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CRACKING UP

*The Work
of Unconscious
Experience*

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*Communications of
the Unconscious*

In 1914, a seventeen-year-old boy was referred to Sándor Ferenczi because he “had an insufferable voice” which doctors treating him had attributed to nervousness. Ferenczi found that the young man spoke in what was obviously a rather irritating “hoarse falsetto,” and having asked if the boy could speak in another voice, was startled to discover that he then talked in “so deep a bass” that his voice “rang full and sonorous.” When Ferenczi conferred with the mother, she indicated that she could not stand his bass sound, and would promptly intervene by saying, “I cannot endure that voice; you must learn to drop it” (108). The child obliged, thus also dropping his masculine identification, unconsciously obeying his mother’s prohibition against what she unconsciously perceived as his incestuous strivings. “In my opinion,” Ferenczi wrote, “we have to do here with one of those numerous cases that I am in the habit of calling Dialogues of the Unconscious, in which the unconscious of two people completely understand themselves and each other, without the remotest

conception of this on the part of the consciousness of either" (109).

In a startling and far-reaching metaphor, Freud likened the analyst's reception of the patient's unconscious to a radio set receiving a transmission. "He must turn his own unconscious like a receptive organ toward the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone. Just as the receiver converts back into sound waves the electric oscillations in the telephone line which were set up by sound waves, so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient's free associations" (1912, 115-16).

Freud's statement is clear, but puzzling. What particular part of the analyst's—and presumably anyone's—unconscious can function as a receiver-translator? How does this work?

He provides certain clues in his seminal paper "The Unconscious," where he writes: "It is a very remarkable thing that the *Ucs.* of one human being can react upon that of another, without passing through the *Cs.* This deserves closer investigation, especially with a view to finding out whether preconscious activity can be excluded as playing a part in it; but descriptively speaking, the fact is incontestable." This comment follows immediately after—i.e., in free narrative association to—his statement that the unconscious is *directly affected* by external experiences rather than mediated through the preconscious. "The *Ucs.* is also affected by experiences originating from external perception. Normally all the paths from perception to the *Ucs.* remain open, and only those leading from

the *Ucs.* are subject to blocking by repression" (1915, 194). In other words the unconscious can receive experiences from external reality, and presumably—given his free association—it can also receive the other's unconscious without preconscious intermediation.

The classical psychoanalyst regards his patient's associations as a chain of ideas that eventually reveals moving trains of thought traveling in a sequential logic of association; when he discovers an unconscious idea buried in the chain he may render it conscious through interpretation, but since he believes the patient's free associations to be a moving manifest text, can he claim consistently to decipher the latent ideas that drive the signifiers *in situ*? Would this not amount to a deconstructive capacity which "knows" how to work the sender's message by following its displacements, condensations, and substitutions? Could one person unconsciously track another like this? Such a vigilant effort of deconstructive connectedness hardly seems a property of the Freudian unconscious except as a rationalizing device to create a pseudo-meaning for the dream experience, in order to keep the dreamer asleep.

In fact, the analyst makes no such claim, being content to pursue only those latent ideas he perceives over time; indeed, experienced analysts of the same school of thought listening to the same chain of ideas would disagree over its latent meaning, and the same clinician may hear things differently according to his changing frames of mind. The analyst's conscious grasp of the patient's latent ideas is often as unconsciously determined as the patient's own associations. Unconscious communication always takes place between two minds that process one another according to the dream work. So the movement which constitutes the specific *workings* of the unconscious will not be available

to consciousness, although specific mental contents may be.

The analyst listening to the patient's chain of ideas in that special frame of mind that is characterized by evenly hovering attentiveness is not engaged in a form of deconstructive vigilance: as Freud implies, the analyst free-associates to his patient, drifting *away* through associative pathways of his own, riding the patient's narrative, sometimes like a child following a storytelling parent, or a scientist stopping to ponder a thing or two before catching up again. An idea, an image, a word falls out of the blue—what Freud termed *Einfall* (a mental content that simply drops in uninvited by consciousness)—and often these are riotously anticontextual. This complex psychic movement—a kind of *countertransference dreaming*—reflects the analyst's consistent topographical response as he transforms the patient's material according to the laws of the dream work: displacing the patient's narrative into a counternarrative, condensing the patient's descriptions with this patient's other accounts, incorporating the analysand's mood into his own emotional constellation, altering an image or changing a word, bearing the analysand's psychic state within his own body, thus creating his own somatic double to the patient.

