's original terms for attaining subjectivity and consider more closely what it means to work through the splitting between active and passive that has played such a role in psychoanalytic theory. The ability to represent and thereby regulate or digest bodily/affective stimuli and tension—which is indeed the primary work or activity of the psyche—may still be seen as the antidote or counterpole to passive subjection. But this ability is better understood as derivative of maternal thinking. Mothers' psychic work involves a response that unites the elements generally understood as passive—taking in—and active—giving back or putting out. The processing of other's psychic material, and its integration in intersubjective expression—recognition—constitutes the active-passive reconciliation in the work of the maternal subject.

Conceptually, this notion of recognition as activity indicates the basis for transcending the split complementarity in which the (traditionally female) other was, if not helplessly subjected to the subject's power, still relegated to the position of passivity in order to mirror his activity, contain his unmanageable tension. Providing mirroring and containment would, in effect, compromise her own subjectivity and disrupt her capacity for thinking (Brennan, 1992). Whereas in the intersubjective conception of recognition, two active subjects may exchange, may alternate in expressing and receiving, cocreating a mutuality that allows for and presumes separateness. The arena for this catching and throwing is the intermediate in-between space, the dialogue which becomes the "third term."

Historically, as long as the identificatory channel was blocked at the level of gender, as long as the intersubjective potential of the maternal dyad was insufficiently theorized, psychoanalytic theory could not really raise to the symbolic level this critique of complementarity. This insufficiency is intrinsically related to the inability to represent—in theory and in life—an identification with the mother as a subject: a desiring sexual subject, to be recognized as a person in her own right. In addition, it is related to a split in the female subject

that divides her in two, inhabiting either the object position of feminine sexuality or the laboring position of maternal activity. As long as psychoanalysis could not theorize maternal psychic work as an aspect of subjectivity, it could not formulate a mother who is more than merely a mirror to the child's activity, or active otherwise than as an organizer of her child's experience. It could not evolve an idea of active femininity. Insofar as these divisions reflected the basic paradigm of subject and object, psychoanalysis remained captive to the active-passive binary in the analytic relationship.

Is it coincidental that, in the era that witnessed the feminist demand for equal, mutual participation by two subjects, the intersubjective perspective in psychoanalysis has developed? In a variety of ways feminist theory has discussed how the gender hierarchy has worked to obscure, to keep unrepresented, the already existing potential for mutual recognition in the maternal dyad. It has thus obscured the means by which split complementarity can be transformed through intersubjective representation of action and affect.

## VII

In conclusion, I will briefly sketch how the prohibition on representing maternal identification perpetuates the active-passive complementarity so fateful for psychoanalysis. The child's attempt to reverse the complementarity against the mother—by actively discharging into a controlled container as well as by controlling her—is an important (and, again, probably inevitable) piece of mental life. What is problematic is the institutionalization of this reversal as the predominant form of masculine activity. In accord with other feminist thinkers (see Chodorow, 1979), I have theorized that this reversal is consolidated during the oedipal phase, when the boy repudiates the identification with the mother, thus losing access to an important means of remaining in relation to her (Benjamin, 1988; 1995c). This, in turn, makes more dangerous the now sexualized stimulation that, in his mind at least, appears not as his own desire but as emanating from her—all the more so, because he cannot identify with her as a container of his own feelings. The boy does not so much strive to contain as mother contains, but rather to project or split off the experience of being the passive, stimulated one—lodging this helplessness in the female and defining it as the feminine position. At the same time, the boy displaces the mother's envied ac-

tivity onto the father with whom the boy identifies, rather than seeking to directly appropriate maternal activity as a form of power.

In the oedipal transformation, then, the aspect of passivity, which reflects the experience of being the helpless baby and the overstimulated oedipal child, devolves onto the feminine position: It becomes "feminine passivity." This position becomes the structural basis for the figure of the daughter, as reflected in Freud's oedipal theory of the girl's passive sexuality in relation to the father. This creation of a "feminine" representation, which transmutes the boy's own position of dependency and powerlessness, is precisely represented in his idea of the oedipal daughter's switch from being identified with the active mother to being the father's passive object (Benjamin, 1995c). (As Horney, 1926, contended, one could see the whole set of propositions about the female oedipus complex as mirroring the view of the oedipal boy.)

We might well say that the *Studies* provide an allegory of the way in which the daughter's position, the renunciation of activity and absorption in passivity, leads to the speechlessness, the *Unmundigkeit* of hysteria. Combined with the cultural prohibition on female aggression—cutting off recourse to any form of defensive activity, the well-known reversal out of passivity—this position makes hysteria the daughter's disease (Showalter, 1985). What is it in the daughter's passive position—the switch from mother to father—that dictates the form of her illness, even when the symptoms are not directly related to sexual passivity, to exploitation or sexual abuse?

