

PSYCHIC DEADNESS

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 **Routledge**
Taylor & Francis Group
LONDON AND NEW YORK

First published 1996 by Jason Aronson Inc., NJ, USA

Published 2005 by Karnac Books Ltd.

Published 2018 by Routledge

2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

52 Vanderbilt Avenue, New York, NY 10017, USA

Routledge is an imprint of the Taylor & Francis Group, an informa business

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British Library Cataloguing in Publication Data

A C.I.P. for this book is available from the British Library

ISBN: 9781855753860 (pbk)

**To all who strive to make this world
a place the heart can live in. ***

* This dedication is inspired by Edward Dahlberg's, *Can These Bones Live*.



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**Come from the four winds, O breath,
and breathe upon these slain,
that they may live.**

Ezekiel 37:9



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Acknowledgments

I wish to thank the editors who published some of these chapters in journals and books while this work was in progress: Jerome Travers, Mark Stern, Otto Weininger, Nathan Schwartz-Salant, Chris Farhood, Jay Greenberg, Stephen Levine, Emmanuel Ghent, Stephen Mitchell, and Martin Rock. Writing a book like this becomes more tolerable when one feels there are people who want to read it. Working with psychic deadness is, at best, difficult, and it helps to have lines of communication “out there.”

Many people have asked me to speak on this subject—too many to mention. But please know that I am grateful for these opportunities and that I think of you. The good words of many colleagues—including Jessica Benjamin, Mark Epstein, Marion Milner, Art Robbins, Jeff Seinfeld, Adam Phillips, and Harold Boris—have fueled faith in work that thrives in dark nights. Members of my seminars and my patients provide daily bread—the challenges and the stimulations that nourish life. So do my wife, Betty, and my children, without whom none of my books could have been written.



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Introduction

Many individuals today seek help because they feel dead. A sense of inner deadness may persist in an otherwise full and meaningful life. Deadness can be related to emptiness and meaninglessness, but is not identical with them. I have seen individuals who are filled with emotions and meaning, but somehow remain untouched by their experiences. They remain impervious and immune to the potential richness of what they undergo. They complain of a deadness that persists in the midst of plenty.

Sam, described in Chapter 12, "Primary Process and Shock," changed careers from science to writing in an attempt to break through his deadness. He felt that science exacerbated an inner deadness and hoped poetry and fiction would help him come alive. To his chagrin, he learned that one could be dead as a writer too. He had girlfriends and emotions galore. When he wrote, his being was saturated with meaning. He made his writings bristle with the aliveness he wished he had. His work came alive, but in his person the deadness continued. He gave to his writings what he wished *he* could have.

Sam's life was not a horror story. He lived a good life blessed with many advantages, physical health, mental gifts, and talents. His parents cared for him, tried to nurture him. Sam felt they overdid it. He pictured his mother as sexually seductive and his father as a raging baby, although they were both professional people who showed competent and well-meaning faces to the world. They tried to do a good job with Sam too. They could not realize what a toll the daily breakdowns of their "official selves" took on their children, or if they realized this, they were helpless to stop.

Sam's was not a case of successful parents being uninvolved with the children. It was more a case of successful parents wanting to be successful with their children too. They poured themselves into their children like they poured themselves into their work. However, the children were not able to deal with the flood of feelings that the parents poured into them. Sam's parents tried to give him all the nourishment they wanted themselves. It was as if Sam were

their proxy. They gave him what they wanted—or some version of what they imagined they wanted. In their minds, Sam was getting *everything* they wanted to get. Most of all, he was getting *them*—vastly nourishing, giving, caring parents. Sam was getting the childhood and parents they had always wanted.

They tried to give Sam more than life could offer. Thus they lived beyond themselves emotionally, and broke down throughout the day. They could not be supernourishing beings. His father yelled so loudly at daily frustrations that Sam cringed with contempt and terror. His mother tried to cajole and seduce Sam out of his bad feelings. She could not tolerate his fear and hate. She needed a happy and successful child, one who thought the world of her. Her husband's rages were more than enough for her to deal with. Her child should give her pleasure. To deal with a child's destructive urges seemed overwhelming: she tried to love and soft-talk them away. She was frequently depressed and weak. Her dreams of a perfect family were shattered, although she kept hoping things were better than they were.

