CHAPTER 6

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"Grown-up" Words

A Perspective on Unconscious Fantasy[1]

A group of kindergartners were trying very hard to become accustomed to the first grade. The biggest hurdle they faced was that the teacher insisted on no baby talk. "You need to use 'Big People' words," she was always reminding them. She started by asking Chris, "What did you do over the weekend?"

"I went to visit my Nana."

"No, you went to visit your grandmother. Use 'Big People' words!" She then asked William what he had done.

"I took a ride on a choo-choo."

She said, "No, you took a ride on a train. You must remember to use 'Big People' words." She then asked little Alex what he had done.

"I read a book," he replied.

"That's wonderful!" the teacher said. "What book did you read?"

Alex thought *really hard* about it. Then he puffed out his chest with great pride, and said, "Winnie the shit."

I, too, thought really hard about how to write this chapter. Like Alex, I tried to corral my mind into using "Big People" words, but I fear that some readers might discern a similarity in our developmental level. In writing about the concept of "unconscious fantasy" I tried really hard to use "grown-up" words (i.e., the conceptual language that I learned in my training). But like Alex, I am reluctant to replace the

[1]An earlier version of this chapter, "'Grown-up' Words: An Interpersonal/Relational Perspective on Unconscious Fantasy," was published in *Psychoanalytic Inquiry, 28,* 2008, pp. 131–150.

language of what is observable with the grown-up conceptual language of analytic discourse. I'll be satisfied if my effort to negotiate the two is even half as successful as Alex's was.

The notion of unconscious fantasy is an idea first proposed by Freud in an 1897 letter to Fliess. The formulation evolved to account for the fact that every human being appears to be possessed by an unconscious scenario that is played out repetitively and leads to certain life choices that seem to have a life of their own. For some individuals, these repetitive choices take the form of a drama that shapes the course of their lives in a way that overrides both judgment and memory of past experience. As Langan (1997) has wryly put it: "What is one to do with the fractionating discovery that, as the poet Allen Ginsberg remarked, 'My mind's got a mind of its own'?" (p. 820).

The importance of unconscious fantasy as a foundational element in both Freudian and Kleinian psychoanalytic theory is longstanding. Spelled *phantasy* by Kleinians, the concept has offered clinicians a way of viewing the complex nature of consciousness that has allowed them to make sense of mental phenomena otherwise difficult to comprehend. Despite this, the concept has never appealed to me either conceptually or clinically, and in what follows I'm going to address the question of whether the term *unconscious fantasy* continues to be central or even useful to the theory and practice of psychoanalysis.

I'm going to begin by looking at two fairly recent papers, by myself (2003a) and by James Grotstein (2004), published about a year apart. In these articles each of us addressed the phenomenon of unconscious experience in the same way Albert Goldbarth (2003) spoke about the ineffable subjective experience that takes place in the "incomprehensible lacunae" when "reality blinks." Becoming aware of the gaps in our subjectivity, Goldbarth writes, is to become aware that "we don't know *what* takes place in those betweens" (p. 133). Because we are unable to stare at these gaps too long, "any more than at sunspots," as Goldbarth puts it (p. 133), I suggest that we have found a term–unconscious fantasy–that lets us believe we know more than we do. As Levenson (1983, p. 122) notes, citing Count Alfred Korzybski (1954), "the illusion of clarity increases with the level of abstraction".

The ineffable experience to which I refer is the "ghostly" intrusion into an analyst's subjectivity of a "not-me" presence so difficult to capture in language that Grotstein and I each used poetry to introduce our papers in hope of evoking its essence through metaphor before we attempted to conceptualize it. It is an experience too easily "lost in translation" if we try to make it submit to psychoanalytic explanation.

In my own selection of poetry I favored the lyricism of Emily Dickinson (1863, p. 333) while Grotstein drew upon the more classical imagery of Alexander Pope (1714, pp. 354–364), but we each recognized that the metaphor of being haunted would best communicate the affective presence that led Dickinson to speak of "ourself behind ourself, concealed–." In Pope's words, "Unnumbered spirits around thee fly ... though unseen, are ever on the wing," and in Dickinson's, "One need not be a chamber to be haunted–One need not be a house." Freud saw these "ghosts" as pathological epiphenomena of unconscious fantasy whereas Klein saw these unconscious "phantasies" as developmental necessities that are potentially transformative. Spillius (2001) comments: "Freud and Klein emphasized contrasting aspects of the everyday usage of the word phantasy.... Freud's usage emphasizes the fictitious, wish-fulfilling aspect of the everyday usage, whereas Klein tended to focus on the imaginative aspect" (p. 362).