Freud's unconscious receiver, the dream set of countertransference, processes the patient's unconscious communications on its own terms: one dreamer to another. Dreaming the analysand during the hour, bringing the patient to another place, transformed into other persons, events, and places, the analyst *unconsciously* deconstructs—displaces, condenses, substitutes the patient.

As unconscious thinking knows no contradictions and opposing ideas easily coexist, and as the unconscious

ignores time, with moments in early childhood represented alongside contemporary events, internal social possibilities are radicalized in a dream: people whom the dreamer knew but who never met one another can be companions in the dream. Listening to the material as an unconscious attendant, the analyst entertains many contradictory ideas about a patient. This is, of course, inevitable given the length, complexity, and intimacy of the relationship. Thinking of something the patient said the previous week, recalling an image reported months before, struck by an interpretation delivered sometime in the early years of the analysis, an analyst is time-warped, too, his conscious thought processes dispersed by unconscious thinking. As he carries evolving contradictions and condenses events from differing periods of the analysis, he is *recurrently confused*, wandering in the strange country of even suspension.

Recounting a trip to the south of Italy to visit his sister, a patient describes to me the small town she lives in. He muses on his nephew, who is six. He ponders his sister's unhappy marriage, punctuating his story with many asides as he recalls various things she did, such as cooking pasta with tomatoes from her garden. The description of the meal reminds me of a dream he once had about collecting tomatoes on a city street, which in turn evokes within me a brief condensed image of an orange grove in southern California and a house where a beautiful girl lived, and I am suddenly aware of romantic feelings toward my patient's sister, which I know must represent my feelings for him. Didn't he tell me that his nephew was named after their father? Isn't this the boy who was in hospital some six weeks ago? I think so; but there is no report of that in this account, although it is on my mind. The word "ascetic" arises in association with his sister's description

of her husband. An image of a monk occurs to me, while the patient is describing his brother-in-law's law office and the man's inordinate preoccupation with his work. My patient is saying, "So I told him that he should now look after himself more carefully," but I am confused. Who is he referring to? The boy? The husband? It was not clear. The boy because he is postoperative—if this is indeed the right nephew (the patient has three)—or the sister's husband, who is suffering because of marital tensions? The confusion over who is being designated is woven into the preconscious tapestry of my patient's narrative and my own inner associations.

How does an analyst handle such confusion? Is he startled by this uncertain mental state? Does he reproach himself for failing to get details exactly right: *when* last week did the patient report that image? was it last week at all? perhaps it was only this Monday? Does he wonder whether the patient's communication represents unconscious dynamic *a* or unconscious dynamic *b*? Both are so plausible. He thinks of further possible dynamics: *c*, *d*, and *e*. And so it goes. Entertaining many ideas, the analyst's *frame of mind allies with the unconscious*, adopting a mentality that, as it becomes timeless, plastic, and open to contradiction, develops into an unconscious sensibility.

Sensibilitas, originally meaning the capacity for physical sensation, refers to an individual's "receptiveness to impression," a "capacity to respond perceptively to intellectual, moral, or aesthetic values," stressing "delicate, sensitive awareness or responsiveness." The OED links the word to feelings—"the power or faculty of feeling, capacity of sensations or emotion as distinguished from cognition or will"—and to "emotional consciousness." From a psychoanalytic perspective, sensibility refers to an individual's

unconscious capacity to receive the object world, which results in more sensitive contact with the other and a greater reliance on feelings than on cognition. I return to this later but suggest here that sensibility is akin to what I have called a *separate sense*, that sense deriving from an unconsciousness increasingly devoted to communication.