Sam learned the hard way and early that he would have to take care of himself emotionally, but he was not a very good substitute caretaker. He felt more depleted than nourished by his parents' attention and lacked the psychic equipment to genuinely process their and his turbulence. He became smart and adept at scanning states of mind and developing verbal formulas for them. But the better he became at figuring out what others or he were feeling and why, the unhappier he felt. He could not buy happiness by becoming successful or smart or talented or caring, no more than his parents could.

A sense of deadness developed as he grew into adulthood. At first, he could not believe it was there. He felt so much and had so much in life. How could he, who was so alive, so full, be dead? Yet the deadness did not go away. It became persistent, and he monitored it. He put a mental barium tracer on it and could locate it virtually at will. In time, he did not have to look for it. It was in the background, spoiling his experiences. Against his will and outside his conscious control, he deadened himself as a form of self-protection, a shield he wished he did not have. He came to therapy for help in freeing himself from self-deadening processes.

Sam is one example of a successful person feeling deadness in an otherwise pleasurable life. Mr. Y., described in Chapter 3, "Goodness and Deadness," is another. Like Sam, Mr. Y. lived an apparently good life from childhood on. He was a good student and athlete and was well liked by his peers. Unlike Sam, he felt his parents were too restrained in their display of attention and feelings, although they were proud of his accomplishments. Whereas Sam felt his parents were overinvolved with him, Mr. Y. felt his were underinvolved. They cared for him, but were low keyed and reticent. They expected him to be the competent person he was. Sam grew up in a steamy and stormy emotional atmosphere, whereas Mr. Y. described a temperate, orderly one.

Mr. Y. enjoyed his relatively easy life. People gravitated toward him, and things went his way. He was a "nice" guy, good at what he did. But he had long

been aware of a lack of passionate intensity, and as time went on, his tepid emotional life increasingly bothered him. For many years, the challenges of work and relationships kept him busy. But as he grew in status and position, his inner deadness grew in importance too. It was easier to advance in work and make new friends than to meet the deadness he feared could derail him. By the time I met him, he was beginning to feel that if he did not do something with the deadness within, nothing else he did would be worthwhile.

People who meet Sam or Mr. Y. would not guess they are dead. In certain regards, they even seem enviable. Neither Sam nor Mr. Y. lacked friends or opportunities for self-realization. Not all people who have gone dead are so lucky. On the other end of the scale is Deborah, who looked like a corpse and is described in Chapter 1, "Psychic Death." She was living a horrible life and looked horrifying. No one would envy her. She seemed almost beyond help.

Deborah was raised by professional parents in the suburbs, who alternately doted on her and attended to their careers. Deborah experienced extremes of parental attention and self-absorption, a mixture of emotionality and vacancy, of too much and too little. Many children are subjected to such a regime. Why did it take such a toll on Deborah? Are there more Deborahs, perhaps in less extreme form, than are realized?

Deborah's very presence was a critique of a world that could produce her. Her corpse-like body seemed a cruel finger pointing at a world that did not know what to do with children. Her visage and bearing signaled meaningless, useless suffering without end. And yet she *was* looking for help. In spite of the death that possessed her, she was trying to find someone to help her or, perhaps, someone to help her help herself. However, she was dangerously near the edge and was sliding. It was a real question whether she could find help before the end.

Lucy was someone in between (see Chapter 10, "Counterparts in a Couple"). She found it difficult to partake of the pleasures of life, but she did feel deep joy. She felt joy in her children, her art, her husband. But she also was depressed and was even more than depressed. A deep deadness threatened to suck up her existence. It often seemed that the deadness in her being was her most intimate companion. For many years, she felt most herself and knew herself best when she hid in the center of her deadness. She spent many sessions raging against her deadness and crying, but she never felt more at home than when she crawled into it and disappeared. In a way, she valued deadness more than life.

We will see that, for someone like Lucy, deadness is not something that will go away. It is a very real counterpart to her existence, a part of her life. We can trace it back to a suppressed, sometimes depressed mother and a guilt-inducing father. But her deadness has become a habit, a way to soothe, if also torment, herself. It has become second nature. Over the years, Lucy learned to use deadness as a source of nourishment. It would be cruel and wasteful for therapy to try to eradicate her deadness, her most intimate complaint and

friend. But therapy can help aliveness grow. What emerges is not an end to deadness, but a new and better movement between aliveness and deadness, a rhythm or oscillation. The psyche cannot do away with its states, but it can grow to make more room for them.