Spelling the word *fantasy* with a *ph* rather than an *f* has helped analysts to build a bridge between Freudian and Kleinian theory, and also between pathology and creativity. But notwithstanding Bion's seminal contribution to constructing this bridge (1962, 1963, 1965, 1970), the relational heart of the matter doesn't seem yet to have been addressed: Is the concept of unconscious fantasy, no matter how one spells it, a help or a hindrance to comprehending that clinical process is a relational act of meaning-construction?

Grotstein (2004), from a Kleinian/Bionian vantage point, puts his finger on the dilemma by pointing out that no matter what we choose to tell ourselves, all that an analyst can ever truly address with his patient is *conscious* fantasy, which is typically both embedded in and juxtaposed with conscious reality:

> Traditionally, when psychoanalysts interpret unconscious fantasies to analysands, the predominating point of view has always been that of external factual reality, for instance, "When you were in the waiting room and heard me on the phone you thought that I was talking with my mistress" (in fantasy)–implying that, factually, I was not. In other words, phantasies have been understood as the prime cause of pathology, and debunking the phantasy by a safe restoration of reality has been thought to constitute the cure. (pp. 115–116)

The irony in this example, of course, is that what is at stake is not in fact an interpretation of unconscious fantasy but of conscious fantasy

(acknowledged by Grotstein's spelling *fantasy* with an *f*) because it is already at the level of thought when the interpretation is made. A truly unsymbolized affective experience, on the other hand, can only reach consciousness through symbolization, and this requires an experiential relational context to organize the meaning of its interpretation. In this regard, consider what R. D. Laing (1967) had to say about fantasy:

> Fantasy is a particular way of relating to the world. It is part of, sometimes the essential part of, the meaning or sense implicit in action. As relationship we may be dissociated from it ... [and] we may ... refuse to admit that our behavior implies an experiential relationship or a relational experience that gives it a meaning. Fantasy ... is always experiential and meaningful; and if the person is not dissociated from it, relational in a valid way. (pp. 31–32)

If Laing is accurate then the concept of unconscious fantasy is a hindrance insofar as it implies buried thought rather than particular ways of relating to the world–what we now refer to under the rubric of "procedural memory." To be sure, my reluctance to embrace the concept of unconscious fantasy involves scruples more clinical than conceptual, though the latter are indeed present. I have made a suggestion (Bromberg, 1989) similar to Laing's: "In a psychoanalysis, patients do not reveal their unconscious fantasies to the analyst. They *are* their unconscious fantasies and live them with the analyst through the *act* of psychoanalysis" (p. 153). This is a way of saying that unconscious fantasy comes to exist while it is being constructed through the interaction of the various and shifting self-states of both patient and analyst. It could therefore be argued that while the same dynamic is enacted again and again during the course of an analysis, within a given analytic relationship what seems to be a patient's "repetition compulsion" doesn't entail a real repetition. Each so-called repetition changes the relationship, and in the same sense that Heraclitus said "one cannot step into the same river twice," it can be similarly said that "one cannot step into the same enactment twice." The point at which the analyst becomes aware that the enactment is a different "river" is the point at which he "wakes up" and recognizes that something is going on *between* them and that he is a partner in its creation. This recognition undermines the analyst's wish to believe that what is taking place is simply a return of material from the patient's past and can be understood solely in terms of the patient's contribution. The necessary conditions

are now present to permit a process of interpersonal comparison and interpersonal negotiation between the respective self-states of analyst and patient that were dissociatively engaged with each another in ways that shaped the enactment. Through this interpersonal negotiation between self-states, a similar process of intrapsychic negotiation is facilitated in the patient, whereby self-states that formerly had not been able to coexist, much less communicate, become increasingly able to participate as aspects of a coherent sense of "me" that is now becoming more open to the experience of internal conflict.

Lyons-Ruth and the Boston Change Process Study Group (2001, pp. 13–17) have focused particular attention on this view of therapeutic action, and argue that it may be the next major step in the growth of psychoanalysis. I refer to what they call "a non-linear enactive theory of psychotherapeutic change" whereby "the process of psychodynamic therapy can usefully be thought of as the pursuit of more collaborative, inclusive, and coherent forms of dialogue between the two therapeutic partners."

> If clinical process is affect-guided rather than cognition-guided, [then] therapeutic change is a process that leads to the emergence of new forms of relational organization. New experiences emerge but they are not created by the therapist for the benefit of the patient. Instead, they emerge somewhat unpredictably from the mutual searching of patient and therapist for new forms of recognition, or new forms of fitting together of initiatives in the interaction between them. (p. 17)

Specifically, the Boston Change Process Study Group argues that enlarging the domain and fluency of the dialogue is primary to fostering enduring personality growth in treatment; it is this that leads to increasingly integrated and complex content. This does not mean that content is unimportant; rather, *it is in the relational process of exploring content that the change takes place, not in the discovery of new content per se.* The "content" is embedded in relational experience that embodies what they call "implicit relational knowing"–an ongoing process that is itself part of the content.

