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Foreword

Volume 7 of The Journal of the Japan Psychoanalytic Society is now complete. I am basking in the joy of being able to present it to our readers. In this edition, we have included three new original papers and two essays. The three papers are high in quality, each deriving from the authors' practice of psychoanalysis. I am convinced that they will make an exceptional contribution to our readers' daily clinical practice of psychoanalysis. The two essays, although having a different type and quality of content, share the same historical perspective. They will no doubt stimulate free-ranging thinking on the part of our readers.

As you can see from the Table of Contents, this issue features five papers that have been selected from Volumes 1 and 2 of Japanese Contributions to Psychoanalysis, a journal which the JPS published in the past, and which was the predecessor of the Journal of the Japan Psychoanalytic Society. Contributions was a specialized journal, published in hard copy. Up to now, this restricted our ability to offer its content today to readers who inquired about the papers it featured and requested more information. We have now digitized Contributions, so, starting with the current Volume 7 of the electronic JPS Journal, we have decided to include some papers from past issues of Contributions.

As the English-language bulletin of the Japanese Psychoanalytic Society, Contributions was published every three years or so, beginning in 2004, up to five volumes altogether. The papers on the subject of *amae*, which were included in Contributions, were featured in Volume 6 of the JPS Journal published last year. For this Volume 7, we selected papers from Volumes 1 and 2 of Contributions and have republished them. If you have in mind a paper that was featured in Contributions and would like to have it included in this Journal, please get in touch with our Society's Editorial Committee. We look forward to discussing the inclusion of suggested past papers at Editorial Committee meetings.

Lastly, I would like to extend my deep gratitude to the members of the Editorial Committee who have reviewed the papers, as well as to the members of the JPS. This volume could not have been realized without their dedicated support and contributions. I also wish to express my sincere thanks to Mr. Jun Hasegawa of Iwasaki Academic Publishers, who helped us with his meticulous editing, all the way to the final finish.

May 2025
Kunihiro MATSUKI, Editor-in-Chief

Original Papers

[Theory and technique]

The umbilical cord as a transitional object

Toyoaki Ogawa

Abstract: The uterus, as the most basic phantasy in psychoanalysis, is already well understood through various approaches as a container, a therapy room and something that embraces and nurtures the patient. In contrast, the umbilical cord as a lifeline has not been fully understood and valued, which is the focus of this paper. The umbilical cord in the unconscious supports and nourishes life as a link to the mother. The fact that this appears in the analysis as a real object, the umbilical cord, is one of its characteristics. This feature of the umbilical cord as a real object can be better understood through the concept of the transitional object. This concept of umbilical transitional object is helpful in understanding the following cases. 1. The meaning and importance of the way to analysis. 2. Extension of the analysis timeframe. 3. Hair, in cases of trichotillomania and trichophagy. 4. Indwelling catheters for a young fainting woman. 4. Smartphone in the patient's hand. With the help of this concept, the patients and I developed a better understanding of the here-and-now constellation. As we live in an era where we are always connected to each other with the smartphone in our hands, we can find umbilical transitional objects everywhere.

1. Introduction

The umbilical cord is a string that connects the mother and the fetus, but it plays a special role in human psychology. In the first place, the fetus wanders around in the womb, getting nutrition and breathing through the umbilical cord, as if it were doing a space walk. Most people forget the memory of that time, but in fact it remains deep in their hearts, and the idea that they are wrapped in the universe of the mother's body, relying on the umbilical cord to live and get a sense of security is the basis of human existence.

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Because of this memory, when we see a video of a spacewalk, an indescribable nostalgia wells up inside us. The anime *Evangelion* beautifully visualises the image of being connected by a string-like object and receiving energy. Boys are so fascinated by this anime because it stimulates the umbilical cord fantasy that still functions deep inside them. It is the confidence that they can exert infinite power as long as they are connected to their mother by the umbilical cord and get energy.

[Figure 1](#) is a photograph of an aborted fetus that Lennart Nilsson published in the magazine *Life* in 1965. [Figure 2](#) is a photograph of a floating fetus. This image of a floating fetus is directly connected to the astronaut walking in space in [Figure 3](#). What is shown here is the freedom, possibility, and anxiety of navigating an infinite space, but what ties it to a realistic foundation is the rope, the umbilical cord. [Figure 4](#) is the anime *Evangelion*, in which a boy or girl enters this combat robot and pilots it to fight. Attached to the back of this is an umbilical cable, which supplies energy. It is said to be connected to some kind of mother's body, and can be detached, but it is set to last only five minutes. As long as the cable is there, it can become an omnipotent being that can produce infinite power.

[Figures 5](#) and [6](#) are works by Judith Scott. Hustvedt, S.²⁾ discussed the importance of these works. These are in the collections of art museums around the world, including the Pompidou Center in Paris. In fact, she was born as a twin, but she was born with Down syndrome and was raised in an institution without anyone realizing that she had severe hearing impairments, and she has an intellectual disability that prevents her from speaking. These works are beautiful objects, like a cocoon or nest with an umbilical cord wrapped around it. What is wrapped around it is the umbilical cord itself. This can be said to be a primitive image of the umbilical cord that exists in the primitive mind without words.

[Figure 7](#) is a statue of Kannon Bodhisattva by Kano Hogai. The baby appears to be floating in the air inside the womb, and if you look closely, you can see that the baby is dragging something like a red umbilical cord. In Western images of the Virgin Mary and Child, the baby is held in an embrace, and the umbilical cord is not depicted. [Figure 8](#) is a parody of this statue of Kannon Bodhisattva by Fukuda Milan. In the West, the baby is held in an embrace like this, so why is it that in Japan, the baby is depicted as being born with the umbilical cord still attached?

So, how does a fetus feel in its mother's womb, and does it remember it? While direct evidence is unattainable, I will present two anecdotal examples of birth memories. One is my eldest daughter. When she was about 5 or 6 years old, I was inspired by a story I heard from Dr. Kiyoshi Ogura about a baby who had memories of being a fetus, and I asked her if she remembered when she was born. She said, "I remember. I was picked up with rubber gloves and put into a white box, and I felt lonely because I was separated from my mother. The rubber gloves smelled bad." It is true that the nurse put the newborn baby in a white cloth box wearing rubber gloves. However, I do not know whether this was at the time of birth or during the few days of hospitalization afterwards. If it was at the time of birth, it would have been right after the baby passed through the birth canal and the umbilical cord was cut. This child has many other clear episodic memories, so I think this is possible. My eldest daughter is researching m-RNA, and I feel that m-RNA

and the fetus wandering after the umbilical cord is cut are similar. She also feels lonely when separated from her mother, even now that she is a mother herself.

Another example is an excellent surgeon. He was born by emergency Caesarean section because the umbilical cord was wrapped around his neck during birth, and his life was in danger. From the time of his birth until his infancy, he repeatedly experienced life-threatening conditions due to severe atopy and frequent diarrhoea. His mother said that there were times when she gave up, thinking that there was no way to escape from his death. Atopy is a reaction to the mother's touch, and diarrhoea can also be understood as the mother's nutrition being drained. He had a difficult relationship with his mother, and when he showed his girlfriend to his mother as a fiancé, she blurted out, "Isn't there a better girl?" Since then, he has avoided his mother, and many years later, he had a grand wedding with a girl his mother would never have liked. His mother accepted his bride without rejecting her. Soon after, he had a baby girl, and after that, despite his mother's worries, he switched to the same speciality as his mother, pediatry, saying that he could not continue his work as a surgeon because of his chronic neck pain (as if his neck had been squeezed by the umbilical cord since his birth), and now he lives happily. To me, his life seems to have been a battle to overcome the trauma of childbirth caused by the umbilical cord.

These examples lead me to believe that experiences related to the umbilical cord are imprinted deep within our minds and are constantly working.

In psychoanalysis, there are two basic phantasies that are based on the earliest experiences. They are the uterus and the umbilical cord. The uterus is the sense of security of being wrapped, while the umbilical cord is a connection and a sense of oneness with others. The uterus is the concept of a container, which also serves as the analytical room in analysis. The umbilical cord originally represents the connection inside the uterus, and it is important that it comes out while connected. What is more, it is characterised by the fact that it needs to be cut to come out and to become independent. In the unconscious, there is a cord that connects to the mother and provides nourishment, and it can be said that this cord connects the mind. This functions in various ways in therapy, and it can be seen that it is an important concept in therapy.

2. The umbilical cord as a transitional object

Here, I would like to consider the function of the umbilical cord as a transitional object. A good example to consider this is Freud's¹⁾ grandson's play with a wooden reel with a piece of string.

The child had a wooden reel with a piece of string tied round it. It never occurred to him to pull it along the floor behind him, for instance, and play at its being a carriage. What he did was to hold the reel by the string and very skilfully throw it over the edge of his curtained cot, so that it disappeared into it, at the same time uttering his expressive 'o-o-o-o'(gone). He then pulled the reel out of the cot again by the string and hailed its reappearance with a joyful 'da' (there). This, then, was the complete game—disappearance and return. As a rule one only witnessed its

first act, which was repeated untiringly as a game in itself, though there is no doubt that the greater pleasure was attached to the second act. (Freud, S., *Beyond the Pleasure Principle*. Standard Edition. Vol.18. P.15)

This is the behaviour of the grandson that Freud observed. The behaviour was a game that the child invented when his beloved mother was absent, and Freud considered it to be a repetition of the events of the mother's absence and reappearance, that is, a game of the disappearance and reappearance of the "reel with string." Freud thought that "the child had achieved resignation to the drive satisfaction of accepting that his mother was gone." By repeating the discomfort of losing sight of his mother as a game using the "reel with string," he could be said to have taken an active stance against the discomfort, mastering it and making it bearable. This repetition of the mother's presence and absence through the reel with string is accompanied by the pair of words *fort-da* (gone-returned).

By the way, Lacan, J. says that the essence of this play is the aspect of throwing the reel rather than the aspect of pulling the string, but is that really right? I don't think that's the case. It can be said that the going and coming of the reel are essentially different events. Let me explain. First, throwing is making something absent, a negation of presence, as if the word "*fort*" (gone) functions as a command and it disappears. Absence is made possible through the negation word "*fort*" (gone), and this world of the dichotomy of presence and absence can be said to be a proto-language. In other words, we can see that this movement of presence and absence demonstrates the birth of language. I mentioned that creating absence is the origin of language in this way, but conversely, this movement of pulling back can be said to be a movement that brings the lost mother back and makes her real as flesh. For the child, the movement of pulling the reel corresponds to making the mother's living body real. The string makes the mother's real existence real as flesh. The string is, of course, the transitional object of the umbilical cord. To summarise once again, the mother's absence is indicated by the word "*fort*" (gone), and the string, a real transitional object, is used to pull her back, and the reel with string is real as the mother. In this way, the going and coming of the reel with string are language and flesh, respectively, and have completely different functions and qualities. In the practice of psychoanalysis, the aspect of absence, that of language, and the aspect of reality, that of the body (the mother's flesh), constantly function in a complex, intertwining manner. In the psychoanalysis of here and now, it is necessary to look at these dimensions closely.

In terms of theoretical framework, if Bion's containing function is the uterus, then the umbilical cord is what bridges and connects the relationship with the mother's body, 'O'. Here, I would like to propose the concept of the umbilical cord as a transitional object.

I have arrived at the concept of the umbilical cord as a transitional object in this way, but here, I would like to take a slight detour and explore how other analysts position the umbilical cord. The paper that has influenced me the most is by Hustvedt, S.²⁾ who, as indicated by the title "*Umbilical Phantoms*," positions the umbilical cord as a phantom. This differs from how we position the umbilical cord as a tangible, living object. Next, Rappoport, E.⁶⁾ positions the umbilical cord as an analytic third. This also serves as a connection between the analyst and the patient, and it possesses its own unique position. However, in our view, it is important that this analytic third has the characteristics of

a transitional object. Karme, L.³⁾ reports cases where the umbilical cord is seen as a phenomenon of the penis. Both the penis and the umbilical cord have in common the aspect of connection. However, the penis connects between the sexes, meaning it serves as a connector that establishes the image of the coupling parents. On the other hand, the umbilical cord binds to supply nourishment and prevent separation.

3. Examples of the umbilical cord as a transitional object

I would like to give concrete examples of how the umbilical cord appears as a transitional object. Since I realized that the umbilical cord as a transitional object plays an important role in the human psyche and human relationships, I have found that various cases can be well understood from the perspective of the umbilical cord as a transitional object.

- a. The route, scenery, trains, etc. to the analysis
- b. Extending the time frame of analysis (extension of consultation space)
- c. Hair in cases of trichotillomania and trichophagy
- d. Indwelling catheter for intravenous infusion
- e. Smartphone held by the patient.

These concrete examples are very varied, ranging from trains and landscapes to hair and catheters, but what they all have in common is that they are real objects that have length and connection. If we look at them from the perspective of real objects that represent connections with essential others in our minds, we will find that many other examples fit the same description. If we look at them from the perspective that they are essentially the umbilical cord of the fetus, I believe that we can understand the scene even more deeply. I would also like to report that I have had several experiences in which analytic sessions became more lively by including the word “umbilical cord” in my interpretation of the patient.

a-1. I think that the fact that “the road, scenery, and train to the analysis” represent the umbilical cord is very well understood by trainees and interns who travel to and from faraway places to receive training. I would like to give you an example from my own experience.

My own example. It was a Tuesday morning in January, two years after I started four days a week psychoanalysis. I was about to go in the morning when the Kobe earthquake happened, and my connection with the analyst was suddenly severed. At that time, I didn't feel anything special, but the tunnel in Kobe collapsed, and I had to stop my analysis for about six months. However, I remember that at that time, I suddenly decided to have my son take the entrance exam for a junior high school in Kobe, and I started to move around a lot. During that time, I was busy negotiating with universities and submitting an application to the Ministry of Education, Culture, Sports, Science and Technology, and in the end, I went to London with my family, taking my three children in that autumn. Unconsciously, the railway of the Shinkansen (bullet train) was the umbilical cord, and the tunnel in Kobe was the birth canal. Suddenly, my birth canal was blocked, and my umbilical cord was cut. I was so upset that I went to Tavistock, Professor

Kinugasa's home ground, and that led to my analysis with Betty Joseph. I certainly felt that Joseph had reconnected the umbilical cord that had been cut.

In other analytical cases, the patient may describe the scenery from the train in an association as if to confirm the connection with the analyst. By gazing at the scenery on the way to and from the analysis, the patient reaffirms the reality of the connection with the analyst. The patient recalls and talks about the scenery of Mt. Fuji, fields, the sea, tunnels, and snowy scenery seen from the train window on the way to analysis and back. The sense of security at that time is also special. However, it usually seems to be linked to the anxiety of losing the connection on weekends, etc. Similarly, when the patient talks about the anxiety that the train may be delayed, it seems to indicate that the connection with the analyst is unstable. In one case, the patient stated that in therapy, she felt the analyst was like a mother, and for the first time, she felt truly and satisfactorily understood. However, she soon expressed anxiety that she could only come once a week, that it was very far away, and that if something happened, she would not be able to come. In response, when I interpreted her anxiety as, "You feel that the umbilical cord that connects you to the analyst is very fragile," she seemed to be deeply relieved. The patient said that she felt an indescribable sense of security when spending time on the train and looking at the scenery on the way to analysis and back. However, she worried that the train would be delayed if it snowed.

As an example of the "path to analysis" as an umbilical cord transitional object, I would like to briefly introduce the Winnicott, DW's example taken up by Ogden, TH. (published in "Play and Reality"⁸⁾). Ogden discussed this case in his paper "What does it mean to be alive? On Winnicott's 'Transitional Objects and Transitional Phenomena'."⁴⁾

a-2 "Train journey as an umbilical cord" (Winnicott's case)

The patient is a schizoid woman who has several children. She was traumatized by being neglected by her parents when she was a child. 'I think when I was evacuated because of the war, I went to see if my parents were there. I seem to have believed that I would find my parents there', but the reality was that they were not there. However, her mother later said, "But I heard your cries while I was away", which means that her mother, who would never lie, was there. For her, Winnicott could be said to have been in the analytic room in the same absence as her mother. For her, the living contact caused anger that had been neglected, which would make either of them a dead absentee. Only denial can exist.

She described a fantasy in her therapy. She said that she would go on a train journey, accompanied by the analyst, and that she would go with him until halfway, where she would ask him to return, saying that she was done with him. Here, it is important to say 'return' rather than 'ask him to go'. In her mind, he returns to her. Then, in a humorous, slightly angry tone of voice, she says, "It must be hard with all the other patients hanging around and taking care of them".

Winnicott's relationship with her here was that of a mother and child with a severed umbilical cord, symbolizing both connection and separation. (Train fantasies have appeared before. She had an accident on a train trip, but the umbilical cord is severed, as indicated by the fantasy that neither the children nor the analyst would know what

happened to her.) However, the train journey in her fantasy was the umbilical cord. Although they parted at the halfway point, it can be said that a humorous, angry, living connection was created with Winnicott, the mother who was pulled back by this umbilical cord. The train ride back and forth, in this case, shows the connection by the umbilical cord, which, like the thread in Fort-Da's reel of thread, works to make the mother real.

I would like to present next a case of trichotillomania, reported by an analyst named Schiller, BM⁷⁾, in which the treatment unfolded after it became clear during the analytic session that the pubic hair represented the umbilical cord.

c. "Trichotillomania, pubic hair as an umbilical cord"

The patient was an unmarried nurse in her sixties who came to receive psychoanalysis after a close friend suddenly left her. It was clear that her parents had been indifferent to her since she was a child. What stood out in the first session was that she experienced the couch as a crib for a helpless baby. She had symptoms of trichotillomania and trichophagia. That is, she would pull out pubic hairs by the roots, bite off the roots, and eat them. She understood that by devouring the pubic hairs, she was acting out her feelings of not wanting to be abandoned. She also understood that by swallowing the pubic hairs, she was swallowing destructive feelings and realizing her desire for attachment and connection, and she came to realize that unconsciously, they were a "psychological umbilical cord." On the other hand, she understood that the hair roots represented a deep exploration of the unconscious that she and the analyst had conducted together. By eating them, she was trying to incorporate a relationship with the analyst.

In this case of trichotillomania, we can see that the pubic hair was the umbilical cord for the patient, the very connection with her mother. By experiencing it as an umbilical cord during analysis, the connection with her mother within herself was actualised, and the connection with the therapist became more vivid.

d. "Indwelling catheters as umbilical cords"

This case is about a high school girl who fainted and collapsed. She was a lively girl who seemed confident, but she was trapped in the belief that she was the only one in her family who could not reach the level of local respect as a special person and that she was being abandoned by her mother. Her mother blamed her for fainting, saying that she was faking. She was referred to me when she was in her second year of high school. When a boy in her class committed suicide on the day before the final exam of the second year of high school, she took the initiative to gather her classmates and went to his funeral as if she was holding her own funeral. She also went alone to ask his mother how she felt. Subconsciously, I think she wanted to make sure that her mother would love her if she died. (Her mother was actually a pediatrician, and she spoke very fondly of seriously ill children and patients who had died but, on the contrary, often told her own children in a harsh tone because they were healthy.) She dropped out of high school and enrolled early in a Canadian university as if to escape. Her consultations with me were conducted face-to-face and online, and were generally twice a week, but were interrupted several times. She had an aunt in Canada (her father's sister, married to a Canadian and has two children), whom she became attached to, saying she was her real mother, and

gradually began to manipulate her. However, the aunt also became exhausted and began to distance herself from her. At the end of her first year in Canada, she was admitted to the emergency room, not knowing whether it was a suicide attempt or ill health. The Canadian doctor who examined her there diagnosed her as having Ehlers-Danlos disease and said she needed continuous intravenous infusion. She jumped at the diagnosis and, despite her family's objections, had an indwelling catheter installed in her central vein, was given steroid medication, and began living in a wheelchair. During that time, various other incidents occurred, and about a year later, she developed sepsis due to an infection from the catheter and was admitted to the hospital by ambulance.

In our first session, after she was discharged from the hospital, I interpreted her obsession with the indwelling catheter as if it were the umbilical cord that connected to her mother and her obsession with her beloved car as her mother's womb. She listened to this solemnly and ruminated on it.

She reported a dream in the following session,

From the 36th week of pregnancy until delivery, I stay calm, and I finally will give birth. I also feel the fetus. Feel the fetus in my womb.

When I gave birth, a girl was born. When I got home in a taxi, I discovered it's a boy. His name is Alice. My friend Alice has also given birth recently, so it's a simultaneous birth. Then we go to the hospital. On the way back, B (a Japanese boy) is also there. He gives us a ride home. I show him the baby boy. I think it's rude to leave the baby and lock myself in the bathroom, but I ultimately end up doing so. Even though I was holding the baby tightly, I think the umbilical cord had snapped. "Look, he's learning to live outside of his mother's womb," I tell him.

She said, "Dreams about childbirth are intense. Am I the mother or the baby? A baby wrapped in membranes. I always drink a lot of water and often go to the bathroom to escape from studying. The bathroom is the only place I feel safe. With that association, I wonder if my mother was in her shell when she gave birth to me. I wonder if she was disappointed and closed her heart because my birth closed her career path or because I was not a boy. I wonder if my mother closed her heart in the same way that she closed herself in the bathroom in dreams. I wonder if it was because she was disappointed by my birth."

I imagined that drinking a lot of water and staying in the bathroom was an experience she had in her mother's womb. In the dream, she was talking about returning to her mother's womb and, at the same time, abandoning her as an infant as a mother. The only thing connecting the two beings was the umbilical cord.

Throughout the session, she recalled her desire for an umbilical cord connection to her mother, which ultimately led to infection. Still, her connection to her mother seemed to make some sense.

In the next session, she pondered what to do, thinking that the indwelling catheter had indeed been a lifeline and that the plastic tube had meant more than that, so she couldn't throw away the many plastic catheters in the cupboard without hesitation. She also said

that her university counsellor (a Canadian female psychologist) had given her behavioral therapy to make her stop worrying about the recent hospitalisation incident, perhaps because she thought that her near-death experience had caused her PTSD. However, for her part, she was not convinced and told her that the Japanese therapist had told her that it was like “cutting the umbilical cord and being reborn,” and that she thought that was true. Then laughing happily, she said that the counsellor had said, “You are a Freudian.” In fact, I hadn’t said that it was like “cutting the umbilical cord and being reborn,” so she seemed to understand it from our interaction. She laughed happily, perhaps because she felt connected to the analyst when the counsellor called her a Freudian.

Her relationship with her mother became more stable, though it was sometimes closer and sometimes more distant. She finished his university studies, sold her beloved car, and decided to return to Japan. Her parents, though suspicious, seemed to feel a little relieved.

e. “Smartphone as an umbilical cord” (Umbilical cord-mobile phone)

Many people feel connected to essential others by holding onto their smartphones or cell phones. Furthermore, I often see cases where people complain of extreme loneliness when they don’t have smartphones. The following is a case of failure when I⁵⁾ did not yet have the concept of the umbilical cord as a transitional object and did not pay enough attention to what smartphones and cell phones mean to them.

She had a happy family and seemed to be happy at first glance, but she sometimes suddenly felt as if she was being told to “die, don’t live,” which caused her great distress, and she came to see me.

Unable to bear her mother’s cold attitude, she ran away from home many times from the time she was in kindergarten. Her maternal grandmother was an unusual person, and from a young age she had been saying that she would commit seppuku (ritual suicide by disembowelment). She also urged her husband to commit seppuku, saying that he had brought shame upon himself after the war. Eventually, in her old age, her grandmother committed suicide by hanging. During subsequent treatment, it became clear that the grandmother herself had witnessed her own mother’s suicide by hanging when she was a child.

The analysis began, but what was characteristic was that from the very first session, the patient’s associations were interrupted for a long time. She was only concerned with the noises outside. This usually happened when the subject of her grandmother came up in association. It seemed that she was getting a glimpse of the deep-rooted urge to die within herself.

In a session about six months later, she talked about an incident that occurred when she was in the first grade of elementary school. On her birthday, her friends gathered at her house after school to have a birthday party. She was afraid of her mother and felt troubled, but her mother ran to a nearby cake shop and bought a cake. So the birthday party was over and she apologized to her mother all over again, saying she was sorry, but her mother would not talk to her. As her mother was eating, she peeked in from the side and said, “There’s one cake left,” to fill the void. Then, her mother suddenly picked up the remaining cake and slapped her on the cheek, yelling, “People come because you look greedy.” She felt that her mother had done something for her and suddenly turned it

upside down and that she was not valued. After that, she often looked in the mirror to see if she wanted things. Her younger brother also cried violently at night. She thought her mother would not have been like that if her younger brother had not been born.

In the following session she said, "I dreamt that night: "My daughter was going somewhere on a train. When I said, 'Call me when you get there,' she said, 'I gave my phone to my father. I won't be able to contact you for a while,' and my husband had gone somewhere where there was no signal. I say, 'Why did you give your phone to someone who doesn't have a signal?' she said, 'don't mind.' Then my thigh started hurting. The teeth of a comb had sunk into and stuck in my thigh. It hurt so much. The comb was a boxwood comb that my mother had treasured. The teeth were stuck in my thigh. It hurt so much that I tried to pull it out, but even after I pulled it out, half of it remained and it snapped back to its original size. It kept pushing back into my thigh. I woke up wondering what to do."

She said that her mother had already passed away, and she wanted to ask her mother why she was like that, but she couldn't ask her now. She wants to pretend that the past never happened, but no matter how much she tries to remove it, it just keeps coming back.

After a long silence, she remembered that on the first anniversary of their mother's death, her younger brother was looking for skin medicine and was applying it to the scar on his stomach because it was oozing and itchy. This reminded her of a certain scene. Her younger brother, who was a baby at the time, crawled over to the nearby hot iron, which made a hissing sound when it touched his stomach, and her mother just watched. As a young child, she felt that she should not make this public, and so she had never told anyone about it. Even her younger brother himself did not know about it.

This dream represents the deep-rootedness of her mother's abuse, which she felt was an indication of her fear that no matter how much analysis she undertook, it would never be resolved. The comb stuck in her thigh also seemed to be related to her grandmother's obsession with seppuku. The dream's associations led to the image of her brother's burns on his stomach, which also resembled seppuku. The teeth of the comb also seem to represent her guilt towards her brother. It may also be connected to the sudden inner command she felt to "die." I told her, "The mother's comb probably represents suffering and death," and I interpreted it as, "Perhaps there is something like that inside your mother, and it is stuck in you." From there, she thought again about why her mother gave birth to her and her brother, and she also talked about her fear of having a child.

After the nightmare, in the following sessions, the associations did not cease and her relationship with her nihilistic daughter also improved. She had been very careful in raising her daughter, hoping that she would not suffer the same fate as she had, but she felt that something bad had been passed on to her.

The analysis was suspended shortly thereafter. In the dream, the accusing words "Why did you give your cell phone to someone who has no signal?" were her own doubts about me. She had felt frustrated that her words were not reaching me during the analysis. It is important to note that this dream occurred the night before, during which she recounted her disappointing experience of being delighted that her mother had thrown her a birthday party, only to have her mother smack her on the cheek with a cake, saying it was because

she looked too greedy. It was an experience of disappointment at the moment she felt connected. The daughter in the dream was herself, and she handed her cell phone to her husband, but her husband went out of range.

In this case, we did free association once a week, for 60 minutes each time. As you can see from the description of our interaction, I felt that we were dealing with something deep, which would appear in the four times a week analysis. On the other hand, the sessions were only once a week, and sometimes there was a break, and the deep level of connection was suddenly cut off for two weeks. I remember that once, she complained about me taking spring break, and looked really distressed.

4. Summary

The uterus, the most fundamental fantasy in psychoanalysis, has already been approached and understood in various ways as a container, a treatment room, and something that envelops and nurtures the patient. In contrast, I felt that the umbilical cord as a lifeline had not been fully understood or positioned, so I tried to focus on it this time.

The umbilical cord in the unconscious is something that connects with the mother, supports life, and provides nourishment. One of its characteristics is that it appears in the analysis as a real object called the umbilical cord. This characteristic of the umbilical cord as a real object can be understood better through the concept of transitional objects. A transitional object is something that exists between the flesh of the mother and the subjectivity of myself, connecting these two dimensions. Until now, transitional objects that have been attracting attention have been things like stuffed toys and blankets, which are located between the vividness of the mother's body and the conceptual existence of the mother, connecting the two. On the other hand, the umbilical cord as a transitional object discussed here is the basis of the connection between the analyst and the patient as raw flesh. The umbilical cord, which is a string, is the thread that pulls the reel of the Fort-Da observed by Freud, S., and has the power to pull the mother's body and make it real.

Above, I have given some concrete examples of the umbilical cord functioning in analytical practice. The examples I have looked at here include "the train, the journey to and from analysis as the umbilical cord," "hair or pubic hair as the umbilical cord in trichotillomania," "an indwelling catheter as the umbilical cord," and "a mobile phone as the umbilical cord." I believe that the therapeutic relationship becomes even clearer if we look at the analytic session from the perspective that all of these concrete objects that show a connecting function based on the memory of the umbilical cord from fetal life. Due to lack of space, I have omitted the discussion of "the umbilical cord as an extension of therapeutic space and time" this time.

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Original Papers

[Theory and technique]

Utilizing the two states of contact difficulty

Katsumasa Tanaka

Abstract: Nearly a quarter of a century has passed since we embarked on the 21st century, and we are now seeing an increase in people in the clinical subject group who manifest marked characteristics of being on the autism spectrum, or the inability to use projective identification as the primary means of communication, as a typical example of contact difficulty. Physicians are required to continuously scrutinize whether or not emotional contact can be made. Unless this understanding is further enhanced, there is a risk that the ways of psychoanalysis will change and become diluted. In this sense, therefore, it is clearly an important question.

In this paper, I will focus on “Enclaves and Excursions,” a leading paper written by O’Shaughnessy, E.⁷⁾, who was a contemporary Kleinian debater, and will use it as a starting point for discussing the difficulties of making emotional contact while maintaining an awareness of the challenges and viewpoints described above. To do this, I will describe female patient *C* as a psychoanalytic case. Here, I attempt to grasp the two states of contact difficulty and psychic changes seen in a psychoanalytic process as circumstances that are occurring arise on a more microscopic level, and more instantaneously, than described in O’Shaughnessy’s paper above.

Even in patient *C*’s case, in the course of the analyst being made aware that he is being drawn into enactments in different and subtle forms, such as falling into a state of enclaves as well as of excursions, he strives to deepen his understanding of the projective identification that has occurred, and attempts to encourage emotional contacts between the two sides by dealing with things that *C* avoids, and things in which the analyst himself was unable to intervene.

Regarding the enactment properties of dreams, in her assessment, patient *C* spoke about a behaviour-dominant dream of clinging to other people like an insect. As seen, her dream content as well as dream functions were at a stage where she was unable to fully take part, and lacked strong emotions. About five years later, however, she increasingly began having dreams that showed rich symbolism and were closely linked to the analyst and the analytical situation. Thus, although

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the changes are small, and progress has its ups and downs, the patient is slowly beginning to accept contact with her internal objects.