If we recall Freud's statement that unconscious communication is a form of psychic action, we can appreciate how this fits in with object-relational views of projective and introjective identification, which concern how one person acts upon the other and how the other's response (even if only intrapsychic) derives from the shape of the action. Knowing that the analyst has devolved his consciousness in favor of more associative and unconscious levels of functioning, the patient will preconsciously perceive that this particular sensibility is sensitive to the unconscious. As the patient puts both himself and his objects into the analyst's dreaming, he knows that he contributes to it, and uses the analyst as an important participant in his own increased unconsciousness, the prerequisite for analytical sensibility. He senses that he contributes to the analyst's dreaming, affecting the analyst's unconscious but not reaching his consciousness as such—so privacy is assured. Perhaps this is not unlike the dreaming person who knows he is inside a dream but does not challenge it, even to the point of assuming no dream is taking place. I wonder if this negative hallucination serves the patient's need to be unvigilant in order for the dreaming to take place, or rather, as Freud said, to preserve sleep, to which we may add: to preserve being.

Freud wrote that "the *Ucs.* is alive and capable of development" and "accessible to the impressions of life" (1915, 190). When the psychoanalyst devolves his con-

sciousness, he creates a mood that analysts perceive, in a manner not dissimilar to the analyst's own perception of the patient's move into unconsciousness; and whatever the interpretative outcome of these twin recognitions, both participants are in fact *developing the unconscious*, creating a theater for its enactment, providing a safe place for its plays, and thereby increasing its effectiveness in the therapeutic process. This is precisely what happens when the analyst encourages the patient to free-associate and when he engages himself in evenly hovering attentiveness: the space is open for unconscious play. This idea of the function of unconscious development and unconscious communication challenges the view of Freud and the ego psychologists that analysis aims to render the unconscious conscious. In fact, both need each other to be meaningful. Free association, when the unconscious is given a free voice, is a liberating process in its own right. We devolve consciousness to heightened unconsciousness in order to experience our being, just as we sharpen our analytical objectifications to comprehend mental life and the nature of our idiom.

What does the analyst do after devolving consciousness in order to dream his patient? He works with countertransference dreaming exactly as he would with a patient's dream; reflecting on the preceding material in the hour (equivalent to day residue), he creates links between the patient's discourse and his own unconscious redistribution of its manifest contents. This work expresses the continuous labor of preconscious linking, for the analyst will see that earlier parts of the hour now assume increased significance because they generated his own dream work.

Returning to the manifest material (narratives, moods, actions) presented by a patient is to move from deep

experience back to shallow meanings, though shallow here does not mean less informative. The manifest narratives and actions serve as continuous points of retrospective reference for the analyst moving from countertransference dreaming to attentive listening and interpreting, not unlike the mental positioning he assumes when he hears a dream, associates, and reflects. When a patient tells me his dream about going to IKEA, it evokes an immediate set of associations for me: first I think of the word "key," then "I," and this sponsors an image—not immediately comprehensible—of my patient on a beach standing in the sun. Further associations occupy my more immediate thoughts while the patient continues to talk about what he did after going to IKEA. After my rather intense period of association, I recover to wonder what he then talked about, which I retrieve, since part of me was listening to him all along.

The analyst will give way to his own associations during the silences between concentrated and focused listening. He is also aware of a paradox: that his own interpretations call upon the patient's more focused consciousness and interrupt the patient's inner associative process; they might be, then, strangely antithetical to the creativity of unconscious processes. But the patient's associations to an interpretation break it up, and many analysts practicing today see this not as resistance to the hidden truth of the comment, but as an immediate unconscious use of the truth of the interpretation.

The analyst has other choices. He may decide against an interpretation proper and opt for comments more akin to association. I told the IKEA patient that the word "key" came to mind, as did the color yellow, the color of the IKEA building, associations which, when one looks back,

could be seen to break up the manifest content of the dream and give voice to certain important hidden ideas carried by it. This kind of work appeals less to focalized consciousness and more to the collaboration of both participants, working unconsciously together.