Matters are even more complex, however. The patient's implicit relational knowing will be impacted by dissociative mental structure to one degree or another, whereby accessing one way of knowing may cause switching to another set of implicit schemas. And in these switches, what is conscious and what is unconscious, and what is "me"

and what is "not-me," will shift and shift back again. It is this issue that I believe creates the strongest argument against retaining the concept of unconscious fantasy. Why? Because if the self is multiple as well as integral, reality is nonlinear and cannot be distinguished from fantasy in absolute terms. The ability of different parts of the self to recognize other parts as "me" is always relative. Consequently, reality for one part of the self will be fantasy to another part. Moreover, what we call *unconscious* will depend on which part of self has access to consciousness at that moment.

Fantasy and Reality

Webster's Unabridged Dictionary (1983) gives three definitions of the word *fantasy* (spelled also *phantasy*) that pertain to its meaning as a psychological event. All three definitions imply a *conscious* mental phenomenon that is either illusory or odd: (1) imagination; (2) an unreal mental image or illusion; (3) in psychology, a mental image as in a daydream, with some continuity. Again, all of these definitions specify qualities that pertain to conscious experience. The concept of *unconscious fantasy* does not actually extend the meaning of the term *fantasy*; it changes its essential nature. To propose that fantasy can be unconscious is to strip the concept of its qualities. If it is unconscious, how do we specify that it is unreal, imaginative, or like a daydream? Conceptually, this is just all a tangle, and I suggest that this tangle is the primary issue that led Arlow (1969) to lament that "it would seem that a concept so well founded clinically and so much a part of the body of our theory would long since have ceased to be a problem for psychoanalysis" (p. 3). I'm not as bewildered by this as Arlow was. The psychoanalytic theory of mind has in general tended to conflate supporting "evidence" with observations based on the theory it is designed to support, simply because its data source has been largely subjective. The concept of unconscious fantasy, not to mention other fundamental principles that are "so much a part of the body of our theory," is less "well founded clinically" than Arlow chose to believe. As an example of what I mean by conflation of "evidence" with observations based on the theory that the evidence is designed to support, Moore and Fine (1990), in their dictionary of psychoanalytic terms and concepts, state: "There is a vast amount of evidence that most mental activity is unconscious. This is especially true of fantasy" (p. 75). Quite a statement if you look at it closely. The first part of the definition offered in these two sentences,

that "most mental activity is unconscious," is indeed supported by objective evidence; the second part, sort of slipped under the door, which claims that "this is especially true of fantasy," not only lacks objective support but, as noted before, changes the meaning of the term *fantasy*. What concerns me most, however, is not conceptual but clinical clarity. If the term *unconscious fantasy* permits an analyst to believe that something exists in the patient's mind that is an unconscious replica of what we all know subjectively as fantasy experience, I would wish to retain my view that the term does us more harm than good and should be eliminated from the psychoanalytic vocabulary. But in light of the relational shift taking place in our field from metatheory to clinical theory, I think that a "let's wait and see" attitude might better support the evolution already occurring in analytic thinking at this point in time.

Enactment and Multiplicity of the Self

Lyons-Ruth (2003) has emphasized the major contribution of relational theory to the new understanding of the source of therapeutic action that the Boston Change Process Study Group has lately put forward. She urges that work continue toward developing "a language and structure that moves beyond a narrow focus on interpretation to encompass the broader domain of relational interchanges that contribute to change in psychoanalytic treatment" (pp. 905–906). I believe that the interpersonal/relational emphasis on working with enactment and "not-me" experience constitutes a major step toward providing the language and structure of which she speaks because it encompasses the essence of the interpersonal and intersubjective matrix without losing the focus on the intrapsychic (cf. Levenkron, 2009). When we take that step, the issue of whether the concept of unconscious fantasy is central to the theory and practice of psychoanalysis is brought into high relief.