At first glance, the analysand and the analyst appear to be accumulating psychoanalytic exchanges. However, they are in fact merely adhering close to each other, with the sessions having turned into pseudo-psychoanalysis. This situation can be described as an ‘enclave,’ as O’Shaughnessy, E. points out. On the other hand, creating a state of pseudo-separation by moving excessively defensively to avoid emotional contact may be described as ‘excursions.’ These two states of contact difficulty can be identified, in assessments as well as in psychoanalytic processes, by closely scrutinizing ‘dreaming’ as an act that carries the depth of time the most vividly, while simultaneously keeping a close eye on subtle exchanges and enactments that occur moment by moment.

Keywords: Contact difficulty, enclaves, excursions, the Here-and-Now technique, enactment

1. Introduction

Psychoanalysis, founded by Sigmund Freud, has continued to develop and deepen, maintaining its basic principles and frameworks, and stepping further into the field of the unconscious. It can be said to have advanced the forefront of treatment in every era by challenging refractory cases. Nearly a quarter of a century has passed since we embarked on the 21st century, and we are now seeing an increase in people in the clinical subject group who manifest marked characteristics of the autism spectrum, or the inability to use projective identification as their primary means of communication, as a typical example of contact difficulty. Physicians are required to continuously scrutinize whether or not emotional contact can be made. Unless this understanding is further enhanced, there is a risk that the ways of psychoanalysis will change and become diluted. In this sense, therefore, it is clearly an important question. The increased number of cases of autistic pathologies that we are seeing were examined at the 2015 annual meeting of the Japan Psychoanalytic Society, in a symposium entitled, “Selection of training cases,” with Kinugasa, T.⁵⁾, Fujiyama, N.²⁾, Ogawa, T.⁶⁾ *et al.* conducting a variety of discussions.

However, the rising number of patients in the clinical subject group undergoing psychoanalysis four or more times a week showing characteristics of autism spectrum requires the analyst to constantly carry out thorough and repeated investigations and to provide their patients with the opportunity to subject themselves to critical scrutiny by a psychoanalyst. And, instead of promptly concluding that the psychoanalysis of autism spectrum is difficult, it is important to continuously question what sort of psychodynamics is being unveiled.

In this paper, I will focus on “Enclaves and Excursions,” a leading paper written by O’Shaughnessy, E.⁷⁾, who was a contemporary Kleinian debater, and will use it as a starting point for discussing the difficulties of making emotional contact while maintaining an awareness of the challenges and viewpoints described above. To do this, I will describe female patient C as a psychoanalytic case. I feel it useful to look

at O'Shaughnessy's clinical paper, since it is easily referenced and transcends the boundaries of any particular school of thought. In my manuscript, moreover, while presenting my psychoanalytic case, I wish to approach the issue of contact difficulty in relation to enactment engaged in by the analysand and the analyst, and to dreaming, while keeping in mind the two states of contact difficulty, i.e., whether the patient is adhering closely to an object (in an 'enclave' state), or if he/she is distancing from it (making 'excursions'). Concerning the two states of contact difficulty described in O'Shaughnessy's paper, to identify what type of transference object an analyst is to the analysand, she assumes the accumulation of sufficient psychoanalysis sessions in her discussions. In my paper, however, I attempted to grasp the two states of contact difficulty and psychic changes seen in a psychoanalytic process, as circumstances that are occurring on a more microscopic level³⁾ as well as instantaneously, than seen in O'Shaughnessy, E.'s above paper.

2. Enclaves

The paper "Enclaves and Excursions" uses the case of Miss *A* to depict a state in which the analysand and the analyst have fallen into the psychic predicament of being isolated from the outside world, and highlights it by naming it an 'enclave.' At first glance, the analysand and the analyst appear to be building on their previous interactions and exchanges. However, the two have in fact adhered closely to each other to form a state of pseudo-psychoanalysis. This is a clinical scenario that is likely to occur, irrespective of school of thought.

This analytical situation called 'enclaves' appear, at first glance, as if the analysand and the analyst engage in close psychic exchanges, and are making emotional contacts. The fact is, however, the two individuals who comprise the analytical couple are in an isolated state that may be compared to an enclave which is a part of a country surrounded by another country (a definition from Cambridge Dictionary). These 'enclaves' are also described as being over-closeness, seclusion, and homosexual refuge. It is said that, under these circumstances, analysts are liable to be rushed to use transference interpretations exclusively. This appears to be a situation in which an enactment made by the analysand and the analyst has occurred as an enclave.

3. Excursions

In her paper, O'Shaughnessy, E. describes 'excursions' by looking at the case of a female patient named Mrs. *B*. Excursions refer to an individual overly moving to avoid contact with an object, and using this as his/her major method of defence. The individual reportedly utilized these defences to flee from close, sticky object relations, creating a state of pseudo-separation. Terms that describe these excursions may include 'no emotional centre' and 'hyper-mobility.' Here, a psychotic matrix, backed up by the analysand's psychotic anxieties such as the wish to avoid confronting and contacting other people, can be said to be enacted in psychoanalytic situations. Under conditions in which the analysand, due to intense psychotic anxiety, is being threatened by sudden

anxiety and is constantly verging on a panic state, the analyst is liable to rush into using extra-transference interpretations exclusively. This can be said to be a situation in which an enactment made by the analysand and the analyst has occurred as an excursion.

4. Clinical material

I will now describe a clinical material while keeping in mind that the clinical situation comprising the two states of contact difficulty mentioned above, i.e., enclaves and excursions, is being grasped on a more microscopic level as well as instantaneously. (The patient has granted me permission to publish her case in this paper.)

a. Up to the assessment

The patient, *C*, was a middle-aged woman who was living with her father. For several years, until shortly before applying for psychoanalysis, she had been undergoing weekly therapy that entailed close physical contact. After her only daughter had married and left home, she applied for psychoanalysis with a certain psychoanalyst. Since all his sessions were fully booked, the psychoanalyst referred her to me, along with the comment, “The patient is socially adjusted but I believe she has some sort of illness.” Her assessment interview began with her self-introduction that contained assertions such as “People dislike me,” “I have no memories of when I was a child,” “I’ve always let my mother do all the thinking for me,” “My mother told me that it was better for me to get married, so I did, in my 20s, without knowing what it meant.”

In terms of her life history, *C* was the first of two children. Shortly after her mother became pregnant with *C*, her father’s family business went bankrupt. Although the family on her father’s side was supposed to be wealthy, when *C* was born, the parents no longer had a house to settle down in. *C*’s paternal grandmother suffered a severe mental illness, while family members on her mother’s side were post-war repatriates.

While in kindergarten, *C* was unable to fit into any group, and spent most of her time alone. She finally became able to play on the slide by herself when she was about to finish kindergarten. As seen, she showed a degree of social phobia and autism. Even after starting elementary school, she had no one whom she could call a ‘best friend,’ although she did have a very small number of friends. Some ‘friends,’ however, were bullies who pinched her arms, for example. She formed a sadomasochistic relationship with the bully, such as by extending both arms to him/her even before having them pinched, as if waiting to be pinched. It took several years for her parents to discover that the bruises on her arms were a result of having been pinched. *C* had no special hobbies or favorite pastimes; she had almost no memory of her early childhood other than being forced by the mother to sit at her desk all day long and concentrate on studying.

Although *C*’s parents were both teachers, the father was indifferent to his daughter, so much so that he had no memories of her as a child. Her mother, on the other hand, was busily preoccupied with work. Later, she raised her daughter under strict discipline, combined with endless insults so harsh that people around them later described the mother as being abusive. *C* lived a life like a captive, with the mother controlling and dominating every aspect of *C*’s life: everything she would wear, from underwear to

clothing, was handed out by the mother, and the first time *C* rode a train by herself was at age twenty. *C* was given no other life choice but to marry a man who went to a local national university that was considered the toughest and the most prestigious. The mission her mother gave her was to obtain an academic record that was the most appropriate for a bride. She therefore entered an all-girls Protestant middle school that allowed the students to automatically advance to college. Her family even set up residence right next to the school, giving her no free time or space.

Shortly after graduating from college, *C* was ordered by her mother to get married. Immediately thereafter, she developed an eating disorder. On her mother's orders, *C*, still in her mid-20s, married a man who had graduated from the most prestigious national university in the area. She soon became pregnant with a daughter, and the husband was assigned to work overseas on his own. Immediately after delivering her child, *C* became increasingly suicidal. She set out to kill herself, together with her baby daughter, but reconsidered her plan and wandered about until she was picked up by a police car. A little over a year after marriage, *C* divorced her husband, on her mother's prompting. There was absolutely no room to incorporate *C*'s will or wishes. Shortly afterwards, the mother passed away from a certain physical ailment. To this day, both *C* and her younger brother carry the risk of dying from developing the same illness.

During the assessment, *C* described the following dream:

Dream No. 1: "An insect that looked like a Japanese Beetle clung to my legs. Lots more swarmed onto me, so I tried hard to shake them off."

C said, "My feelings of wanting to depend on someone might be my feelings of clinging to others like an insect." As her analyst, I told her, "It may be that you are still not used to the feelings of wanting to depend on someone. It may also be that they're just insects, so you want to ignore them." Hearing this, *C* relaxed a little. She distanced herself from me, out of fear of being disliked by me. Still, her narrative carried masochistic and pandering nuances, thinking perhaps that, unless she talked about things that she had to, she would be abandoned by the analyst. As seen, although appearing as if she was in an enclave, she was in fact manifesting a state of excursions through assessments.

I therefore regarded this as a case of an individual who was raised abusively by a narcissistic and domineering mother and an indifferent father. Because *C* had almost no good experiences and potentially had strong feelings of envy, introjection appeared difficult. In addition to having her autonomy robbed by her mother, she had handed over all her thought functions and independence to her mother. These two factors appeared to have intertwined in a complex fashion. The pathology of narcissism was regarded as characteristic, of continuing to avoid contacting the objects and confronting psychic reality, and having defended her psychotic anxiety by secondarily creating an autistic state. She had the ability to dream, and her symbolic functions were also working. I gained the impression that her reactions to my interpretations were not too bad. It was believed that, despite partially presenting the pathology of autism, she was able to use projective identification as a major form of communication. Although it was easy to

imagine the depth of her pathology, it appeared that she had no exploitative motives in seeking my psychoanalysis. I therefore judged that she had analytical potential, and began psychoanalysis on a couch in my private office, with the sessions lasting 50 minutes, held four times a week.

b. Early-stage developments

The analyst who had appeared at assessment seemed to have disappeared, and *C* spoke as if she was actually re-experiencing a memory from the earliest phase in her life, saying, “Mommy went away somewhere, carrying my little brother on her back.” She also said that she had thought about the possibility of dying prematurely at the same age as when her mother died. A month after starting analysis, she said, “When I come here for analysis, I begin to feel sexually aroused.” In her free associations, she recalled an incident that had occurred on a trip she took with her family when she was 11 years old. She threw out of the car window a piece of paper on which she had written “Help me.” An all-out police search began. Officers later took her into custody in a police car, making her pledge that she would never seek help again from anyone, even the police.

In my mind, as a analyst, a re-enactment of *C*’s childhood episodes was now occurring at the phantasy level, up to a point just before the psychoanalysis broke down: my own victimization anxiety intensified that the police car would actually arrive, making our psychoanalysis collapse. During the first two months, when similar anxieties were brought in by the patient, I, as her analyst, repeatedly and unconsciously reassured her and conspired with her. This sort of ‘enactment’ frequently occurred. She was terribly worried about being kicked out of the analysis, predicting that I, as analyst, would become fed up with her incompetence. When I struggled to intervene, *C*’s victimization anxiety grew even further, entering a negative cycle. *C* then described the following dream after telling me that, driven by the impulse to kill herself, she had fled from her ex-husband and mother; but gave up the idea of suicide on realizing that she had to breastfeed her newborn baby. After her mother conducted reverse tracing, an all-out police search was launched, and *C* was apprehended and taken into custody in a police car for the second time.

Dream No. 2: “An insect was placed inside a small, square container. It came out of the container, as if to give birth. It fell to the ground and broke into two pieces. Both were smooth, flat, and faceless: could they be zombies or robots? The two pieces were groaning (‘ah-ah!’) from the bottom of the earth.”

C’s inner self is extremely poor; it appears that, since she had delivered a daughter, she had no choice but to live, and that a true psychic world was also about to enter her peripheral vision.

C began to slowly regress within the context of perceiving the upcoming summer recess as a threat, while experiencing an intensification of her sexual feelings towards me. I interpreted the atmosphere of the place, saying “It appears that you are expecting me to take your mother’s place, of doing magical things or thinking on behalf of you.” In response, *C*’s regression mode immediately progressed at accelerating speed. In

many of the subsequent sessions, free association was conducted in regressed mode. This lasted for a little over four years. By the time three months had elapsed, *C* began to free-associate things that she could not talk about, even at church.

As seen, while she was often in a state of excursion due to fear of coming into contact with the analyst, she realised that her sexual arousal was progressing, and I, her analyst, felt overwhelmed as a result and tended to step back. This sort of an ‘enclave’-type of analytical situation had repeatedly surged in like a wave. With I, the analyst, often being made to become aware, retrospectively, that I, too, was triggering enactments in diverse forms, *C* began to have more dreams linked to the analytical situation.

An external change took place, with the frequency of her twice-a-week part-time job, which *C* had acquired in the first six months of analysis, being increased to three times a week, at the workplace’s request. Moreover, around a year and a half after the start of analysis, *C* moved her registered residency to a place several minutes from the analysis room. The following week, however, she learned that her father had a malignant disease. By leaving her family home, *C*, who had lived her life by suppressing her spontaneity like a doll, began to gradually change from being a doll into a human being who is allowed to have feelings. Moreover, around four years after the start of analysis, *C* was, for the first time in her life, able to hold deep dialogues with her father who, up to that time, had taken a neglect-style attitude to rearing children. She also confronted the limitations of taking care of her father at home, and stayed by his side until his death six months later.

c. A set of four consecutive sessions about five years after the start of analysis

Tuesday

From the latter half of the previous week, because the office intercom had broken down, I, as her analyst, continued to greet the patient at the entrance. This sort of enactment on the part of the analyst became unavoidable, and, as a result, a state of enclave developed, with the two of us at close quarters. For the first time, moreover, this session began late in the evening. *C* talked about her stress involving people at the workplace and her fear that others might be angry with her for being so incompetent. She then reported her dreams.

The previous weekend’s dream (1)

“In the dream, I was simply working as a person placed in charge of something and nothing more, but I ended up being labelled as a suspicious person.

I was wearing rubber boots, thinking that they were mine, but saw that there was a name ‘Hattori’¹ on them.”

This morning’s dream (2)

“I’m inside a strange-looking mountain, where it’s wet and muddy. When I came to a certain ‘boundary’², it suddenly turned brighter. The person next to me

1. This name has a sound similar to ‘*hattari*,’ meaning bluffing or bragging. It appears as if she sneaked into the office at night, as a suspicious person. The dream reminds me of her phantasizing about sexual intercourse.

2. A ‘boundary between life and death’ has been the subject of our exchanges over the past year or so.

stopped moving and froze, like a doll. I asked a male-female couple for directions; I then found myself surrounded by four men. I became terrified, realizing that I was in a scary world, and fled. The men shouted angrily, ‘We’ll never let you escape!’”³

This morning’s dream (3)

“There is somebody scary; he has a long neck and is alive⁴. He grew tired of waiting so long; that’s why his neck has become long. He is in the back of a store, and everybody is entertaining the man in the rear of the store.”⁵

With the things she does not and cannot remember increasing, *C* recalled, in the free association sessions, that she was afraid of all the people she interacts with; that she doesn’t know how to spend the weekends; that she doesn’t know how she should deal with objects/the analyst; and that even though she may or may not be with other people/the analyst, she sees her mouth disappear and feels as if her life will end. I conveyed my interpretation, “Besides being tossed around by my personal circumstances and having the session time changed all the time, which makes you confused, you are still afraid about not knowing how you should go about doing things, going forward. But you are telling yourself that this is better than stopping analysis, which would prevent you from talking about crucial things here.” In response, regarding the analyst’s absence, *C* said, in free association, “Your father may, in fact, be critically ill; your wife may be giving birth to a baby, too.”

I made the intervention, “Forty-nine days have passed since your father died, which is an important juncture in Buddhism, and this place here has become like a ‘honeymoon life’ of sorts, so you feel you don’t know what you should be doing together with me.” While agreeing with this from the bottom of her heart, *C* quickly headed home after the session ended, almost fleeing, as though she felt apologetic for her presence.

Although I, as her analyst, had sensed increased sexual arousal inside *C*, I had anticipated that, if placed on the earthquake scale, it had the intensity of about upper-5. Actually, however, it may have been foreshadowing a greater earthquake in the future, of about upper-6 or even lower-7. I was made aware, retrospectively, that it was *C* who was shouting angrily, “We’ll never let you escape!” and that it was me, the analyst, who was about to get caught.

Wednesday

In her free associations, *C* talked about the fact that I, the analyst, came to greet her

3. My interpretation is that she tried to enter the world of sexual love, and got stuck in the mud. She tried to poke her head into the analyst’s personal world/the male-female couple, but was surrounded by 4-times-a-week analysis/four men, and was not only allowed to escape, but also ended up wandering between life and death. Could her being chased as a suspicious person be the re-enactment of her fear of being wanted by the police/the analyst, and getting locked inside a police car?

4. *C* used to be like a doll.

5. *C*, who has lived her life as a doll, is tired, waiting so long for the start of a new week, so her neck has grown long. She is concerned about the back of analysis/the deep areas of the analyst’s mind, and is trying to sneak in.

at the entrance, and wondered how her father's home caregiver was able to get into the house and whether or not she had been given a master key. It appeared that this indicated *C*'s wish to have me, the analyst, hand out the office's master key to her, and to touch her body, just as the caregiver did. Moreover, hearing her say that she had stopped listening to an online church service that she used to listen to with her father, I made the interpretation, "That may be because it made you realise that your father is gone, and that the sessions here are cancelled, making you sad and pained." To this, *C* replied that she is experiencing, firsthand, the fact that her father is no longer with her, and that she took a walk at the weekend around areas that resembled the boundary between life and death. She free-associated, "I'm thinking that I may fall sick and die at any time, but you came to greet me at the entrance. I bet I'll recall this when analysis ends. I sometimes walk in front of this building, but I can't go in any time I want: the time I'm allowed to go in is fixed."

To this, I, the analyst, made this interpretation: "Although I came to the entrance to greet you, just as your ex-husband took the trouble to come and see you during his brief return to Japan, you must be feeling as if you'd end up repeatedly approaching the world of the dead, as if you're going to where your mother is." However, the fact that, unlike her ex-husband, the analyst came to greet her at the entrance was not mere repetition, but seemed to have the potential to become an experience different from *C*'s past scenarios. She said, "I should have looked more closely at my ex-husband's face when he came to greet me, after I ran away from home, intending to kill myself, together with our daughter." I said, "You are afraid that things here might end up being the same as when you entrusted too many things to your mother, left your ex-husband without seeing his face, and had your mother think on your behalf," interpreting on the spot that *C* feared both falling into an enclave by entrusting too many things to the analyst, and falling into a state of excursion by fleeing from the analyst, and that she was fighting them both. *C* tried to fill the scene with gratitude, saying, "This week, you came to greet me at the entrance every time, which was nice," so I made a comment, "You tend to fall into a state of not seeing, not hearing or not saying, so here, in this room also, I feel that you are still afraid to put your feelings into words."

Thursday

The construction work on the building ended, and I stopped greeting *C* at the entrance. We were therefore 'expelled' from the 'enclave' state. *C* was extremely tense, and seemed to wonder what to say, or worry what sort of things would be OK to talk about. In other words, overall, she appeared to be in a state of excursion, and her free associations were also fragmented. I had fallen into a situation in which I ended up supporting an enactment in the sense that I, despite being an analyst, was unable to sufficiently touch on those associations. After a rather long silence, she talked about the people in her workplace, who suspected her of stealing the office tissue box from the first floor and taking it to the second floor. I pointed out, "You said that people suspected you of stealing a tissue box, and moving it from the first to the second floors, but the fact is, they didn't ask you if you had done it, did they?" *C* laughed and cried at the same time. I conveyed to her, "Before you know it, you tend to feel that everything is your fault, and that you are in the wrong."

You seem to think that everyone who noticed that an item was missing thinks of you as being no good; it also sounds like you want me to tell you that you are no good and in the wrong about this whole thing.” Hearing this, *C* became masochistic and self-blaming, saying that, since she is no good, she cannot apologize fully and tried to become like a doll again.

As her analyst, I intervened, “It somehow appears that you are watching yourself with a surveillance camera, and that I, too, am watching your actions.” She free-associated, “I didn’t know what to do, so I tried to email you. But I felt that, if I had, it would make you angry, and that I’d become scared of you,” explaining that she was being disturbed by the feeling of ‘overstepping the boundaries’ such as by trying to send an email to her analyst.

Saturday

In her free association, she said that she felt as if she would be kicked out of her workplace (/analysis office), but that this did not happen, and that the dream she had had the other day was a scary one, of her becoming a doll. She then reported the following dream.

Dream No. 4

“I must return the bicycle and the car that I’ve rented. I ran, thinking I should go back. But if I did, I would need to climb over a car, which would make dents in its roof, so I ran along the edge of the road instead.”

“Two men knew my father. I tell them, ‘That’s my father.’”

Dream No. 5

“This time, I’ve come to a mountain road: the road is nice and bright. But I don’t know where to go and I don’t know where to go back to. I don’t know how to live my life.”

I made the interpretation, “You must be thinking that all you’re doing is committing sins, like walking where there’s no road, damaging a car by stepping on it, denting the top. The mountain road that you are walking on is bright, and leads to the future; but you don’t know where that is, or how you should live your life, is that right?” *C* answered, “It may be that other people are helping me live somehow.”

However, once she began feeling that she was allowed to approach an object in this manner, she became afraid of being in a state of enclave, and returned to an extreme state of excursion, saying, “I think I’m disliked by everybody. I feel as if they think of me as strange: It’s so painful to live...” I said, “You may be thinking that you’re like an insect, and want to eradicate it.” *C* replied, “I wonder if it’s really OK for me to come here. I’m timid and afraid all the time, although I’ve been coming here so many times like this.” Despite saying this, shortly before the session ended, she recalled her daughter telling her, “It’s OK if you stay alive. It’s OK if you manage to live normally.”

I conveyed to her, “It’s OK if you stay alive’ must be something that your mother never told you.” *C* answered emphatically, “I’ve evaded talking about my childhood endless numbers of times in this room, but I also want to do things over!” I told her, “It

must be that you want to be looked after by two men. These two may be your father, who died, and me,” and *C* nodded.

5. Discussion

a. Enactment

The subject of enactment is being discussed in the US. However, we do not see very many systematic descriptions of it in the UK. As an example, the following description by Steiner, J.¹⁰⁾ appears easy to understand, so I will quote it hereunder.

Feelings are created in analysts through projective identification that lead them to act so that they find themselves playing roles ascribed to them by their patients. An important possibility for communication emerges if analysts can contain their propensity to action, since they can then look at the pressures put on them and the feelings aroused in them as a part of the situation that needs to be understood. The period after giving an interpretation is also very important, and it is often only after analysts have been drawn into an enactment that they can become aware of what has happened. The patient's reactions to what has happened can be monitored and used to test and then modify the interpretation, ...

In situations where psychic changes have stagnated, it is necessary to focus on the enactment that has occurred on the analyst's side that was inspired by the analysand, and understand what kind of meaning it carries, and, as its background, what sort of defence has been triggered in the analysand. To do this, I believe that instantaneous interventions using the Here-and-Now technique⁴⁾, such as those presented in the clinical material, are a useful means in the sense that they may trigger appropriate psychic changes in the analysand. However, when making interventions using the Here-and-Now technique, unless they are accompanied by a proper understanding and, to some extent, the timing, there is a risk that they will merely cause excessive masochistic and overly sexualized responses in the analysand that do not lead to true insights.

b. “Enclaves and Excursions,” a paper by O’Shaughnessy, E.

The paper's first important key point is that **(1) *the importance of the analyst himself recognizing how difficult it is to realise that he is triggering enactment in a subtle way, and to perceive what sort of a transference object he has been made into, is being emphasized in each patient case.*** It is not easy to notice in detail that emotional contacts have become difficult. This may be because, in enclaves, for example, the analyst perceives pleasantness as a countertransference, as if psychic exchanges are being made with the analysand, and, since he/she is made to feel as if exchanges are being made, he/she cannot easily notice that psychic exchanges are actually being impeded, which is an enactment that the analyst is demonstrating.

The paper's second important point is that, in both Miss *A*, who is an example of enclaves, and Mrs. *B*, who is an example of excursions, **(2) *important unconscious phantasies emerged in terms of having a dream, and, starting with this understanding,***

the psychoanalytic process that had stagnated up to that point began to develop.

According to O'Shaughnessy, E., in enclaves, the essence of psychoanalysis—that it is open to things that have the potential to be an obstacle, and open to learning new fields—is being transformed. This is different to excursions, however: it is not related to the limiting of contact with an object that one confronts, or is known, but is related to a total avoidance of emotional contact because of the fear of knowing.

In the case of both Miss *A*, who is an example of enclaves, and Mrs. *B*, who is an example of excursions, the instant their dreams are narrated in analytical space, the understanding that had converged from the detailed exchanges and enactments made by both the analysand and the analyst, as well as several aspects of psychic reality that had been a blind spot, appear to lead to the analyst's experience in the form of countertransference, after the accumulation of psychoanalytic processes beyond a certain level.

Even in patient *C*'s case, in the course of the analyst becoming aware of being drawn into enactments made by the analysand and the analyst in different and subtle forms, such as falling into a state of enclaves as well as of excursions, the analyst strives to deepen his understanding of the projective identification that has occurred, and attempts to encourage emotional contacts between the two sides by dealing with things that *C* avoids, and things in which the analyst himself is unable to intervene.

c. Additional information about dreaming

In his *New Introductory Lectures on Psycho-Analysis*, Sigmund Freud¹⁾ states the following about his own dream theory:

The theory of dreams occupies a special place in the history of psycho-analysis and marks a turning-point; it was with it that analysis took the step from being a psychotherapeutic procedure to being a depth-psychology. (Freud, S., 1933)

In her *Dream, Phantasy and Art* (1991), moreover, Segal, H.⁹⁾ writes as follows:

Freud considered the understanding of dreams to be the royal road to the unconscious. As I suggested, following only the content of the dream has its limitations. If we analyse not the dream but the dreamer, and take into account the form of the dream, the way it is recounted, and the function it performs in the session, our understanding is very much enriched and we can see how the dream's function throws an important light on the functioning of the ego.

Comprehending dream analysis, which Freud regarded as the 'royal road' to psychoanalysis, from medium- to long-term and macroscopic perspectives, too, while also using the Here-and-Now technique, might, as Segal, H., pointed out, lead to perceiving ego functions, and, in a contemporary context, to the analysand's personality.

As for making additions to the method of grasping a dream from the standpoint of emphasizing exchanges that are occurring on a more microscopic level as well as instantaneously, to summarize what O'Shaughnessy, E.⁸⁾ later said, it appears that the degree of symbolism of the dream content and dream function has formed a continuum.

This suggests that there are more than a few cases in which dream content and dream functions are merely on an enactment, and not on the dreaming level, i.e., they lack symbolism. In other words, the act of dreaming begins with a behaviour-dominant stage on the enactment level, and, through accumulation of psychoanalytic exchanges, it shifts to a form where the symbolism can be fully seen, here and there, while taking on broad-ranging changes and temporal breadth which occur spontaneously in the form of afterwardsness and *après coup*.

Regarding the enactment properties of dreams, in her assessment, patient C spoke about a behaviour-dominant dream of clinging to other people like an insect. As seen, her dream content as well as dream functions were at a stage where she was unable to fully take part, and lacked strong emotions. About five years later, however, she increasingly began having dreams that showed rich symbolism and were closely linked to the analyst and the analytical situation. Thus, although the changes are small, and progress has its ups and downs, the patient is slowly beginning to accept contact with her internal objects.

6. In summary

At first glance, the analysand and the analyst appear to be accumulating psychoanalytic exchanges. However, they are in fact merely adhering close to each other, with the sessions having turned into pseudo-psychoanalysis. This situation can be described as an 'enclave,' as O'Shaughnessy, E. points out. On the other hand, creating a state of pseudo-separation by moving excessively defensively to avoid emotional contact may be described as 'excursions.' These two states of contact difficulty can be identified, in assessments as well as in psychoanalytic processes, by closely scrutinizing 'dreaming' as an act that carries the depth of time the most vividly, while simultaneously keeping a close eye on subtle exchanges and enactments made not only by the analysand but also by the analyst, that occur moment by moment.

As O'Shaughnessy, E. points out, there may be cases in which both enclaves and excursions exist, making it necessary to notice, as quickly as possible while maximally utilizing enactments and the act of dreaming, that the sessions have turned into pseudo-psychoanalytical states. If we can identify the presence of projective identification and countertransference in these cases, we may be able to transform these pseudo-analytic states. Conversely, in the following cases, there is a risk that the psychoanalytic sessions have turned into a routine practice of merely coming to the office four or more days a week and nothing more: (1) if a patient engaged in an act which, at first glance, appeared to be an enactment that might lead to something symbolic but was in fact merely a demonstration of hyperactivity and impulse, (2) if little symbolism can be perceived in his/her free associations, (3) if he/she has no dreams, and (4) if his/her dreams remained at a level lacking in symbolism. I also feel that the value of, and strategies for, the clinical practice of once-weekly cases as well as of autistic cases in play therapy exist separately. What is deemed inappropriate in psychoanalytic cases, however, is the possibility that the framework of four or more days of sessions per week is barely being maintained, driven not by the analysand's spontaneity or activeness, but in the form of the analyst's heightened proactiveness standing out. I believe that, in scrutinizing the

suitability of a patient for psychoanalysis, concentrating on enactments and the act of dreaming, while keeping in mind the two states of contact difficulty, is also useful also for selecting appropriate cases and driving the psychoanalytic processes moderately well. By attempting, in a psychoanalytic process, to grasp the two states of contact difficulty more microscopically and instantaneously, as with this case, we can expect to quickly notice the occurrence of enactments such as enclaves and excursions, and to connect this more closely to the act of dreaming.

