

Two chapters from an experimental unfinished didactic novel

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CHAPTER 2: ANKARA

There is no need to travel in order to see it again; we must dig down to discover it. What once covered the earth is no longer upon it but beneath; a mere excursion does not suffice for a visit to the dead city, excavation is necessary also. But we shall see how certain impressions, fugitive and fortuitous, carry us back even more effectively to the past, with a more delicate precision, with a flight more light-winged, more immaterial, more headlong, more unerring, more immortal than these organic dislocations.

Marcel Proust, *Remembrance of Things Past, Vol. 1.*
trans. R. Moncrieff.
(New York: Random House, 1932, p. 779)

Psychoanalysis stands or falls with our culture's commitment to the individual.

Jonathan Lear, *Love and Its Place in Nature.*

It was a bedraggled group that staggered off the plane after those nine hours of torture. We were held up at the airport before we could come out of the security area because Richard had not bothered to get a visa to enter Turkey, so we waited while Richard went through the bureaucratic ritual, and then took our baggage through customs and out into the main hall of the airport. Only Claire looked radiant in her youth and beauty after such a long trip. The rest of us were visibly sagging, unwashed and unshaven. A short white haired little man came up to us, accompanied by a taller and more slender quite young man. He introduced himself as "Professor Doctor" Aram Kozturk and his young companion, Ali Bozan, was the chief resident at the Hacettepe Üniveritesi hospital department of psychiatry. Professor Kozturk was our host in Ankara and so he hustled us with our voluminous baggage toward a waiting bus. There we

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met our guide for the trip, assigned by a Turkish tour agency, who introduced herself as Sema. She was dark haired, dark eyed and very Turkish in appearance, young and slender, wearing form fitting black slacks and a white blouse. A six foot tall powerful looking man with very dark hair and black eyes accompanied her. This was Abdul, our tour bus driver, who was not able to speak English but was very “old world” during the trip in his manners and his efforts to be pleasing.

We drove through Ankara while Sema and Professor Kozturk began explaining the mysteries of this unusual city to us. Actually Ankara is two cities, a sleepy medieval village as it was until the advent of Atatürk and then, by his decree, the capital of Turkey. The new city looked more like a small modern metropolis. The hotel in the new city where Professor Kozturk had installed us was a very tall imposing cylindrical building with a silver metallic sheen all around it.

While the professor and Sema were explaining the history of Ankara to us, I noticed that Ali could not keep his eyes off Claire. Richard at this point had assumed what the Japanese call *mokatsu*, viewing all of this and all of us with silent contempt. The rest of us paid attention the best we could in our exhausted state while Professor Kozturk extolled the virtues of his hero, Atatürk. Indeed, the huge Atatürk mausoleum was the central showpiece of Ankara, as we were to discover. It was laid out on vast well kept grounds. Hoards of Secret Service men as well as military units paraded all over the place and watched everyone with suspicion. The professor explained that foreign visitors were always brought to this mausoleum because it was the pride of modern Turkey. He was clearly very impressed with Atatürk, perhaps with a reverence such as some Americans feel toward George Washington, the so-called father of our country. But Atatürk’s mausoleum was nothing like the Washington monument, it was more like the Lenin mausoleum in Red Square in Moscow. We had to stop there and pay our respects before we got to the hotel. Strolling inside we were informed that it was very bad manners to turn one’s back on the actual tomb of Atatürk that was located imposingly at one end of the dark inner hall. We watched a group of bemedaled generals in uniform from some foreign country being led around the inside of the mausoleum by an excited chattering guide. But there were also a number of ordinary tourists present from several countries, as well as many individuals who appeared to be native Turks, including veiled fundamentalist Moslem women.

It was from a discussion on the grounds of the mausoleum that I first became aware that just as there are two cities in Ankara, there are two kinds of citizens in Turkey. Groups of devout Moslems, their women covered in black and with veils, intermingle with modern Turks who dress like westerners, such as Sema, our guide. Sema didn’t say much at this point—we would get to know her better in Istanbul where a guide is really needed—but it was clear that she deeply resented and was ashamed of the old style Turkish life. A modern young woman, she obviously had been born after the revolution produced by Atatürk.