Freud's awareness of and sympathy for the debilitating constraints in his patient's lives stands in striking contrast to his theorizing the daughter's sexually passive position in the Oedipus complex. A number of writers have posed the question, (see e.g. Sprengnether, 1990) What interfered with Freud's identification with the maternal? What made him insist so vociferously that Dora ought to have enjoyed Herr K.'s grabby seduction (Bernheimer & Kahane, 1985)? I would ask, what made him take up a position of split complementarity in relation to the feminine? It is not my aim here to speculate about Freud, but merely to offer a possible explanation for his theory of feminine passivity. In so doing I am implicitly suggesting a theory about the construction of femininity, one which overlaps in many essentials with ideas Brennan (1992) has formulated from a somewhat different perspective. The gist of my argument is that the oedipal switch to passivity be understood not as a product

of the girl's search for the penis but of her compliance with the father's search for a passive object (a search which inspires the cultural norm of femininity)

Let us say that the male child's repudiation of his own passivity, associated with humiliation at the hands of the mother (she rejects him, leaves him, tantalizes him), sparks the father's fantasy of the daughter's passivity. Then consider Freud's train of thought when he asserts, in a paper concurrent with the *Studies*, the "Neuro-psychoses of Defence," (1896) that a repressed feminine passivity lodges behind the male's obsessional use of defensive, aggressive activity. In other words, a certain kind of activity is necessary in order to overcome helplessness, and this kind of defensive activity structures the masculine position (Christiansen, 1993). If father-daughter incest represents the most egregious encapsulation of this defense, it is made possible by the generalized complementary relationship between the sexes, in which the daughter functions not merely as the split off embodiment of the passive object, but also the missing maternal container into whom the father discharges and expels unmanageable tension. The dual function of embodying passivity and containing unmanageable projected tension gives form to femininity; this femininity centers on the daughter, not the mother, as its defining figure. This structuring of the daughter position, seen as a product of the male oedipal transformation (its later retroactive *nachtraeglich* appearance in the father) may be the missing link in explaining the equation of hysteria with femininity.

At the same time, this structure suggests why the feminist might refuse love in favor of active mastery, or why the hysteric refuses sex: Because the daughter's position has entailed accepting the position of intolerable passivity (in order to be his desire, as she might earlier have tried to be her mother's desire). It is worth noting here that both Anna and Dora nursed their fathers through long illnesses, clung to and identified with them, incorporated their symptoms. They became containers for the other, but were unable to contain (lacked a maternal container) themselves.

I have suggested that we understand the active-passive gender complementarity as an oedipal form, not merely repudiating identification with feminine passivity but actually shaping it, in a reversal that negates the mother's activity. The masculine subjectivity that emerges from this move reflects both the absence of identification with a containing mother and the failure to represent the mother as a sexual subject. Irigaray (1991) has argued that, above all, it is the

cultural failure to represent the umbilicus, which is both the link and the separation from mother, that sets up the phallus to represent what it does not (reunion/separation), making of it a defense. The use of the phallus to occlude the symbolic importance of the scar, the umbilicus, that should represent our loss of the mother actually produces what it defends against: the appearance of an unsymbolizable, overwhelming psychic experience. The inability to represent the mother underlies the confusion around activity and passivity that appears repeatedly in Freud's writings, and especially the misleading equation of phallic with active (as in "phallic mother"). What, if anything, would constitute femininity, if the split between maternal activity and the daughter's love of the father were transcended? How would psychoanalysis understand female oedipal, heterosexual love if it were not constituted by this split, and so no longer equated with passivity? These are questions I must leave for further speculation.

For the moment it must suffice to suggest what might be recovered and represented beyond the dominance of the active-passive complementarity. I have elaborated elsewhere (Benjamin, 1995b) how it is possible to theorize a different position in relation to gendered oppositions, formulate a different kind of complementarity than the one that emerges in the oedipal: that of have and have-not, phallus or no-phallus. To go beyond the polarization of the oedipal might mean to change the form of complementarity—perhaps a parallel move to the way that sustaining identification with different positions transforms complementarity in the counter-transference.