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Original Papers

[Theory and technique]

When a story disintegrates: Mutative interpretation and psychic change

Junko Okada

Abstract: I used a psychoanalytic clinical material to discuss issues of psychoanalytic process including interpretation, psychic change, and internalization of the analyst in a patient's internal world. As the analysis progressed, the analyst became even more careful, needing to summon up even greater courage. What could possibly be this sense of internal difficulty that an analyst experiences? A mutative interpretation destroys the story of transference that the patient had so far worn like clothing. When a catastrophe then occurs, and the story that the patient had "worn" disintegrates and collapses, one's real self emerges from the rubble. As seen, since a mutative interpretation can destroy an existing story, it is inevitable that the analyst, when giving interpretations, will feel the need to verbally express his or her interpretation even more carefully and with even greater courage. I also stated that a mutative interpretation destroys a patient's story and, at the same time, destroys the analyst's own story. I additionally note that a series of these multilayered processes is the core of the internal difficulties that an analyst must overcome when giving an interpretation. I believe that working through these difficulties and deepening one's thoughts will lead to the creation of truly deep interpretations.

I also discussed the psychic change that is brought about by interpretation. I believe that psychic change, for one, is about the analyst being internalized as a "resident" in the patient's inner world. In so doing, I show that the handling of envy is of key importance.

Keywords: mutative interpretation, catastrophe, psychic change, internalization, envy

I. Introduction

A patient and an analyst meet every day in an analytical setting in pursuit of psychic change. Strangely enough, though, if a psychic change which they are both pursuing does

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in fact occur, the patient may become hesitant and try to make a U-turn along the path he or she has taken thus far, or wander onto a road that diverges from the initially intended direction. Compared to the patient, the analyst may not block the problem entirely from his or her view, due to anxiety about such change, that often. On the other hand, it appears certain that a sense of internal difficulty of sorts, which the analyst must overcome when giving an interpretation, continues to grow as the analysis progresses. In his important paper, *The Nature of the Therapeutic Action of Psycho-Analysis*, James Strachey (1934)⁷⁾ writes:

Mrs. Klein has suggested to me that there must be some quite special internal difficulty to be overcome by the analyst in giving interpretations. And this, I am sure, applies particularly to the giving of mutative interpretations. (Strachey 1934: 158)

He continued making the following remarks:

But behind this there is sometimes a lurking difficulty in the actual giving of the interpretation, for there seems to be a constant temptation for the analyst to do something else instead. He may ask questions, or he may give reassurances or advice or discourses upon theory, or he may give interpretations—but interpretations that are not mutative, extra-transference interpretations, interpretations that are non-immediate, or ambiguous, or inexact—or he may give two or more alternative interpretations simultaneously, or he may give interpretations and at the same time show his own skepticism about them. All of this strongly suggests that the giving of a mutative interpretation is a crucial act for the analyst as well as for the patient, and that he is exposing himself to some great danger in doing so. (Strachey 1934: 158)

After psychoanalysis begins, the patient talks; the analyst listens attentively and gives interpretations. The two individuals experience the sort of a transference story that the patient has “worn like clothing” while living his or her life. They work together to enact and survive the story in an analytical setting. This story of transference that the patient wears like clothing repeatedly appears in the analytical setting as repetition compulsion, and develops, in us, the perspective of the repetition of transference story as a form of defense.

This corresponds to the First Phase in Strachey’s previously-mentioned paper. Here, projection and introjection constantly occur between the patient and the analyst: the patient projects his or her archaic object onto the analyst, introjects it, and endlessly repeats this process. Consequently, the extent and intensity of anxiety in the patient’s internal world continue to increase. Strachey calls this a vicious cycle. At the same time, the patient introjects the analyst not only as an archaic object but also as an external object that is more realistic and contemporary. Strachey calls the analyst, who, as an object, has thus been incorporated into the patient’s superego, an “auxiliary superego,” and states that it is extremely labile and ever on the verge of suddenly turning into an

archaic object.

As the analysis progresses, the analyst begins to become even more careful, needing to summon up even greater courage, when giving interpretation. This is something we analysts experience. What could possibly be this sense of internal difficulty that an analyst experiences? A mutative interpretation destroys the story of transference that a patient had thus far worn like clothing. When a catastrophe results from interpretation made in this manner, and the story that the patient had “worn” falls apart and collapses, what emerges from the rubble must then be one’s real self. As seen, since a mutative interpretation can destroy an existing story, it is inevitable that an analyst, when giving interpretation, will feel the need to verbally express his or her interpretation even more carefully and with even greater courage. I also feel that a mutative interpretation is presented to the patient, but, at the same time, exposes to reality the unconscious story of the analyst himself/herself, and destroys it.

Let me describe the series in this process in which a story breaks down, once again using Strategy’s point at issue, which is that Strachey’s terms focus on structural language, such as taking into account the location of the analyst as the superego. The abovementioned process corresponds to the Second Phase of Interpretation which he advocates. Despite being labile, the analyst’s auxiliary superego, which had been incorporated into the patient, breaks little by little, forming the vicious cycle that continues to occur in the patient’s internal world. And, by having extratransference interpretation and reassurance brought about occasionally by the analyst, the patient’s internal world is cultivated even further, preparing it for exposure to raw reality. Here, the analyst provides a mutative interpretation. This is brought about at that immediate moment by the analyst. This moment is the actual instant that a patient’s impulse from the id is directed towards the analyst as an archaic object, and at the point of maximum anxiety in the patient’s internal world. This must be what Klein often referred to as the “point of urgency” of an interpretation. It is difficult to describe these moments using Strachey’s economic, structural terms and language. At this point, the mutative interpretation provided by the analyst resolves these anxieties. Compared to the patient’s phantasy of experiencing, in the moment, the analyst in front of him/her as an archaic object, this interpretation can be considered the reality itself that is right in front of two people forming the analytic dyad. In other words, the patient realizes that he or she is directing his or her id impulse towards the analyst as an archaic object, not towards the analyst as a real object. Here, in order for the patient to differentiate between the analyst as a real object and the analyst as an archaic object that had been transferred, the patient’s sense of reality plays an important role. And so, by mutative interpretation, the analyst re-emerges in front of the patient as a real figure. By mutative interpretation, the patient immediately confronts the rawness of reality, and his or her story of transference breaks down.

In this paper, I hope to discuss, based on my clinical material, the internal difficulties that an analyst experiences when giving mutative interpretations, and to elaborate on what they actually constitute. This is because I believe that working through the internal difficulties that an analyst experiences when giving interpretations, and deepening one’s thoughts, will encourage the analyst to create truly profound interpretations, and that such

interpretations will expose the patient and the analyst to the reality of that moment.

In addition, as mentioned previously, I believe that mutative interpretations are expressed towards the patient and break down the patient's story of transference. At the same time, they expose to reality the unconscious story of the analyst himself/herself, and destroy it. Lastly, I wish to discuss the significance of mutative interpretation and psychic change that these interpretations induce. Based on the conclusions obtained from my clinical material, I believe that psychic change, for one, is about the analyst being internalized as a "resident" in the patient's inner world. As part of this process, I believe the handling of envy to be of key importance.

II. Clinical material

A is a woman in her 40s, working in a specialized profession. While in her 20s, she suffered serious depression. After taking up her current job, *A* took part in a certain project, together with a female supervisor who was dictatorial, just like her own mother. She fell into a depressive state and took a leave of absence from work that lasted several years. Around this period, she started psychoanalysis with me.

A often compared the relationship she had had with her mother to that of Hitler and the Jews. It is true that her mother had sadistic aspects to her character, and had powerfully controlled *A* and set the direction for her, while incorporating and engulfing her. The mother had siblings and relatives who suffered from severe psychosis. *A* had a younger brother who was close to her in age. The mother prioritized her son's education so much that she decided to follow her husband to a major city to which he had been relocated, and placed her daughter *A*, who was attending middle school at the time, in the school's dormitory. This traumatic story was something that *A* talked about repeatedly from time to time. No matter how many times this story was told, the content remained unchanged; it continued to exist between *A* and me, the analyst, as a story of unchanging tragedy.

At present, *A* is married and has children. She lives a calm, peaceful family life. However, she showed little interest in people or in life itself, and appeared as if her mind was wandering at random. As she began psychoanalysis, she gradually came to regard my analysis room as a place where she could belong. She talked in a lively and energetic fashion, and often brought dreams to me. Each time the analysis sessions broke up for the summer, she worried that the analysis might be terminated and that she would be thrown out. She feared that the place which she considered her "home, or a place where she belonged" would be snatched by someone else—most likely my children or other patients. *A* despaired, thinking that a new baby might come to this room before long, and that I, the analyst, might soon tell her to start walking on her own feet. On the other hand, she tried to keep a distance from me, saying, "How long do you intend to make me come here?" and tried to prepare herself mentally to enable her to continue to live calmly, as if nothing had happened, even after parting from me, the analyst. I tried to actively give interpretations of, and contain, the object relations *A* had had during infancy which she was repeating unconsciously.

As she continued to experience separation from and reunion with me due to vacations, *A* gradually began to settle in, little by little, to the space of analysis, or, in other words,

she found a place where she could belong inside my womb and internal world. Regarding the perceptions she had acquired during the summer break, she said, “Before, only an island was floating unstably on the ocean, but now, it seems as if has been transformed into a sturdy tetrapod”; she also gave an analogy about working steadfastly with me to create an island in the ocean.

Days and months went by; however, *A* remained unchanged: she continued to fear in a persecutory manner, each time long vacations came around, that I would suddenly terminate the analysis, and that she would be thrown out. She also continued to keep me at a distance, and shut herself in. No matter how many times she experienced, and talked about, these separations and reunions that came around regularly, the tragic story of her suddenly becoming abandoned and losing the place where she belonged, was not transformed. *A* and I were living in *A*’s extremely unyielding world in which things remained unchanged. Moreover, as her analyst, I was beginning to realize that psychic changes would not occur if the two of us stayed in this situation. It also became apparent that *A* challenged and attacked the analytical structure—in other words, my foundation as an analyst—such as by coming to the sessions several minutes late (this had been shown subtly and unobtrusively from the beginning), and almost always cancelling the sessions the day after a national holiday or the first day after returning from a long-term vacation. *A* attempted to cunningly provoke me and make me angry, and repeatedly tried to identify me with her mother. Based on my raw and vivid experiences with *A*, a thought arose in my mind that the unchanging story, which she had worn like clothing and refused to let go of, may exist there as a defense of sorts, to prevent her and her analyst from uncovering and sharing even more raw and vivid experiences.

After analysis entered its fourth year, situations began to occur in which my interpretations destroyed this unchanging story that *A* had worn like clothing as a means of defense, and, in so doing, a quiet catastrophe befell both *A* and me. I will describe, in detail, the course of the fourth-year analysis.

On returning from our fourth summer break, *A* said, “I thought that my feelings would sink to the bottom during the summer break, but, to my surprise, they didn’t, since I had you like a swimming float inside me. I could climb onto, and so I managed to not sink to the bottom.” I felt that “the float inside *A*’s mind,” which was like a fragment of me, the analyst, had begun to internalize in her.

On Tuesday, the day after a Monday on which my office had been closed due to its being a national holiday, *A* came, saying that she was feeling terribly depressed. She described a dream she had had about a criminal (**A dream about a criminal, #531**).

I’m watching a scene in which a criminal is being subjected to punishment during the Edo period. A wooden plate, covered with countless long and sharp needles (sharp enough to kill a person), is pressed onto the criminal’s belly, reminiscent of a Japanese folktale, in which an evil racoon dog, whose heavy load of kindling it carried on its back is set alight by a rabbit which inflicts punishment as a judge. An identical needled plate is pressed onto the criminal’s back. Trapped between the two needled plates, with a mass of blood leaking from

his mouth and from all over his body, the criminal is about to die. However, the order is changed to torture rather than execution. The criminal sees me simply watching him without shouting insults or jeering like the rest of the crowd, and yells abusively, "Why are you simply looking on and doing nothing? I can't stand this torture any longer: kill me, and kill me fast!"

I made this interpretation: <The reason you ended up feeling terribly depressed on the weekend must have been because there was no session on Monday, on account of the national holiday. For this week, the sessions on Tuesday, Wednesday and Thursday are sandwiched between days with no sessions, namely, Sunday, Monday (a national holiday), and Friday and Saturday. This is a near-death event in which your blood spurts out but you cannot die just yet. I'm a bystander, simply watching you, the criminal who is suffering agonies of near-death pain. You are directing fierce hatred toward me, saying, "Why are you simply watching from the sidelines? Just go ahead and kill me right now!">

A's reaction was as follows: "When I was a baby, I may have been pampered and cared for well. But this place where I belonged—it was snatched by my younger brother who cut in from the side. I had breast milk taken away after only three months. Mother said that her breasts broke down due to contracting mastitis after three months." Afterwards, A talked repeatedly, in tears, about her unchanging tragic story that was being continuously told: "My parents never carried me in their arms, and made me hold a milk bottle between two pillows and drink it. This was a story that my parents used to tell as a funny joke." The scene of these two pillows holding a milk bottle in between reminded me, as her analyst, of the needled plates appearing in her dream that sandwiched the criminal from the front and the back. Hearing her story, I felt as if A was speaking of a phantasy of the original sin that, because she had destroyed her mother's breasts, she could no longer receive even the smallest amount of breast milk. As her analyst, I felt that A was harboring a sense of guilt for having been born a woman, and disgust for femininity.

One day, A said, "I'm terrified of my Hitler-like mother, yet I love her and yearn for her. This is strange, don't you think?" I responded, very carefully, <You are extremely scared of Hitler, so you may be pretending that you yearn for your mother, that you like her, in order to survive.> To my surprise, A nodded in agreement and said, hesitantly, "About my mother...I may hate her, but I don't know what I truly feel anymore." When I took up the issue of this hesitation, A said, "There were no words in my mind that showed that I hated my mother. Just like during the war, when they blacked out the words that people were prohibited from using, I had erased those blackened words in my mind. But it may be that they are gradually coming to light." As her analyst, I once again conveyed to her with caution: <The truth is, you hate your mother. But it may be that you can no longer tell what your true feelings are.> A uttered, "I understand what you're saying. But, for some reason, I feel empty," and added that she did not know how to put her feelings into words.

Immediately after this, A "went on strike" against me, and skipped analysis for approximately one month. It appeared that there also was A who tried to provoke me and make me angry by continuing to cancel her appointments, and somehow make me

identify with her own mother. When she reappeared at my office a month later, she talked innocently, as if closing her eyes to reality, and said, vaguely, "I might have feared that, had I continued to come for a month, without taking a break, things would collapse." "If I do not come here, I can preserve whatever I had built with you, nice and intact. I want to keep it as it is, in a clean, beautiful state." Hearing *A* talk like this, ignoring reality, I felt a sort of internal difficulty, resembling hesitation or flinching, well up inside my mind. Aware of this, I conveyed the following to her with my usual calmness: <You said just now that the reason for not coming here for one month was to prevent things from being destroyed. On the other hand, if you do not come here for a month or for several months, it means that this analysis is suspended. I therefore believe that, by choosing not to come here, you are trying to destroy your relationship with me.>

This internal difficulty which I had become aware of at that moment: where did it come from? In looking back, I realized that the word "destroy" which I had used in this interpretation, came from *A*'s cry from the heart, pleading not to expose her to reality anymore and destroy the story of her and her mother which she had built up inside herself; and to leave it alone. At the same time, I believe I chose this word as my interpretation because the story that I, as an analyst, wear like clothing, had also existed there. I may have become aware of the impulse of infusing, with this word "destroy," the unique emotions that arise from the story that I myself wear like clothing. I must have realized that what I was confronting now was not the internal object that dwells in my inner world, but was none other than *A* herself, and that I was trying to depict the here and now to her.

Let me return to my clinical material. Listening to my interpretation, *A* looked momentarily crushed, then said, in a trembling voice, "Is this what you were thinking? Does this mean that you were angry? I simply assumed that you'd understand, and that the relationship I had here would be rock-solid, no matter how many times I canceled appointments. I have complete trust and confidence in you, like 100, but yours is only about 40 towards me." Like me, *A* also reacted impulsively to the word "destroy," and, in the background, I saw glimpses of the story that she herself wears like clothing. *A* seemed to have instantly transferred, onto me, the figure of her mother, with her destructive and sadistic ways. At the same time, she seemed to have the same destructive and sadistic ways as her mother, and was also afraid of this self. "Not becoming attuned to you like this is fatal. If you fail to become attuned to me, you will be gone. I'm lonely, after all." In response, I conveyed to her, <Regardless of whether or not I'm attuned to you, you are strangely unable now to perceive that I'm remaining next to you like this and continuing to listen to you talk.> *A* said, "What?" and became flustered and confused. Later, she said, "I had felt all along that the person in front of me would disappear from my sight, but, when I thought more deeply, I realized that I may have kept that person at a distance."

Later, *A* began coming to the office late once again, and proactively cancelled her sessions. By sensing the things that are occurring between the two of us at this very moment, and understanding them, we come in contact with reality, and psychic change occurs as a result. However, to counteract these changes, *A* skipped sessions or arrived late at my office. Involving the retreat of psychic changes such as this, emotions such as resistance, provocation and anger now filled the space between *A* and me. Contrary to

these landscapes seen at the space of analysis, however, *A*'s performance at the workplace steadily grew and improved; she successfully and for the first time accomplished a large-scale project without taking any leave of absence. Retreat of psychic change occurred, just when these external achievements were being formed that made both of us perceive the trust and confidence in psychoanalysis which we had been tackling thus far. Considering this, I could see that all sorts of things were wriggling around, such as fear of accomplishment and envy of the analyst's thoughts and creativity. In this way, most of *A*'s difficulties of living her life continued to gather, not into the external world called the workplace, but within the analysis sessions with me. During this period, some sessions were missed on account of national holidays. Despite this, *A* tried to pay for four sessions by mistake. Seeing this, I felt that the setting of 4-times-a-week analysis sessions had already seeped into her body, even though she frequently canceled them.

The last session of the year arrived. *A* looked nervous and restless. She said, "I've been coming here for four years now. My job as project leader completed successfully, and I was able to achieve my goal, so I assumed that you would be telling me to end the analysis today." It was as if she was waiting for a pronouncement from me. She said weakly that she hated coming here, and that she hated me. It seemed as if she was trying to induce me to say, "OK, then, let's end the analysis today."

It was time to end the session. As a form of interpretation, I said to her, <OK, then, see you next week.> These are words that represent simple everyday reality, and, as an analyst, I ordinarily do not say them to my clients. This interpretation destroyed the plot that was in *A*'s mind; she forced a pained smile, as if dazed. *A*, who was in the midst of a catastrophe, must have harbored uncanny feelings towards me.

The new business year began the following week. *A* came to my office, looking confused and bewildered, explaining that she had been assigned to take on an even larger-scale business project this year. She said that her back pain was so agonizing that she could hardly maintain her posture. I said to her, <Since this is the first time you had a relationship that lasted as long as this one, you must be bewildered, confused and at a loss.> *A* replied, "I am at a loss, not able to do anything; I'll simply stay put here." When I told her that her carefully-guarded clothing had now dropped to the ground, exposing her, *A* said, "Thoughts of a toad come to mind. I'm a toad that lazily shows its belly and flips over, naked. I don't know how to move forward, so I stay here leisurely, doing nothing. This is my real, original self: I'm useless in society." I felt that the story that *A* had worn like clothing had disintegrated, and she was here, now, as her real self. I sensed that, at this time, *A* had genuinely felt that her real, toad-like self had been accepted by the analyst. This appeared to be a first-ever experience for her: her mother refused to accept *A* unless *A* consistently produced the results the mother demanded.

When she came to me the following day, she said that she had felt sick while on a business trip that day and had thrown up in a train station toilet. I said, <The reason you vomited today was because you could not swallow something warm that I gave you in this room the day before.> *A* said, "It's true that what I received yesterday here was warm. But why is it that I throw up the warm stuff?" She fell silent, looking somewhat shocked, then recalled a dream.

I cultivated potatoes on a farm. When I dug for them, I discovered a mass of extremely large potatoes.

I asked her to make an association. *A* said that she was extremely surprised, since she ordinarily harvests only a few small potatoes. I said to her, <You must have had an abundance of harvests in this place here, with me, but you turned them into filth and vomited them out in a station toilet.> Listening to her speak in a faint voice, as if having lost all strength, I could sense her sorrow. “It’s funny, isn’t it? Ordinarily, if you had a large crop, you’d be happy, right? I never dreamed that the crops here would be this huge. It is true that I’d dump my harvests into the trash. But why do I do such a thing...?” The fact that she turned crops into filth and threw them away into the toilet seemed to show *A*’s hatred. I felt that it was the type of hatred that was not bubbling and burning hot, but rather, hatred that was filled with sorrow.

The following week, *A* failed to show up for any of the sessions. Cancellation of appointments was an embodiment of her envy and fear of loss that took the form of discarding the sessions precisely because there was a large crop; it represented a retreat of psychic change. When *A* returned the following week, she had completely forgotten that she had talked about turning her harvest into filth and spitting it out into a toilet.

III. Discussion

1. Internal difficulties that an analyst must overcome when giving an interpretation

Since the start of analysis, the story that *A* wore like clothing—of having a place of her own where she belonged being suddenly taken away—appeared in multiple places. Long-term breaks, in particular, such as the summer vacation, seriously threatened *A*, who carried a narrative of deprivation. Seeing this sort of critical situation appear right in front of me, I, as her analyst, tried to actively provide interpretations and contain it. However, I may have led her a bit too aggressively. That is because this, in some cases, suggests how *A*’s mother had powerfully set the direction, at her own pace, for *A*, while incorporating and engulfing her little daughter. If I considered that I, as an analyst, had unconsciously identified with *A*’s mother, there is a possibility that the analyst’s act of interpretation itself may have been experienced by the patient as something that manifested early-stage object relations in concrete form.

As an analyst, moreover, based on the wish to understand the root of the story that is unveiling itself before my eyes, and sharing it with *A*, I made frequent interpretations about the object relations during infancy which *A* was unconsciously repeating in front of me. Joseph, B. (1988)⁴⁾ cautions that the attempt to formulate such interpretation is that the analyst attempts to make sense of what is happening prematurely so much that he/she rushes into things, responding defensively to the anxieties which are inevitably stirred up in the analyst. She also discusses that this interpretation along these lines may represent a defensive enactment in subtle form by the analyst, and shows the possibility that such interpretations are liable to be used by the patient to reinforce his or her defensive structure, rather than facilitating real psychic change. Furthermore, Joseph states that if an analyst gives an interpretation, which includes both the descriptions and explanatory

formulation, he or she may end up losing contact with the reality, which is immediately present and available, for the sake of defense against the anxiety of both the patient and the analyst³⁾. Based on this, she discusses that it is sometimes evident that premature, broad explanatory interpretations are given partly to relieve anxiety both in the analyst and the patient, since the attempt to really understand the immediate processes imposes considerable demands on both¹⁾. This is equivalent to what Klein and Strachey referred to, and which I quoted at the opening of this paper, as the extremely unique internal difficulties that the analyst must overcome when giving interpretations.

Later, I refrained from conveying the story's reconstructive understanding, placed it in my mind to make it float, and, instead, came to listen carefully to the movements of the mind that occur from moment to moment between *A* and me. Behind these changes that I experienced as an analyst was the accumulation of my questions and awareness that, for example, by relying on a story, I may have managed to get by without touching on the bare reality such as vivid emotions and rough, awkward farewells. Instead, by trusting *A*'s ability to talk and listening carefully to what she says, I tried to provide foundational support to *A*'s free associations. As a result, *A* gradually became able to notice, on her own, the story that was repetitive. Joseph states that, while it is important for analysts to evolve such theoretical and conceptual understanding of their patients, their internal world and their object relations, this reconstruction in the analysts' mind should not intrude into their thinking in the session, but somehow remain at the back of their mind⁴⁾.

2. Interpretation destroys both the story that a patient wears like clothing, and that of the analyst

Most of the interpretations I had made after entering the fourth year of analysis were simple types, directed towards the therapeutic relations of the here and now. For example, when I, as the analyst, made interventions that touched the genuine feelings that *A* had held towards her mother, *A* "went on strike" and skipped the sessions for one month. In so doing, she said, "If I had continued to come without taking a break, my relationship with you might have broken down. By not coming, I wanted to save whatever I had built with you here, nice and intact. I want to keep it as is, in a clean and beautiful state." Hearing these remarks, which ignored reality, I momentarily hesitated and flinched, and, while perceiving a sense of internal difficulty of sorts, I provided my first interpretation: <I think that you, who chose not to come here, are trying to destroy your relationship with me.> As had expected, *A* appeared deeply shocked. However, with my second interpretation, <Regardless of whether or not I become attuned to you, you are strangely unable now to perceive that I'm remaining next to you like this and continuing to listen to you talk.> *A* responded, "I had felt that the other person in front of me would disappear from my sight, but the truth is, I may have kept that person at a distance," displaying a shift from the Paranoid-Schizoid (PS) position to the Depressive (D) position. As seen, the mutative interpretation of the here and now destroys the familiar story that *A* wears like clothing. So, what is the nature of *A*'s story that this interpretation destroyed? I personally feel that mutative interpretations simultaneously expose to reality and destroy the story of the analyst himself/herself. In what form, then, was this manifested?

Let's begin by looking at *A*'s story. Her story, which my first interpretation had

destroyed, was about her wish to preserve the relationship with her mother and with the analyst neat and intact. In other words, it was an omnipotent story that protected her from coming into contact with reality. This story, as a form of defense, is destroyed by my interpretation. From beneath this narrative, the next story emerges, of the analyst directing the same destructive and sadistic tendencies towards *A* as did her mother. To borrow Strachey's words, *A* is projecting, onto the analyst, the archaic object that she holds, and is transferring it. After the second interpretation destroyed the next story, real awareness appeared, as shown by her remarks, "I had felt that the other person in front of me would disappear from my sight, but the truth is, I may have kept that person at a distance."

Next, let us follow the analyst's story. This story is dragged onto the space of interpretation through something that is wriggling around the most inside the patient, and is projected onto the analyst, triggering something within the analyst that leads to a catastrophe. I told the patient, <I think that you, who chose not to come here, are trying to destroy your relationship with me.> This word "destroy" appears to have developed in me at the moment of making the interpretation, based on the interactions with the internal object that dwells inside me. At the same time, the word also derives from destruction and sadism that develop from the interactions between *A* and her mother, who dwells inside *A*. As an analyst, I felt that the word "destroy," which originates from both my story and that of *A*, carries a powerful destructive nature. This is why I flinched for an instant, before giving an interpretation. However, the awareness that had developed in me, while giving an interpretation, indicated that, when exposed to reality, this word "destroy" is just a simple term that suits the context of the situation. I believe that the series of multilayered processes that I have described thus far constitute the internal difficulty that an analyst must overcome when giving an interpretation.

What is interesting here is that, prior to the catastrophe, the stories of *A* and me had become inseparably unified while forming an agglomerate with the word "destroy." Each story that the patient and the analyst wear like clothing in the analytical space gradually becomes mixed and blends inseparably into one. *A* catastrophe therefore occurs in both *A* and the analyst as the mutative interpretation exposes this story, in mixed form, to reality, and destroys it.

Let me trace the process by which mutative interpretation destroys *A*'s story of transference, by looking at another scene in the clinical material. On the last day of the fourth year of analysis, *A* half-believed that I would declare, <Let's end the analysis today,> and could only imagine a story in which she would suddenly be abandoned. Instead, I told her, <OK, then, see you next week,> which was an interpretation that represented raw reality itself. This pulled apart the plot in *A*'s mind who came to harbored uncanny feelings towards me. And so, as a catastrophe occurs as a result of interpretation, and as the story that *A* had worn like clothing falls apart and collapses, one's real self subsequently emerges from the rubble. As her analyst, I interpreted to *A*, who was confused and at a loss in the midst of a catastrophe, that everything she had carefully covered herself with, like clothing, now dropped to the ground, exposing her. *A* responded, "I've realized that I'm a toad that flips over and shows its naked belly. I think this is my true, original self," touching on her real self on her own initiative. Mutative

interpretation most likely exposes a patient's unconscious story to reality, and causes a catastrophe that brings about something that is connected to psychic change.

3. Psychic change, the analyst's internalization, and envy

Lastly, I would like to touch briefly on what a psychic change actually constitutes, from a practical perspective, based on the issues that I observed in my clinical material. *A* psychic change, for one, can be said to be about an analyst becoming a resident of the patient's internal world and living there. To be a little more precise, the analyst is internalized as a good object in the patient's inner world, where almost no good internal objects could previously be found, and, what is more, this is not based on idealization. This is shown in the fact that, after the end of the fourth summer vacation, *A* said, "During this summer break, I had you inside me, like a swimming float." It can thus be assumed that I, the analyst who was also a float, had begun floating in her internal world. In *A*'s internal world up to that point, a domineering, Hitler-like tyrannical internal object—like the dictatorial female supervisor who reminded *A* of her mother—had dwelled, and *A* can be said to have lived in a world where the voice of such an object was loudly reverberating. *A* harsh superego had naturally been formed in *A*'s inner world. The fact that the analyst had begun to drift, like a float, in *A*'s inner world in this way can be described, using Strachey's terminology, as I, as her analyst, having begun to function even more clearly as *A*'s auxiliary superego, as a result of an accumulation of mutative interpretations. Moreover, due to these mutative interpretations destroying the existing story which *A* had worn like clothing, it became easier for *A* to distinguish between the analyst, what Strachey calls the archaic phantasy object, and the real-life analyst⁷). We might say that this encouraged *A* to internalize me as a real-life object, leading to the burgeoning of psychic changes.

However, psychic changes cause intense anxiety in a patient. It appeared that *A* wished to expel, from her body, the analyst who had begun to dwell in her inner world. Looking back at the clinical material, in the fourth year of analysis, I see that I, as the analyst, accepted *A*'s toad-like real self as is: this was fresh new experience for her. Function such as this that the analyst accepts and holds was incorporated by *A* as the harvest of analysis. Immediately afterwards, however, she vomited the whole thing into the train station toilet, and erased the entire series of these narratives from her memory. This may perhaps be interpreted as *A* attempting to drive out the analyst whom *A* had incorporated into her internal world and allowed to dwell there, by employing the notion of envy towards my warmth and creative thinking.

In her book *Envy and Gratitude* (Klein, 1957)⁵), Klein states that, in infancy, repeated happy experiences of being fed and loved are instrumental in establishing securely the good object, so, during an analysis, repeated experiences of the effectiveness and truth of the interpretations given lead to the analyst—and retrospectively the primal object—being built up as good figures. She also writes that, in this manner, when the patient's initial inability to establish a good object is, to some extent, overcome, envy is diminished and his capacity for enjoyment and gratitude increases step by step. In looking back at my analysis with *A*, Klein's abovementioned scene of an infant being fed and loved, reminds me of the "pair," of the analyst who produces interpretations and tries to

convey them, and *A*, who listens attentively and engages in free association in a lively and energetic way. In other words, I feel that, in my analysis with *A*, the repetition of constant breastfeeding experience—of the analyst underpinning *A*'s free associations with interpretations—may lead to decreasing *A*'s envy and destructive impulses.