The professor explained that at the end of World War I the Ottoman Empire was a beaten country. At Versailles it was decided to divide it up into zones of European influence, but Atatürk, a colonel who had distinguished himself in the defense of the Dardanelles at Gallipoli, and apparently a natural born leader, rallied the Turks and

convinced the European powers to allow modern day Turkey to be an independent country. He was one of the most extraordinary leaders of all time because he retained his simplicity and never flagged in his dedication to dragging Turkey and the people who live in it out of the Middle Ages and into the modern world. He wanted Turkey to become one of the European powers and even today the Turks are still trying to gain the respect of the European powers. They had almost done so until a series of devastating earthquakes ravaged and impoverished the country, threatening to fling it back into third world status. These earthquakes took place at the same time of an endless bloody Kurdish rebellion in western Turkey, making it almost impossible for anyone to visit that part of the country. Our arrival in Ankara was providentially a little before the calamitous earthquakes.

After our brief preliminary visit to Atatürk's mausoleum we arrived at the imposing hotel, which was every bit as luxurious as some of the nice hotels in Europe. The group wanted to disperse to their rooms. I cautioned them not to sleep but rather to reassemble in an hour or two because it was relatively early in the day and their jet lag would be worse if they tried to sleep on arrival. Professor Koçturk and Ali and Sema were driven away by Abdul, with a promise to return and meet us that afternoon.

Later, I came down eagerly for some lunch and suddenly felt trepidation as I saw that Henry and Edward were the only ones who had arrived so far, too impatient to wait up in their rooms for their wives. They were deep in discussion and it flashed through my mind that Henry might have been the person in the Dianne dream doing the shooting and Edward the businessman at the party. I walked over and sat down. Edward began, "Martin, Martin, this Freudian thing, it doesn't really seem right."

Henry could not wait to enter the fray. "Not only is it not right," he said, "it is a delusion. It all began with Descartes, who initiated the Enlightenment approach where each man could investigate things for himself. Before that time we had the medieval situation where every man knew what was expected of him and believed in a God that he could pray to and must answer to. It was with the breakdown of the medieval mind and the consequent loss of the spiritual comfort of everyone knowing their place in the hierarchy that set the stage for it. What started it all? It was the idea of experimentation, the notion of Bacon in the early seventeenth century that we could learn about nature by observation and experiments. Gradually the medieval system, so beautifully articulated in your copy of Dante, broke down, and finally, with the appearance of Nietzsche, we had the announcement of the death of God.

Edward continued, "And Nietzsche was right in his predictions because the twentieth century was the worst horror in the history of the world. Everything exploded and blew apart. The turn of the century demanded a new system to explain the emergence of what I call the sensible businessman's point of view, namely, that each person is on their own and pleasure is the only goal of life. And money buys pleasure, the more, the better!"

"Yes," said Henry, "and that is how the Freudian system became so popular. It enabled everyone to claim it was scientific and rational for people to be selfish, greedy, and pursue their own ends. Actually, the whole system was a delusion, a delusion which gained popularity because it replaced the medieval system and served as a rationaliza-

tion for what had already happened.”

Edward interjected, “And what had already happened was the rise of capitalism. The Protestant ethic and the glorification of hard work and the accumulation of money were very important, far more important than spiritual values.”

Henry added, “The Freudian system itself was nothing but another system of suggestion and persuasion perpetrated on the patient by a therapist who was certain that his theoretical formulations were absolutely correct. Why I even read that Freud banged on the couch with his cane when patients refused to accept his interpretations!”

Out of the corner of my eye I saw Gertrude and Sarah approaching and beginning to listen to the conversation. “No, you are wrong Henry and Edward,” I insisted again. “Freud offered us a methodology, that of free association and interpretation of the transference which gives us a chance, if studied from several channels of psychoanalytic listening, to form an ever-more-accurate representation of the interior psychic life of the patient. Psychoanalysis is primarily a method of cure in which infantile conflicts are revived and resolved again, but this time with a much more adult ego that has adult techniques and sublimatory capacity at its disposal.

“Oh, that is no longer believed,” sneered Gertrude, unable to keep silent any longer. “On the West Coast now we are using postmodern psychoanalysis or intersubjectivity. We believe that everything is co-created by the analyst and the patient in the consulting room and that all the data of the psychoanalytic process are those emerging from the here-and-now interaction. We study the enactments that arise out of the analyst’s countertransference and we try to explain what happened in terms of the contribution of both patient and analyst to whatever is being said or done in the consulting room at the time it happens. This causes the whole Freudian emphasis on infantile sexuality and childhood fantasies to recede into the background and promotes a study of the patient’s capacity to relate to other people here and now and what interferes with it. The analyst has to be willing to describe his or her own contributions to the creation of the data and not simply hold the patient responsible any more.”