When such an episode works, the analytical couple engage in a free-associative discourse that partly expresses the nature of unconscious thought itself; indeed, when Freud wrote of the relation between the unconscious and consciousness, he indicated that “the derivatives of the *Ucs.* . . . act as intermediaries between the two systems” and “open the way” to communication between them (1915, 194). The same holds true of those derivatives of the analyst’s and the patient’s unconscious when each is disclosing thoughts that are in the nature of free associations. The derivatives are the intermediaries, operating in a space that Winnicott was to designate “the intermediate area of experiencing”: when he considered the nature of analytical work, he designated this as the area of play, following Freud’s description of the transference scene as a “playground.” The emphasis here is not on intentional play, but on the fact that play occurs whenever two people spend time together, think together, and speak to, act upon, and behave with each other.

Although the mother creates an illusion of unity with her infant, this illusion recedes during the late Oedipal period, when the child discovers that the complexity of his internal world and the shifting matrix of group life dissolve the simpler—and simplifying—psychic structures such as those built around the mother-infant relationship or the Oedipal triangle. Neither an affiliation with the matriarchal order nor identification with the patriarchal order will resolve this Oedipal recognition, when the child

finds that his mind generates a complex world that defies cohering fables. Then latency inaugurates a lifelong creative retreat from this recognition: the child who realizes that mental life and group processes are too complex to be adequately thought has learned something, though he will also insist on his ignorance. As each person develops there is always this split between the wise self and the fooled self, the shrewd and the innocent.

It is interesting that psychoanalysis, which would have us look truth in the eye, also makes use of the most powerful illusion we generate: that we convey ourselves to other people. Sitting silently, “umming” along to sustain the illusion, the analyst supports the patient’s belief that he understands everything, an illusion that encourages the patient’s efforts. More specifically, the analyst does not repeatedly admit that he cannot comprehend much of what is being said to him; indeed, in spite of his knowledge of the counterfeit nature of unconscious representation, the analyst believes that he can and will understand his patient and indicates as much. By paraphrasing or repeatedly seeking a clarification the analyst informs the patient that he understands.

I wonder. Is the analyst wise because he realizes how comparatively little *can* be known? The notion of the shrewd censor preventing ideas from reaching consciousness may be wishful thinking. According to Freud, the internal censor had to be fooled by the work of the unconscious. With displacement, for example, something of the hidden idea tries to reach consciousness: e.g., fear of the father is experienced as fear of horses. However true the idea that we try to stop certain wishes and memories from entering consciousness, the idea of a constant battle with an exceptionally shrewd censor is just

as likely to be a wish for a companion to our unconscious. What if we do just think unconsciously? What if we have turned our censor-self into an imaginary companion, giving our unconscious a dummy? If so, the analyst uttering his traditional "um" plays the stooge rather well with his dummy voice. A moment ago I argued that each sustains an illusion of understanding. Now it seems to be simply a game both play well.

In my view, the analyst plays both figures in the transference: the wise figure who sustains illusion and thereby encourages the patient to speak, and the fool who does not know what is being said to him. And analysts believe their analysts (to a varying extent, of course) to be wise fools, both all-knowing and ignorant. For however pertinent, lasting, comforting, and profound the analyst's interpretative work, the patient also understands the usefulness but fragility of the analyst's dummy self, the one who says "um" while being fooled by the patient's inner experience. How could it be otherwise? As the patient talks—a narrative over the course of the hour becomes a free association—he has what we might call "back of the mind" thoughts, parallel but less easily articulated associations not heard by the analyst. When the analyst senses that a patient is hesitating because of these unspoken thoughts, he may interrupt and inquire about these other ideas. But though they may then be reported, no patient can tell it all.

Both know this and accept that an illusion of understanding is essential to the creation of meaning. The analyst will be affected by the patient's use of displacement, condensation, and substitution. In the recurrent and intense displacements which feature in the transference, the

analyst is pushed into an image, a mood, a narrative place, or affected by parapraxes or the logic implicit in the sequence of any freely spoken ideas; his thoughts and feelings are derivatives of the patient's unconscious. But how can we differentiate between the analyst's elaboration of the patient's unconscious and his own idiomatic disseminations? We cannot. All we can do is recognize the difference between idioms—a recognition which assumes a kind of tensional authority and creates a boundary that fosters the freedom of unconscious play.