4. Strachey today

Strachey's paper, in which he discusses mutative interpretation, continues to be quoted by numerous analysts even today, and remains extremely important. In the last few years, various theorists have been interested in Strachey, with Klauber (1972) being one such analyst. He thinks that, in formulating our theories, we should take the analyst's personality more into account. We often forget that, from the beginning of psychoanalysis, it was thought that his therapeutic action is due not only to interpretation, but also to the affective link that the patient develops with the analyst: "One of the earliest discoveries of psychoanalysis was that another factor was involved in therapy other than the interpretation of the analyst. This was the development by the patient of strong feelings of attachment." Klauber's interest is directed precisely to this link, which Strachey's theories do not consider.

To the extent that he doubts the existence of a direct relationship between the content of the interpretation and the results that psychoanalysis achieves, Klauber questions Strachey's fundamental thesis. He concludes that, if it takes place and acquires its meaning there, we should be extremely cautious in evaluating its effects. "Interpretation thus takes place in the context of a relationship, and we therefore have to be cautious in determining its effects. How much is determined by the content of the interpretations, how much by the authority lent to the analyst by his convictions?" (1972).

For Herbert Rosenfeld (1972), Strachey's scheme is enriched by more current concepts being applied to it, without therefore losing its coherence and original force. From what we now know, an analysand identifies projectively not only his internal objects, and particularly his superego, but also part of himself, making the analyst's task more complex, although the principles of mutative interpretation do not vary in any way.

Since Strachey's time, Rosenfeld says, our knowledge has increased in regard to the processes of splitting, idealization and omnipotence which interfere with the development of the ego and, at the same time, distort object relations, increasing the distance between the idealized object and the persecutory object. These mechanisms operate continuously in the course of the analytic process, influencing the analyst's function considerably. But if the register of his countertransference is adequate, they also give his interpretative work depth and precision.

Let me draw your attention to a discussion by a Japanese psychotherapist on mutative interpretation. Nawata, who is a psychoanalytic psychotherapist, states that the attitudes and techniques adopted when engaging in psychoanalytic psychotherapy are about making full use of the process of what Strachey refers to as "oscillation." This is what Strachey says:

".....by giving an extra-transference interpretation, the analyst can often provoke a situation in the transference for which he can then give a mutative

interpretation.....although it is true that extra-transference interpretations are not for the most part mutative, and do not themselves bring about the crucial results that involve a permanent change in the patient's mind, they are none the less essential.An oscillation of this kind between transference and extra-transference interpretations will represent the normal course of events in an analysis."

Nawata attempted to further add contemporary body and substance to the word "oscillation" that Strachey had used, to shed light on the patient's past, present and the now. He presented a concept known as "oscillation," as something to link and connect, adding that using it is important for making transference interpretations in psychoanalytic psychotherapy.

IV. Conclusion

I have discussed here the notion that a mutative interpretation destroys both the story that a patient wears like clothing, and the story that an analyst wears, and used my clinical materials to show that the series of multilayered processes which occurs when these disintegrations take place are internal difficulties that we analysts must overcome when giving interpretations. I believe that working through these internal difficulties and engaging in more profound thinking will lead to providing a truly deep interpretation.

I also discussed the subject of psychic change that is brought about by mutative interpretation. I used my clinical material to show that psychic change, in my view, is about the analyst being internalized as a resident in the patient's internal world, and that, in so doing, the handling of envy is of key importance.

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[Essay]

Being polyphonic

Ami Okamoto

Key words: polyphonic, Japan Psychoanalysis, Amsterdam Shock

On May 4th, 2024, I participated as a panelist on the final day of the IPA Asia-Pacific Conference in Sydney, Australia. The session was an International Psychoanalytical Studies Organization (IPSO) panel featuring candidates from Taiwan, India, China, Australia, and Japan. Each of us delivered a presentation on the theme “Exploring Suffering and Desire: A Perspective on Cross-Cultural Psychoanalytic Training,” followed by a discussion with the International Psychoanalytical Association (IPA) President and the IPSO Europe Vice President.

Here, I would like to share an expanded version of the presentation I gave at that time. A month after presenting, I was officially certified as a member. As positions change, perspectives could change as well. However, I feel that I must continue to listen to the words that fade away in the flow of everyday life. These words include not only my own voice but also the voices of the past candidates who were once deeply passionate about psychoanalysis in Japan. Some of them had chosen silence or decided to leave. Others found the courage to speak up, only to feel that he/she/they were unheard. Have their voices disappeared? No, I do not believe so. As I lay on the couch, what I heard were not only my own voice and my analyst’s voice but also the faint echoes of the “third” voice—which is no longer present, yet still faintly resonating.

I am also reminded of Lacan, who was “expelled” from the IPA in the 1960s. In his later years, he coined the term «varité», blending “verité” (truth) and “variété” (variety), which was created on a concept that challenges the notion of a singular truth. His experience reminds us that the importance lies not in belonging to a particular position or organization, but in the ability to engage with and listen to those who have stepped outside its boundaries. Perhaps those of us within the IPA have a special responsibility to hear the voices of those who left, as they may hold insights we need to confront and

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understand. This essay is nothing more than the voice of a single psychoanalyst from the time I was once a candidate. However, it may still contain fragments of truth. I hope that diverse voices will resonate across positions, institutes, and borders.

First, I would like to address an issue that has arisen within The Japan Psychoanalytic Society (JPS). I do not see this as a unique or isolated problem. However, as E. H. Carr famously noted, “History is an unending dialogue between the past and the present,” it is important to remember that our present will one day become part of history, an extension of that ongoing dialogue. By framing current events within the continuity of the past of the psychoanalysis of Japan, I hope to listen closely to the unspoken voices that may arise. If I can uncover something uniquely characteristic of “Japanese psychoanalysis” within those voices, I would be delighted to articulate it together with all of you.

In recent years, the JPS has experienced a situation often described as a “division”. I felt a deep discomfort every time I heard this word, as it evoked the painful reality of wars in many parts of the world, where people are “divided” based on their origins or other immutable aspects of their identities. While dichotomous situations had indeed emerged within the JPS, the core issue lay in the disagreement over how training analysts had been appointed in the past. The situation began with the suspension of one training analyst’s board privileges, triggered, I believe, by a series of remarks within and outside the organization that displayed a mutual lack of respect for their professional contributions. This led to the suspended member bringing accusations to the IPA, alleging that the training provided by several analysts they had appointed did not meet the IPA standards. An investigation was conducted, and no major issues were found. However, a divide remained between those advocating for further grandfathering of training analysts and those insisting that the existing requirements had already been satisfied. In the summer of 2023, as no compromise could be reached, the groups were separately interviewed under the mediation of the IPA’s Institutional Issues Committee (IIC). Two agreements were reached during those discussions: to withdraw the disciplinary actions against certain member, and to seek the IPA approval to validate the current status of the training analysts. However, no final resolution was reached.

I was perplexed by how something that had once been decided could somehow be overturned. I found myself questioning whether our seniors, the training analysts, were willing to move forward from the past to the future. If not, why not? What kind of repetition was this? I also wondered how I should behave myself in situations where I am in a position where it would be so easy to fall into depending on, or being controlled by, one side or the other. My first resolution was to avoid the temptation to appear indifferent or cynical. In truth, the situation struck me not as one of division but rather as polyphonic—a chorus of various voices saying various things. Perhaps I, too, should contribute my own voice to this weave of words. But how? I wondered if it was even possible.

Similar questions arose in relation to myself during my nearly 10-year psychoanalytic journey. I recall a time when I masked my reluctance to face my own problems with indifference—or, perhaps more accurately, when I simply didn’t know how to direct my interest in myself. Pretending not to care, with a casual “Oh, well,” I ended up ignoring so much. I carried on with the mindset like someone who only reacts when confronted with

a major earthquake or a significant incident.

Japan is a country prone to earthquakes, and on New Year's Day, 2024, the Noto Peninsula region experienced a major one. Noto is renowned for its beautiful traditional culture, including Wajima-Nuri lacquerware. Following the devastating earthquake, which left towns in ruins and claimed many lives, the same area was also hit by torrential rains, causing rivers to overflow and hillsides to collapse. Yet, despite the scale of these disasters, media coverage has diminished, and aid is being cut off. Situations like this remind us of the importance of sustained attention, but we quickly become detached and move on.

For me, psychoanalysis was like a series of frequent earthquakes, constantly shaking me up. There were even times when earthquakes literally occurred during or before sessions. I vividly remember one morning, as I was preparing to head to a session, a strong earthquake struck, shattering a mirror I had used for many years. As I silently cleaned up the shards, I realized I was trying to deal with the anxiety stirred up by analysis on my own.

The earthquakes I experienced weren't only physical—my analyst's interpretations shook me emotionally in similar ways. Psychoanalysis often questioned why certain things caught my attention and why they seemed important to me at that specific moment. When I lost interest in myself, the analyst remained interested in me. Conversely, there were times when I felt the analyst's attention seemed preoccupied with matters outside our sessions. Similar things to this have also happened, for example, when the analysts were preoccupied with conflicts arising within our institute. During those times, tensions flared, and we occasionally argued.

I once confronted my analyst, demanding, "Can this really be called psychoanalysis?" To which he replied, "There's nothing we can do about it." His response intensified my anger, leaving me feeling dismissed and unheard. It was a moment of realization—of how much I had been seeking attention—and also an experience of sadness, loneliness, and the frustration of being unable to speak up during a crisis. I became acutely aware of the existence of the many unspoken words I carried and encountered emotions I had never felt before. Perhaps that is why I perceive the current state of the JPS not as divided, but as polyphonic—a collection of diverse voices resonating in different ways. Psychoanalysis has taught me to recognize the multiple voices within myself and within my training cases, even when those voices remain unspoken.

The JPS has faced several pivotal moments calling for change. The relationships during the early stages of its history, recently brought to light by Dr. Osamu Kitayama, Dr. Minako Nishi, and others, seem to echo certain challenges we face today, such as issues of collaboration and organizational unity. I'd like to reflect on some of these significant events, imagining the many unrecorded debates and discussions about how to shape the future of psychoanalysis in Japan.

Psychoanalysis was first introduced to Japan through the translation of Freud's works. The pioneers of this field were deeply passionate about Freudian psychoanalysis. However, disputes over translation rights and differing visions for the practice of psychoanalysis led to the establishment of two separate organizations, despite Freud's preference for a unified body.

The first key figure was a Tokyo-based psychologist, Dr. Yaekichi Yabe, who, with Freud's approval, established a branch of the IPA in Tokyo. Shortly thereafter, a doctor named Kiyoyasu Marui from Sendai also sought Freud's endorsement to establish his own branch. Freud, however, informed Dr. Marui of the IPA's policy that no single country could have multiple independent psychoanalytic organizations. He emphasized the need for unity to ensure the healthy development of psychoanalysis in Japan. Dr. Marui agreed, and his branch in Sendai was officially recognized by the IPA.

Despite Freud's recommendation for unity, the Tokyo and Sendai branches ultimately never merged into one organization. This division reflected a cultural dynamic in Japan often described by the term "MENJYUHUKUHAI" (面従腹背), which captures the tension between outward compliance and inner resistance. In English, it could be translated as "false obedience," or more figuratively, as "many kiss the hand they wish to cut off," symbolizing hidden resistance beneath surface agreement. Dr. Marui's stance could exemplify this concept. While outwardly agreeing to collaborate, his pride prevented him from working with Dr. Yabe, who had been willing to compromise. In the end, despite his deep respect for Freud, Dr. Marui's resistance extended even to the man himself.

In the broader global context, World War II officially began in 1939, but even before that, the military was rising and expanding its power in Japan, while international isolation deepened. During this period, censorship tightened, freedom of the press was curtailed, and political tensions escalated. It was against this backdrop that communication between the two Japanese branches and the International Psychoanalytical Association (IPA) ceased. Near the end of the war, Dr. Yaekichi Yabe passed away, and the Tokyo branch naturally dissolved. Despite the lack of integration, the two branches in Japan eventually consolidated into one. Both branches had their respective members, but what role did their voices play during this turbulent period, if any?

A few years later, Dr. Heisaku Kosawa, a training analyst at the Sendai branch and a physician who was under private practice in Tokyo, took the initiative to establish The Japan Psychoanalytical Association (JPA). Although this organization was not affiliated with the IPA, it was created to provide a domestic framework for psychoanalysis in Japan. Since its founding, it has attracted a significant number of members and remains the largest academic organization dedicated to psychoanalysis in Japan.

Dr. Kosawa envisioned a unified framework for psychoanalysis in Japan. His ambition was to integrate the Sendai branch of the IPA, where he was a member, into a broader Japanese psychoanalytic society and eventually merge it with the IPA to create a unified organization under the name "Japan Psychoanalysis." This vision faced opposition from Dr. Kiyoyasu Marui, the founder of the Sendai branch, who had staked his pride on securing recognition from the IPA. Unfortunately, Dr. Marui passed away in 1953, while Dr. Kosawa was still in the process of establishing his new society. Dr. Marui's sudden death marked the end of his direct involvement in the Sendai branch's future.

Following the death of Dr. Marui, Dr. Kosawa successfully established the JPA, becoming its first president while simultaneously serving as the president of the Sendai branch of the IPA. However, his greater ambition to unify the JPA with the IPA under a

single, cohesive identity for “Japan Psychoanalysis” ultimately went unfulfilled. While the precise reasons remain unclear, one might wonder whether the voices that were never recorded or acknowledged during this period held the key to what truly hindered his vision. These “unspoken voices” may have shaped the course of Japan psychoanalysis in ways that have yet to be fully understood.

If we interpret the establishment of the JPA as Dr. Kosawa’s resistance to the IPA’s imposed vision of psychoanalysis, it is worth considering that Dr. Kosawa’s concept of “Japan Psychoanalysis” might, in turn, have been seen as an imposition by some other members of the Sendai branch or those loyal to the IPA’s global standards. This resistance, whether intentional or not, may have played a role in sustaining the IPA’s Japanese branch as a separate entity, counterbalancing the growing influence of the JPA. Needless to say, these voices too, are absent from the historical record.

Currently, the JPS has 45 psychoanalysts and 24 candidates. In contrast, the JPA has around 2,500 members. Despite this significant difference in size, the IPA-affiliated Japanese branch has maintained its independence and distinct identity without being absorbed into the JPA. Clear boundaries regarding membership criteria and the specific functions of each organization have not always been established, leading to occasional ambiguities and overlaps. In the 1980s, the branch adopted its current name, the Japan Psychoanalytic Society (JPS).

As I traced these historical developments, my attention was being drawn to the unrecorded or untold voices that may have helped sustain the small JPS within the growing JPA. These voices, though absent from official records, seem to have played a critical role in preserving the presence of the JPS.

Reflecting on the current “division” within the JPS, which I mentioned at the outset, I believe it is important to view this issue through a polyphonic lens, recognizing the coexistence of diverse and sometimes conflicting perspectives within our community. Even though reaching a consensus may prove difficult due to deeply rooted differences in perspectives and priorities, dialogues have resumed through structured discussions and informal exchanges, and they are currently moving in a positive direction. This process must be indicating the possibility of the many voices that, though buried or unseen, may still resonate and interact beneath the surface.

Additionally, I would like to discuss another event from the past that demanded change within the JPS, as part of our ongoing dialogue with history. This was called the “Amsterdam Shock,” an event at the IPA Congress in Amsterdam in 1993, which highlighted significant tensions and disagreements within the JPS regarding its relationship with the IPA and its internal governance. Although I did not experience this event directly, I have heard many senior members of our community talk about it. The “Amsterdam Shock” is deeply connected to the current divisions within the JPS and remains a pivotal moment in its history.

In 1993, during the IPA Congress in Amsterdam, an anonymous Japanese individual reported to the IPA that most training analyses within the JPS were not being conducted at the IPA-mandated frequency of four sessions per week. This triggered a pivotal moment for the JPS, forcing the organization to decide whether to remain affiliated with the IPA or pursue an independent path. Ultimately, the JPS chose to comply with the IPA’s

regulations and restructured its training system accordingly. However, this decision led many candidates to withdraw from training, as they opted not to continue under the new requirements. This confrontation revealed an underlying form of resistance within Japanese psychoanalysis—a tendency to “look the other way” and avoid addressing certain issues. Dr. Osamu Kitayama, now a training analyst of the JPS and a witness to these events, has written that while the JPS members were aware of the situation, speaking about it in an international context was considered taboo. Dr. Kitayama’s concept of the “Prohibition of Don’t Look” is particularly fitting for describing what transpired in this situation.

If I had been a candidate during that period, how would I have responded? I would likely have undergone the Japanese-style psychoanalysis of once-a-week sessions that Dr. Kosawa had established. And I might have rationalized it as follows: “If the IPA-approved training analysts at the JPS are conducting this as ‘psychoanalysis,’ then it must be ‘psychoanalysis.’” In doing so, I might have unconsciously adhered to the “Prohibition of Don’t Look,” along with my training analyst. From a logical standpoint, given the existence of IPA regulations, it would be unreasonable to attribute this situation to the unconscious or to the training analysts themselves. Yet, I might still have thought, “What if I’m the only one who feels uneasy about the training methods? If I were to bring this up publicly, could something bad happen?” And in that hesitation, I might have avoided fully confronting reality, choosing instead to distance myself from it at every turn.

I find myself compelled to speak in terms of “What if it had been me?” because discussions about the Amsterdam Shock only began after 2011. I believe this long period of silence reflects the resistance of those involved to openly address the event. Throughout the process of writing this, I repeatedly found myself wanting to hear their accounts. Of course, such stories cannot and should not be forced. Even if their voices remain unheard, I wanted to use my imagination to acknowledge the many unspoken voices that must have existed during that time.

As a candidate, I had the opportunity to confront reality through the high-frequency psychoanalysis required by IPA regulations. It was an experience that brought about an astonishing degree of resistance within me, and it was also deeply painful at times. Yet through this process, I encountered many parts of myself, discovering that only a fraction of those experiences could be put into words. My appreciation for unspoken voices and silences stems from the fact that my own silences were treated with care and respect during my own psychoanalysis.

In psychoanalysis, facing reality is essential. However, I have learned that when someone cannot confront reality, it should not simply be dismissed as “resistance.” Instead, it is crucial to recognize the voices that might have been born in that moment, to approach them with a polyphonic sensitivity, and to continue listening attentively. Both what is spoken and what remains unspoken hold equal significance in psychoanalysis, and both deserve to be treated with care.

The pioneers of psychoanalysis in Japan were remarkably earnest. However, when individuals with such unwavering sincerity hold power, the words spoken by those under their influence may reflect what is known in postwar Japan as ‘*tatema*’—public-facing,

socially acceptable expressions—rather than ‘honne’, their genuine thoughts. In this context, the JPS found its place alongside the JPA, existing in a dual and divided state that allowed them to act as though ‘good enough’ was indeed sufficient. Over the course of its history, many words have been spoken, while others have remained unspoken and quietly disappeared.

It is easy to frame these dynamics as “resistance” or as “having one’s voice silenced,” depending on one’s perspective or position. However, in psychoanalysis, the essential task is to revisit these experiences with personal accountability. I believe this is the fundamental purpose of the training analysis—to create a space for such encounters. Under this premise, whether the words that emerge in free association are spoken or remain unspoken, the goal is not to interpret them reflexively. Instead, psychoanalysts must engage their imagination to understand the meaning behind those words—or their absence. Based on my experience, it is not too difficult to assume that patients bring with them the hope that their unspoken thoughts will be met with such imaginative care.

Therefore, I believe it is appropriate to view this situation not as pertaining to any specific individual, but as a shared context in which each person bears their own accountability. Even if one was not directly involved at the time, how we choose to engage with the situation now reflects our relationship to personal agency and accountability for our own actions. This approach also serves as a way to honor the many words—spoken or left unspoken—that have shaped this history. I believe that creating the foundations to enable such engagement is a responsibility that falls to each of us who trust in psychoanalysis. It is through this effort that we can ensure a respectful space for the voices and silences that have come before us and continue to emerge.

The idea of building foundations brings to mind a remarkable Japanese doctor, Dr. Tetsu Nakamura, who dedicated many years to the reconstruction of Afghanistan, including the construction of agricultural irrigation canals. Tragically, he was assassinated in the winter of 2019. Dr. Nakamura’s reports from the field consistently reflected his commitment to confronting reality and documenting it with precision. In a report from September 2019, he responded to criticism that his reports did not feature women by writing, “Their stories should be told in their own words, in ways they can accept—not through external pressures that might distort their lived experiences.” He highlighted the arduous daily labor of Afghan women, who seldom openly demand their rights but routinely carry water under grueling conditions. Through the construction of irrigation canals, Dr. Nakamura and his team freed these women from the burden of this labor and the associated risks of disease. In a society where it is uncommon for women to speak directly to men, they expressed their gratitude indirectly—sending children to deliver tea to the workers. Dr. Nakamura remarked, “For them, survival in the present was likely more urgent than the distant realization of ‘rights.’ What was needed was not ideology, but a warm, human concern.” His words remind us of the importance of focusing on people’s lived realities rather than imposing external frameworks. Similarly, in psychoanalysis, we too must strive to cultivate an ongoing sensitivity to both ourselves and others—inseparably intertwined as they are—to ensure that our words and actions arise not from external pressure, but from a shared understanding that resonates deeply with those involved.

What I have shared concerns events that took place within the small institute of the JPS. I cannot say for certain how unique or specific these experiences are to Japan, as psychoanalytic processes often resonate with universal human dynamics. Concepts developed by Japanese psychoanalysts—such as the “Ajase Complex,” “Amae,” and the “Prohibition of Don’t Look”—offer valuable frameworks that may help in understanding these events. However, at this moment, I wish to avoid using any single concept to unify or simplify the multitude of faintly heard voices into one narrative, potentially overlooking their rich diversity. What I believe I must do now is to listen to the concrete voices of those who have shaped the current foundation of Japanese psychoanalysis, and, where those voices remain unspoken, to imagine them with gratitude toward those who came before us, acknowledging their contributions. It is through this polyphonic approach—embracing the many voices—that I hope to honor their contributions. By sharing and reflecting on these ideas together with all of you, I trust that we can nurture new, creative voices for the future.

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[Essay]

Bion and World War I¹

Yuri Seino

Abstract: Bion, W.R. served in World War I as a tank commander when he was around 20 years old, and participated in World War II as a psychiatrist in his 40s. He repeatedly describes experiences of these two wars in detail in at least four of his books: his diaries, *War Memoirs 1917–1919* (1997), two autobiographies *A Long Weekend 1897–1919* (1982), *All My Sins Remembered* (1985), and a fiction *A Memoir of the Future* (1977).

In this paper, I will first introduce some fragments of Bion's traumatic experiences during World War I. As a tank commander, he fought on the front lines and suffered many harsh and horrific events, but among them, I will refer to his experiences of losing his runner Sweeting and encountering German lines at the Battle of Amiens on August 8, 1918. I will then discuss the relationship between his personal war experiences and his psychoanalytic concepts and theories, in particular containment and the capacity to dream, as well as his ideas of “ghost” and “debris” in his final years.

Key words: World War I, the Battle of Amiens, containment, capacity to dream, ghost

Introduction

Since the end of the 19th century, when psychoanalysis was born, there have been numerous wars and conflicts around the world. Among them, the two world wars particularly had a huge impact on the lives of a lot of psychoanalysts including Freud, S. His three sons were all taken away by the first World War, and especially his eldest son became a prisoner of the war. Although the Second World War began on 1st September 1939, just three weeks before Freud's death, the persecution of the Jewish people by the

1 This paper is based on the presentation in the panel “Psychoanalysis and War: how did wars influence on psychoanalysts?” in the 70th congress of Japan Psychoanalytic Association in Nagoya, 2024.

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Nazis had started many years before that. After many books on psychoanalysis had been burned, his professorship at the University of Vienna had been revoked, his home had been searched by the Gestapo and his daughter Anna had been taken away, Freud finally left Vienna and spent his last year in London (Kitamura, 2024). Similarly, many analysts fled the Nazis and went to America, the UK, and other countries. Moreover, the wars have also had an influence on the formation of psychoanalytic concepts, like the “death drive” by Freud, which was first introduced in ‘Beyond the Pleasure Principle’ in 1920 and is said to have been partly inspired by his experiences of confronting the terrible destructiveness of human beings during World War I (Okonogi, 1989).

The impact of war on psychoanalysis and psychoanalysts has continued to be studied and, in particular, Bion, W. R. has been discussed in relation to World War I, who fought in the front lines in the war and left detailed notes of his experiences. For example, five intensive seminars on Bion and World War I were held from June to August 2024, organised by a Los Angeles psychoanalyst Aguayo, J.

Bion participated in World War I as a tank soldier and in World War II as a military doctor. We can catch a glimpse of his war experiences through his diary and autobiographies in which he himself wrote about his experiences during the wars. In this paper, after looking at his personal history and writings related to war, I would like to introduce some fragments of his experiences when he was in a tank unit during World War I, and then consider how these experiences are related to his psychoanalytic theories and concepts.

Personal History: his participation in Wars

First, I will briefly look back at Bion’s personal history, focusing on his participation in the two world wars.

Bion was born in 1897 in the Punjab region of India. At the time, India was a British colony, and it is thought that his father, a civil engineer, was a British settler. His mother is said to be Anglo-Indian, but the details are not known. He went to England at the age of 8 to enter a boarding school, and never returned to India again.

When he was in high school, World War I broke out, and he enlisted as a volunteer in the army as soon as he graduated. After only one year of training, he became a commander of a tank unit at the age of 19. Tanks and fighter planes were introduced during this First World War for the first time, and this led to a huge increase in the number of casualties in war. Bion was, so to speak, thrown into the extremely harsh situation of being on the front line of a battlefield where people were massacred using the latest equipment of the time.

After somehow surviving the war, he studied history at Oxford and became a history teacher, but then he re-enrolled at UCL’s medical school and undertook initial training in surgery. However, he eventually decided to become a psychiatrist and then a psychoanalyst.

He began psychoanalysis with Rickman in 1937, but with the outbreak of World War II, he stopped it in September 1939, and Bion re-enlisted in the army in 1940 as a military doctor, where he worked with Rickman on group work. I will not go into this part of his

work in this paper, but this group work is also very important when we consider Bion's relation to the wars.

He married Betty Jardin, a stage actress, in about 1943. Unfortunately, in the winter of 1945, while Bion was in Normandy for his work as an army doctor, Betty died of pulmonary embolism three days after giving birth to their daughter. This loss must also have had a great impact on Bion.

After all these bewildering and painful circumstances, he resumed his psychoanalytic training when he came back from the war, and became an analyst after undergoing analysis with Melanie Klein.

Writings on the War Experiences

Bion has two autobiographies. It seems that they were both written in the 1970s, when he had been working on his fiction, *A Memoir of the Future*, but both were published after his death by his second wife, Francesca Bion. The first is *A Long Weekend 1897–1919* (1982), more than half of which is devoted to describing his experiences during the First World War. The second is *All My Sins Remembered* (1985), which includes his experiences during World War II.

War Memoirs 1917–1919 was also edited by Francesca and published in 1997, and is a kind of wartime diaries that Bion wrote for his parents while he was a student at Oxford University, shortly after he had left the army. It also contains an unfinished text called “Amiens” that he wrote when he visited France with Francesca in 1958, at the age of 61, as well as a 10-page text named “Commentary” that he wrote in 1972. This commentary takes an interesting form of a conversation between the 20-year-old Bion who wrote the diary and the 75-year-old Bion, a mature analyst.

As I mentioned earlier, in 1977 Bion published a fictional trilogy called *A Memoir of the Future*, where he lets various characters, who could be parts of himself, talk about war. It seems that he was trying to give form to his intense experiences in a different way from his autobiographies.

Experiences in World War I

From the statements of Bion's family, it is clear that he had been overwhelmed throughout his life, even though not entirely, by his experiences of wars, in particular by those in World War I. Francesca writes, “it was clear that that war continued to occupy a prominent position in his mind when, during the first occasion we dined together, he spoke movingly of it as if compelled to communicate haunting memories” (Bion 1997, in Szykierski 2010). Their first date was in 1951, more than 30 years after the First World War.

Parthenope Bion Talamo, his daughter with his first wife, also describes that her father continued to buy books on war “right up till his death, as though the subject was never far from his mind” (ibid). It was obvious to his family that Bion was in some way possessed, so to speak, by his memories of the First World War.

Now I would like to take a closer look at his experiences of that war which continued to occupy Bion's mind.

1. Battles in tanks

As mentioned earlier, Bion was assigned to a tank unit. Regarding tank battles, Roper (2012) points out the following:

...tank warfare possessed its own particular terrors. Conditions inside were extremely hot and cramped, as men were seated around the engine. Sight of the battlefield was gleaned from tiny flaps, which often had to be shut down as tanks advanced...The noise of shell-fire would be largely drowned out by the sound of the engine during an advance, but a stopped tank would quickly become a sitting target, leaving the crew exposed to shells crashing around the iron carapace. The experience, wrote D. G. Browne in 1920, "always renders me virtually imbecile; almost incapable of coherent thought or action." In such a situation the tank was vulnerable to a direct hit, which could ignite the fuel and engulf it in fire. Interviewed at the age of 99, tank driver "Mac" Francis recalled that "there's nothing worse than a tank going on fire, I tell you. Hopeless, hopeless," as the crew were often "roasted alive."

In fact, the tank which Bion's fellow soldier was in went up in flames and all the crew members were killed.

2. The Battle of Amiens

On 8th August 1918, a massive surprise attack was launched by the Allied Forces in Amiens, France. Although the attack was decisive for the Allies' victory, it was a terrible battle in which around 30,000 German soldiers and 8,800 Allied soldiers are said to have been killed (Vermote 2019). Bion took part in this battle as a tank commander.

Here, I would like to pick out two episodes from Bion's writings about the Battle of Amiens.

(1) The death of his runner

The first is a description of the death of a boy called Sweeting, who was younger than Bion and worked for him as his runner.

This scene appears repeatedly in his diary soon after the war, his note written 40 years after the war, and his autobiography 60 years later. In particular, in the autobiography written when he was 81, a whole chapter is devoted to describing this episode. It conveys how Bion had been overwhelmed by this event.

They were in a shell-hole when they were bombed, and Sweeting was fatally injured, with "his thoracic wall blown out, exposing his heart" (1977/1991). He tries to cough, but is unable to, and asks Bion why he can't cough. Bion pretends to bandage Sweeting so that he doesn't have to look at his own body, but Bion cannot tolerate the situation and vomits. Then Sweeting begs Bion to write a letter to his mother. Bion recalls the scene 60

years later as follows:

“Mother, mother...You will write to my mother sir, won't you?”

“No, blast you, I shan't! Shut up! Can't you see I don't want to be disturbed?”