“This cannot be,” I said, “because it loses sight of the central core of Freud’s ideas. That is to say, it is the early childhood conflicts and their solutions, and the fantasies that are formed in early childhood around various experiences in which there is a contribution both from the social surround and the child’s drives themselves, that put a pair of glasses on every adult through which that adult experiences everything. Until we understand that pair of glasses we cannot take them off and therefore we are doomed and compelled to repeat the same mistakes over and over again.”

It was clear that nobody was convinced by what I was saying. I was hoping to go on with this when I saw J. and Claire approaching. They had formed the beginnings of a friendship as two beautiful women often do, although Claire was much more self confident of her beauty and J. did not appreciate herself sufficiently in my opinion. I allowed myself to glance into J.’s eyes. For me J. embodied the infinite of happiness but I had no time to think about this because Henry insisted on continuing his assault on psychoanalysis, fortified by Edward’s apparent agreement.

“Psychoanalysis,” he continued, “made vague generalizations about sexuality and redefined sexuality in a way that did not exist before the eighteenth century. For all I

know Freud's *Interpretation of Dreams* represents his effort to get free of a cocaine addiction as some authors have insisted. At any rate, Freud is one of the clerks that Benda complained about in his famous book *The Treason of the Intellectuals*, and psychoanalysts after him have remained clerks like that, justifying a culture that should be taken apart and attacked for its failures."

"Well, I would not put it like that," said Edward, "because I think global capitalism is the wave of the future and has produced more prosperity in general than any other system."

But Sarah interjected, "And it has also produced more disparity between the rich and the poor than any other system. There are certainly many things about global capitalism and the modern world that should not be rationalized."

Henry, ignoring the others, went on to conclude, "The Freudians by and large were sour, realistic representatives of their time, which were themselves sour, competitive, realistic, materialistic, and suspicious," an idea he must have got from that nincompoop, Martin Wain (*Freud's Answer*. Chicago: Dee, 1998), as I recognized it. I saw this conversation was not getting anywhere at all and there was not going to be any chance to change Henry's mind. I even wondered to myself if his hostility to psychoanalysis which began so soon on this trip could have anything to do with some kind of intuitive conception of my feelings for his wife. After all, years ago, when their marriage was about to disintegrate, I had brought him into my consulting room and in the presence of my patient J. told him that he was the luckiest man in the world to have such a wonderful wife. After that he stayed in the marriage, albeit complaining and alleging it was my fault that he did so. He could not bear to take the blame or responsibility for any of his failures in the academic and the social world. Edward was a more mature character who seemed utterly materialistic, although with a mind not quite as closed as Henry. It must have been difficult for him to be married to a beauty like Claire and to see the head of every man turn when she entered a room.

By the time Henry was finished descanting all of our group had arrived for lunch and Professor Kozturk and Ali appeared. The professor and Sema were to take all of us on a tour of Ankara in the bus driven by Abdul. What I was hoping to do in this Turkish excursion was to cover the various stages of civilization, to show in real archaeology Freud's concept of the unconscious representing a buried city. In Turkey a number of civilizations from the most archaic to the most modern are all jumbled together. My hope was to illustrate Freud's conception by touring these various sites and discussing what they represented. At this point I felt rather discouraged because I was afraid that between Richard's dogmatic New York ego psychology, Gertrude's postmodern intersubjectivity, Edward's materialism, and Henry's philosophical opposition to psychoanalysis altogether, I was going to have my hands full. I decided to sit back and let Professor Kozturk dominate the tour of Ankara. The professor began by reminding us once more that Ankara was really two cities, a medieval village and a modern western establishment. We were going to drive through it and also tour its famous archeological museum.

He began with a short introduction: "The Young Turks led a bloodless coup in 1908, which culminated in the Sultan Abdu'l-Hamid's abdication in favor of his brother in

1909. Although the Ottoman empire didn't officially crumble until after the war and Atatürk's coming to power, there was a puppet Sultan enthroned in the Sublime Porte. The real power, I think, was a triumvirate of Young Turks named Enver, Mehmet Taaat, and Djemal Pasha. Sultan Abdu'l-Hamid disbanded parliament before the Young Turk Revolution, so there must have been earlier political experiments along those lines. In 1908 a 288 member parliament was elected, but by 1909 the Young Turks had formed a smaller central committee with all the power, a committee dominated by the triumvirate."