As an experiential process, enactment considers both partners as an interpenetrating unit. An enactment is a dyadic event in which therapist and patient are linked through a dissociated mode of relating, each in a "not-me" state of his own that is affectively responsive to that of the other. This shared dissociative cocoon has its own imperative; it enmeshes and at least for a time traps the two partners within a "not-me" communication field that is mediated by dissociation. In short, enactment is an intrapsychic phenomenon that is played out interpersonally, and it is through this interpersonal engagement that "not-me"

comes to be symbolically processed as "me," a relational aspect of selfhood. I believe this understanding speaks to nothing less than a sea-change paradigm shift from content to process, one that prompted Mitchell (1991), in developing his now seminal view of the mind as relationally organized, to write the following:

> The key transition to postclassical psychoanalytic views of the self occurred when theorists began thinking ... of the repressed not as disorganized, impulsive fragments but as constellations of meanings organized around relationships.... These are versions of the person [that] embody active patterns of experience and behavior, organized around a particular point of view, a sense of self, a way of being, which underlie the ordinary phenomenological sense we have of ourselves as integral.... The result is a plural or manifold organization of self, patterned around different self and object images or representations, derived from different relational contexts. We are all composites of overlapping, multiple organizations and perspectives, and our experience is smoothed out by an illusory sense of continuity. (pp. 127–128)

Similarly, LeDoux (2002) proposes in neurobiological terms that the enigma of brain processes is related to the enigma underlying multiplicity of self:

> Though [the self] is a unit, it is not unitary.... The fact that all aspects of the self are not usually manifest simultaneously, and that their different aspects can even be contradictory, may seem to present a complex problem. However, this simply means that different components of the self reflect the operation of different brain systems, which can be but are not always in sync. While explicit memory is mediated by a single system, there are a variety of different brain systems that store memory implicitly, allowing for many aspects of the self to coexist.... As the painter Paul Klee (1957) expressed it, the self is a "dramatic ensemble." (p. 31)

Fantasy, Affect, and Meaning-Construction

Unconscious fantasy is often linked in the clinician's mind with "insight," the former being the target of the latter. With regard to insight, I agree with Fingarette's (1963) oft-quoted observation that

"insight is not like discovering an animal which has been hiding in the bushes. Insight does not reveal a hidden, past reality; it is a reorganization of the meaning of present experience, a present reorientation toward both future and past" (p. 20). With regard to fantasy, I offer the view that what is taken to be evidence of buried unconscious fantasy is an illusion that is inherent to the ongoing development of meaning construction made possible by the interpersonal/relational nature of the analytic process. It is what the patient does *with* the therapist that allows the unsymbolized affect (not fantasy) of each participant to engage in a cocreated process through which the patient's self-narrative is expanded. I would describe this process as brought about by greater and greater ability to hold opposing parts of the self in a single state of consciousness without dissociating, which in turn increases the patient's capacity for self reflection that is affectively safe.

What looks like the "uncovering" of a hidden fantasy is the inch-by-inch development of self-reflectiveness in areas of experience that previously foreclosed reflection and permitted only affective, subsymbolic enactment (Bucci, 1997a, 1997b, 2001, 2002, 2003, 2007a, 2007b, 2010). Self-reflection, as it gradually replaces dissociation as the automatic process safeguarding stability, also underwrites self-continuity (cf. Mitchell, 1991, p. 139) through fostering the illusion of something "emerging" that has been "always known but warded-off." It had indeed been "known" but not thought (cf. Bollas, 1987). We may think of it as an affective imperative that did not belong to what is symbolized as "me." If we are to call this unsymbolized affect a "fantasy," it is essential to specify that it is not a fantasy held by the person but vice versa. The person is possessed by the "fantasy" as by a ghost—a "not-me" experience that is dissociated from self-narrative and from narrative memory.

A haunted person can be seen but a ghost cannot. In a review of Steiner's (2003) edited book, *Unconscious Fantasy*, Rizzuto (2004) pointedly cites Solms's (2003) chapter, "Do Unconscious Phantasies Really Exist?" as underscoring the real danger of speaking about an unconscious fantasy as though it were a perceivable event rather than a theoretical construct. In Rizzuto's words: "Solms examines the role of perception in the grasping of internal and external reality.... As a psychic phenomenon, unconscious fantasy is solely the result of *inference*" (p. 1289). Belief in an unconscious text that is operating on its own perpetuates the myth of uncovering a "buried fantasy" that was too dangerous to be held in consciousness—a kind of daydream that was repressed and is only now being allowed to emerge to the

"surface." This myth, by continuing to influence an analyst's clinical stance, stands in the way of allowing the relational nature of analytic growth to be fully utilized on the behalf of patients.

Traditionally, thinking in terms of unconscious fantasy demands from an analyst at least implicit loyalty to the belief that the therapeutic action of psychoanalysis is tied to the process of interpretation, and that a patient must be "analyzable" as a prerequisite. Almost two decades ago (Bromberg, 1993) I offered a challenge to this perspective, my view being that the "shadow and substance of unconscious fantasy" are "captured and reconstructed in a new domain of reality, a chaotic intersubjective field where the collision between narrative memory and immediate perception contains the simultaneous existence of multiple realities and disjunctive self–other representations" (p. 180).