*These old ghosts, they never die. They don't even fade away; they preserve their youth wonderfully. Why, you can even see the beads of sweat, still fresh, still distinct, against the pallor of their brows. How is it done? Like the dewdrops on the petals of R dout s roses. Marvellous, isn't it? So, so...death-like, isn't it? But of course it's just a trick—he's not **really** dead, you know. Please, **please** shut up. I will write, I really will. To Mother England—that old whore!*

(Bion 1982, in Vermote 2019)

Bion continued to believe that he had died on that day.

They have a way of making people look so life-like, but really we are dead. I? Oh yes, I died—on August 8th 1918.

(Bion 1982, in Vermote 2019)

This episode with Sweeting has been taken up by various analysts and writers as a symbol of how Bion had been overwhelmed throughout his life by his war experiences at about the age of 20 (Brown 2012, Roper 2012, Szykierski 2010, Vermote 2019, etc.). In this part of his diaries, which Bion wrote to his parents, he included a photograph of at least two corpses on a track close to the road where Sweeting was hit, “as if to reinforce the fact that it might just as easily have been Bion who was hit” (Roper 2012).

(2) Crossing German lines

The second episode is when Bion came across German lines.

*The infantryman by my side had a hole in his belly. We looked at him coldly. ‘He's a gonner—why waste time looking at him? Come on—zero hour’. I scrambled out of the trench and started walking forward...A grey-haired man with his legs worn round his neck like a scarf wanted me to ‘help’ him. It was annoying to be expressed to disentangle his neck-wear. Besides, I was busy. ‘No—stretcher bearers coming!’ I knew they weren't... ‘Kamerad kaput!’ yelled the little Boche as he ran towards me, his bottom wiggling furiously as he tried not to fall... I allowed the horrible little Boche to drag me to his cubby hole...I knew he would murder me. I entered; in the dark another Boche with his legs wrapped round his neck for scarfwear. ‘Kaput?’ He dragged me to touch... I did. ‘Yes, kaput’. He burst into tears. I told myself, ‘Now—damn fool—get **out**’. Only then I snapped out—out of the hole, out into the air, out into the sense to carry my Smith and Wesson where I had been taught to carry it... Poor Smith! He was so rigorous mortis that we could not force his arms into our graves; we were in a hurry too.*

(Bion 1991, in Vermote 2019)

In such a situation, probably it no longer makes sense to distinguish between allies and enemies, and it seems to me that Bion resonated at the deep level of the mind with the German soldier who was crying over the death of his comrade.

3. A Decoration

Bion was awarded the Distinguished Service Order (DSO) for his outstanding actions in battles, but he had actually been recommended for the even higher honor of the Victoria Cross (VC). However, in the process of the evaluation, he did not state clearly whether or not he had truly killed the enemy sniper, and as a result he was awarded the DSO, whose rank is lower than the VC. In the “Commentary” included in *War Memoirs* (1997), which is written in the form of dialogues between the young Bion who wrote the diaries at the age of about twenty, and the old Bion who wrote the text at the age of 75, the old Bion tells the young Bion, “Incidentally, I think the VC could have toppled *you* into a ‘breakdown’. You were lucky not to get it” (Bion 1997). When he looked back on his whole life more than 50 years after his experiences in the First World War, these words were, I believe, expressed from the bottom of his heart.

Correspondence with Bion’s psychoanalytic concepts

From here, I would like to briefly consider how Bion’s psychoanalytic concepts and thoughts relate to his war experiences.

1. Containment

In his book *Attention and Interpretation* in 1970, about the word “containment”, Bion clearly writes, “I use the word with its military implication of one force containing another” (p.112). Considering Bion’s war experiences as we have seen above, when he uses the word “military”, it does not seem to me that he is using it in an abstract way or as an armchair argument. Behind it, there must be numerous intolerable memories of “military” tasks in which he had been involved.

Some analysts link his experiences of Sweeting’s death to his concepts of containment or alpha function (e.g. Roper 2012, Brown 2012).

In the summer of 1958, Bion and Francesca visited Paris on holiday, passing through Amiens by train. This was indeed 40 years after the Battle of Amiens, prompting him to write about his experiences there. In the article, he describes the scene of Sweeting’s death which I mentioned above, but unlike the restrained diary entry written immediately after the war, Bion expresses in detail, depicting the last conversation with Sweeting, how he rejected and failed to receive Sweeting’s fear and pain, and how he was unable to tolerate Sweeting’s request to write to his mother and so rejected him with shouting “Shut up!”. In other words, it is “altered in such a way as to sharpen the aspect of (Bion’s) failed containing (of the painful projections from Sweeting)” (Roper, 2012). In describing some features of psychotics in his paper “Attacks on linking” in 1959, Bion explains mother’s failure to contain, saying “*she should have taken into her, and thus experienced, the fear that the child was dying*”. Considering that these two texts were written at about

the same time, it seems reasonable to think that his experiences in Amiens influenced his “official” paper, so to speak. Of course, it goes without saying that his theory is not based solely on his war experiences, but that it is derived from his clinical experiences with his psychotic patients. However, I believe his personal memories of the war also exist there, like a shadow, alongside his experiences with the psychotics in the consulting room. It can be also said that, as he continued his clinical practice with psychotic patients, the way for him to look back his own war experiences was paved. It is because, in being involved with their psychotic fears, probably he could not help becoming aware of his own fearful experiences that remained undigested and unprocessed in himself. Taking all this into consideration, it seems natural to regard Bion’s theory of containment and his war experiences as inseparable.

2. The capacity to dream

Starting from Freud, interpreting dreams has been an important element of psychoanalysis, but it was based on the assumption that the unconscious exists. However, Bion thought that establishing the unconscious and having the capacity to dream are important achievements, and he focused more on becoming able to dream than on the content of dreams (Ogden 2009, Vermote 2019).

For Bion, dreaming equals thinking and refers to the process by which the mind continuously processes emotions and sense impressions. The psychotic or the psychotic part of a personality lacks this capacity, and so there is no other way but to desperately evacuate the unprocessed emotions and sense impressions, or so-called beta elements, from the mind. And it can be roughly said that in the case of endogenous psychotic patients, this capacity is inherently weak, whereas in patients who have experienced trauma such as war, the emotions and sense impressions are so overwhelming and excessive that they cannot be processed, or the capacity to process them is itself destroyed. Szykierski (2010) describes the mind in such a situation as “a mind that is constantly assaulted by sense impressions”, while Brown (2012) more directly links it to Bion’s experiences with Sweeting. The feeling of holding in his arms the boy whose left half of the body had been blown away, and the sound of “the drumming din of the explosions blended together with the boy’s begging” constituted “a composite sensory missile” (Brown 2012) and it must have completely overwhelmed and destroyed Bion. It is not hard to imagine that this missile destroyed Bion’s capacity to dream. It would have taken a very long time to recover, and some part of it may have never recovered.

3. Being with ghosts without memory and desire

On the other hand, from the mid-1960s, Bion stopped putting so much focus on “containing” or “dreaming/thinking”, and began to propose an attitude of refraining from memory and desire, and to emphasise the concept of O. I will not go into the details of these late Bion ideas here, but this shift is related to the fact that Bion changed his focus from dreaming, the realm of representation, to the unrepresentable, the realm which cannot be expressed with words or images (O). Bion came to argue that behind the representation such as dreams and symbols, there exists the absolute truth/O, the

infinite domain that cannot be represented, and that the true transformation of personality is achieved only through the transformation in O. In my view, there was also a feeling in him that containment and dreaming/thinking/reverie were not enough to deal with or approach the “ghosts” in him, that is, his dead comrades and the part of himself that had died on the day of the Battle of Amiens.

In his last years, he began to encourage people to apprehend the truth of the human mind in clinical practice by using the words “ghost” and “debris”. For example, in a speech in Los Angeles in 1977, he said, “*It is really the ghost of analysis that one needs to be aware of*”, and in one of the Tavistock seminars in 1978, he said:

We are presented with the debris, the vestiges of what was once a patient and what still could be analogous to blowing on the dying embers of a fire so that some spark communicates itself to others; the fire is built up again, although it appeared to be nothing but dead ash. (2014)

Given that Bion also elaborated on the ghost of Sweeting around the same period, I believe what he was talking about in these last seminars was not only about patients in analysis. He was also saying that the dead ash, that is, the ghost of the dead people or the dead part of himself that could not live through in the battlefield or other scenes, needs to glow again to fulfill their lives. It seems to me that this is an attempt at recovery, one that continued throughout his life, but on a different level from containment or reverie.

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[From “Japanese Contributions to Psychoanalysis” Vol.1]

An object no longer being just an object: The art of not knowing, being alive, and becoming open

Naoki Fujiyama

An “object” that exists in a theatrical space

Back in my twenties when I was working as the director of a small theater group, I was very much into props. To be more precise, I loved, more than anything else, the special moment that a prop created, when an ordinary vase, a pair of eyeglasses, a bandage, or a piece of watermelon suddenly took on an unexpected and entirely new meaning. As director, I always relished such moments.

For example, imagine a man biting into a slice of watermelon. His wife has just left him. The man leaves a half-finished piece of watermelon on the table. A slowly brightening spotlight falls on the watermelon from directly above. Melancholic music is heard. Surrounded by this music, the watermelon is illuminated, and in comparison, the man fades into a dimly lit shadow. The watermelon thus illuminated remains a watermelon, technically just an inanimate “object.” However, this very “object-ness” comes to represent and magnify the man’s feelings of loss and loneliness, and as a result, transmits his pain and pathos to the audience more vividly. The watermelon thus lit up speaks more eloquently than words. At this moment, the watermelon completely eclipses the actor and has become the leading character in the drama.

Then, something strange occurs. The audience notices some juice slowly flowing out from the half-eaten piece of watermelon. They begin to perceive this juice as something else: blood, perspiration, or even milk. When this occurs, the watermelon, despite being nothing more than an ordinary watermelon, or precisely because it is nothing more than an ordinary watermelon, transcends its state of being just a watermelon.

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The art of “not knowing”

In 1912 Sigmund Freud coined his now-famous phrase, “Turn his (the analyst’s) unconscious like a receptive organ towards the transmitting unconscious of the patient (Freud 1912).” He always held on to this idea. Even in 1923, when he was about to make a major epistemological shift, he still wrote as follows:

Experience soon showed that the attitude which the analytic physician could most advantageously adopt was to surrender himself to his own unconscious mental activity, in a state of *evenly suspended attention*, to avoid so far as possible reflection and the construction of conscious expectations, not to try to fix anything that he heard particularly in his memory, and by these means to catch the drift of the patient’s unconscious with his own unconscious. (Freud 1923, p. 239)

If the process of psychoanalysis were to be recognized in this manner, then it means that analyzing a patient would not depend on any rational inference or logical thought, but on intuitive and primary process-like activities. This recognition that getting to know a patient is done only by way of the unconscious, isolated from an analyst’s consciousness, seems to imply that an analyst can never truly understand a patient consciously. This can also be rephrased as follows:

Unless we can open ourselves to having a conscious experience of “not knowing” or “not understanding,” we cannot fully take part in psychoanalytical activities.

A clinical material

This middle-aged woman had a variety of clinical symptoms. They included chronic depressive state, near-total frigidity, a feeling of barrenness and emptiness that pervaded every aspect of her daily life, and chronic suicidal feelings that had almost become a part of her personality. As a matter of fact, she had made several suicide attempts. She had a professional career and was divorced. After trying all sorts of treatments for over ten years, she finally came to me. Her father had died when she was still a small child. She was raised by one relative after another; then, at the age of 10, she began living with her mother and the man her mother had remarried. She began psychotherapy with me twice a week lying on a couch.

She said, “If someone eats something he or she likes the most, for example, he or she would feel happy, right? But not with me. I can understand very well that it’s delicious, and people tell me that I have sophisticated judgment when it comes to food. But I never feel that it’s good or feel happy eating it,” telling me clearly how her life was stripped of *joie de vivre*. What she had wished to gain from my analytical treatment was to restore in herself this “feeling of being alive.” Perhaps the term “restore” is not appropriate, since as long as she could remember, from her earliest recollection, she apparently had never experienced this solid feeling of being alive, or joy, or desire (these were her exact words. She spoke mostly in a “literary” style). Nevertheless, she had continued working

for a long time, and has achieved a certain level of success in life. She had not withdrawn from private interpersonal relationships, either. In fact, after her divorce, she had sexual relationships with a number of boyfriends. But she explained that she formed such relationships because “she didn’t want to say no and hurt the other person.” But when her partner left her, she felt almost nothing. Despite this, she said that if any of her partners had asked her to die with them, she felt she would be ready to at any time.

These interpersonal characteristics were also evident in her relationship with me. During our sessions, she talked coherently, at least on the surface, about her work, her affair with her boyfriend or something. There were very few moments of silence. In this sense, it appeared that she was participating in the analytical process. However, when I commented about something she had said, she would immediately begin giving me an orderly but lengthy explanation about it, or claim that she didn’t know much about it. She would begin talking again as if nothing happened. During our sessions, she did not experience any doubt, curiosity, perplexity, hesitation, or discovery—or, in other words, “drift.” What was more important to her was whether what I had said was the correct answer or not; if so, why; and whether or not she could discover the correct answer herself. In other words, the therapy room was like a school. But I myself was not aware of this situation and did not name it as such. Even if I referred to this approach of hers, she would just keep on explaining endlessly about why she lacked curiosity, for example. She was not participating in the analytic process with me as a “living person.” At the same time, however, she had idealized my treatment as being different from any of the treatments she had received until that time, although she could not feel it for sure. She felt that, if anything were to change, this treatment would be the only way to do it. This sense of knowing that there is some connection, but that she can never experience it as an actual feeling, was exactly the same as the relationship she and her husband had had during their 15-year marriage which ended in divorce. I of course interpreted the situation that way. However, she never “felt” my interpretations; she only handled them as information, something she simply “knew about.”

At the start of the third year of therapy, her manic-depressive symptoms had improved dramatically, at least symptomatically. By then, she was able to go to work almost every day. Still, her awareness of a feeling of emptiness, barrenness, and the lack of an actual feeling of “being alive” tormented her even more strongly than before. Her treatment continued to be deadlocked. I myself regarded her therapeutic status in those days as her dead world, or her dead life itself, floating in a therapeutic space.

Then, at one session, something occurred that broke this deadlock. Let me describe it in detail.

That day, as the session began, she started talking about her work in the usual animated manner, at least on the surface. I knew consciously that this rather compulsive blabber was a desperate effort to bring some life to her dead world. I already knew that it was useless to tell her what I felt. I was also vaguely aware of the pattern that existed: I had realized that my feeling of powerlessness to make any headway, and the feeling that it was desperately difficult to involve myself in her case, were none other than her own feelings that were being communicated to me through projective identification. At the

same time, I knew that her attitude of “knowing and understanding everything” was itself part of her way of knowing everything and yet not experiencing anything at all, or, in other words, it was part of her dead world. I felt that, even if I were to say anything at that point, it would be only half-hearted and superficial. So, as a result, I could not say anything to her. It was also true, however, that my listening silently to her empty talk was itself an indication of my being drawn into her dead world. I had no choice but to reluctantly listen. I was locked inside a closed room. Her stories were something I “already knew,” so I was not really listening to what she was saying.

With a certain sense of emptiness, I absent-mindedly stared at the desk about 2 meters from my chair. My eyes eventually stopped at a photo stand placed on the desk, showing my daughter’s photograph. When I was not conducting therapy, I usually used the desk for writing. During therapy with another patient earlier that day, I had noticed that the photo stand, which ordinarily is placed at a position not physically visible by either the client or me during therapy, was somehow placed in a position where it would be visible to the client if she turned her head. I remembered that I had tidied up the place during my previous lunch break, had seen the photo stand, and decided to return it to its original place during the next break. However, I had forgotten to.

When I refocused my attention on the photo stand during my session with her, I became aware of a strange uneasy feeling that suddenly got into me. I felt compelled to keep a close watch on her, to see if she would turn her head. Clearly, I worried about her seeing the photo. And I was beginning to recognize this uneasiness as something a little strange. I didn’t feel this way with the previous patient; why was I feeling so uneasy with her? Would she get upset if she saw my daughter’s picture? No. She had never shown any interest in my personal presence. This strange lack of response was something she and I had already discussed. She would tell me, matter-of-factly, that I was a physician, so she held no personal interest in me. But that particular day, I knew for sure that I felt uneasy, although I did not know why.

Shortly thereafter, I once again turned my attention to her story. She finished talking about her work and was now describing some tiny details of her personal life. None of these details interested me. As always, her stories were endless but well set out; it appeared that she was trying to make her talk as clear and as easy to understand as possible. Her talk did not appear to be spontaneous and created on the spot: it was well prepared and worked out beforehand, even if she was relating them for the first time. Her talk reminded me of lectures I gave at college.

Then, she began reporting a certain dream she had recently, which was relatively unusual for her, and something she had not done for quite a long time:

I and a number of other children enter a room with a wooden floor. I am in the lower grade of elementary school. The place looks like a school classroom. We are all sitting down, waiting for something. I am feeling as if I have come to the wrong place. So I go to another room, but there again, everybody else is seated. I find myself feeling that something is not right, but I cannot move because everybody is well behaved and quiet. I feel that I have no choice but to stay put.

Hearing this, I suddenly remembered that her father was a schoolteacher. I had known this since long ago. However, until that moment, it was merely one of the many facts I knew about her. When I thought about this, I began to feel that this interview room was a school, and that she had been giving classes to students or telling them the correct answers. These ideas suddenly took concrete form. Come to think of it, this interview room also had a wooden floor.

At that moment, my almost exaggeratedly anxious reaction concerning the photo stand emerged from another perspective. My overreaction showed that I was reacting to the fact that she was beginning to view me as her father. In other words, I was unconsciously imagining that she might become terribly jealous on seeing my daughter's picture. I was worried that her feelings of love toward me, or her love toward her father that had been transferred, would be injured because of this jealousy.

In looking back, I realized that until that time, she and I had never fully discussed her father, who had passed away when she was about 5. He was merely some distant, half-imagined character who had appeared and then disappeared along the timeline of her life history. Even within her story, she only referred briefly to her father, saying that she remembered nothing about his face or when he died. She said that even if other people told her about his death, it meant little to her. However, I felt that maybe she was ready to talk about this subject because it seemed to me that now her father appeared not as part of a story but in concrete form.

I said to her that I thought that in the dream she was looking for someone other than the person whom everybody else was waiting for in the classroom and that she had a hunch that this person was her father, so she lost the courage to continue looking for him. She remained silent for a while, then responded with "*I didn't know about that.*" I realized that she said this a little differently from her usual flat tone. I then said to her further, "You and I have been seeing each other in this room with a wooden floor for the past two years. This is something I've come to realize now, but our sessions were like classes inside a school. It was as if you were teaching me something like a teacher, or me, a teacher, telling you, a little girl, the answers. I can now actually feel that your father had been a schoolteacher. Like in your dream, you may have been coming here to look for your father. And in your imagination, deep in your mind where you are unaware of it, your father was somebody who would keep his daughter close by him, watch her tenderly and love her. That's the sort of a father he is in your imagination, I think."

Again, she remained silent. This may have been the first long silence since I began my therapy with her. The noisy world of empty words—a dead world—had disappeared. After a while, she said, "*I did not know* that I was thinking about my father. But *I feel* that it may have been so. I believe that ever since my father died, I've been restless and moving from place to place." She remained silent for several more minutes until time was up. I, too, sat there without saying a word, feeling that, maybe for the first time in her life, she was able to mourn her father's death.

The art of not knowing, being alive, and becoming open

This session illustrates our progression from my and her world in which "we knew" to the

world in which “we felt.” Although it was just for an instant, she definitely experienced sway and drift, apparently having succeeded in “coming to life” within this analytical session. The talkative world of death transformed itself into silence characterized by relaxation and depth. One thing that should not be forgotten about this phase is that such progression or change was basically brought about after I could “no longer understand” something. When I saw the photo stand on my desk and felt perplexed and anxious, I could not at the time understand my perplexity. Of course, it was my own perplexity, not anyone else’s. Still, I was not able to experience me who was the person feeling this perplexity. I could not understand where this perplexity had come from, or what had caused it. Because of this “failure to understand,” I experienced sway and drift.

Until this phase had come about, the world of my experiences was dominated, through powerful projective identification, by her suffocating ways of experiencing things, or, in other words, “understanding and knowing” everything, but not living and experiencing anything, and hence not being able to feel anything. As far as such part inside me was concerned, everything about the world was a given; a known. Like tombstones in a cemetery, the world was filled with endless queues of all the things that were known. At the time, I must have been living in her world of experience that was completely confined within her world of internal objects. Inside such a world, there was not a single new thing.

But when I became concerned about the photo stand and experienced perplexity about its position, I saw not my daughter appear, but my patient who had already manifested herself as my daughter. And that moment, I was not only me but also her father. In other words, the photo stand contained a daughter’s picture, of course, but also a picture of the patient, as a daughter. As was evident from the fact that I was not perplexed during my previous session with another patient but felt uneasy only when this patient was close by, after this session began, the photo stand had changed to a new, different photo stand. At this point, a new world was being created that was essentially different in nature from the suffocating and completely foreknown world of before, where everything was *déjà vu* and dead. And it was none other than the patient and I who had created this new world. The changed photo stand was evidence that a new world had been created.

This may also be described as follows. While we were confined to a dead world where everything was known and nothing could be felt or experienced, we were unknowingly making preparations to allow her father to appear in our therapeutic space. Our dialogues up to that point were decidedly futile and unproductive. However, this futility was clearing a space for giving the dialogues a different, more personal meaning. That is to say, things like school, class, questions and answers emerged, with the patient’s father quietly sneaking into them. It was only after we had unconsciously set the scene that she was able to dream about searching for her father in a classroom. My behavior of moving the photo stand from its usual place, making a mental note of it, then forgetting to put it back to its ordinary position, had probably emerged because of it. Her dream and my parapraxis both came about, and took form, in the context of our therapeutic interplay.

Ogden (1994) proposed that, in the practice of psychoanalysis, a third subject—an analytic third—is unconsciously co-created by the analyst and the analysand, and that the subject of analytical experience is neither the patient nor the therapist, but this new subject. This concept was inspired by Winnicott’s view that there is no such thing as an

infant but only a mother-infant pair (Winnicott 1960), and is based on the view that, in the practice of analysis, there is no such thing as an analyst or a patient. There is a third person. And this third subject, while conducting a dialogue with the patient's subjectivity and the analyst's subjectivity, and while maintaining a dialectic tension, continues to live in the analytic process, and, as the subject of analytical experience, continues to create analytical experiences.

For example, my parapraxis about the photo stand, my ensuing experience of abnormally intense anxiety, and her dreaming experience, may be understood not as things I or she had simply created, but as an experience of the analytic third, a new subject. My parapraxis was not merely my parapraxis, and her dream was not merely a dream she dreamed. They were what this analytic third had done. When my subjectivity comes in contact with the experience of the analytic third, I feel that it is something foreign and therefore "unknown" to me. I become perplexed and anxious. And these fears, trepidation, and excitement are the very emotions that are behind the feeling of analytic discoveries. Seen from this perspective, the photo stand is something that was newly created as an analytic object by the third subject. The known fact that her father was a schoolteacher also made its appearance for the first time as an analytical fact.

I believe that what we analytical therapists should do is to give human form to the experience of this third subject. The premise for doing this, moreover, is to thoroughly accommodate, and savor, the interplay of our own subjective and intersubjective experiences.

We receive intersubjective communication from a third person through reverie (Bion 1962, Ogden 1997). Reverie is not conscious reasoning or intentional recall; it is a spontaneous, temporary and vague thought process that is similar to daydreaming. It may sometimes take on an ordinary, everyday appearance that is simply meaningless, or it may appear as a notion lacking in context and beyond one's comprehension. More than anything else, we are not doing any active thinking during reverie. Instead, thoughts come floating into our minds in the form of ideas popping up, or inspirations, or passing fancies. We hardly ever think that we are the author of such thoughts. When an analytical therapist is lost in such reverie or contemplative thought, his subjectivity is being largely eroded. For example, as is clear from my reverie during the session concerning the photo stand, we have a sense of "thinking things by oneself," as well as a sense of passively being "merely a container for thought." What therapists should fundamentally do during psychoanalytic therapy is to open themselves to such erosion of subjectivity and to the experience of not knowing or understanding. Through this process, we give shape to the experiences of the analytic third via our human experiences. In other words, the experience of an analytic third can take on a "living voice" through our subjective experience of accepting such experience and giving human shape to it.

It appears that the concepts of "receiving the unconscious with the unconscious" and "evenly suspended attention" included in Freud's words quoted prior to this therapeutic material, touch on how the subjectivity of an analyst should be employed when talking with an intersubjective third person, with erosion of such subjectivity as the premise. Here, we experience this sense of "not knowing or understanding" what is happening, or what we are experiencing, or whose words we are saying. By not knowing or

understanding things, we open ourselves to “drift.” It is only by this drift and sway can a patient and a therapist “live” at that point.

In the context of our own reverie, we touch on the experience of the analytic third and discuss it. As a basic rule, we analysts do not directly discuss our reveries. If we did, this would not only destroy the asymmetric elements that an analytic experience carries, or, in other words, destroy the basic premise that we deal mostly with the patients’ inner world, but also jeopardize the indirectness of the analytic experience and turn the session into a mere forum for discussion or exchange of emotions. Analytic dialogue is by no means a play of catch between two human beings. With this particular material, I included, in my interpretation, my own reverie concerning the photo stand that contained my daughter’s picture (“a father who enjoys seeing his daughter close by”). However, I did not mention it in my interpretation of the photo stand. An interpretation should be nothing more than the provision of views on a patient’s world that is woven based on the imminent fear deriving from our experience of “not knowing or understanding why,” or, in other words, from the swaying of recognition felt under analytical conditions. We should be extremely cautious about having things other than interpretations intervene in analytical treatments.

An object no longer being just an object

Let me return once again to the issue of “an object” in the context of such thought patterns. At the beginning of this paper, I described a moment when, because an object exists as an object inside a theatrical space, it suddenly transforms itself into something that is more alive than the characters in the play. The blood, perspiration, or milk which we, the audience, see in the juice of a watermelon, for example, is a product of our imagination based on our own unconscious fantasies. However, imagination such as this mutually interacts with the world of the drama that is performed. That is why, when we gaze at a watermelon while imagining such things, we simultaneously feel the state of mind of a man, no longer under the spotlight, being conveyed to us even more vividly than when he was at center stage.

The photo stand and the room with the wooden floor that appeared in this clinical material function in ways similar to the watermelon in this example. When we are living in an analytical space, our experience must be real. This reality coincides with what Freud (1916–1917) had referred to as “psychic reality.” The term psychic reality—reality that is not material reality—is at first glance somewhat self-contradictory. Things depicted in one’s mind, such as imagination, fantasies and thoughts, are essentially fabrications or pipedreams. For the proposition “This is reality” to be accepted with legitimacy, a substantial leap must be accepted. When the practice of psychoanalysis no longer becomes a fabrication, but takes on a certain reality or actuality, external objects and “things” become the source for providing that reality. By borrowing the externality of an “object,” we can, for the first time, come into contact with the reality that “being alive” entails, as well as the “unknowingness” that reality essentially carries.

For example, the anxiety and perplexity which I had felt vividly at the abovementioned session could not have been experienced if it were not for the photo stand, an external object, which contributed to opening a hole in the suffocating “known” world that was

made up of her associations and my interpretations, creating a space for me to sway, drift, and immerse myself in reverie. These may be essentially related to Winnicott's discussion on object destruction and use (Winnicott 1968).

We must not forget, however, that the reality that an "object" carries may destroy the therapeutic process if used in an erroneous manner. To return to my theatrical analogy, if our attention is drawn to the spotlight itself—an object—that sheds light on the watermelon at the key moment, we would be prevented from experiencing the emotional significance of that moment. An ordinary object presented as bare fact would dilute our theatrical experience, freeze it with chilling bluntness, and turn us off. It forecloses the object's symbolic meanings from resonating each other. An object isolated from the intersubjective context of analytical experience is a foreign substance that obstructs the analytical experience. It may not open us to the analytic third that is the subject of the analytical experience, and may even make our personal interests dominate the analytic space.

In practice, of course, we try to maintain physical stability in the therapeutic setting to prevent such foreign substances from appearing in therapeutic space. Just as a spotlight is painted black to make it less noticeable, we must design our consulting rooms in such a way to prevent objects from overly asserting themselves.

Things that may become analytic objects, or objects that are meaningful in analytic experiences, must provide sufficient "object-ness" within an intersubjective space. At the same time, they must emerge as a part of the experience of the analytic third, or, in other words, within the interplay of the patients' and the therapists' reverie.

This may be rephrased as follows:

In an analytic activity, a third person—a father in a sense—must appear within the context of the mother-infant (or therapist-patient) experience. At the same time, however, such a third person must take on an external aspect.

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The narcissism and death of Yukio Mishima: From the object relational point of view

Sadanobu Ushijima

Introduction

There has been no Japanese novelist who has attracted as much worldwide attention as Yukio Mishima. Though 17 years have passed since his death, European and American psychiatrists, who are interested in his unique talent and eccentric behaviors, often want us Japanese psychiatrists to discuss him and his works. In 1985, when the subject¹¹⁾ about Mishima was announced at the 34th International Psycho-Analytical Congress, I, as a moderator, was surprised at the great number of those participants who filled the hall. At that time I felt sorry, however, that Mishima and his behaviors were not always understood adequately. For instance, there were not a few opinions that his “hara-kiri” or “seppuku” (an old Japanese ritual of suicide) surely reflects the modern Japanese mind. The reason for this seems to me that there are no English papers on the pathography of Mishima written by Japanese psychiatrists, although many insightful Japanese papers have appeared in Japanese Journals⁴⁾⁵⁾⁸⁾. One of my purposes here is to fill this void by presenting in English a paper on Mishima.

However, the more important purpose is that a study of his life would make a great contribution toward understanding the severe or primitive personality disorders⁹⁾ which are currently one of the biggest interests in the psychiatric field. Although various kinds of clinical diagnoses like schizophrenia and others have been made from the psychiatric point of view, this case seems to be difficult to explain merely by the phenomenological description. Fukushima, A. pointed out 10 years ago that in order to make a correct diagnosis of Mishima, we should wait for the development of a new way of psychodynamic understanding. Now we have the object relations theory¹⁰⁾²⁰⁾ which could be useful in understanding the subjective inner world of a human being. It is certain that one of the decisive points for understanding Mishima is to deal with his massive fantasies which have a very intimate relationship with the inner world.

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A brief history of his life

Kimitake Hiraoka (Yukio Mishima's real name) was born on January 14, 1925, at the Tokyo home of his grandparents, Jotaro and Natsuko Hiraoka, with whom his parents lived. The Hiraokas were an upper-middle-class family: Jotaro had been a senior civil servant, and his only child, Azusa, Kimitake's father, was also a government official.