The above sampling of individuals plagued by deadness suggests that the sense of deadness varies in form and background. It can cripple an entire life or only part of a life. It occurs in individuals who have been overstimulated or understimulated or a combination of the two: parents can erratically overstuff or deprive a child of emotional transmissions. Often a parent, especially the mother, has suffered depression, although it is not clear that this must be so. In any case, understanding the background of psychic deadness is not sufficient to ameliorate it. For example, Mr. Y. and Deborah had been in various forms of analysis for years and had extensive understanding of their psychosocial backgrounds and personality patterns without obtaining relief of their deadness. On the contrary, self-deadening processes increased over time for both of them and, in Deborah's case, dangerously so.

Some patients do benefit from catching on to how they shut down in face of pain. The shutting-down process can sometimes be caught in the act. Patients can be helped to connect shut down with distressing moments. Repeated failures in relationships and work, a wounding rejection or loss, frightening emotions that become destructive: many kinds and combinations of precipitants are possible. Often the therapy relationship becomes a kind of laboratory, in which varying states of deadness-aliveness can be tied to what is going on between patient and therapist as well as in the patient's life.

Nevertheless, understanding and practicing better response patterns do not do the trick with many individuals. Their deadness tends to overwhelm understanding and resolve. For some individuals, whatever they do to help themselves gets lost in the deadness. Something more or else is needed, and no treatment formulas may do.

In many cases, the growth of knowledge must be coupled with adequate emotional transmission by the therapist. The emotional tone of the therapy can be the most important element. Yet an atmosphere that works in one case may not in another, even when the background of both seem similar. In the end, nothing may save the patient and therapist from working to discover what the patient is looking for—that is, the precise combination of psychic nutrients, responses, attitudes, and tones required for a given individual, or even a given moment, so that a person can begin to open and the deadness may lift.

Although theoretical and clinical formulas may add to the deadness, the vast reservoir of theoretical ideas and clinical wisdom can be used as stimuli or probes or resources to sensitize one to issues and concerns in a given case. If theory is useless or even harmful without the "right" clinical tone or touch, one's tone and touch can become more finely nuanced and richly communicative if informed by a background of theoretical groping.

There are so many psychological schools and theories today that it is useful to describe briefly the tapestry of ideas that inform my clinical intuitions. Thus the first part of this book "Theoretical Soundings," is devoted to sketches of major theorists who have had the most to say to me about psychic deadness. These chapters are not meant to be exhaustive, systematic explications. Rather, they are soundings. At times they become dialogues, reveries, arguments, questions—part of a search to bring someone's thought to its limits, a search for what can be useful or enlightening or sensitizing. To an extent, a walk with any theorist is like walking the plank. Sooner or later we reach the end of the walk for now, with nothing left but the leap into the ocean of life.

The second part of this book, Clinical Probes, portrays attempts to be in the ocean. It explores clinical realities with a variety of patients and brings out in detail what it is like to immerse oneself in work with psychic deadness and related problems. What happens when deadness lifts or fails to lift, and a person opens or fails to open? In these chapters patient and therapist struggle with factors that maintain psychic deadness, as they try to find and support whatever in a person seeks life. Some of these struggles are related to larger social realities as well as deeply personal ones.

THEORETICAL SOUNDINGS

The major theorists I write about in Part I are Freud, Klein, Bion, and Winnicott. These are authors I have wrestled with for many years and who themselves have wrestled with problems related to psychic deadness. Each of these authors has threads to pull that go in many directions, open many vistas. One cannot readily get to the bottom of their work: one exhausts oneself before exhausting them. After being immersed in the work of these authors and the terrible clinical realities with which they deal, popular representations of their thought seem appalling. At the same time, these authors have played a role in generating some of the most interesting recent writings on psychic deadness (Boris 1993, 1994, Emery 1992, Green 1986, Grotstein 1990a,b).

Other major writers that have been important to me include Lacan, Reich, Jung, and Kohut. But limits must be set, and I have chosen for discussion a sampling of writers among those I use most, all of whom burrow deeply and fiercely into the deadness that many individuals bring to the consulting room today.