What did I mean by the shadow and substance of unconscious fantasy? I was then, as now, trying to wrestle with the issue of how to understand the mental processes underlying the transition from dissociation to capacity for conflict. To the degree that the capacity for internal conflict begins to develop in those areas where it had been foreclosed or limited, dissociation must first find a negotiable interface with the mind's ability to utilize interpretation. I see the phenomenon of enactment (subsymbolic communication of "not-me") as the interface, and its negotiation between patient and analyst as what fosters capacity for conflict by facilitating the development of intersubjectivity (symbolic communication of a relational "me"). As discussed more extensively in chapter 6, I concur with Epstein (1994) that this involves discrete but overlapping communication channels, not a continuum. It is the cocreation of a relational unconscious–a state of mind that draws on both enactment and symbolic communication but transcends both; a state of mind that contextualizes the development of intersubjectivity in those areas of the personality in which dissociation had made selfhood and otherness rigidly anomalous; "a space uniquely relational and still uniquely individual; a space belonging to neither person alone, and yet, belonging to both and to each; a twilight space in which incompatible selves, each awake to its own 'truth,' can 'dream' the reality of the other without risk to its own integrity" (Bromberg, 1996a, p. 278).

Bonovitz (2004) describes this state in terms of a "transformation of fantasy through play, which in turn shifts psychic structure" (p. 553). He believes, as do I, that the transformation rests upon the fact that "fantasy is elastic in that it serves to generate multiple realities and multiple versions of oneself, versions that one may inhabit and may

use to make meaning from experience and work through conflicts" (p. 561). I've offered the view that the very nature of this cocreated playground is that it doesn't stay experientially stable, but changes in the act of relationally symbolizing it, of expressing it in consensually negotiated language. In this twilight space, the generative elasticity of fantasy makes room for the multiple realities and multiple self-states of both patient and analyst, creating and simultaneously symbolizing in the process of creation what analysts have called unconscious fantasy. Through this ever-shifting interface of perception and self-narrative, analysts come to experience the shadow and substance of clinical process and its inseparability from dissociation and enactment. This said, then why retain the concept of unconscious fantasy? In point of fact, I acknowledge that the concept still possesses heuristic power provided it is accepted as coconstructed dissociated experience rather than as symbolized thought (a daydream) that is repressed in the mind of one person. For example, the concept is often useful in making clinical comparisons across cases as in the following:

> [E]ach of the three patients, despite dramatic differences in personality, history, and the language they used, seemed to be possessed by the powerful presence of the same unconscious fantasy–largely unsymbolized by language–that permeated and organized their use of imagery, and as it emerged subsequently, informed the enactments played out with their respective analysts. In this dissociated fantasy, some central but unknown aspect of what each felt to be his or her "true" self was being held captive inside of the mind of an other–an other who refuses to know it–and the patient was prevented from attaining his right to the experience of self-wholeness that depends upon the mutual interrelation of psychic and somatic experience as the felt unity that Winnicott (1949) called psyche-soma. (Bromberg, 1998c, pp. 311–312)

As the reader can see, I prefer a more impressionistic view of transitional process than is offered by the hard-edged concept of unconscious fantasy, whether Freudian or Kleinian, but I do occasionally use the term. I suspect that the burgeoning work in neuroscience and cognitive research will inch us closer to an understanding that will bridge classical and postclassical thinking and, as this takes place, I predict that the concept of unconscious fantasy will be among those that will survive insofar as they are revised. Bucci (2002), similarly, has put it

that "the goal of psychoanalytic treatment is integration of dissociated schemas" (p. 766) and she maintains that Freud's repression-based conception of the therapeutic action of psychoanalysis is in need of serious reconsideration, a prerequisite for which is that the "concepts such as regression and resistance need to be revised as well" (p. 788).

One of the most persuasive and intriguing lines of thinking in this area can be found in the work of Peter Fonagy and his colleagues, who make the distinction between developmental and conflictual psychopathology. The distinction we both make is between non-interpretable and interpretable experience. They speak to this distinction (Fonagy et al., 1993) in their elaboration of "two aspects of the self: a 'pre-reflective or physical self,' which is the immediate experiencer of life, and a 'reflective or psychological self,' the internal observer of mental life" (p. 472).