What attracts a psychiatrist's attention first concerning his infancy and childhood is the fact that Natsuko snatched Kimitake away from his mother's arms on the 49th day of his life. His bed was placed in her sick-room, perpetually closed and stifling with odors of sickness and old age. There he was held prisoner until 12. Natsuko was the strongest personality in the Hiraoka family, and demanded and received what amounted to total control of her grandson's life. For example, here is his mother Shizue's memories after Mishima's death: "We [parents] lived upstairs, while Mother [Natsuko] kept Kimitake with her all the time, ringing an alarm every four hours... Kimitake's feeding times had to be precisely every four hours." She continues: "Even when Kimitake got to be three, permission for him to be taken out into the air was granted only when the weather was fine." And "Mother thought that boys were dangerous playmates so the only friends she permitted Kimitake were three older girls she carefully selected from among his cousins. And it had to be even quieter than what girl's play normally is, because Mother's sciatica made her sensitive to noise and she insisted the children play in the room." No wonder the boy took refuge in his fairy tales and preferred to be by himself reading a book or playing with dolls, blocks and so on or "indulging in my willful fancies or drawing pictures⁷⁾."

In April 1939, Kimitake entered Gakushuin, the Peer's School, to which the children of the class of the Hiraoka's would not usually go. Shizue says that he was always bullied by his classmates in those days.

In these circumstances, Kimitake developed a characteristic personality. He was a quiet, obedient, sensitive, precociously intellectual child who had never expressed his feelings. They were concealed as if behind a Noh mask. From this, he got the idea of leading the life of a "mask." In "Confessions of a Mask¹²⁾," he wrote that by the end of childhood he was already firmly convinced that "life was a stage and that he was to play his part on the stage without once ever revealing his true self." This tendency is substantiated by the Rorschach Test which he undertook at 36. At the same time, he developed massive fantasies as a defense against his underlying anxieties. "The things that were happening before my eyes—my grandmother's spells or the petty family quarrels—and the fanciful events of the fairy tale world in which I had just become immersed seemed to me to be of equal value and like kind. I could not believe that the world was any more complicated than a structure of building blocks, nor that the so-called 'social community,' which I must presently enter, could be more dazzling than the world of fairy tales¹²⁾."

What must not be forgotten in this line of thinking is that he had suffered from "autointoxication," a kind of psychosomatic disease during childhood, which is thought to be a reflection of his internal unbalance. This illness is said to be usually found in children who are sensitive, intelligent and overprotected, who have been trained by their

mothers to be “good” boys or girls. His peculiar attacks of abdominal pain in his adult life seems to have something to do with this childhood illness.

In March 1937, when he was 12 years old, Natsuko suddenly announced it was time for him to rejoin his parents. She was 62 and very ill. What should be kept in mind at this stage is the establishment of an intimate relationship between Kimitake and his mother after he moved back into her house. She protected him from his father’s unrelenting attack on his preference for reading and writing in his room, and encouraged him to write poems and novels by reading them and by introducing him to Ryuko Kawaji, a well-known poet. Thus, his literary activities became intensified with the help of his intellectual precocity. Shortly after entering middle school, he came to the attention of members of the literary club and became a regular contributor to the school magazine. He published his first long work, “The Forest in Full Bloom” at the age of 16 under the pen name Yukio Mishima. And from 1942 until he graduated from the Peer’s School at the end of 1944, he managed to produce eight novels, three long essays on classical literature and a slim volume of new poetry. All this work had been done with the support of his mother, Shizue. It is even more interesting that even after he became a successful writer he had to have her read all his writings before their publication.

In any event, along with his vigorous literary activities, his career at school was brilliant. He graduated from senior school at the top of his class and received an award, a silver watch, from the Emperor in March 1944. In May he passed an army physical, but he was not drafted and started his studies at the Tokyo Imperial University in October. When his draft call came in February 1945, he took leave of his parents in Tokyo, who shared the belief that he would not come back again alive. Fortunately, however, a false diagnosis of incipient tuberculosis made by an unexperienced army doctor exempted him from military service. Thus the war ended in August of the same year. After the war he continued to study law at Tokyo University and obtained a position at the Ministry of Finance in a competitive public examination at the end of 1947. Even after entering the ministry, his double life, working during the day and writing at night, continued until September 1948 when he resigned from the ministry in order to commit himself totally to literary work.

What I would like to stress here is the fact that it may look like he walked on a royal road to a literary career, but this was not true. He himself had been struggling with conquering “the inner monster.” Mishima wrote in “My Age of Travels” (1963), “It was a rare time when my personal nihilism and the nihilism of the age and of society at large perfectly corresponded,” so that “I had been made to feel a genius, the representative spirit of my age.” After the war, “the boy who had carried on like a genius within a small group during the war was now a helpless student taken seriously by no one.” When the pressure of war was eliminated, he lost his balance. Mishima then continues, “When I left the ministry, I had been feeling of weakening of my own body and mind, along with a feeling being strained by having become a professional writer. Severe helplessness had occupied my mind completely. A deep depression and a cheerful elatedness alternated unstably; I became the happiest and the unhappiest person in the world in a day... I was in a place closest to death.”

Here he had to complete two works in order to overcome this identity crisis. One

was to write "Confessions of a Mask" in order to get a definition of himself (as sexual perversion). In his Note to this book he wrote, "This is a last testament I want to leave behind in the domain of death, where I have resided until now." Though it was a success artistically and he could have an inclination to intellectual, bright classics through this, this was not by itself sufficient as a remedy. He needed another work. This work was to leave Japan at all costs, that is, to go on his first world trip, especially to Greece, the land of his dreams. Just before leaving Japan, he wrote, "Until now my work has been too highly sensitive. Perhaps I should say I have indulged my sensitivity too extravagantly until now. On this foreign trip I shall take only a little money with me, but hope largely to expend this sensitivity of mine before I return."

Shortly after his return from foreign countries in 1952, he started many kinds of hard physical exercises, swimming, boxing, weightlifting and so on. "A reconciliatory handshake with the sun on the deck of the ship on which he made his first trip abroad" and an encounter with a balance between intelligence and the body uncomplicated by the spirit in Greece had been a decisive turning point to this course. Through these exercises, Mishima with a thin and weak body had changed into a man of sturdy build and could acquire "the language of the flesh." In "Sun and Steel"¹⁶⁾ he wrote, "When I examine closely my early childhood, I realize that my memory of words reaches back far further than my memory of the flesh. In the average person, I imagine, the body precedes language. In my case, words came first of all; then came the flesh. It was already, as goes without saying, sadly wasted by words. Thus reality and the body became synonymous for me... I was quite obviously identifying myself with words and setting reality, the flesh and action on the other side." However, "Then sun was enticing, almost dragging, my thoughts away from their night of visceral sensations, away to the swelling of muscles encased in sunlit skin. And it was commanding me to construct a new and sturdy dwelling in my mind, as it rose little by little to the surface, could live in security." For that purpose, "training of the body must take precedence over training of thought if it is to create and supervise its own ideas." Nathan, J.¹⁸⁾ wrote that his labor to transfigure himself had been in fact a quest for the ultimate verification of existence.

These changes brought him a fairly stable and prolific life. In "My Age of Travels"¹⁴⁾, he wrote, "Though I have had abundant unforgettable unevenness in the 10 years from 17 to 26 years of age, there are no ups and downs of which I want to make special mention in the 10 years from 27 to 37."

His next crisis started around the age of 40. Mishima's father pointed out that the political events (the Ampo demonstrations) of 1960 played a part in turning Mishima's mind toward romantic imperialism. Shortly after these events, he started to write the three stories about the Ni Ni Roku Incident in 1939, "Patriotism" (1961)¹³⁾, "Toka no Kiku" (1961), and "The Voices of the Heroic Dead" (1966). These were put together in one volume which he called his Ni Ni Roku trilogy in 1966. What attracted my attention in this line are the film version of "Patriotism" in 1965 and "The Voices of the Heroic Dead."

The film version with himself not only as the director but also as the leading actor seems to me to indicate that he had stepped beyond the realm of a writer and this could be a rehearsal of his last action in 1970. And "The Voices of the Heroic Dead"¹⁵⁾, in which

the spirits of the young officers of the Ni Ni Roku Incident and the Kamikaze pilots of World War II bitterly reproach the Emperor for having betrayed them by declining to be a god, was the decisive turning point to his ultranationalism whereby his life had begun to have a strong political coloration. Training at the base of the Self-Defense Forces in 1967 and the foundation of The Shield Society (his private army) in 1968 had followed these. In this way he hurried to the last scene at the Ichigaya base of the Self-Defense Forces on November 25, 1970.

Fukushima, A. and Kajitani, T. pointed out that Mishima had had a depressive episode with suicidal preoccupations in those days which was generated by a decay of his body along with his aging. His above-mentioned behaviors can be thought to be his fierce struggle against this depression. In the postscript to this trilogy, he wrote as follows: “The melancholy within me became enlarged... How can I explain my mental condition? Am I rotten or in a state of exaltation? Slowly, a purposeless sorrow and anger pile up within me; sooner or later these had to combine with the intense cry of the young officers of the Ni Ni Roku Incident.”

It is interesting here that in this situation he wrote “Sun and Steel¹⁶⁾” which is a sort of his internal history that follows “Confessions of a Mask” written in the crisis of his 20s. In this he wrote, “At the moment when I first realized that the use of strength and the ensuing fatigue, the sweat and the blood, could reveal to my eyes that sacred, ever-swaying blue sky that the shrine bearers gazed on together, and could confer the glorious sense of being the same as others. I already had a foresight, perhaps, of that as yet a distant day when I should step beyond the realm of individuality into which I had been driven by words and awaken to the meaning of the group.” In this way, “The group for me had come to represent a bridge, a bridge that, once crossed, left no means of return.”

Along with this work he came to have the new idea of “reincarnation” which is well known in his last writing, “The Sea of Futility¹⁷⁾.” It is certain that this idea has intimate bearings with his above-mentioned struggling behaviors against the depression with the severe suicidal wishes.

Discussion

1. The development of object relationship in infancy

Yukio Mishima had recurrent episodes of depression with severe suicidal preoccupation in his life. In fact, his life was a history of struggles against the suicidal wishes which were likely to enlarge on occasions within himself. This suggests that not only his sexual identity but also the very core of his identity had been severely disturbed¹⁾²³⁾ even though he had never been under any psychiatric treatment. So it will be important here to investigate into its origin in infancy.

What attracts my attention most in this regard is the fact that the family circumstances described in “Confessions of a Mask¹²⁾” coincide fairly well with the facts which his parents spoke after Mishima’s death in “My Son Yukio Mishima⁷⁾.” This shows that Mishima had been frequently talked to about his own infancy, probably by his parents. In this process they must have laid all the blame on his grandmother, consciously or

unconsciously, consequently representing her as a bad object. On the other hand, the badness of parents in the sense that they could not have protected their son from the invasion of his grandmother was diminished by their becoming a victim together with their son. This situation will make it difficult for a child to develop the whole object relationship with the mother. This means that Mishima had been in the state of part object relationship¹⁰⁾ throughout his life, splitting into the bad relationship with his grandmother and the good relationship with his mother, in which he cannot bear rage or hatred toward his mother. Still more followed the changing processes of the bad into the good image of his grandmother by writing the stories anew, saying, for example, that she was also a person to be pitied as a victim of her husband's misconduct (her husband was a good person, but he was a womanizer and was irresponsible with the family's money), or that she contributed much to her grandson's good manners. Thus there was no bad person in this family.

Consequently, Mishima could not find any channel for his aggressive discharge, except toward the objects in his fantasized world or himself (provoking suicidal wishes). This is the very reason, I think, why Mishima's aggressive and destructive behaviors had been extremely rare in his everyday life.

In addition, it would also be necessary to examine the personality of his grandmother who is thought to have been the key person in his early development. Many authors described that Mishima had been brought up as a girl. But I do not agree with this opinion. Mishima's grandmother, Natsuko, had never wanted him to be a girl, and had never tried to treat him as a girl, for example, putting girl's clothing on him or fixing his hair in a girl's style. Although she hated the naughtiness which ordinary boys usually have, she needed the first grandson as an heir under her control probably in order to instill in him the samurai spirit of her ancestors. The fact that Natsuko took no interest not only in his sister Mitsuko, but also in his brother Chiyuki, gives proof of this. When we reconsider Natsuko's attitudes toward the heirs in this family, her husband Jotaro and her only son Azusa, a characteristic figure comes out. Jotaro was hated and scorned by her for his misconduct, and Azusa was also dominated completely. In this sense, it could be said that Natsuko had been a kind of woman with a phallus. Therefore, Mishima had been forbidden to be naughty with his own feeling and submitted to be her penis. This relationship with his grandmother seems to me to be very close to the concept of impingements and reactions to them in forming the false personality, of which Winnicott, D. W.²¹⁾ has spoken. Here could also be a wish to identify with his grandfather and father, that is, a wish that he wanted to become like his grandfather and father who might have been loved by his grandmother. This could be one of the elements of his homosexuality.

In this way he had developed "the type of a boy who leaned at the window, forever watching out for unexpected events to come crowding in toward him."

2. Peculiarity of his instinctual development

It seems to me that he had a kind of crisis when he was liberated from Natsuko's restraint in his 12th year. What was his psychological state like? He was an honor student at school and a good child in the family, but the state of affairs in his inner life was stormy. Sexual arousal had caused this unbalance. A boy of 12 who was provided with a curious toy (the

penis), but had no idea of how to use it, was bewildered very much. But the encounter with a reproduction of Guino Reni's "St. Sebastian" enabled him to have his first ejaculation. Since then he indulged himself in this "bad habit." Here we must not forget that excessive masturbation has an important defensive function against the anxiety with sadistic and self-destructive tendencies³⁾²⁰⁾. In any event, it was in this situation that he had begun active literary activities with the support of his mother.

This bad habit had brought about his peculiar fantastic world which Arlow, J.²⁾ has discussed thoroughly from the point of view of the primal scene. Mishima wrote as follows¹²⁾: "My inherent deficiency of blood had first implanted in me the impulse to dream of bloodshed. And in its turn, that impulse had caused me to lose more and more of the stuff of blood from my body, thereby further increasing my lust for blood. This enfeebling life of dreaming sharpened and exercised my imagination... I had dreamed up the idea of a murder theater... all the deaths that took place there not only had to overflow with blood but also had to be performed with all due ceremony. I delighted in all forms of capital punishment and all implements of execution... So far as possible, I chose primitive and savage weapons—arrows, daggers, spears. And in order to prolong the agony, it was the belly that must be aimed at. The sacrificial victim must send up long-drawn-out, mournful, pathetic cries, making the hearer feel the unutterable loneliness of existence. Thereupon my joy of life, blazing up from some secret place deep within me, would finally give its own shout of exultation, answering the victim cry for cry."

Here is a beautiful connection of the sex, blood and death with the following paragraphs which shows that this has paved the way to his homosexual world. However, what we should keep in mind is that the objects which appear on the stage in these worlds have a close relationship with the objects in the fantasies of his infancy and his behavior patterns in his later years.

He was excited at the sight of a young night soil man putting on close-fitting jeans which plainly outlined the lower half of his body and loved the picture of Joan of Arc taken for a knight who mounted on a white horse in his fifth year. And a reproduction of St. Sebastian determined the form of his sexual life not only in his early adolescence but also in his later years. It is also well known that in "Confessions of a Mask" he fell in love with his senior and junior boy friend in his middle adolescence, and in his late adolescence was beset by a sexual desire at the sight of the savage, but the incomparably beautiful body of a youth in his 20s while on a date with his girlfriend Sonoko¹²⁾¹⁸⁾.

Shortly after returning from his first oversea tour, he started hard physical exercises with the help of "Sun and Steel" and transformed the thin and weak body of his past into a sturdy and muscular body in the following several years. Only by letting himself be an object of sexual desire, he was able to obtain a psychic balance. This balance is said to have been lost around his 40th year by his worrying over the decay of his body along with his aging. He began to tell often about a glorious death and his eccentric social behaviors as an ultranationalist came to draw public attention.

It should also not be forgotten along with these that there were groups of men who had excited him in the same way from infancy. As a child, he was "driven onward, awakened his longings and powered by the odors of sweat of soldiers passing his gate as they returned from drill and was fascinated and terrified by the spectacle of the mikoshi

(the group of men shouldering the portable shrine). And he joined the mikoshi of the Jiyugaoka merchants' association in 1956. In addition, contact with the right, training in the Self-Defense Forces, and lastly, creation of the Shield Society followed these experiences^{12) 17) 18)}.

Viewed in this way, the body played an important role in his fantasies since infancy. This suggests that his instinctive life had had a strong autoerotic coloration. What interests us more than that here is that he had always prepared for the scene for him to take two parts, the self who is excited (as a penis like the body of a man or men) and the self who is excited by watching the excited body (the observing self). In addition, it deserves to be mentioned that the switching of activity and passivity or subject and object has occurred in the course of time. A boy who was waiting for unexpected events leaning at the window in his childhood and an adolescent in war time became a stout man who tried to evoke the public response (excitement) in peace after the war. It is certain that at the main defense mechanism in these processes might be projective identification, but the most important thing in this context is that he could feel alive only when he felt excited by watching his exciting partner or surroundings. It is the problem not simply of his libidinal life, but also of his existence itself. It was likely to form a vicious cycle which would continue forever. This is the reason why he escalated the narcissistic behaviors with a tremendously exhibitionistic and attention seeking tendency, to the point where he had to choose the last act. He wrote in "Sun and Steel" like this: "Though I might be unable to change the world myself, I could not but hope that the world would change of its own accord... The transformation of the world was an urgent necessity for me; it nourished me from day to day; it was something without which I could not have been alive. The idea of changing the world was as much a necessity as sleep and three meals." Needless to say, it is certain that the origin of this behavior pattern was in his infancy in which he had been forbidden to play any games leading to his own excitation and must have to lead a symbiotic life with his grandmother's insanely hysterical fits¹⁶⁾.

3. The intermediate area as a bridge between his inner and outer world

Following Mishima's life, it is not difficult for us to find out that he had led a kind of incompatible double life which I think deserves special attention. There was a life under grandmother's control and one with the breast of his mother in infancy. After liberation from the grandmother, he had led an active life as a writer under the protection of his mother, but he had also been an honored student and officer in accordance with his father's wish. In addition, there had been his own internal fantastic world behind these lives. So to speak, the life with his mother had formed the intermediate area of experience (Winnicott, 1971) which functioned as a bridge between the inner and the outer worlds. What is characteristic in Mishima's case is that this intermediate area is wide and deep, but very fragile and intolerable to the invasion from the inner and the outer worlds. This brought the tragedy of his genius. At any rate, this form of life had continued until his resignation from the Ministry of Finance.

However, his literary success brought about severe identity crisis, because the literary activity with his mother functioning as an intermediate area (the place of sublimation⁶⁾) directly exposed the external reality and it could no longer play the original role, that is,

the intermediate area was invaded by the outer reality. The confusion of identity was its result. Therefore, efforts to make a new intermediate area, instead of the literary activity which now belonged to the external reality, were necessary, so that he would be able to live with himself. To write "Confessions of a Mask" and to do hard physical exercises for the language of flesh were the results of the effort to form a new intermediate area. It was after his completion of transfiguration that he could recover his psychic equilibrium. Now a muscular movement with no purposes¹⁶⁾ appeared on the stage as a new intermediate area.

When he began to feel a decay of his body along with his aging, however, the action of his body came to have a tinge of bizarre socialness. They were the ultra-nationalistic behaviors and remarks, the approach to the Self-Defense Forces and the creation of the Shield Society which could never be accepted by the public. Here we see the emptiness of his intermediate area again which had caused his depression and suicidal preoccupation.

Looking back at his life in this way, Mishima was inevitably preoccupied with suicidal wishes when the intermediate area was empty. As I have mentioned above, his life was a desperate struggle against the emptiness intimately connected with suicidal wishes. And when he socialized the body as his last fort, what was left for it would be only the idea of reincarnation, the paradox in which he could live forever by death of the flesh. It is well known that the thought of reincarnation had been realized in his last novel, "The Sea of Futility¹⁷⁾." Though McPherson, E.D.¹¹⁾ pointed out its significance in Mishima's seppuku, the reincarnation had been a traditional thought to conquer the fear of death, on the basis of which the samurai liked to choose a heroic and glorious death through the fierce battle or the seppuku. There they could control life and death under their will. A miserable suicide or passive death could not be acceptable to Mishima who had been battling against suicidal wishes for a long time.

Summary

No one can deny that Yukio Mishima had been a true literary genius. It is, however, certain that his disposition and unhappy nurturing environment had opened the door to, and his fierce and ceaseless struggles against disturbances as a result of his unhappy infancy, had paved the way to, his unique literary world. The examination of his life would teach us much on the profundity of human existence.

I think he should not be diagnosed as a schizophrenic. The examination of his life from the object relational point of view inclines me to think of him as suffering a severe personality disorder⁹⁾. Although his instinctual life had an autoerotic coloration, this would be a manifestation of the disturbance around the core of identity. To feel alive, he needed the excitement of the surroundings around him, the excitement of his own penis, of the youth's body, and of the public. So he had to continue to evoke the surrounding responses in peace after the war. This explains the reason why he had shown so tremendously narcissistic behaviors with attention-seeking, exhibitionistic and provocative tendencies.

Finally, his seppuku was thought to be his last defensive effort for the paradox based on reincarnation in which he killed himself to live forever.

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Encounter and prenatal rancour

Aki Takano

Introduction

In a therapeutic relationship, one sometimes wonders what wheels of fate have worked to bring oneself into such a deep involvement with the patient. It is, then, not a very strange idea to think that the encounter of a patient with his or her therapist is governed by some outside factor unrelated to the intention of the parties concerned. From the olden days, we Japanese have referred to the element that works in bringing together people as “en” It seems impossible to eliminate completely the element of “en” in therapy, no matter how much importance is placed on reason and intellect during the sessions. However, only too often such aspects become submerged in the process as therapy progresses. The paper focuses on the subject of encounter in psychotherapy, taking up the concept of “en.”

What is “en”?

Let me first clarify the meaning of the Japanese term, “en.” The word, roughly, has the following definitions:

- (a) An indirect condition that contributes to bringing about an outcome;
- (b) Relationships; and
- (c) Edge and/or brim.

The first (a) is derived from cause and effect (karma), the fundamental concept of Buddhism. In Buddhist thinking, nothing is isolated. No one thing occurs or happens of itself. “En” in this context can be considered as an abstract factor that is indirectly involved in some event and/or occurrence yet decisive to the outcome. In everyday terms, we place importance on encounters as the result of “en” that works to bring together strangers. In (b), relationships that cannot be easily severed, such as parent and child,

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siblings, and married couple, are referred to as “en.” The last (c) will be taken up in the discussions. Taking these into consideration, the paper will focus on “en,” which is a familiar concept in Japan.

Encounters that occur in therapies can be said to be accidental, but they can also be regarded as a meeting brought about by “en.” Here, I will discuss the encounter between patient and therapist as the workings of “en.” The approach gives rise to discussions on how “en” affects the psychotherapeutic relationship, and how it intertwines with psychoanalytic thinking that places subjectivity in the self. I believe that it should be deliberated from both a cultural and clinical viewpoint; however, “en” is too large a theme to deal with in this paper, so I propose to take up prenatal rancour as one aspect of “en.”

Prenatal rancour

The concept of prenatal rancour was first introduced in psychoanalysis, when it was taken up in the discussions of the Ajase complex. Okonogi has presented the following three aspects of the Ajase complex (Okonogi, 1988 a):

- (a) The conflicting desire of the mother to have a child and to kill it;
- (b) The prenatal rancour and the desire to kill the mother on the child’s side; and
- (c) Two kinds of guilt feelings.

Prenatal rancour is included in (b). In Buddhism, it means the resentment one harbors before one is born. According to the Nirvana Scripture, Ajase harbored ill will before he was born, and was called Ajatasatru (meaning both prenatal rancour and a broken finger in Sanskrit) since he was born with his finger broken as a result of some mishap during delivery. Based on the foregoing, Okonogi examined the significance of prenatal rancour, and interprets it as a resentment against the “en” that led to birth and which includes speculation over the origins of one’s birth and inquiry into it (Okonogi, 1991). He goes on to discuss it in connection with a case of family therapy and another of an interview with the mother in treating adolescent patients.

Any therapeutic relationship, in fact, has something in common with the “en” of parent and child, since one becomes-in other words, one is born as-a patient by entering into such. Just as one may speculate the reason why one was born to one’s particular parents, one may wonder why one has been placed in the position as the patient in therapy. Okonogi considers grudges and anxieties associated with the establishment of therapeutic relationships as the transference of prenatal rancour (Okonogi, 1988b). However, there are no published studies on prenatal rancour in the context of transference in psychoanalytic psychotherapy, and this paper focuses on that point. Please note that, although prenatal rancour is a major element, the paper will not take up the entire Ajase complex.

Clinical material

Miss A, a woman in her 30s, attempted suicide and was brought into the emergency care unit of the hospital where I worked. I provided psychosomatic and psychiatric consultations there, and subsequently took her on. Her life was saved and she entered, so to speak, by the working of “en” into a therapeutic relationship.

Her family history and growth process, according to what she told me during the therapy sessions, are as follows:

Her brother, seven years her senior, was born with a handicap. It was when her mother’s devoted efforts had finally borne fruit and he had just about managed to start walking, that Miss A was born. She was followed a year later by a sister. Miss A was bullied during grade school, but could never talk about her troubles to anyone, although she was reprimanded for not wanting to go to school. Anxiety continued and she could not feel relaxed in personal relations. She managed to finish high school, but stayed home and never went out, withdrawing from society. Miss A did not refer to the fact that her mother had not realized that she was being bullied; rather, she stressed the fact that her mother was the only person who understood and did not pressure her to go out into the world.

Her younger sister, on the other hand, succeeded in finding objects outside the home, and married. As for her father, Miss A referred to him only in passing. She merely mentioned that he was distant although he tried to love her in his own way, and almost immediately reverted to the subject of her loving mother. After her father’s death from an illness, her mother, brother, and herself were left at home.

It seemed to Miss A that her mother had given up trying to discipline her brother, and in consequence, that he was increasingly getting out of hand. At a gathering of relatives, something happened to make Miss A lose face, while her brother became overbearing in manner. The incident rankled and eventually, his behavior began to infuriate Miss A. It seems that her resentment against her mother for not being her sole protector had been diverted to her brother. The mother was caught between the siblings and their quarrels began to tell on her, until at last, Miss A persuaded her to arrange for a separate residence for her brother. Her heart’s desire was finally attained and she had her mother to herself, however, the mother passed away from cerebral infarction only three months later. Miss A felt guilty, thinking that her quarrels with her brother had driven their mother to death. Despite these circumstances, Miss A repeatedly mentioned that “it was always just the two of us.” I received the impression that the family’s state of confusion had been aggravated by the death of the father.

Her first suicide attempt occurred just after her mother died. She had tried to kill herself in an attempt to follow her. She attempted suicide for the second time by taking an overdose and had been subsequently brought into the hospital where I work.

Psychoanalytic psychotherapy

(1) Beginning of therapy—start of a patient-therapist relation, “en”

In my consultations with attempted suicides, I had sometimes pictured the ambulance as

a stork that dropped the baby patient into my lap. Miss A turned out to be a very heavy baby indeed for my arms. I went to see Miss A according to the routine consulting system of the emergency care unit for attempted suicides, but she merely gave me wary glances from behind the bedclothes and was altogether unapproachable. On the second day, she thawed somewhat and talked about her suicide, which had been triggered by the death of her mother. She still wished to die and I suggested that she should go into a mental hospital; however, she refused and chose to visit me as an outpatient, a method which would not ensure her safety. She also checked on the time I would be able to allot to her, which was rather surprising. I felt that it expressed her strong object seeking even though she appeared to avoid personal relationships. However, she also seemed prone to persecutory anxiety. I could see that she would be a difficult case to treat as an outpatient, since she was now suffering from object loss on top of her personality problems and without any supportive environment. However, I felt I had no choice but to do what I could to prevent her from taking her own life, and on that note, 45-minute therapies commenced at a pace of once a week. Incidentally, I assumed the double role of Miss A's psychotherapist and administrative doctor.

(2) Resentment against having been saved

Initially, Miss A was depressive and could not come up with any aim for the therapies, and told me that, for the time being, she wanted to talk about her feelings for her mother. She fondly described her as an idealized figure, saying that she was very kind-hearted and that she had loved Miss A the most. That was how I learned of the circumstances described above. Her feeling towards me, on the other hand, fluctuated between the desire to monopolize and the frustration of such. For instance, she would say that if you wanted to save a suicide, a doctor should be exclusively assigned to the patient on a round-the-clock basis. I was, of course, not her personal doctor, and the only time frame that could be exclusively allotted to her was the appointments she placed.

About a year passed without any notable progress, and Miss A, as was her wont, started reproaching me, saying that if the therapist was incapable of assuaging the pain of losing her mother, saving a suicide was plain torture. I was fed up with her attitude, but feeling that a similarity could be drawn between her life being saved and her being born into the world, said, "You ask me why I saved you, but haven't you been always asking yourself why you were born?" —at which Miss A dropped the offensive, and nodded in silent agreement.

During this time, however, Miss A gradually began to regress, staying in bed most of the time. She reiterated in a clinging manner that she wanted to die, and frequently rang me up. As her administrative doctor, I suggested having someone from the public health center visit her, but she turned down the idea. It was as if she were demanding that I took full responsibility for her, that I had the obligation to do so, having saved her life. She said that she needed me much more, that it was a natural enough claim from her viewpoint even if it sounded unreasonable, and added that she deserved it, considering all that she had had endured. She wanted to have me exclusively to herself and I could see that she had all along been clinging to the fantasy that she could monopolize her mother as much as she liked if only she persevered. The fantasy had been threatened with

disintegration when her mother died and she had tried to take her own life so that she would be united in death with her mother. Miss A's desire to have her mother to herself must have always been thwarted by the existence of her brother. As aforementioned, she had always pondered why she had been born and been saved, and I began to think that Miss A harbored prenatal rancour, that she could not be reconciled to the fact that she had been born into a situation that would never fulfill her needs. I suspected the splitting off of her prenatal rancour when she talked about her unity with her idealized and wounded mother. As for the therapy sessions, she resented having been saved against her will when they did not provide what she needed; in other words, it was manifested as transference of prenatal rancour. However, I did not directly communicate my understanding of the situation to Miss A.