Freud

Freud often seemed more interested in why psychoanalysis failed than in why it succeeded. In an amazing three pages, written near the end of his life, he flashes a kaleidoscopic array of images of therapeutic failure, clustered around an obscure inability or resistance to change (1937). He writes of people whose

libido is either too sticky or mobile, too slow or quick, to change objects, so that the growth of relationships is stillborn or short-circuited.

He characterizes another group of individuals by an attitude that shows "a depletion of the plasticity, the capacity for change and further development." He says of this group that "all the mental processes, relationships and distributions of force are unchangeable, fixed and rigid." He associates images of "inertia" and "entropy" to this state of being. He notes that although once he thought of this inability to develop as "resistance from the id," he now envisions something more pervasive, if obscure: "some temporal characteristics are concerned—some alterations of a rhythm of development in psychical life we have not appreciated" (1937, p. 242).

In yet another group of individuals, Freud has the impression of a "force which is defending itself by every means against recovery" (1937, p. 242). This force is something more than a sense of guilt and need for punishment. For Freud, it is traceable "back to the original death instinct of living matter" (1937, p. 243).

Regardless of the questionable scientific status of Freud's concept of a death instinct, its poetic and heuristic power is striking. He no longer attributes widespread masochism, resistance to recovery, or even neurotic guilt to permutations of the pleasure principle. The fact that many people cling to suffering leads him to imagine a darker desire, wish, drive, or instinct: a pull or even flight toward death.

To be sure, Freud's work had always envisioned some push-pull of forces. Even on a bare neurological level, he early envisioned old brain excitations inhibited by cortical functions. Excitations had to be modulated, dampened, controlled, channeled, insulated: a barrier was required to regulate the flow of internal-external stimuli and to protect against untoward surges and excitatory flooding. In his later writings he continues to refer to a tendency to tone down stimuli, even reduce stimuli to zero, a kind of on-off double movement in the psycho-organism: aliveness is increasing-decreasing at the same time toward its maximum-minimum.

By the end of his life, the image of a psyche that could not change, that fought recovery, that succumbed to inertia and entropy, that was mired in useless suffering, that zeroed itself out, became prepossessing. His conceptual equipment may or may not be up to the task required by self-cancelling/nulling processes, but his writings circle around phenomena critical for us today. He focuses our gaze on an array of self-deadening processes and makes us wonder what we can do with them. Chapter 1 focuses on aspects of Freud's life and writings that give us a sense of what we are up against when we attempt to lift the deadness.

Ferenczi

Almost as soon as Freud wrote of a death drive, Ferenczi (1929, p. 104) was quick to add that "aversion to life" can arise as a result of "signs of aversion or

impatience on the part of the mother.” He emphasizes the effects of early trauma in cases where life seemed impossible. Yet, one ought not oversimplify and polarize Freud and Ferenczi, pointing to Freud’s emphasis on drives and Ferenczi’s on the quality of care. Such a stark contrast would be unfair and misleading. Both writers have extremely complex and searching views of what makes a decent life possible.

Indeed, Ferenczi feels that, because of the weight of the death drive in infancy, maternal care is all the more important. The child needs support in carrying him or her over into life. “The child has to be induced, by means of an immense expenditure of love, tenderness, and care, to forgive his parents for having brought him into the world,” lest he succumb to the destructive undertow. Ferenczi depicts a state of affairs in which the parents must ally themselves with the life force of the infant, lest it slip into the nonbeing to which it is so close. A good deal of weight is placed on the parents’ responsibility to mediate the infant’s journey into life, but the rewards also are great, since “tactful treatment and upbringing gradually give rise to progressive immunization against physical and psychical injuries” (1929, p. 105).

Ferenczi’s work forms an important part of the background given new turns by Klein, Bion, and Winnicott. Each of these authors digs deep into processes that constitute “aversion to life.” I mention Ferenczi now because he stands as a beam of light, explicitly emphasizing the importance of the analyst’s love in counteracting destructive forces. Freud seems to take this role of the analyst for granted, and writes more of the ins and outs of the patient’s difficulties in loving. He does not emphasize how the analyst’s difficulties in loving contribute to the destructive force in treatment.