Enhancing the functioning of the patient's "reflective self"–what Fonagy and colleagues have called "mentalization"–requires more than simply the accurate mirroring of mental states. The analyst has to move beyond mirroring, and offer a different, yet experientially appropriate re-representation that reflects the analyst's subjectivity as well as the patient's. In other words, the analyst must show his representation of the patient's representation, and to do this the analyst must be himself while being a usable object. In their words:

> A transactional relationship exists between the child's own mental experience of himself and that of his object. His perception of the other is conditioned by his experience of his own mental state, which has in turn been conditioned developmentally by his perception of how his object conceived of his mental world.... Unconsciously and pervasively, the caregiver ascribes a mental state to the child with her behavior, this is gradually internalized by the child, and lays the foundations of a core sense of mental selfhood. (Target & Fonagy, 1996, pp. 460–461)

The role of the analyst, then, is to enhance a patient's ability to symbolize not only his emotional experience of events, but also his capacity to symbolize his experience of his own mental states–"a representation of a mental representation" (Target & Fonagy, 1996, p. 469). This is the underpinning of the so-called "observing ego" that analysts rely upon for interpretation to be a viable mode of communication with a given patient. Whether working with children or with adults, "the greater the unevenness in development," Fonagy and Moran (1991) argue, "the less effective will be a technique which relies solely upon

interpretations of conflict, and the greater will be the need to devise strategies of analytic intervention aimed to support and strengthen the ... capacity to tolerate conflict" (p. 16). Similarly, and even more to the point: "Interpretations may remain helpful but their function is certainly no longer limited to the lifting of repression and the addressing of distorted perceptions and beliefs.... *Their goal is the reactivation of the patient's concern with mental states, in himself and in his object*" (Fonagy and Target, 1995, pp. 498–499, emphasis added).

When an analyst wishes to help a patient deepen his emotional experience of an event he is describing, the intervention that is most typically offered is some variation of the question "What did you feel?" or "What was the upset-feeling like?" (see chapter 4). Such a question will often evoke a switch to a different self-state or lead to a symptom, either of which can then become an object of attention if it seems potentially useful. It is moments like this that most closely link my clinical vantage point with Fonagy and Target's through our shared recognition that "psychic reality is sensed not only through belief, but also, through perception" (Target & Fonagy, 1996, p. 471). In the face of the typical question, a patient usually tries to "remember" what he felt as a past event in linear time. What I am proposing is a clinical process in which a patient is requested to perceive the moment, not as a narrative to be told, but as a space to be reentered. The term *unconscious fantasy* is, in this regard, misleading insofar as it detracts from the reality of this reentered space.

Perception, Fantasy, and Self-States

What I call the structural shift from dissociation to conflict is clinically represented by the increasing capacity of the patient to adopt a self-reflective posture in which one aspect of the self observes and reflects (often with distaste) upon others that were formerly dissociated. This differs from what classical conflict theory would call the development of an observing ego in that the goal is more than the pragmatic treatment outcome of a greater tolerance for internal conflict. In healthy human discourse, there are always self-states that are not symbolized cognitively as "me" in the here and now of any given moment because they would interfere with routine, normal adaptation. For the most part this creates no problem. It is where self-states are hypnoidally *insulated* from each other as an early-warning system against potentially traumatic dysregulation, that the adaptive fluidity between "me" and "not-me" self-state configurations has been sacrificed, and

"not-me" self states are unable to participate in relational discourse. For all patients to different degrees, such is the case. Unsymbolized "not-me" self-states will make themselves known through enactment, signaling the presence of what Fonagy calls developmental pathology and I call noninterpretable pathology.

I thus believe that an intrinsic part of every analytic treatment are moments in which the patient observes and reflects upon the existence of other selves that he or she hates, would like to disown, but can't. This process requires the analyst's willingness to do likewise with his own "not-me" experiences, and, as far as possible, do so aloud. Helped immeasurably by his own affective honesty (Bromberg, 2006b; Levenkron, 2006), the patient discovers in the relationship an opportunity for an internal linking process to take place between her dissociated self-states. During the linking process, fantasy, perception, thought, and language each play their part, providing the patient is not pressured to choose between which self is more "true" (Winnicott, 1960, 1971), and which reality is more "objective" (Winnicott, 1951).

If we think of a person as speaking from different self-states rather than from a single center of self, then the analyst will inevitably become attuned to the multiple voices of himself and his patient. Such listening demands an overarching attunement to the *speaker*, an attunement that addresses the same issue described by Schafer's (1983) "action language" mode of listening and interpreting, in which "the analyst focuses on the action of telling itself ... [and] telling is treated as an object of description rather than ... an indifferent or transparent medium for imparting information or thematic content" (p. 228). From a nonlinear perspective, this means not only a dedicated receptiveness to the impact that the speaker is having on you at any given moment, but even more so to the shifts in that impact. Ideally, the analyst tries to notice these shifts as close to the time they occur as possible. I look at these shifts as representing shifts in states of self that are to be held by the analyst as an ongoing focus of attention. It is a way of listening different from that of hearing the person feel differently at different moments. The latter takes the switches in states of consciousness as more or less normal background music, unless they are particularly dramatic. The former takes them as the primary data that organize everything else you are hearing and doing; as an analyst it organizes how you approach the issue of unconscious fantasy and the reconstruction of personal narrative.