(3) Relation ("en") cut off then formed again

At the time, I spent the days feeling that it would be difficult to go on supporting Miss A, and was rather overwhelmed with the premonition that it would be impossible to prevent another suicide attempt. I was like an agitated mother who felt she couldn't cope with the responsibility of caring for her baby. And finally, about a year and eight months into therapy, Miss A was rushed into hospital by taking an overdose in a third suicide attempt. This time, she unwillingly consented to temporarily going into a mental hospital. The primary objective of the step was to ensure her safety, but it was also because I felt the need to change the structure of psychotherapy, which hitherto had consisted of one therapist, namely myself. After various arrangements, Miss A was duly transferred to Hospital B near her sister's place, but she could not bear it and left only after three days. According to the report from Hospital B, she had negotiated with her doctor, asking to be released on the condition that she would visit him for treatment from her sister's house. I was surprised with the rapid recovery of her ego function, but at the same time experienced a sense of futility, and expected Miss A to cut off the ties she had with me.

Three months later, however, Miss A appeared looking quite fresh and, equipped with a report from Hospital B, requested resuming therapy sessions with me, stating that she no longer wanted to die. I made it clear that she would have to face up to herself so that she could live a life on her own, and presented it as the objective of the therapy. I also gave as a condition of limit setting that she would have to consent to temporary hospitalization in a mental institution if she found it difficult to control her impulse to kill herself. Miss A consented to both, and I perceived, for the first time, her positive attitude to the therapies. Thus the 45-minute psychoanalytic psychotherapies were resumed at a pace of once a week.

(4) Resentment against having been abandoned

About three months into therapy, Miss A, seeming to make up her mind to tackle me, said that she had not even unwillingly consented to being sent to Hospital B and wanted to know my views on the matter. Afterwards, she became anxious that she had offended me, but rallied after a while. I interpreted her dreams and associations, and found that she had felt that she had been driven away to the mental hospital and resented me for the fact. I informed her of my interpretations.

In step with this, Miss A's idealization of her mother underwent a gradual change. She revealed she had conflicting emotions, saying that it felt as if she never had a life in her own right, since she was shackled to her brother as soon as she was born. She believed that parents whose first born was handicapped not only hoped that the next one would be healthy, but expected the child to shoulder the responsibility of caring for the first. She had once told her mother that if she were her she would not have had any other children after the first handicapped one, and regretted saying so. She also said that it made her feel bad to think that she reproached her dead mother, who had always looked over her in life. It seems that Miss A, in considering the origin of her birth, had long harbored prenatal rancour against the fact that she was assigned the role of guardian for her brother before she was even born and was not eagerly expected in her own right.

After a while, Miss A showed signs of separating herself from the lost object, saying that she felt a little strange that she could allow herself to think of matters other than her mother for the first time since her death. Yet at the same time she harped back on the subject of the mental hospital, repeatedly asking why I had sent her. I was exasperated with her persistence, but perceived a strong anxiety against being abandoned at the back of it. We had to skip one session due to my personal schedule, and at the next one, Miss A confessed for the first time after two years' elapse that she had felt abandoned when she was sent to the mental hospital. I told her that she must have been far too terrified to even mention the fact that she was afraid of being abandoned, and that while the skipped session aggravated her sense of being forsaken, she must keenly have felt the fact that she had no one to talk to. At this, she started to cry, saying that no one had ever been perceptive enough to tell her these things. I believe she recognized and appreciated the existence of a new object who was willing to face up to her anxieties, despite being still unable to give up pursuing the idealized object.

Gradually, Miss A began to intimate in a faltering manner her object seeking, while devaluating the therapy sessions, as could be inferred from her comments including, "I seem to be coming here in vain, but I do because I need the medications" and "I thought I would just mold away, not exchanging a word with anyone for so long." Even after sessions which she had particularly devaluated, she would mumble, "See you again," and slowly and wistfully leave the room. It was at such moments that I realized anew that an accidental encounter ("en") had become an indispensable relationship.

At one time Miss A brought a faded album containing pictures of her infancy, and talked about one of the photos taken with her mother. What struck me most was her father's eyes through the lens. I asked her about it, and she explained that her father had been into photography, and the album itself, with detailed descriptions concerning the photographing, had been compiled by her father. The radiantly carefree way they were smiling into the camera was ample evidence of the emotional exchange between them and the father. This was probably what she meant when she told me at the beginning that her father had loved her in his own way, and here, I felt, the family was presented as a whole with the father in existence. Soon after this, the New Year's holidays were upon us, and Miss A referred for the first time to my family, fantasizing that I would spend the holidays with them.

Discussions

1) Prenatal rancour as a key concept to understanding transference and countertransference

The transference in this therapy can, of course, be interpreted without using the concept of prenatal rancour. For instance, the usual interpretation would be that she had withdrawn into a narcissistic and omnipotent world and was experiencing rage at its collapse. However, unless we use the concept of prenatal rancour, it seems difficult to understand her manifested mix of dependency and aggression that includes the aspects of being born and/or reborn. Therefore, transference of prenatal rancour, rather than being considered a distinctive form of transference, should be seen to have the function of casting a vivid light on one aspect of the process of transference.

I would next like to take up the issue of countertransference, which had a serious effect on the treatment process. I myself as the therapist, had been destined by “en” to meet my child in the therapeutic relationship, whether I wished it or not. I was, understandably, plagued with conflicting emotions. I wanted to “chuck” Miss A, yet knew I had to care for her. I rather ran to reaction formation and did not give close attention to my feelings of wanting to throw up Miss A. My stance can partly be attributed to my superego as a therapist, which dictated that it was out of the question, as the one responsible for the patient, to chuck her. However, I believe the guilt I felt for wanting to be rid of her played a large part. It drove me to make great efforts to take care of her. It was the concept of prenatal rancour that awakened me to the fact that I had been controlled by countertransference.

Clinically, it then seems that transference of prenatal rancour is not something to convey, as the therapist’s interpretation, directly to the patient and work through with her or him. Rather, I believe that it is useful as a key concept for a more apposite understanding of transference and countertransference in the flow of emotions.

2) Does transference of prenatal rancour occur in all therapeutic relationships?

Kosawa described the concept of the Ajase complex and presented it as a universal psychological mechanism (Kosawa, 1954). Taking it up in a paper on the Ajase complex, Okonogi gave specific examples and described how prenatal rancour was actually experienced (Okonogi, 1988a). He points out that in the process of separation-individuation during adolescence, a child quite often encounters conflicts over prenatal rancour when he or she delves into the origin of birth, and awakens from the fantasy of unity with the mother and becomes aware of separation. He also gives several clinical examples of adolescent cases. Now then, can the transference of prenatal rancour be considered a general phenomenon that occurs in all therapeutic relationships?

In Miss A’s case, although different from adolescent ones, there were many factors that made one consider prenatal rancour, such as her problems with the origin of birth and suicide attempts. Not all cases come with so many tangible elements, but latent thoughts and/or feelings about the “en” that brings people into therapeutic relationships can be said to be inherent in all treatments. For instance, after some time into therapy, it is not uncommon for the patient to reflect on the beginning of therapies and talk about his or her

encounter with the therapist. However, the manifestation of prenatal rancour seems to rest with the subjectivity of the patient.

Obviously, there is no question of subjectivity when we are born. That is an impossibility, since we ARE BORN. That is why we look into our origin of birth and reestablish it as our choice during adolescence, when we detach ourselves from the parents and become independent. In psychotherapy, on the other hand, the situation commences by contract, and at that point should be acknowledged as the result of the will of both the patient and the therapist. However, although the patient may recognize the fact intellectually, the therapies may not always be felt as a mutually subjective experience in his or her inner world. Some may actually perceive it as invasive or depriving. At the same time, it is not uncommon for patients to come to regard the therapy as valuable and become actively involved, even if they entered it on someone else's recommendation. However, when external factors are deeply involved and/or when there is excessive externalization or projection, the passive feeling that they had been dropped into the therapeutic relationship could persist. Consequently, the active part the patient played in making the choice to be treated tends to be obscured, and here lies the groundwork for prenatal rancour to manifest itself.

As mentioned in (1) of this section, prenatal rancour is a key concept, but it does not always appear in all therapeutic relationships, and I do not believe that it is necessary for, and must be taken up in, every therapy process.

3) Reestablishing relationship (“en”) and three body relatedness

Although the therapeutic relationship with me began as Miss A's choice, it felt to her as if it had been thrust upon her and the “en” that brought it about was also perceived as having been forced on her. She resented yet clung to the relationship (“en”), and in fact, tried to draw it towards her. However, after I had presented the structure of therapy, including sending her to the mental hospital as a consequence of her third suicide attempt, she became conscious of the fact that she herself wanted the therapy, which led to her request that the sessions be resumed. She now needed the therapist as an object in order to face the difficulties of living instead of dying. By entering into a renewed contract, the therapeutic relationship became her psychological support, since the “en” had been subjectively reestablished.

How did this process develop? Let us look at the change that had simultaneously occurred on the therapist's side. Before Miss A's third suicide attempt, I was, through the workings of “en,” placed in a passive and impotent position thrust upon me; however, I then made positive efforts to reconstruct the structure of therapy as an active therapist. I believe that the aforementioned patient's change was in correlation with my move. We had been caught in a deadlock, but the idea of the structure of therapy, which had reality, gave us breathing space, and its introduction helped us review the object relation, making us conscious of our subjectivity in the matter.

However, for Miss A, the structure of therapy was not something that supported her active stance in the treatment; rather, it was perceived as an insurmountable barrier erected between us. In other words, in her eyes, I had become separate and was no longer an object within her grasp to which she could reach out. The presenting of the structure

of therapy, so to speak, had been perceived as a paternal existence appearing beside the mother that broke into the symbiotic relation of the mother and child. The paternity here does not necessarily represent the Oedipal aspect that has a sexual relation with the mother, but is the superego that governs reason and order. With the manifestation of paternity in the therapeutic relationship as a significant turning point, the transference of prenatal rancour can be said to have started to undergo transformation, while three body relatedness also began to appear.

Afterwards, Miss A very gradually began the process of mourning work over her mother. It had been an off-limits realm while she had been caught in prenatal rancour. She could previously think of nothing but the strong feeling of attachment to her idealized mother, but when she faced up to the destructive force of prenatal rancour, she began to speak of various other feelings she had had for her mother. The three body relatedness in the therapy can be said to have supported the progress of these changes.

The process in which the perceived “en” changes from a hated object to that of a mental stay can also be said to be a process in which a grudge turns into feelings of endearment. There is a complicated mixture as well of the process of mourning and the manifestation of three body relatedness, and much remains to be studied in depth.

4) The remaining definition of “en” and therapeutic relationship

Here I would like to take up the third definition of “en,” edge and/or brim, which I briefly referred to at the beginning of the paper. An edge is a boundary of an area, and can be perceived as a separating line that one steps over. Obviously, a therapeutic relationship in psychotherapy belongs to an altogether different phase from everyday relationships. One must go across the edge and enter the realm. The entering into contract for therapies can be said to be a process of transit. Transference of prenatal rancour, consisting of speculations about why one had entered into the therapeutic relationship and whose subjectivity was decisive in the move, seems to be manifested owing to the realization that one is already over the edge and at the point of no return. In Miss A’s case, she had been brought into the emergency care unit in a coma, and as part of the consultation routine, was passed on to the therapist, and subsequently entered psychotherapy. The situation must have worked to make her feel that she had not voluntarily crossed the edge, giving her the conviction that she had been born into the relationship. Once the edge is crossed and one is well into the treatment, one ceases to be conscious of the “en” that brought it about and therapy progresses.

5) Chance and “en” in psychoanalysis

Lastly, I would like to depart from prenatal rancour and consider Freud’s view with the concept of “en.” He states that everything to do with our life is chance (Freud, 1910). The words give a glimpse into his basic stance, since he tried to see everything from the standpoint of natural science, assuming that its law applied to human beings. On the other hand, there is a cause for everything in thoughts concerned with cause and effect (karma). It is interesting to compare “en” with chance, which Freud sees as the all-encompassing fundamental principle of life. I will refer to Tsuiki’s categorization (Tsuiki, 1999) to clarify matters in order to consider chance in psychoanalysis. He classified chance into:

- (a) Something that appears to be an accident although determined by unconscious motivation;
- (b) Something that cannot or need not be taken up in psychoanalysis; and
- (c) Something that can be called chance but is incorporated into the unconscious and so processed that it ends up taking a part in creating the symptoms.

The basic work of psychoanalysis is to find out the chain of various events in the unconscious, as classified in (a) and (c), that seem like chance occurrences. And the connection is basically assumed to exist in an individual's inner world.

Now, "en" is a different framework from psychoanalysis for understanding seemingly chance occurrences. Nothing stands of itself, everything is carried out by "en," and moreover, it does not exist in the inner world of an individual. If we go by that principle and blame everything on "en," one's self will never work as a decisive factor and responsibility is dispersed. If so, there is no common ground with psychoanalytic thinking. However, the term "en" has a deep significance embedded in Japanese everyday life, and is not to be used lightly. In fact, I may safely say that we are already deeply involved in something when we consider "en." It is something absolute beyond the reach of the individual, sometimes the object of rancour, and at other times the mechanism that enables us to accept what cannot be helped. It is also the object of gratitude since it is perceived as something that directs good fortune. Another way of looking at it is as a buffer so that we are diverted from direct emotional involvement with the object in question.

I believe most of us go through everyday life accompanied by this idea of "en." Ganzarain pointed out the aspect of the Ajase complex that works as a defense system by dispersing the whereabouts of guilt (Ganzarain, 1988). Thinking about "en" means that one does not focus on the object one is thinking of, and in that sense, it can be said to work as a defense mechanism in terms of psychotherapy. However, when the situation becomes insupportable, people are forced to actively face up to the "en" in question. The arena for confrontation depends on the individual. A Buddhist may choose to go deeper into Buddhist thinking. Psychoanalytic psychotherapy is another way, as has been shown in this paper. Just as in the approach to interpreting chance in psychoanalysis, I believe it is possible to make "en" a personal matter that concerns the self in terms of its positioning, even if "en" is something that is decided without any participation on the part of the self.

Conclusion

The encounter with an attempted suicide has led me to the discussion of "en" in a clinical case of psychoanalytic psychotherapy. In discussing the subject, the paper has focused on prenatal rancour, one of the major elements of the Ajase complex and which means resentment harbored against "en." We more or less live with ideas and concepts handed down to us and peculiar to the Japanese language and Eastern thinking. I hope to appreciate and deepen psychoanalytic thinking, conscious of my cultural heritage.

The paper's significance also lies in the fact that it has taken up prenatal rancour in the context of clinical psychoanalytic psychotherapy in studying the Ajase complex. However, it discusses the subject by presenting a part of the case details and does not take up the entire process involved in the transference of prenatal rancour, and which therefore, will need to be discussed elsewhere.

Finally, I would like to thank Dr. Keigo Okonogi for his advice and Dr. Rikihachiro Kano for his comments, which proved very valuable.

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A study of the “Rat Man” from a technical perspective

Osamu Kitayama

I. Introduction

On encountering the “Original Record of the Case” (1955), which describes the case of the “Rat Man” who says things and behaves rather randomly, based on impulse and anxiety, readers might feel amazed—even dizzy. Many readers may become overwhelmed by the poisonous air that he gives out, while some may burst out laughing in reaction to his irrational behaviors and logic.

In the midst of all this chaos, Freud tries to remain sober and think. The calmness of his thought is characteristic of Freud; this is what ultimately generates his understanding of, and insight into, pathology. This may be something extremely difficult for us to emulate. Many therapists, if they encountered this patient, would most likely become more involved than Freud did, become confused, or laugh at the patient’s strange ways, then spend a considerable time regaining their composure.

No: Freud wrote that, on finding out about the Rat Man’s outrageous fantasies, he, too, burst out laughing, and admits that he could not fully analyze the material on Camilla, the patient’s older sister who passed away. Freud even got excited after hearing the name of his old girl friend come up. Freud’s emotional experiences such as these were matters that he did not deal with in his published article on the Rat Man. The written content that he left in his unedited record is none other than the valuable truth in verbal therapy. Freud, who is intellectual in his published papers, was emotional and excitable in his case record, demonstrating states of mind that deviate from Freud’s usual image. I believe that the case record, which shed light on the things which Freud said and did, without taking future readers into account, is exceptionally revealing and provides much food for thought.

As seen, these case records are still fresh and vivid today. However, it is difficult to critically examine the therapeutic techniques that were used more than a hundred years ago. This is because, since the parties are absent, there will never be “correct answers,”

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as a result of which only controversy will be generated. In this article, I wish to briefly summarize past criticisms and discuss the points that are deemed important for us to appreciate Freud’s works even more deeply from the contemporary perspective, and to further learn from his case record.

II. Past criticisms

(1) Absence of analysis of the relationship with the mother

At the initial interview, Freud presented a treatment contract to Ernst Lanzer (nickname: the “Rat Man”), a 29-year-old patient. Lanzer replied that he needed to consult his mother. According to E. Zetzel (1966), in the case record, which we have translated into Japanese with my editorial notes (2006), the patient mentioned his mother more than forty times. Despite this, Freud did not analyze his patient’s relationship with his mother. This is called “a significant omission,” a representative difference seen between the original record of the case and the published article (1909). The basic approach that was generally used in psychoanalysis during Freud’s days was to focus on the “father complex.” In Freud’s case, in particular, the mother-child relationship was said to have been idealized, perhaps based on his own experience. In his notes of December 8, however, he did write about mother-derived resistance himself.

(2) Authoritarian attitude

Freud tended to be authoritarian toward his patients: he used to give strict orders and demand that the patients obey them. For example, at the opening of Session No. 1, which was featured in a published article, he reportedly told his patient to obey the requirements of free association. “You are to tell me everything that comes into your mind.” Likewise, at Session No. 2, he explains that overcoming resistance is what the treatment mandates.

Moreover, since Lanzer refuses to talk in depth about his lover, the analyst tells him to bring a photo of his lover. On hearing this, the patient becomes distressed, thinking that, if he rebels against this request, he may have to give up treatment. Freud’s critics claim that this triggered homosexual fantasies in the patient as well as a sadistic-masochistic relationship that led to a strict master-servant relationship.

It has been criticized that a sense of “persuasion therapy” was created as a result, and the sessions ended up becoming nothing but “intellectual indoctrination” (E. Kris), a characteristic of psychoanalysis at the time. Since Lanzer was intellectually superior and smart to begin with, he must have found an intellectual hierarchical relationship like this easy to adapt to. For example, Freud’s approaches made at Session No. 6 appear to be something close to “persuasion.” To illustrate the concept of ambivalence toward authority, Freud quoted his favorite passages from Shakespeare. This may be an example of “indoctrination.”

(3) Invasion of therapist

During Session No. 2, Lanzer tried to talk about cruel criminal punishments but found himself unable to do so, so he got up from the sofa instead, demonstrating fear and resistance. In response, the analyst casually summarized this serious episode as “*into his*

anus” (p. 166). If this was actually the verbalization of the content of Lanzer’s resistance, some analysts (Kanner, 1952, Langs, 1980) offer the criticism that this attitude satisfied the patient’s homosexual expectations, and that this was “*mutual acting out*” on their part. I myself think that Freud should have observed, a little while longer, the developments in the patient’s resistance, which is a form of negative transference.

(4) Absence of analysis of the therapeutic relationship

It can also appear that it is the analyst himself who removed the patient’s mental cover, penetrated into a hole like a mouse and gave the patient a controversial “cruel punishment.” We possess a perspective on the transference of the “here and now,” and are fully familiar with the value and possibilities of understanding these relationships. In Freud’s days, however, therapy dealt, from start to finish, with directly analyzing the content of an analysand’s fantasies and associations. Even transference analysis focused on recalling and reorganizing past experiences. For example, Freud tells the patient that he is not a cruel human being. However, Lanzer sometimes called Freud “Captain.” Moreover, the patient even has a fantasy of being hit by Freud. If this were today, it would require the handling of the sadistic-masochistic relationship of the “here and now.”

(5) Physical or reality-based exchanges

The case record illustrates the aspects of Freud, the therapist, that deviate from what Keigo Okonogi had termed a “Freudian attitude,” or, in other words, the rule of neutrality. Here, nonverbal exchanges take place that are mediated by numerous objects. Freud hands Lanzer a book by Émile Zola and recommends that the patient read it. At a session that took place around the New Year season, Freud wrote that he served a meal to Lanzer. This record tells us that these acts were “something too friendly,” were seductive and at times maternal, confusing the patient as a result. And, if herring was indeed served, it is important that the patient was able to refer to the food and say that he disliked herring. The patient was obsessed with an almost desperate desire to become thin; he also harbored a fantasy of a strange-looking fish. It is likely that they, too, are related to the meal served to him, and that they may have affected the therapeutic relationship in diverse ways. However, Freud does not appear to be interested in the oral implications of such “exchanges of objects” or of giving objects to his patient.

(6) Freud’s mutual identification with his patient

Lanzer, who has already read a number of Freud’s books, provided, from the outset, a detailed account of his sexual life, as if to match Freud’s interest. It has also been pointed out that the nickname “Rat Man” was given by Freud, and that Freud was fond of his patient (P. Gay). The analyst’s affection and good feeling are in direct contrast to the antagonistic attitude he had shown toward another patient, Dora. For example, many similarities may be pointed out to exist between Freud and Lanzer, not only in terms of identical ethnic background (Jewish), but also the fact that their parents had a nearly 20-year age difference, and that both came from a family of seven children with five girls and two boys, etc. (H. Stroeken). As an extension of this, phenomena similar to mutual identification frequently occurred between the two, bringing about numerous instances

of sympathy and resonance. There is a possibility, however, that this created an analytical blind point. In a letter to Jung, Freud admitted that he has compulsive tendencies himself, and P. Mahony (1986) believes that Freud’s obsessive thoughts had been reactivated because of his counter-transference. Mahony also regards Freud’s obsessive nature as being rooted in his own mother complex (2006). Moreover, the distress over payment as well as the confrontation between a poor bride and a rich bride are conflicts that the Rat Man had inherited from his family, and these conflicts were reportedly also seen in Freud whose financial status forced him to open a psychiatric practice.

During adolescence, Freud loved a girl named Gisela Fluss—who had the same given name as Lanzer’s fiancée Gisela Adler. In his record dated November 18, Freud wrote, with exclamation marks, that the name his patient had mentioned was “Gisela Fluss!!!” This appears to show that, whereas the patient became flustered with the unexpected utterance of the name, Freud, too, became excited about the name. After having undergone this treatment, Lanzer married Gisela Adler. It is assumed that identification in the object choice had naturally occurred between the patient and Freud, who could not marry Gisela Fluss.

(7) To validate his own theory

It is clear that the knowledge of Freud’s own Oedipus complex which was shown in his dream analysis, and of the patient’s father complex, had made Freud wait for other cases in those days, to use them to exemplify his theory and build a better picture of it. A comparison of his published article and the case record shows that Freud is actively trying to reconstruct the Rat Man’s past. In other words, Freud was attempting to prove his own theories through this case. He was trying to demonstrate the actual existence of infantile sexuality, the relationship between a father’s death and the patient’s symptoms, as well as the Oedipus complex, in the following manner.

III. The significance of Freud’s understanding and attitudes

(1) False connections

According to Freud’s understanding, Oedipal hostility towards the father figure within the Oedipus triangle (or the love-hate conflict), and the associated fear (and sense of guilt) are the patient’s original “crimes.” And, although primary love and hate should be directed toward the dead father who is the impeder and obstructor (“the bad father”), the patient pretended to know nothing of this, and re-directed his murderous intentions and fear of death toward women, toward his father who appeared to be alive at the time (“the good father”), and toward the patient himself. This must correspond to the controversial passage, “*mésalliance between an affect and its ideational content*” (S.E. 10, p.175). His fear of reparation is directed toward military officers who appear as the executors of criminal punishment. In transference fantasy, moreover, this anxiety is linked up as the love and hatred toward Freud of the Rat Man who wishes to marry the young girl. Although representations are replaced in this manner, affect is outright and unchanging.

Naturally, the mental representation of his father, whom the patient hated and who actually had died, appears in the patient’s consciousness. However, he is not recognized

by the patient as someone who had died, with conflicts having been avoided—in other words, not as someone whom the patient had wished dead or whom the patient wanted to kill. In other words, the representation that is not recognized together with affect, may be “the dead (or the killed) father” who, although has died, is being treated as if his death does not account at all.

The thought of “killing one’s own father” momentarily springs to his mind. In the course of having pleasurable sex, his sexual act is the same as “killing his father.” However, the case record states, “*This made no sense in his case, since his father was already dead*” (S.E. 10, p.264–5). Here again, his “father who had died (or whom he had killed)” is being treated as an insignificant representation.

Affect that includes murderous intentions such as this is linked not to inherent representations but to other representations in a false form. Although this is the selfish logic of the unconscious, it is easier to worry if a woman will die or not than to admit to oneself that the idealized father had died (or had been “killed” exactly as one had wished) and agonizing over it with a feeling of guilt. It is easier because, since a woman is alive, it is possible, maniacally, to control this fact; however, the father, who, although is dead but is regarded as being still alive, cannot be killed anew. In other words, it is possible for him to come to terms with these ideas. But with the “dead father,” there is nothing one can do, and his death is irrevocable. Regarding the father whom the patient had wanted to kill, and who had died, the patient had actually “killed him” between fantasy and reality. Because of this, his sense of guilt is deep, and he cannot bear to face the affect that is being directed toward it.

(2) Selective attitude

In addition to such understanding, if I were to consider what was therapeutic about this treatment, I would have to conclude that it was therapeutic largely because of Freud’s abilities and power, which continued to “hold” the patient’s complicated, ugly and filthy talks while maintaining an interest in them, continuing to listen to them, and thinking about them. It is highly significant, as a therapy also, that the complicated utterances he had heard during the day were memorized, recalled at night, and recorded almost without any major changes. The case record described random, complicated stories that the patient’s compulsive-oppressive thought had created like a storm, without being neatly organized. Here again, Freud’s ability as a “container” (W. R. Bion) must first be evaluated.

Moreover, interviews and record taking were both done in his own house. Even if Freud’s mother, wife and daughter who had been taken into the imagination were insulted with dung, the analyst accepted it as transference. Because of this understanding, moreover, he managed to avoid drastic emotional swings. This is the greatest therapeutic contribution that the concept of transference brings about clinically. It is also a record that indicates a historic turning point in psychiatric treatment.

Still, with the patient continuing to produce a mass of various materials, the analyst had to focus on something. In this patient’s case, Freud identified the focus as the issue of the Oedipus complex. From start to finish, Freud analyzes the love-triangle: the group who are objects of fulfillment of desires such as lovers; the group who interfere with such

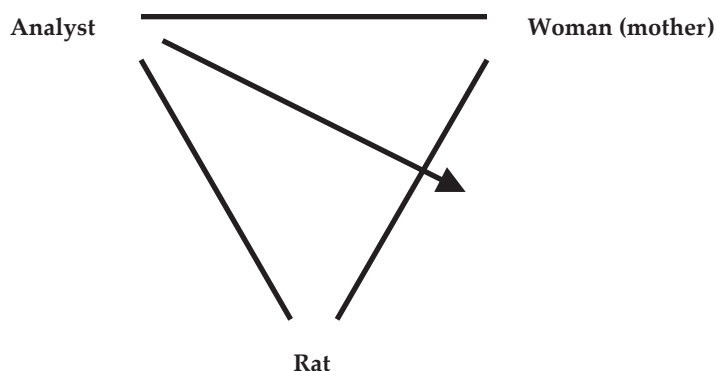


Figure 1

fulfillment such as the patient's younger brother, the lieutenants and the father figures; and the group of "rats," including Lanzer himself, that are the personification of desire. The patient's stories, while constantly switching between the three corners and getting entangled here and there, continued to proceed, and the shape of his problems constantly evolved, around the "love triangle." The analyst focused on the problem as "the patient who lives this love triangle," and sorted it out (Figure 1).

The patient's aggression was understood to derive from the ambivalence he felt within the context of his father complex; and Freud lifts the lid of Lanzer's hatred toward his father that tried to remain within the patient's unconscious. Lanzer rebuts, but the analyst points out his patient's "hatred that coexists with love" toward his father.

In this fashion, Freud the analyst is extremely selective; it may be that analysts in those days may have sifted through their materials more than their contemporary counterparts. There is also the therapist's selectivity because of the patient suffering compulsive neurosis. Having maniac tendencies, Lanzer talks incessantly about one subject after another, and brings up new topics in rapid succession. However, Freud the analyst cuts into the relationship between the patient who tries to talk about anything and everything, and the content of the subject's associations that continues to expand. In other words, Freud prohibited the patient from trying to connect himself to any and all materials, but, at the same time, encouraged the patient to connect to a specified material.

Freud made Lanzer promise to obey the rules of free association, demanded the latter to show his girlfriend's photo, and, by adding the phrase, "into his anus," led the conversation to reach an anal level. It is believed that the therapist broke into Lanzer's associations which, because of compulsive thinking, had become terribly confused, as all subjects imaginable were taken up, including false connections. By so doing, Freud is believed to have sorted out the patient's accounts, made them more coherent, and paved the way for analysis.

(3) Playing the role of the benign superego

Selective interventions with topics of conversation such as this resemble the attitude of

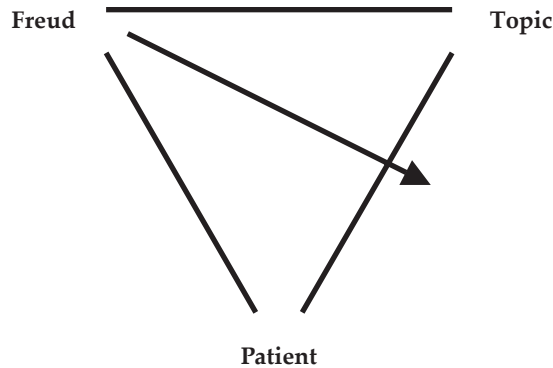


Figure 2

a father who tries to select a suitable woman for his son, or, in other words, the attitude of a loving Oedipal father. This highlights and dramatizes the “father transference” of the patient who must live in a love triangle. C. Schwartz dubbed Freud’s attitude toward the Rat Man such as this as “benign superego representation.” In Schwartz’s view, from the nature of the interpretations, Freud, as the transference father, implicitly permitted Lanzer to marry his lover, which was in sharp contrast to Lanzer’s real father.

In other words, as one development in the treatment of the Oedipus complex, which is a love triangle, Freud plays the role of the “Oedipal father.” For example, the “subject of conversation” which the patient adheres to is selected—in other words, the indecisive relationship is prohibited between the mother who, in symbolic terms, is the object of incestuous binding, and the son, and thus the selected topic as the “chosen woman” becomes restricted (Figure 2). The analyst’s selective attitude dramatizes a verbal love triangle, and to the patient, who must live the conflict between things he wants to say and things he cannot say, this signifies the birth of a partner and a stage for therapeutic development. And, while experiencing these love triangles and conflicts, the patient resisted his “father,” rebelled against him, and at the same time, was loved and analyzed. Through this process, the patient may have overcome compulsive neurosis and recovered from it.