Nevertheless, Ferenczi’s experiments teach us that love is not enough. Tender, tactful care in the treatment situation does not always yield good results. Sometimes therapist love stimulates greater destructive urges (see Chapter 13, “Being Too Good”). What if spoiling tendencies are so great that they overwhelm the forces of good? What about situations in which goodness incites more intense destructive frenzies? What if the individual lacks the capacity to use another person for growth, and therapy is about how such a capacity becomes constituted? What does a therapist do if therapy is unusable by an individual who nevertheless is (possibly literally) dying to be helped?

Klein, Bion, and Winnicott, each in their own way, closely examine what might be happening when destructive forces annihilate the possibility of seeking and obtaining help and what might be needed in order to be able to use another person for growth purposes.

Klein

Klein focuses on ways in which internal object relations organize and modulate the death drive, the *destructive force within* (Klein’s phrase, 1946, p. 297). For Klein, anxiety is most essentially annihilation anxiety, a signal or expres-

sion of the death instinct, and psychic deadness or motionlessness is a defense against the anxiety that means the death instinct is operating (see Chapters 2 and 3). In a way, deadness is a defense against death.

In Klein's work, libido tends to function as a defense against death work. Love circulates in the psyche in the form of good feelings/good objects, which try to offset bad feelings/bad objects. The psyche develops a kind of fantasy pump, attempting to use fantasies of good objects (with good affects) to counteract bad ones. The model makes use of respiratory/digestive/circulatory images. Bad affects/objects are expelled; good objects/affects are taken in. But things are never so simple, and the reverse also happens (e.g., bad in-good out), along with other possibilities and combinations.

In a way, Klein pinpoints processes within the psyche that replicate the mother's function. Freud notes that an elemental function of the mother is to respond to the infant's distress and to make it feel better. The mother, among other things, is an affect or mood regulator, taking the edge off destructive spins. Ferenczi sees this as a basic function of the therapist: the therapist's loving care helps the patient over destructive agonies, including and especially those maintained by early, persistent, or cumulative trauma. For Klein, there are internal psychic processes that operate like a mother, attempting to wash bad feelings away with good ones.

Internal attempts to regulate bad feelings can run amok. Too much splitting and projection of bad objects/bad feelings can thin the personality through dispersal, so that one passes from rage/dread through progressive phases of deadness. On the other hand, filling or stuffing oneself with good objects/good feelings can be deadening too, especially if one uses good feelings to seal oneself off from one's spontaneous affect flow and the natural impact of events.

Klein is a kind of specialist in showing the consequences of different ways that the psyche deals with the death drive. She traces movements of destructive urges throughout the psychic universe. For her, deadness is an epiphenomenon or defensive outcome of ways that the psyche tries to work with destructive anxieties. In Chapters 2 and 3, "The Destructive Force" and "Goodness and Deadness," I examine how far her account can take us and where it seems to leave off. As with Freud, it pays not to dismiss her writings, even if the conceptual status of a psychobiological death drive is doubtful. Her detailed focus on the dynamics of destruction makes her work relevant for our clinical and social concerns today.

Bion

Bion intensifies the stakes darkly implied by Freud's "force against recovery" and Klein's "destructive force within." He writes of a "force that continues after . . . it destroys existence, time, and space" (1965, p. 101, see Chapter 6,

“Two Kinds of No-thing”). This is a ghastly vision or construction. Can such a force be possible? How can x destroy existence and still go on working?

Bion tends to use affect rather than drive language. He does not use formal concepts such as life or death drive, but speaks of enlivening–deadening processes. How does the psyche deaden itself? What is the dread of aliveness that can ruin a life? In some individuals, the psyche seems to undo itself, work in reverse, reduce itself to nothing. Can such extreme self-damage be reversed? Can one who has died come alive?

Bion is less interested in polemics than in discovering what psychoanalysis is and what it can do. The formal status of a destructive force is less important than its function as a marker, a way to note, focus, and trace destructive processes. The notion of a force that goes on working after it destroys existence stands as a barrier against underestimating the horror of self-nulling processes. Whether the cause is genetic or environmental, once the destruction of personal existence gathers momentum it can blight any help extended to it. What can a clinician do in the face of such total negation?