While in the oedipal phase the child understands the mutual exclusivity of the gender polarity to mean, "If I try to have what the other has, I will lose what I have," in the post-oedipal complementarity, one can tolerate the tension of opposing desires and identifications. In effect, accepting the very incompleteness of each position makes multiple positions possible: not precisely identifying with all positions at once, but aware of their possibility. This awareness allows a fuller symbolization, one that operates in the transitional area, bridging rather than splitting opposites such as active and passive (Bassin, 1997; Freedman, 1980). From this standpoint, true activity does not take the defensive form of repudiating passivity. Activity predicated on the activity-passivity split, directed toward a passive object, is merely action; it lacks the intersubjective space of a potential other. Such space, as we have seen, is the very condition of

symbolic activity; in other words, the condition of the representational activity of the subject is always a representation of the other subject (which need not be a real other, and could be nothing less than the world outside). Characteristically, such activity can embrace receptivity to that other, responsive recognition of the other's impact on the self, and hence participation in the reality of two subjects. Of course, every psychoanalytic relationship has to work through oscillations between action and activity, split complementarity and mutuality, and so we are always rededicating ourselves to finding a path toward intersubjective speech.

Insofar as defensive repudiation of passivity helped to constitute the figure of ideal mastery that has burdened psychoanalysis, psychoanalysis must go beyond the oedipal complementarity to cure itself. The characteristic of the post-oedipal complementarity is that it can hold paradoxical rather than oppositional formulations. It is this that gives rise to a third position that neither denies nor splits difference, but holds it in paradoxical state of being antagonistic and reconcilable at once. This is the position that can tolerate the incessant reversals of opposites by weaving from the attraction to both sides a net. A net that allows us to take the primal leap of psychoanalysis, the leap into the space between certain knowledge and unthinking action, the space of negative capability that is thought.

To become disinvested in any one position, in this way, is close to the goal of mental freedom that Freud strove to formulate. To even imagine such freedom, Freud knew, requires a consciousness of our own investment; what we have added, perhaps, is that this is only possible by becoming aware of our inevitable participation in the split complementarities that organize our lives and our thought. Thus, the reintegration of the missing half of the complementarity is always a necessary step to thinking through that splitting. Toward this end, I have called upon the figure of Anna/Bertha, alongside the figure of Freud, so that our imagination will continue to include whoever, whatever, appears in the guise of the complementary other and so that we may view afresh the reversal between analyst and analyzed. Such reversals mark the dialogic encounter with those others, which is at the heart of the psychoanalytic endeavor, calling forth our own reaction to the action of the other, whose pain, passion and opposition will inevitably unclasp us to ourselves, and tell us, Think again!

## 2

### "Constructions of Uncertain Content"

#### Gender and Subjectivity beyond the Oedipal Complementarities

Even in the sphere of human sexual life you soon see how inadequate it is to make masculine behavior coincide with activity and feminine with passivity. A mother is active in every sense towards her child. . . . One might consider characterizing femininity psychologically as giving preference to passive aims. This is not, of course, the same thing as passivity; to achieve a passive aim may call for a large amount of activity. . . . The suppression of women's aggressiveness which is prescribed for them constitutionally and imposed on them socially favors the development of powerful masochistic impulses . . . binding erotically the destructive trends, which have been diverted inwards. Thus masochism, as people say, is truly feminine.

—Freud, 1933

[A]ll human individuals, as a result of their bisexual disposition and of cross-inheritance, combine in themselves both masculine and feminine characteristics, so that pure masculinity and femininity remain theoretical constructions of uncertain content.

—Freud, 1925

#### The Phenomenology of Gender Categories

I open this text with Freud's well-known comments on feminine passivity, with the expectation that something new can be gained from examining yet again the contradictions that arise in them. This might appear a vain hope, so often have these remarks been the subject of critical inquiry. Still, at the very least, I believe they may serve to reveal some of the most important questions of gender. In recent years

the other to become outside, to be an external being with whom identification is possible, without that identification bringing about total assimilation of self or other. Inclusion thus calls for difference, not synthesis. Politically, it cannot mean anything but the principle of sustaining continual contest and contradiction among differences, which Butler formulated, albeit from very different premises about the subject. As each different voice ascends to the position of subject of speech, however contested, it has the chance to attain the status of an outside other, rather than a repudiated abject that threatens to contaminate or reabsorb the self.

To accept this form of inclusion is a precondition of disrupting the totalizing demand to make any voice absolute, even that of the formerly excluded other, or to silence others, even the silencers. This can only mean that the self as subject can and will allow all its voices to speak, including the voice of the other within. Owning the other within diminishes the threat of the other without so that the stranger outside is no longer identical with the strange within us—not our shadow, not a shadow over us, but a separate other whose own shadow is distinguishable in the light.

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