At the December 8 session, the defiant behavior and abusive language that the Rat Man demonstrated at Freud’s house are recorded. Here, “dirty thoughts” are verbalized relatively freely. Transcending mere catharsis, these thoughts obtained a “holding environment” (D. W. Winnicott) in the shape of Freud’s house, where the patient’s compulsive defense is revealed. To Lanzer, who, as a little boy, must have been unable to say things he had wanted to say, his complicated and tangled-up thoughts are described accurately, more or less, and their meaning is being accepted by the analyst. Moreover, I believe that the development of the “dirty transference” before and after it (December 12) was a therapeutic achievement within a structure known as language.

(4) Play of words and creation of metaphors

What Freud's critics in Japan are liable to forget are the cultural aspects, or the aspects of Freud's linguistic sensibilities. The technique he used, of creating a series of composite words, such as "Raten-Ratten" and "Spielratte," sharing their use with the patient and analyzing their meaning, is worthy of note in this public article on psychoanalysis. The phrase "omnipotence of thought," which appears during therapy, is used together with his patient; through his papers, moreover, it has even become a psychoanalytic concept as well.

If I were to point out an example of the joint use of ambiguous words, there is the exchange that took place on January 6 and 7. Here, the ambiguity of words is utilized, and the upper part of the body is bridged to the lower part of the body. This is a typical example of the interpretative technique employed, using the basic fact that the same language is being shared between the two. However, the meaning is difficult for readers to understand unless they, too, share the same language. There are other examples like this. However, I believe that their content should not be taken seriously; it should be read as an example of a playful technique that makes use of ambiguous words and handles latent thoughts.

Freud also handles resistance by using metaphoric expressions such as the following. In Session 2, he stated, "*I could not grant him something which was beyond my power. He might just as well ask me to give him a comet*" (S.E. 10, p.166).

In Session 5, moreover, Freud provides his signature explanations to the Rat Man about how psychoanalysis resembles archeology, by pointing to his collection of antique items displayed inside his office. He states that things found in the unconscious remain unchanged by saying, "*Their burial had been their preservation*" (S.E. 10, p. 176). This shows that a metaphor is being dramatized, along with props, inside the therapy room. In other words, when he demonstrates the possibility that the content of the unconscious may change by having the lid removed and the contents taken out, metaphorization (using archeological metaphors to describe his mind) and dramatization (having such metaphorization dramatized inside the therapy room) occur simultaneously. These playful elements of metaphors and drama are especially valuable as a "softener" that is applied, especially to compulsive and hard (inflexible) thinking, and in terms of a creative aspect mediated by regression in psychoanalysis.

(5) Flexible Freud

Of course, Freud, who appears to be totally "serious and solemn," does not say that he is enjoying jokes and metaphors. Instead, Freud and his psychoanalysis were the targets of fun and jokes by people around him, and Freud was in a position to intellectually analyze them. His successors were even more serious and solemn than he was. For example, they insist that interviews must be repeated with regularity. However, in this treatment that lasted a little under one year, it was only over several months that the sessions were carried out on a regular basis.

It is true that he was paternal and authoritative; however, Freud, whom we can catch a glimpse of in the case record, is not always doctrinaire. The fact that he had served meals and written postcards to his patient may have been something the people of Vienna or

the Jewish community in those days regarded as a perfectly natural thing to do, as part of custom or culture. Anna Freud noted that it was not rare, as a custom in those days, for a physician to serve meals to his patient. Freud was merely following the custom that prevailed in those days and the natural spirit of the times. Therefore, it may be said that Freud sometimes became flexible and did not stubbornly try to maintain neutrality to the extent of deliberately trampling on customs or cultural norms.

IV. Issues that are left unresolved: Who should be paid?

(1) Loan of money

Freud encouraged the Rat Man to become independent of his mother in connection with monetary problems. In addition, symptom-wise also, since the patient's complaints were about payments, in the exchange of objects during treatment, we would want information on treatment fees in particular. And, if this is accompanied by an awareness of the ambiguity of words based on their shared language, this would have further facilitated his handling of issues such as indebtedness, which is linguistically ambiguous in terms of "sin" and "monetary debt," and reparation of sin. Unfortunately, however, there are few or no clues pertaining to this. In "The Correspondence between Freud and Japanese Scholars" which I have translated into Japanese, there is a passage in which Freud refers an analysand who is financially pressed, to another analyst. In contrast, the case record gives no record of monetary exchanges such as this.

At the same time, this therapy entails numerous stories about death and loss. However, depressive emotions that are associated with such losses, for example sorrow, a feeling of void or emptiness, and loneliness, are not handled. Compulsion and depression are two sides of the same coin, and the patient's worries are directed toward other trifling matters, to counter depression. As the origin of Lanzer's sense of guilt and depressive emotions, Schwartz takes note of the "incomplete mourning" Lanzer had experienced toward Camilla, his sister five years older than him, who had died of cancer when he was 3 years old. He and Camilla were extremely close—so close as to exchange a secret agreement: "If you die, I, too, will die." Lanzer's current lover Gisela was also sickly. It was likely that she was sterile because she had undergone surgery to remove both ovaries. Stroecken states that the connection between Camilla's death and Lanzer's erotic emotions and fantasies in connection with her is important. It could be that Lanzer's fantasy of erotic love and death toward a sickly woman, as well as his depressive emotions, such as a sense of guilt and loneliness, may also have been felt, as a piercing pain, in his relationship with Gisela.

Moreover, Freud frankly admits, in his therapeutic record, that this issue with Camilla became a blind spot since he himself had a younger brother who died. He wrote as follows, at the start of his session with Lanzer, on October 14.

"They were forgotten owing to complexes of my own. Moreover, these earliest recollections, when he was 3 1/2 and his sister 8, fit my construction" (S.E. 10, p. 264).

However, this counter-transference cannot be said to have been thoroughly examined in his published article. Moreover, the content of the following dream, which he had described in the record as "the third dream" (December 6 and January 7) and which he had stated as being "*his most precious treasure*" (S.E. 10, p. 268), can be understood to be "mourning work"—which may perhaps be incomplete but nevertheless a "mourning work" of some kind—of the patient who laments his loss.

"I was in a wood and most melancholy. The lady came to meet me, looking very pale. 'Paul, come with me before it is too late. I know we are both sufferers'" (S.E. 10, p. 268).

One of the focuses of the accounts about the Rat Man's obsessional thoughts pertains to payment for his pince-nez and the sense of guilt for not making the payment. An order that "You must return money to the lieutenant" forces Lanzer to show irrational behaviors in a variety of forms. The reason this fails to bring about any solution whatsoever is that the people who had paid the money were not the lieutenants whom Lanzer acknowledged whom he must return the money to. The fact was that the person who had paid the money on Lanzer's behalf was a lady who worked at the post office. However, in the article which he had published, Freud wrote that the patient had "suppressed" this fact to both himself and to the analyst (G.W. 7, p. 397, 431; S.E. 10, p. 173, 211). The word for "the young lady at the post office" to whom Lanzer had actually owed money is "*Postfräulein*" in German, and, although his debt to her is almost never discussed in the record, this individual must have been a young woman.

(2) Purified women and the target of erotic love

Lanzer's cousin Gisela must have comprised the image of a sacred woman in his mind. On the other hand, women whom Freud had heard about but nevertheless did not make any issue of—such as Lanzer's younger sister Olga who is the object of erotic fantasies and sexual activities that border on violence, a prostitute who is abhorred, and a dressmaker who appears numerous times in Lanzer's story who engages repeatedly in sexual affairs in exchange for money—may be "young girls who had been dishonored and dirtied by a rat." Moreover, Camilla, his sister five years older than him who had passed away, became the prototype for ladies in whom erotic love intertwines in a complex manner with death; she may also be said to be the other party in the "death pact" that still remains unexecuted (or unpaid). Here, we may identify the origin of his relationship with the "nameless" young women to whom Lanzer may have to pay money. What we can see here is the girls' two-sidedness: purity that is totally unfit for the dirty rat, and existence as the object of the rat's desire for sexual disgrace that he can never ultimately pay for. In other words, Lanzer, who continues to contaminate things that are pure, may be "indebted" to none other than these girls. Because of his sister's death, Lanzer was tossed out without being given the chance to work on this issue any more than that. It may be said, however, that he was given the opportunity to finally tackle this issue in his transference with Freud, and in dealing with the dressmaker whose unique characteristic was her "naturalness" (S. E. 10, p. 296).

If I were to superimpose this on the theory of the origin of debt and indebtedness in mother-child relationships, I would remember that Lanzer's mother gave the patient only a small amount of pocket money; so the mother was assumed to have played an important role in paying a part of her son's treatment fees. There is a possibility that the patient was having his mother pay for his treatment. The case record tells us that the patient did not accept any inheritance, and instead handed it to his mother and had her give him an allowance. There may have been huge indebtedness that he could not accept any more from her; there may have been problems with debt that he could not possibly pay back. Or, there is a possibility that, because of an impoverished mother-child relationship, Lanzer was prompted to develop a strong desire for dependency and consequently, for eroticized relationships with young women, but, at the same time, they had become a place for generating debts so huge that the patient could never hope to pay them back.

Based on Freud's understanding, the patient's monetary problems followed "the father's debts," and entailed the issue of rebellion against, and identification with, "the father who has debts" and "the father who married a rich girl." In other words, the issue of money is put to use in the analysis of the Oedipus complex. Lanzer's mother suggests that her son marry not poor Gisela but a young woman who is rich and comes from a distinguished family. Selecting Gisela who is not from such a background would most likely lead to his stopping fretting over his indebtedness or debt with his mother and instead become independent of her. Indeed, Lanzer decides to choose Gisela, a woman who is poor, sterile, and already injured by surgery and illness. With Gisela, he need not feel any more debt or a sense of guilt than now, so he chose and married her as a way of paying back his debt. Freud had guided his patient in this direction. If this was the case, then attention should have been focused on the conflict between "a poor woman" and "a rich woman" from the perspective of the patient's debt to women within the context of the dyad with women, and the payment thereof.

This, incidentally, is a universal problem that transcends language and culture. This is evident in the fact that not only the Japanese word "*on*," but the German word "*Schuld*" (that is used in Session 4, for example) and the English word "indebtedness" can also imply both "sin" and "monetary debt." I have written a separate article on the subject of this "*on*," so those of you who are interested are advised to refer to it. In Japan, we see many cases where individuals are suddenly faced with the mother object's self-sacrifice, experience a sense of *on*, or indebtedness; their feeling of guilt then becomes ever deeper, forcing them to infinitely repay this *on*. I have discussed this as the "The Prohibition of 'Don't Look'" that conceals the hidden self-sacrifice of a mother-like protagonist (Kitayama, 1991 and 1993).

In the Rat Man's case, these issues are actually never analyzed. Therefore, whether or not these deep-rooted problems with his mother and with women should have been tackled head-on is also a never-ending technical question. Freud did not delve deeply into these issues, and instead made Lanzer symbolically walk away with Gisela from his mother and his other ladies in less than a year. I intend to leave the ultimate decision of whether Freud took the right direction or not to the readers.

V. Postscript

It is true that the patient in this case is a “rat,” not a mouse. I believe that the issue of this patient’s sense of guilt will become clear, especially in terms of what this patient was trying to pay, if this case is read in combination with the lives of other hysteria patients who had undergone a completely separate analytical treatment during the same era. I think that, for example, it is not completely unrelated to the fact that Anna O., who idealized her father and developed a disease after confronting his death, subsequently suffered repeated recurrences even after having undergone treatment by J. Breuer, and ultimately rose to join the women’s liberation movement and the battle to oppose the trafficking of women. This may be the same in essence to the case described in Freud’s analytical report about the disillusionment of the father image held by Dora, who reacted to Mr. K’s sexual approaches. Naturally, this may be interpreted as an outcry by the “young girls” against men’s “dirty” desires.

What should we critically learn from this treatment now? Or, in other words, what should we, as analysts, do were we to encounter this patient now? What we should state, first and foremost, is that intervention need not be made as soon as Freud chose to. It may be a good idea to proceed a little more slowly. Gaining an understanding of and focusing on the case need not be done as urgently as Freud did. We could listen patiently to the patient’s story at the beginning, then become selective, and ultimately intervene. I would personally see no need to rush with this patient.

(I am very grateful to Patrick J. Mahony who helped me in translating the original record of the “Rat Man” case from German into Japanese.)

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Transference in the Wolf Man’s dream

Takayuki Kinugasa

Introduction

It is considerably difficult to observe on the works of Freud, who is the founder of psychoanalysis and the most prominent researcher in history, because many have already described their considerations and there are few new perspectives left to propose. This can be similarly said to the paper on the case of Wolf-Man. Therefore, it took a lot of courage to write this paper. In the ego psychology field, the Wolf-Man paper is highly evaluated for containing the most diverse elements of Freud’s theory and perspectives such as the importance of primal scene, research on infantile neurosis, the issue of castration complex and techniques for interpretation of the dream. This Wolf-Man paper is also introduced in training of candidates as the most representative work of his thoughts that is written in a legitimate analytic perspective. I will, however, venture my personal opinion on such a classic paper, which will still be no more than a tentative assumption. Applying the current technique of dream interpretation, this paper analyzes the meaning of the Wolf-Man’s dream from a view point of early object relations theory. It will especially consider the relationship, which Freud has not mentioned, between Wolf-Man’s therapeutic experiences or transferences and his dream when he was 26 years old at the time point of analysis.

Characteristics of the Wolf-Man paper

It is taken for granted to say that the Wolf-Man paper develops the most complicated viewpoints among all Freud’s clinical case reports, with the following characteristics:

- i) The case was evaluated by Emil Kraepelin and diagnosed as manic depressive illness; however, modern diagnosis suggests Wolf-Man to have had severe schizoid personality possessing a psychotic world characterized by apathy and withdrawal.

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- ii) The case applies the limit setting psychotherapy.
- iii) The 26 year old patient got analyzed his own dream he had when he was 4 years old. Freud focuses his research on infantile neurosis. Freud does not give any consideration on the meaning of the current transference suggested by the dream. There seems to have been various actual reasons for this but Freud does not mention why.
- iv) Freud highlights the importance of infant primal scene and father complex, that is castration complex.
- Freud refers to v) the establishment process of infantile obsessive neurosis,
- vi) the importance of infant experience
- vii) the formation of the perversion inclination.
- viii) The patient suffered a relapse and went into a psychotic state after completion of Freud's therapy and therefore was re-treated.
- ix) The patient lived long compared to the other Freud's patients and spoke a lot about his therapeutic experience with Freud.

Theory and techniques of dream interpretation by the object relations theory

Naturally, Kleinian analysts makes much of dream interpretation in clinical practice. While the technique is based on Freud's element analysis, the fundamental perspective of comprehension is based on early object relations theory. In other words, the goal of Kleinian is to understand the early object relations, the primitive defense mechanisms and the various anxieties related to paranoid-schizoid position or depressive position. Furthermore, Kleinian makes interpretation mainly focusing on the present transference relation with the therapist.

Wolf-Man's dream

The patient was 26 years old when he received dream interpretation but started therapy with Freud at the age of 23, after a few years of withdrawal. The patient hardly spoke even after therapy started and analytic self-understanding did not deepen for three and a half years, so Freud suggested a limit setting of one year. From that day forward, the patient developed many associations and dream interpretation started. The dream was a reminiscence of a dream the patient had when he was 4 years old. It was a dream of Christmas Eve, which was also his birthday. He went to bed in dismay for he thought the presents he got were not enough to celebrate his double anniversary and had the dream on that night.

"I dreamt that it was night and that I was lying in my bed. (My bed stood with it's foot towards the window; in front of the window there was a row of old walnut trees. I know it was winter when I had the dream, and nighttime.) Suddenly the window opened of its own accord, and I was terrified to see that some white wolves were sitting on the big walnut tree in front of the window. There were six or seven of them. The wolves were quite white, and looked more like foxes or sheep dogs for

they had big tales like foxes and they had their ears pricked like dogs when they pay attention to some thing. In great terror; evidently being eaten up by the wolves, I screamed and woke up."

Focusing on the description that the wolves did not move a muscle and just stared, Freud interpreted the dream in terms of primal scene and fear of father.

Interpretation of the two fairy tales

Freud remarks that he examined this dream centering on the two fairy tales the patient associated and discusses the issues as fear of father, castration anxiety and primal scene. This paper will first similarly look at the meaning of these two fairy tales. In doing so, the meaning of the dream will become apparent. Particularly, I would like to illustrate the dynamics such as the transference relation at the present time of Wolf-man's therapy. As is stated above, this is the point that Freud does not deal with. Incidentally, the paper will proceed on the assumption that the two fairy tales are well known.

1) Little Red Riding Hood

Mother tells Little Red Riding Hood to visit her ill grandmother (a representative of mother who needs care; Wolf-Man's mother was inclined to be ill and always needed care. There is a possibility that, from his childhood, Wolf-Man regarded taking care of his sickly mother was obligatory.) Mother also warned her not to loiter around and especially to watch out for the wolf, but Little Red Riding Hood forgets this and breaks her promise. The wolf (imago of the persecutory bad object; a bad mother) arrives at grandmother's house beforehand, swallows her and pretends to be her. This indicates that the reason why the terrifying aggressive mother appears and supplants the care-needing sickly grandmother (the other aspect of a mother) is because Little Red Riding Hood did not listen to Mother and broke her promise. The terrifying aggressive grandmother (the bad mother) had big eyes and big pointed ears (just like the wolves in Wolf-Man's dream). The wolf then attacks Little Red Riding Hood and eats her up. The theme of the first half of this fairy tale are the issues of such an oral aggressive mother and combined parents. The aggressive castrating aspect expresses a phallic destruction. At the same time, the image of the wolf swallowing Little Red Riding Hood and her grandmother in to his stomach with his big mouth expresses the persecutive aspect of a mother. In other words, the wolf can be regarded as the combined aggressive aspects of parents.

Then a hunter (the good father) comes by and cuts open the Wolf's stomach to rescue Little Red Riding Hood and grandmother out. The hunter puts rocks (an aggressive phallus) into the wolf's stomach in place of them. The wolf (the bad mother) wakes up and goes to a well to drink water but falls into it. The good father who gets rid of the bad fellow plays the important role who rescues the good children or the good object from the bad mother. It must be this theme of the latter half that wins children's heart, and the positive theme of the therapy.

In summary, the first half themes of Little Red Riding Hood is child growth compelled by mother, separation and self-dependence and the implementation of the duty to take

care of an adult (the bad sickly mother). Little Red Riding Hood did not follow mother's advice so a punitive, persecutory bad object appears and swallows her. In the last half, the hunter, who stands for the good father and the good therapist rescues Little Red Riding Hood comes into the story. There is not, however, a scene where mother helps Little Red Riding Hood. This is a sort of Oedipus story that a child tries to become independent of his / her mother.

2) The Wolf and the Seven Little Kids

This fairy tale concerns the absent mother. The mother goat goes shopping leaving the kids at home, so it is mother who is in fault. Then, the wolf appears. In other words, when mother (the good object) becomes absent, wolf who stands for the inner bad mother comes into the scene (the inner bad mother is projected). Wolf (the bad object) was cunning and deceives the kids who were obeying their mother, and eats everybody but the youngest who escaped because it was hiding high in the wall clock. Mother comes home and the youngest kid is able to meet up with her. Mother was devastated but the youngest provided her some comfort. The seven kids are in a sense, the self of a child as a whole. Not all were eaten by the sly object (the projection of the inner bad mother) and a part is able to meet with the good mother who would come back again. The youngest tells mother the whole story and thinks with her how to rescue its brothers and sisters. This means that the youngest kid (the infant) is not totally destroyed by the bad object and could meet with good mother, shares her sorrows and works together to get rid of the wolf (the bad image of parents).

The clock the youngest was hiding in is a symbol of time and stands for the self who can wait patiently for mother to come back. The clock was high on the wall to protect the kid from wolf. In addition, inside the clock was such a place wolf would never come up with to hide in so the youngest was capable of deluding wolf. This ability for reality testing of time and space is the center of a normal ego function. It is interesting that, on his first clinical contact with Freud, Wolf-Man was nervous about the wall clock in the consulting room. Wolf-Man might have had a persecutory experience against Freud and was phantasizing himself hiding in the clock. Simply put, the kid (a part of the self of a child) who had an adequate secondary process function such as time and space senses and thinking could survive persecutory aggression. This implies that the part of self with an adequate secondary function can manage to survive such persecutory experience. The survived part of self can meet up with the returned good mother, be a relief for her and even rescue its brothers and sisters (the other parts of self) with her. The imagination that the kids were rescued from the stomach of wolf, who is a symbol of the terrifying combined parents, is part of the world of a healthy omnipotent relief. The bad wolf was finally disposed of by the returned good mother (imago of good therapist) with the help of the kid's wisdom. This fairy tale is a syntonic world for children because everything happens in a magical world while the wolf is asleep without him noticing.

Dream interpretation on transference

Interpretation of Wolf-man's dream is possible even with the analysis of these two fairy

tales and the context of the dream itself. There are few data left on of the therapeutic course so further dream interpretation will be implemented on an arbitrary analogy. Basically, the dream expresses a child's persecutory experience against an absent mother. When the mother becomes absent (or the child is separated from the mother), even on a temporary basis, and the child does not obey his/her mother or tries to but fails, the bad mother object or probably the bad combined parents appear and eats the child or the good object. This is a representative of oral persecutory aggression and displays the activity of the inner object. Then, the good father or good mother appears. The hunter, who stands for the good father, and the returned good mother rescue the children trapped in the destructive world of the bad mother or combined parents (the wolf's stomach) with their wisdom and power without the wolf noticing. The bad object is therefore killed by the rocks (a destructive phallus of justice that punishes the bad) put in his stomach.

In this way, from the considerations of these two fairy tales alone the themes of Wolf-Man's dream can be estimated; mother's absence, appearance of persecutory object (the bad mother or the bad combined parents), oral persecutory aggression, appearance of the good father or the good mother and the rescue by them, the punishment and destruction of the bad object. As is stated later, these have a deep correlation with a transference situation.

Freud also pays attention to the similarities of these two fairy tales. The similarities are that the main characters are eaten by the Wolf and are rescued out from the Wolf's stomach; the wolf is put rocks in his stomach instead of them and dies in the end. However, for some reason, Freud pays attention to the description that the wolves in the Wolf-Man's dream were staring and motionless. Thence, Freud takes the meaning of the dream as fear of father and develops his theory in association with castration complex and primal scene.

Wolf-Man's understanding of his childhood dream did not proceed for a long time until Freud proposed him a limit setting. Since then, Wolf-Man positively spent a lot of time to understand it's meaning within the few months Freud had set. This is closely related to transference. There is little information about the relation of Wolf-Man and Freud at that time, but therapy did not advance for several years because Wolf-man kept silence. It seems that Freud underwent hard times and was suffering from counter-transference. Freud thought that he could not overlook Wolf-Man's sabotage and declared to him that he would call off therapy after a year, which had lasted three and a half years. From that day forward, the patient began to bring up abundant associations that promoted self-understanding including the interpretation of the dream.

Considering the background, it is possible to understand why Wolf-Man began to work on his dream. Wolf-Man felt that the therapist suddenly began to impose a strict rule and duty on him. He feared that if he could not obey the therapist, he would be swallowed and killed by the persecutory, cheating therapist just as the terrifying wolf did in the two fairy tales. To run away from this situation, Wolf-Man had no choice but to climb up a tree as the tailor did (discussed later) or hide in a wall clock as the youngest kid did, but when the wolf climbed after him he had no where to escape. It is not surprising if the therapist waiting patiently to listen to him changed into the image of a therapist with fierce big eyes and mouth who intrudes into his world and destroys it with every tactics.

From a clinical course perspective, the description that the window suddenly opened expresses the experience that Wolf-Man had no choice but to open his window of his mind or was forced to open it and that his world was beginning to be intruded.

The dream also indicates a strong anticipation towards the therapist, that is, a good powerful therapist, like the hunter or returned good mother, would appear and save him in the end.

Therefore, the Wolf-Man's image of the therapist is split into two: a cheating, persecutory bad object and a good therapist that saves the patient in the end.

In his dream, Wolf-Man thought the wolves were like foxes or dogs and is not completely afraid of them. This implies that Wolf-Man considers the image of the therapist, Freud, is not a totally bad one and sees a good object world behind him.

Freud concentrates on considering infantile neurosis when Wolf-Man had this dream, but this paper will rather focus on the here and now experiences in therapy scenes such as transference relation of the adult Wolf-Man to Freud.

Element association of Wolf-Man's dream

We can develop our understanding of the unconscious meaning of the dream, if we pay attention to his three element associations on the wolves dream.

1) When Wolf-Man was little, his elder sister, two and a half years older than him, often used to show him the picture of a wolf in the Little Riding Hood and scare him, so Wolf-Man had a wolf phobia. His elder sister committed suicide when he was 19 years old.

2) About the color "white"; When Wolf-Man was living in the suburb in his childhood, his father kept white sheep. Father was proud of the sheep and often showed them to Wolf-Man, but one day most of them died because of an epidemic and died even more when specialists tried to cure them. Probably this happened before Wolf-man turned four years old.

3) The story that a tailor cut the tails of the wolves that came in from a window. The tailor met again with the group of wolves in the forest so he climbed up a tree to escape. The wolves rode piggybacks on each other to reach the tailor but the tailor threatened them that he would cut their tails again. The wolves got scared and lost their balance so the tailor succeeded in driving them away.

This paper will study these additional element associations as well as the interpretations of these two fairy tales. First, there is an association with his elder sister who committed suicide in those days. This elder sister often used to scare Wolf-Man by showing him pictures of wolves. The anger and destruction against her got materialized by her suicide. This was a big incident concerning an ambivalent object loss.

Secondly, he experiences another object loss of his father who also died in those days suffering from manic depressive illness. Wolf-Man must have felt that father's illness deteriorated not only because his father felt total disappointment that his sheep died one after another, just before the 4-year-old Wolf-Man saw the dream, but also that support from specialists made the results worse. His father finally committed suicide when Wolf-Man was 21years old. It seems that Wolf-Man possessed strong distrust,

dissatisfaction and anger against the doctors who could not save his father.

Wolf-man became depressed when he was 18, and his sister and father died when he was 19 and 21 respectively. Wolf-man's symptoms never improved until he consulted Freud at the age of 23.

These description also suggests Wolf-man's transference towards Freud. It is possible that Freud, who strongly tried to instigate treatment by fixing a limit setting of the end of therapy, stimulated the pathological world of Wolf-man's object loss. As specialists killed his father's precious sheep, father's manic depressive illness worsened and prolonged and in the end he died without recovery, Wolf-man feared he would go the way of his father, that is, his mental conditions would worsen and would have to leave Freud without being saved and die just like his sister and father.

The story of the tailor indicates the father and therapist who disposed of the bad wolf (the bad mother). The wolf who was cut its tail expresses a castrated woman. The previous bad aggressive mother is a mother incorporated with a destructive phallus of father. When the tailor (therapist) was attacked again by the bad wolves (the bad mother), he succeeds in escaping from them by threatening them that they do not possess an aggressive powerful phallus anymore. The tailor indicates the therapist who can successfully ward off the attack of such an aggressive bad mother or combined parents and protect Wolf-Man.

The fairy tales and image of family

The characters such as mother, grandmother, mother goat and wolf who appear in this dream seem to reflect his image of parents effectively. The image can be known by analogy through the description of his family situation when the 4-year-old Wolf-Man had this dream. Freud insisted on interpreting the family image with his father in the center by focusing on fear of father, castration complex and especially on primal scene. He also mentions about Wolf-Man's mother in places and devotes many pages on the women who lived with the patient such as his sister, who is thought to have been a deputy of his mother, his nanny and his tutor.

However, Freud emphasizes that these women just provided traumatic experience of sexual seduction. In other words, these women are described as persecutory objects; except his nanny who protected him kindly. Freud could not place the matter of mother or women in the center of his theory.

Wolf-Man's parents were prone to be ill and often went on a trip just by two of them, so Wolf-Man and his sister were left home and were taken care of by their nanny and tutor. His mother, who was a hypochondriac self-centered woman, was ill in bed most of the time because of a female genital disease; therefore it seems that she could hardly look after him as a caring mother. On the other hand, his father repeated prolonged stays in a sanatorium because of manic depressive illness. Such experiences of detachment and deprivation from his sickly parents, agonizing experiences of object loss, separation by his parents' and sister's illness and death cast a dark shadow on the family, strongly effected Wolf-Man and brought down a pathologic influence on him.

As is described above, Wolf-Man's family history and image had something in

common with the themes of the two fairy tales: the sickly grandmother of Little Red Riding Hood, the absent father of the seven little kids and the wolf that symbolizes an oral destructive mother.

The miserable mother who lost her daughter and husband remained neurotic even after Wolf-Man became an adult and only talked about money to him. The trigger for the patient's illness was gonorrhea. This indicates a pathological identification with the symptoms of the genital disease his mother had, whom was in an ambivalent relation with Wolf-Man.

Freud also discusses this identification with his mother and his desire to enter into her body or return to her uterus. Freud considers this connotes that Wolf-Man wanted to acquire a world of sexual experience with his father and treats the matter as negative Oedipus complex.

However, Wolf-man probably mundanely experienced that his sickly, selfish and often absent mother, just as the one in the fairy tales, turned into a persecutory aggressive bad mother in his inner phantasy world. This can also be applied to his father who was repeatedly hospitalized and often absent, therefore the combined parents seems to have had an enormous impact on Wolf-Man as a persecutory bad object.

Conclusion

Freud emphasizes the importance of infantile neurosis, castration complex and primal scene on the Wolf-man case. This paper considered the issue of transference towards the therapist, which Freud has mentioned little of. It illustrates the here and now transference relation with the therapist by taking a look at the meaning of Wolf-Man's dream associations, which are the fairy tales of Little Red Riding Hood and The Wolf and the Seven Little Kids, the fact that his elder sister used to frighten him with the wolves in a picture book, the death en mass of his father's precious sheep and the story of the tailor and the wolf. Furthermore, it describes that the image of Wolf-man's family and his family history has a certain correspondence with the object relations indicated in the two fairy tales.

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The ideals and editorial policies of *The Journal of the Japan Psychoanalytic Society*: Principles, editorial policies, and manuscript submission guidelines (Prepared and approved on April 12, 2018. Revised and approved on February 18, 2019)

Basic principles

1. *The Journal of the Japan Psychoanalytic Society* offers a forum for individuals linked to the Japan Psychoanalytic Society (JPS) to publish information on their clinical practice of psychoanalysis and academic studies based on it. English is the language used.
2. As the bulletin of our Society that informs on Japanese developments, the *Journal* aims to be a forum by which to release, globally, information on clinical practice and research being carried out in Japan, and to conduct international exchanges.
3. As an academic journal for psychoanalysis, it aims to present an abundance of highly sophisticated content.

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Manuscript submission guidelines

1. Manuscript format: Papers should be about 5,500 words in total, including references and charts that have been kept to a minimum. The total should, in principle, not exceed

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