Chapters 4 to 6—“Bion’s No-Thing,” “Moral Violence,” and “Two Kinds of No-thing”—present variants of nulling processes that Bion charts. The idea of a self-cancelling psyche is chilling, but Bion helps us tag some of its workings, so that we can extend the range of what we can do.

Winnicott

Winnicott’s work is a kind of biography of the sense of aliveness as it unfolds in infancy and throughout a lifetime. He depicts different forms that aliveness takes at various developmental phases. He charts waves of aliveness.

In Chapter 7, “The Area of Freedom,” I organize concepts that Winnicott uses to depict aliveness around an experiential navel he describes as “the chosen area” where “there is no room for compromise” (1964, p. 70). I call this navel Winnicott’s “area of freedom” since feeling free is at the core of the movement of his thought. The waves of aliveness that flow from Winnicott’s point of no compromise or area of freedom evolve through his writings on transitional experiencing, object usage, unintegration, madness, and the incommunicado core. His writings add successive layerings to what it feels like to be alive, how precious core aliveness is, and how fragile it can be.

A most awful deadness arises when violence is done to the point of no compromise. Winnicott’s writings about the evolution of aliveness have, as background, a clinical concern with individuals who feel terrible deadness and unreality arising from violence done to the area of freedom. His work repeatedly takes up the thread of what is needed for individuals to be alive in a genuine and viable way. As his work unfolds, he explores what interpersonal attitudes and nutrients are necessary conditions for the growth of aliveness and what conditions lead to deadness.

Winnicott's work joins Bion's, as both depict ways that aliveness can be too much for people—either oneself or others. Bion's emphasis is on ways the psyche is too undeveloped (embryonic), deficient, and/or malevolent to support its own aliveness. Winnicott, in addition, emphasizes an *external factor*, an incapacity in the Other to support the child's aliveness. He feels that so much depends on the quality of response that the destructive aspect of aliveness meets.

The destructiveness inherent in aliveness is so important to Winnicott that he credits it with the very creation of the sense of externality. The external world becomes alive and real if it survives one's destructive aliveness. The Other becomes real and alive by surviving the impact of one's aliveness. Winnicott is extremely sensitive to how the inherent aliveness of the infant/child can break the parent down.

The aliveness of the infant/child can be very threatening. A parent may rejoice in the baby's aliveness, but also be envious, afraid, enraged, and smothering. A parent may not be able to take the full force of the baby's aliveness in all its forms and may need to tone it down, modulate it, even spoil and deaden it. For Winnicott, much depends on how the parent comes through the impact of the baby's aliveness. Whether and how the Other survives destructive onslaughts becomes crucial for how the world will be experienced, and perhaps whether there even will be a world.

To what extent can a parent come through a child's onslaught relatively intact? To what extent does he or she become retaliatory, "gone," collapse into reactive fury or spiteful/fearful withdrawal, or become suffocating? Winnicott does not believe in a psychobiological death drive, but is concerned with the deadness that results from the failure of innate aliveness to create/discover a sense of Otherness or externality, a world to live in—a world that can tolerate aliveness. To put it dramatically, there can be no Other if no one survives one's impact. The evolution of one's sense of aliveness depends partly on the quality of responsiveness versus retaliatory reactivity of one's milieu.

Winnicott tries to convey his meaning with a grim, yet apt example:

You will see what I mean, and allow for oversimplification, if I refer to the way in which one of two worlds is waiting for the child, and it makes all the difference which you and I were born into.

One: a baby kicks the mother's breast. She is pleased that her baby is *alive* and *kicking* though perhaps it hurt and she does not let herself get hurt for fun. Two: a baby kicks the mother's breast, but this mother has a fixed idea that a blow on the breast produces cancer. She reacts because she does not approve of the kick. This overrides whatever the kick may mean for the baby. The child has met with a moralistic attitude, and kicking cannot be explored as a way to place the world where it belongs, which is outside. [1970, p. 287]

This does not mean Mother must always go along with or give in to the child. Not at all. Mother will feel the whole spectrum of aliveness herself. She will be

annoyed, hate the baby, feel boundless joy and peace, fatigue, and hell. But this is not a fixed, moralistic, life-despising attitude, but an alive stream of feelings, including an adequate responsiveness to the baby's needs.