It is through this process of attending to self-state shifts that relational bridges are built between self-experiences that could not formerly be

contained in a single state of mind without leading to dissociation. An analyst, to utilize the frame of reference discussed here, does not have to abandon his or her own school of thought and work in some new way that is incompatible with his present clinical attitude. Historically, the stance of any given analyst has tended to slant toward one of three postures partly organized by differences in preferred metapsychology: interpretation of conflict, detailed inquiry, or empathic attunement. It is striking to observe, however, that regardless of differences in meta-theory, built into each stance is an acceptance of the fact that the transference–countertransference field is where the action takes place. In other words, any analysis that has as its goal enduring and far-reaching characterological growth is grounded in a transference–countertransference understanding, based on its own clinical logic. Why?

Clinically, the transference–countertransference field is characterized by its vividness and its immediacy. But why is this fact so important that it is able to transcend conceptual differences among analysts as to how to best utilize this field? My own answer is that, regardless of a given analyst's metapsychology of therapeutic action, we are all either explicitly or implicitly attempting clinically to facilitate a patient's access to the broadest possible range of consciousness through enhancing perception. Perception is where the action is–and has always been. Josef Breuer, in his theoretical chapter in *Studies on Hysteria* (Breuer & Freud, 1893–1895, pp. 185–251), remarked that in response to trauma, "perception too–the psychical interpretation of sense impressions–is impaired" (p. 201). Echoing this, Enid Balint (1987) wrote: "If the ability to perceive is lacking because it is too traumatic or too alien, can one think of an individual as being truly conscious?" (p. 480).

When psychoanalysis is successful as a method of psychotherapy, the reason is that the process is a dialectic between seeing and being seen, rather than simply being seen "into." That is, analysis simultaneously frees our patients to do unto us, with equivalent perceptiveness, what we are doing unto them, to see us as part of the act of listening to us. I have argued (Bromberg, 1994) that regardless of the analyst's preferred method of inquiry, the utilization of transference creates its analytic impact to the extent the patient is freed to see the analyst while the analyst is seeing him. Enacted domains of self achieve symbolization primarily in a transference–countertransference context because it is the *dyadic* experience that becomes symbolized. The meaning of the symbolization is to be found not in the words themselves but in the

dyadic *perceptual* context that the words come to represent. The analyst must play his part by being authentically present as a living part of that context. Speak–that your patient might see you, in order that his dissociated states of mind may find access to the here and now of the analytic relationship and be lived within it.

Of the various mental functions that are compromised by trauma and dissociation, perception is foremost because trauma and dissociation thwart the cognitive capacity to play with images, thus interfering with the use of perception to construct meaning. Perception is a relational process–a personal interaction between the mind of the individual and what is "out there." Dissociative anaesthesia of the personal interactive context upon which perception depends leaves the person with a sensory image of the "thing" itself, but because it cannot be played with cognitively as an interactive event in which the person is participating, sensory experience cannot become perception, personal meaning is thereby absent and the "event" remains excluded from narrative memory. "I 'sort-of know' it happened, and parts of it keep coming back like snapshots, but I can't say I really remember it."

In psychoanalytic treatment, the power of self-truth remains unchanged unless challenged by perception (see chapter 5), which is why enactments hold such powerful therapeutic potential. But for perception to generate "an act of meaning" (Bruner, 1990), a relational context must be constructed that includes the realities of both analyst and patient. Unless this takes place, the immediate perceptual context will only be an enactment of the patient's fixed affective memory system that includes some "other" trying helpfully and logically to extract the person's own reality and replace it with a better one–theirs.

The Human Mind as a Relationally Configured Self-Organizing System[2]

My broadest aim as a psychoanalytic author has been to explore the clinical and conceptual implications of viewing the human mind as a relationally configured, self-organizing system. I've argued that

[2]The interested reader is referred here to the seminal contributions of Craig Piers (1998, 2000, 2005, 2007, 2010), whose writings on complex systems theory and its relationship to trauma, mental functioning and character are an invaluable resource and an inspiring read.

personality functioning, normal and pathological, is best understood as an ongoing, nonlinear repatterning of self-state configurations, and that this process is mediated at the brain level by a continuing dialectic between dissociation and conflict. Normal dissociation, a hypnoid brain mechanism that is intrinsic to everyday mental functioning, assures that the mind functions as creatively as possible, selecting whichever self-state configuration is most adaptive to the moment. Johnson (2004) compares this to Edelman's (1989, 1992, 2004) view that the internal mechanisms of both the brain and the immune system run mini-versions of natural selection:

> Think of those modules in your brain as species competing for precious resources–in some cases they're competing for control of the entire organism; in others, they're competing for your attention. Instead of struggling to pass their genes on to the next generation, they're struggling to pass their message on to other groups of neurons, including groups that shape your conscious sense of self. Picture yourself walking down a crowded urban street. As you walk, your brain is filled with internal voices all competing for your attention. At any given moment, a few of them are selected, while most go unheeded. (p. 199)

When dissociation is enlisted as a defense against trauma, the brain utilizes its hypnoid function to limit self-state communication, thereby insulating the mental stability of each separate state. Self-continuity is thus preserved within each state, but self-coherence across states is sacrificed and replaced by a dissociative mental structure that forecloses the possibility of conflictual experience. Clinically, the phenomenon of dissociation, though observable at many points in every treatment, comes into highest relief during enactments, requiring an analyst's close attunement to unacknowledged affective shifts in his own and his patient's self-states. Through the joint cognitive processing of enactments played out interpersonally and intersubjectively between the "not-me" experiences of patient and analyst, a patient's sequestered self-states come alive as a "remembered present" (Edelman, 1989) that can affectively and cognitively reconstruct a remembered past. Because the ability to safely experience conflict is increased, the potential for resolution of conflict is in turn increased for all patients. It allows one's work with so-called "good" analytic patients to become more powerful because it provides a more experience-near perspective from which to *perceptually* engage clinical phenomena that are immune to

interpretation, such as "intractable resistance" and "therapeutic stalemate." Further, it puts to rest the notion of "analyzability," and allows analysts to use their expertise with a wide spectrum of personality disorders often considered "difficult" or "unanalyzable," such as individuals diagnosed as borderline, schizoid, narcisstic, and dissociative.

In brief, psychoanalysis must provide an experience that is *perceivably* different from the patient's narrative memory.[3] Sullivan (1954, pp. 94–112), recognizing that self-discordant perceptual data must have an opportunity to structurally reorganize internal narrative for psychoanalysis to be a genuine talking cure, emphasized the powerful relation between personality change and what he called "the detailed inquiry" by the analyst. This latter term refers to the clinical reconstruction of perceptual detail, the recall of affects and interpersonal data that are excluded from the narrative memory of the event as reported to the analyst. A central aspect of this process is that the patient–analyst relationship is itself drawn into the telling of the narrative, and recapitulates aspects of it that are enacted in the here and now as the analysis proceeds. A relationally configured self-organizing system indeed! The patient's old narrative frame is expanded by providing an interpersonal experience that for all its familiarity is perceptibly different. Enactment is the primary perceptual medium that allows this kind change to take place. Expanded, consensually validated narratives containing events and experiences of self/other configurations formerly excluded begin to be constructed because these events and experiences, as I said earlier, are not simply a new way of understanding the past but entail a new symbolization of perceptual reality.

I have offered the view that the concept of unconscious fantasy remains of heuristic value only if the phenomenon to which it refers is acknowledged as a dissociated, affect-driven experience rather than as a form

[3]Edgar Levenson, arguably the psychoanalytic wellspring of this increasingly accepted understanding, introduced his 2003 paper, "On Seeing What is Said," with his usual blend of succinctness, clarity and wit: "Harry Stack Sullivan once said that the last thing that happens before you go crazy is that everything becomes clear! Well, I had an epiphany about a year ago when it occurred to me that the detailed inquiry, particularly the deconstructed detailed inquiry, is really visual, not, as one might reasonably expect, verbal, and that, *indeed, the entire psychoanalytic praxis, although annotated in words, actually takes place in a visual-spatial modality*" (p. 233, emphasis added).

of symbolized thought that is repressed. I argue that what is taken to be evidence of buried unconscious fantasy is an illusion created by the interpersonal/relational nature of the analytic process during the ongoing symbolization of unprocessed affect. As cognitive and linguistic symbolization gradually replaces dissociation as the automatic safeguard of a patient's self-stability, increased self-reflectiveness fosters the illusion of something emerging that has been always known but warded off. Thus, if we hypothesize the unconscious existence of something called "fantasy," it is essential to accept that it is not a fantasy possessed by the person but vice versa; the person is possessed by the fantasy–a "not-me" affective experience that is denied self-narrative symbolization. With regard to whether I believe the concept is central to psychoanalytic theory and practice at this point in time, I will end by reiterating my hope that a "let's wait and see" attitude might best support the relational shift from meta-theory to clinical theory already taking place among diverse schools of thought.