Often it is difference, not similarity, misunderstanding rather than understanding, that elicits unconscious communication. A patient mentions a backache in the early part of the hour, talks about hanging clothes in the cupboard, describes a dance the night before, and then says what I mistakenly hear as "So I bopped so much I [mumbled, inaudible] took out Shelley." I say: "Shelley?" He: "Who is that?" Me: "I thought you said that you took out Shelley." He (laughing): "No, I said that I took out my skeleton . . . hurt my spine." We pause. I admit my parapraxis was curious and wonder out loud why I thought of his skeleton as feminine—I imagined Shelley to be female—as if he were "hanging" around the spinal frame of a woman. As I say this an image of a coat hanger comes to mind and then he talks about how his friends have always teased him about his posture. Another silence. "Well, it's funny, you know, but my self image is of myself—as flesh—draped around my mother's body . . . it has been a recurring image of my body for most of my life." My mishearing distorted his manifest content and created an unconscious meaning that proved in this instance analytically fruitful.

If a patient has unconscious freedom, then his analyst will be spoken to, affected, characterized, expected, received, and resisted in a freewheeling manner that expresses not simply the nature of unconscious movement but, more precisely, the complex shape of the other's idiom of personality. Even if that idiom is too complex to be put into descriptive terms, we nonetheless have our own precise experience of it, such that we can feel within ourselves the difference between one person's idiom and another's.

To gain a clearer understanding of how we are affected by the organizing movement of the other, let us look at the opening of *Moby-Dick*.

Call me Ishmael. Some years ago—never mind how long precisely—having little or no money in my purse, and nothing particular to interest me on shore, I thought I would sail about a little and see the watery part of the world. (12)

The content here is fairly simple. The narrator tells us his name, says that sometime in the past, having little money and nothing special to engage his interest on the shore, he went to sea. But when we examine the specific means of telling us these contents, we are affected by his particular way of conveying his thoughts, and thus we are *in-formed* of his narrative idiom. "Call me Ishmael" brings us quite close rather roughly and brusquely. Quite specific, really—"Ishmael." Then he pushes us back—"never mind how long precisely"—as if we had inquired how long he had been away, which may not have crossed our mind. And he is vague. He does not say how many years ago he set sail. Anyway, why should it be a mystery. What does he mean by "little or no money"? Did he have any or not?

Of course, we can guess generally what he means, but it's the effect which is of interest—"little" or "no," to which I associate at this moment the concepts of being "little" and "no."

Certainly the way the words are arranged in relation to one another—their form—brings about the peculiar effect of this narrator. "I thought I would sail about a little": Where? On a pond? No, the oceans of the world. Again "little." The effect of an understatement. Also whimsical, but just after a brusque beginning. Finally, "and see the watery part of the world," which of course refers to the seas, but what a wonderfully odd way to put it! The effect upon myself? "Watery" feels to me like the ocean and is strangely childlike in its aptness. It also evokes associations to a woman's body—to the womb—but distinguishing this watery area as a "part" of the world evokes the earthly and the relation between the watery and the terrestrial.*

As Norman Holland (1973) has argued, no critic can divorce his reading from the peculiar effect of the text upon his identity, so there will be neither two identical readings of a text nor a final, correct one. Holland's work examines a type of unconscious work between the idiom of the author's text and the personality of the reader, in which it is not possible to distinguish between the actions of the text and the reader's response, so intertwined do they become.

Reading a text and being with an actual person, however, are quite different engagements, and the literary experience only serves as an example of something that takes place in more deeply complex and unconscious ways when

* For a different and yet more detailed response to the very same passage, see David Leverenz, "Moby Dick" (1970).

two people play upon each other's idiom. As I discuss below, illness in a person, like a theme in a text, is comparatively easy to find but is not equivalent to the idiom of either. It is important to keep this in mind when considering the nature of an individual's unconscious and his unconscious communication, because when it works it is beyond our consciousness: it is not the stuff of organized comment, but most profoundly the work of different forms of being. Melville's fictional idiom is not in the thematic contents of his novels but in his specific manner of writing: in the forming of the content.