There is a point at which "destructive aliveness of the individual is simply a symptom of being alive" (Winnicott 1968, p. 239). To what extent can we survive, enjoy, tolerate, and use each other's aliveness? For an individual who is used to being dead, a therapist's aliveness may be horrifying. Part of the art and luck and skill in working with psychic deadness is discovering what combination of aliveness—deadness is manageable and eventually usable by a person.

CLINICAL PROBES

To enter the consulting room with a fixed idea is akin to the second mother Winnicott describes above (1970, p. 287), who fills her baby with anti-life moralism, rather than allows for an alive moment-to-moment flow. We cannot say exactly what therapy is or what it can do, any more than we can say exactly what a person is: both are subject to processes of discovery. The theoretical soundings we have taken do not provide rules or recipes. There is no guarantee that if we follow a, b, and c, that then x, y, and z must happen. People are more baffling than that, as are the intricacies and intangibles of the clinical encounter.

Our theoretical soundings are part of a broader journey of clinical sensitivity. Thinking sensitizes us to nuances of feelings, to imaginative possibilities. But we keep coming back to what it is like being with a particular person at a particular time. We keep dipping into the impact someone is having on us, the sensations, feelings, imaginings, and thoughts that grow from mute impact.

In the second part of this book, I describe impacts that patients have had on me and my struggle to process aspects of those impacts. This is especially difficult when an impact is deadening. But if one stays with a deadening impact, one begins to experience different sorts of deadness. One begins to note varieties of deadening processes, as our eyes get used to seeing shadowy forms in the dark.

My work tends to be an impressionistic—expressionistic, evocative psychoanalysis, one in which subject-to-subject impact speaks. The clinical probes in Part II emphasize growth of the capacity to tolerate the build-up of experiencing, and the breakdown or inability to jumpstart this capacity. The problem can be horrifying when the experience that threatens to keep building up is some form of deadness.

In some of the chapters, such as Chapters 16 and 17, "Disaster Anxiety" and "Winning Lies," society becomes the patient, since individual deadness involves a violent process and violence runs through the social fabric. Violence is not only an attempt to enliven the self: it also deadens the self and often is part of

self-deadening processes. Thus the clinical study of deadness is also a small attempt to make social life better.

Each clinical encounter touches further nuances of psychic deadness. Each chapter turns the kaleidoscope a bit to see what deadness can contribute to growth or how it swallows existence. In Chapter 10, "Counterparts in a Couple," we discover a deadness that is part of psychic binocular (multi-ocular) vision, part of our doubleness or multiplicity, part of the over-undertone of experiential resonances. In Chapter 12, "Primary Process and Shock," we discover a deadness that is a hole or a blank where the primary processing ability should be. Chapter 14, "In Praise of Gender Uncertainty," explores relationships between deadness and gender identity difficulties, which can become life-threatening without help. Chapters 13, 15, and 16—"Being Too Good," "Emotional Starvation," and "Disaster Anxiety"—show ways that the deadening impacts that life has on patients spill over into therapy and are transmitted to the therapist's supervisor and, through the supervisor, to the therapy field in general. As the chapters unfold, the importance of psychic deadness and related phenomena takes on new life and meaning. We develop a better sense of what we are up against, of the sorts of materials with which we work. Our appreciation of facets of psychic deadness grows as we keep dipping into it, as we keep opening to it.

It may be a truism that no two therapies are identical, no two snowflakes the same. But it is a truism with dramatic consequences. Chapter 18, "Boa and Flowers," brings home how high the stakes are if we fail to find the precise set of therapeutic experiences that an individual may need. When we work with intractable psychic deadness, we are working with our own capacity to evolve. I heard somewhere of a kind of baby bird needing to peck its mother in a certain spot in order to elicit an adequate maternal response. It strikes me there are certain patients who keep pecking away at the therapeutic field, trying to elicit the as-yet unknown responses needed for their development.

The rage of a psychically dead person can be terrifying. Yet I cannot help feeling that his or her fury is an attempt to peck or stimulate the evolution of a missing capacity in the therapist and in the therapy field. This book is an attempt to help peck that capacity into being. Patients and therapists who must deal with persistent deadness are partners in a psychic evolution that is very much alive.

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