Analogy with musical interpretation may further help to clarify this difference between form and content. A musical composition is a form in which musical notes are arranged in a very particular manner. As we hear it, each of us is processed by its particular logic. The experience of being processed by the music is perhaps more clearly grasped when we think of the differences in our subjective state brought about by different conductors' interpretations. Bernstein and Giulini both take a common object—let us say Mahler's Fifth Symphony—and each interprets it according to his own idiom, transforming the form, and as we listen to one or the other interpretation, we are moved by this common object in very different ways. Part of the pleasure of attending a concert is that although we may know the music quite well, we do not know how the conductor and orchestra will play it on that night, and each of us knows that we will be processed by at least two forms: the music itself and the intelligence conveyed by the conductor's interpretation of it.

When I listen to a patient describing his life, I of course note similarities with other patients. But even as he tells me a story which might elicit in my mind memories of

other lives—and thus bring me to aspects of what people have in common—I am being put through a process that is the swift trace of his idiom. Being moved about by the patient, I respond by transforming his material into my own, unconsciously resignifying it according to my own unconscious processes. Just as I know the difference of form as interpretation through the hands of Bernstein or Giulini, so I know the difference in my patients through the way they conduct the analysis.

Naturally I am in possession of my own subjectivity. I will reconstruct what I hear from the other and my hearing will differ from that of any other listener. My history as a subject makes me full of my own mental contents. But each patient organizes my contents differently. Even as an unconscious subject I am still shaped by another's effect upon me. My self is given a new form by the other.*

If each patient is to be found in and through the analyst's countertransference—bearing in mind that (like many psychoanalysts) I broaden this term to include the analyst's theories and interpretations as well as his more unconscious responses—are we to conclude that there is no object available to him which is the outcome of the patient's and analyst's work together? This brings us to different terrain, which I have discussed in *Being a Character*, where I argued that the analytical couple unconsciously specify an area of work to which they both contribute and where eventually the analysand develops a new psychic structure. I term this a "psychic genera" to

* I establish an internal object that bears the proper name of another person, and when I think of that person, this object is released to its own experiencing. Although preconscious and conscious objectifications of the other contribute to this formation of an internal object, it is an internal structure, constructed unconsciously.

indicate its generative function, insofar as the newly developed psychic structure offers wide new perspectives on the world of objects and upon the self.

As the analyst listens to the patient's discourse, much of what he hears does not make sense until the patient supplies something new that retrospectively confers sense upon the chaos. In "Recommendations," Freud hints that this moment may take a long time to arrive: "The undeserved compliment of having 'a remarkably good memory' which the patient pays one when one reproduces some detail after a year and a day can then be accepted with a smile, whereas a conscious determination to recollect the point would probably have resulted in failure" (112-13). The smile is surely a sign of the analyst's pleasure at having gained access to the patient's unconscious by abandoning the self to all thoughts that cross his mind: weeks, months, even "a year and a day" go by before the chaos becomes clear and the analyst may bring forth a coherent interpretation.

Despite the fact that both patient and psychoanalyst know that only a meager part of unconscious mental life is knowable, they are nevertheless driven to search for this knowledge. As each struggles to understand an unconscious development, or when one participant has an inspired grasp of previously unconscious feelings, their mutual effort is honored and rewarded. We must therefore acknowledge those unconscious communications of unconscious contents that do reach consciousness in a psychoanalysis. Even if they are the exception to the rule, the analyst is required to use his training and expertise to decipher them, and it is they that the analysand brings for treatment. To what do I refer?

A patient repeats traumatic experiences which give no

pleasure and are simply authorized by his neurotic need, amounting to a kind of urge, to repeat the disturbance. Psychoanalysts are well aware of the pathological structures their patients repeat in the transference. The very nature of repetition demonstrates the foreclosure of the unconscious (its elaborative and derivative movement) and eventually makes it possible for the analyst to understand and fully analyze a complex unconscious content. Illness restricts freedom. Whether it is the analysand's symptom or pathological character structure, illness allows for perhaps the most salient unconscious mental contents to be communicated and worked on through interpretation. Although the intrinsically therapeutic analytical relation is important here, and although the analyst's holding function significantly contributes to the patient's cure, it is in and through his interpretative work, repeated again and again, that he opposes and deconstructs the pathological structures.

By examining the symptom or the pathological structure we learn more about the nature of unconscious life, which becomes intriguing if we consider that the illness itself may transmit the patient's inner unconscious contents to the other. Does transmitting the illness become a way to convey unconscious contents?

When Freud reached his understanding of this form of communication, he conceptualized his theory of the death instinct. There was something beyond pleasure that could be in the service either of life (i.e., procreative) or of death (as in repeatedly self-destructive behavior). Even though Freud was obliged to discuss the life instinct at this point in his theory, it was his discovery of the death instinct that was so compelling: the patient could live out a self-destructive pattern that conscripted all forms of desire

into the armies of negation. Death work can destroy the unconsciousness of the unconscious.

Although illness restricts freedom, this does not mean that an unconscious free to work its contents will process only benign ideas: it is important to differentiate a healthy process—here, the dream work of the unconscious—from its contents, which may be quite disturbed. To say that unconscious freedom is important to mental well-being is not to include the contents the unconscious is processing, and the psychoanalyst, while appreciating the vigor of an unconscious process, will usually be aware that certain specific ideas being developed are in themselves indications of considerable conflict which must be analyzed.

As we shall see in the next chapter, unconscious communication between two people is not necessarily about constructing lucid, effective, and memorable understandings of one another; rather, it is a way of life—for people in fairly constant proximity to one another. One person's direct effect on the other—unconscious to unconscious—cannot be witnessed by consciousness. It is a discordant symphonic movement of a reciprocally infinite falling of one self into another. There are harmonic duets, that is for sure: two people sharing mental processes and ills. But the effect of one person upon another is ordinarily too idiosyncratic to be comprehended.

The tenuous hold of consciousness upon the unconscious does not, in my view, mean that we must take the pessimistic view that analytical work is outside consciousness. It may seem strange to honor work that occurs beyond the intentional influence of the analyst's understanding, but the process works, and as time passes in a psychoanalysis the analyst has increased regard for a methodology of which he is only a part. The process of

free association not only establishes a mood suited to unconscious communication; its (often lengthy) silences become birthplaces of important emotional realities for both participants. The terms we use for emotions—*anxiety*, *depression*, *love*, or *hate*—are desperately inadequate, but it is fitting that they should be so clumsy, because when we share an emotional reality, it is as if unconscious communication takes place by means of our separate senses, communication devoted to knowings derived from feelings.

When the psychoanalyst enters the special frame of mind which I have termed evenly hovering attentiveness, and when he invites the patient to associate freely, he creates the connection between his own unconscious and that of his patient. He opens the door to their unconscious communications and makes possible a highly special form of work that, while beyond their conscious control, gives a psychoanalysis its uniquely creative force.

suppressed a clarification—"Are you sure about this one?" After all, he had asked for clarifications of previous commands.

Well, we all know the rest of the story, how God went on to do other great deeds, smashing up Sodom, acting as marital counselor to Abraham in his distress with Sarah, ordering Abraham to kill his son.

A God who comes from elsewhere, who has harnessed a power that shakes us, who comes too close for comfort, who plays upon our own incapacity, who presents us a face that presumably exaggerates our own, a clown face, seems a jester who not only puts us into existence but puts us on. If this figure is partly based on the function of the mother—a figure who comes from elsewhere, barely visible, yet audible, who provokes us with her clowning around and shakes us into life—then we may see a line running from God the father, who greets mankind; the mother, who is there to meet us on our arrival; our unconscious, mischievous imp of the soul, which guides us through life; and the comic, who carries on in our midst: infantile, omnipotent, vulnerable, enraging, disturbing, consoling, a figure at once godly and ungodly, maternal and infantile, aware and witless.

Thus does a sense of humor trade on our origins. It dips into a prior age. Something from the back of beyond, the above and below, the "far out," it plays with our reality. All along, humor grasps the absurdity born of human life, launched into existence knowing that "in the beginning is our end." That should be no laughing matter, except perhaps for the gods, who see it coming before we do, and except for our comics, who die our deaths for us so that we may live on, a little bit longer, all the merrier for the sacrifice.

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