"Ankara lies in the center of Anatolia on the eastern edge of the Great High Anatolian Plateau. The area is a fertile wheat steppe land with forested areas in the northeast. The history of the Anatolian plain goes back to the bronze age Hatti civilization, which was succeeded 2000 B.C.E. by the Hittites, and then in the tenth century B.C.E. by the Phrygians, and then by the Lydians and Persians. A Celtic race, the Galatians, were the first to make Ankara their capital, in the third century B.C.E. It was called Ancyra, in Celtic meaning 'anchor'. This city subsequently was conquered by the Romans and then the Byzantines. The ancient city was an important cultural, trading, and art center in Roman times and a trading center on the caravan route to the East during the time of the Ottoman empire. By the time Atatürk chose it as a base from which to direct his military operations against the European powers it was of no importance. Ankara was declared the capital of the new Republic of Turkey on October 13th, 1923."

Professor Kozturk was intoxicated with Mustafa Kemal Atatürk and he thought the mausoleum of Atatürk, completed in 1953, was an unsurpassed accomplishment of modern Turkish architecture. Bringing us back to the mausoleum he took us first to the museum in the mausoleum, showing us the various letters and items belonging to Atatürk, and then to Atatürk's house on the grounds of the presidential palace.

Touring in the old Ankara, the Ulus district, we saw how narrow lanes surround the main sites of Ancyra, some Roman remains which have not been well preserved, and several mosques. Reminders of Atatürk were everywhere in both the old and new city, huge portrait posters, statues in his likeness, and streets bearing his name.

The professor had Abdul drive us up to the Hisar, the citadel, which was strengthened by the Romans, rebuilt by the Byzantines, and finally maintained by the Seljuks and Ottomans. It's double walls are now crumbling away but some of the towers that guarded the structure are still standing. Within the walls are a rambling old-fashioned Turkish town and the city's oldest mosque, the small Alaaddin Cami, originally built in 1178 C.E.

Then Professor Kozturk took us to the famous museum in Ankara, the Museum of Anatolian Civilizations. It contains a small but very outstanding collection. The material dates from the dawn in the second millennium B.C.E. of the Hatti and Hittite civilizations. On display are articles collected from a whole variety of civilizations that passed through the Anatolian plain from Neolithic times to the Roman era. I was hoping that viewing how the remains of one civilization are piled upon another and whatever we are experiencing in the present is pervaded throughout by the past, would be a good starting point for our group. I wanted to illustrate by this historical tour study that we were about to launch from the city of Ankara, how completely the past pervades the

present, and how the remains of the past can be found in every aspect of the present.

But the group was not very interested in these considerations. Professor Kozturk brought us rather rapidly through the museum and insisted on taking us back to the mausoleum of Atatürk. He wanted us to walk the grounds up to the mausoleum, a marble paved path lined with Hittite-style lions. At the entrance to the mausoleum are carved the words, "Beyond all doubt, government belongs to the people." Inside are gold mosaics and marble, and seven tall windows that look out over the city of Ankara. In no other country in my international travels had I seen such a sharp and ferocious cultural pull between the influence of the past and the influence of the modern world, and I hoped to use this to demonstrate how in the individual human being there is also this constant struggle. The influence of the past continuously pervades the present and affects every person's perception of and response to their current situation. This constitutes the most powerful argument against concepts like the co-creation of the data of the psychoanalytic situation, because it demonstrates how impossible it is to understand the present without a thorough knowledge of a person's childhood and those fantasies which were formed in childhood as a combination of actual experiences and the child's imagined perception of and response to them.

Probably the most impressive living demonstration of this struggle was found in Sema, our over-all guide for the rest of the trip. Dressed as a modern young western woman, she was visibly uncomfortable in the presence of Moslem women encased in their black chadors, and she absolutely refused to take us into any mosques in many of the cities we visited. She found the whole fundamentalist Moslem religion repulsive because she was convinced it represented a pull back to medieval days and an obstruction to the modernization of Turkey and its rightful acceptance as a European power. She deeply resented its treatment of women.

The question kept coming up again and again in the group: If we desert the fundamental religious beliefs of the Middle Ages, whether Jewish, Christian, Moslem or any other all-encompassing system, what will take its place? The twentieth century showed that nationalism is even more dangerous as a producer of destruction and war than religious wars. This is not because human nature has changed, but because science has enabled us to destroy more and more people in an even more and more efficient way. The consensus was that we have reached a crisis in human history. In a situation where relatively undeveloped and poorly governed countries with huge populations such as India and Pakistan have managed to squander their slim resources on developing atomic bombs, grave danger exists. These bombs are not bows and arrows; they could theoretically wipe out much of the world's population. Yet in spite of all the scientific and technological advances, there seems to have been no progress at all in the harnessing and sublimating of the basic human drives of lust and aggression. So in what sense are the modern Turks any different than the ancient Hittites? Or in what sense are modern Europeans any different than Paleolithic men?

Ankara, with its population of three million, is primarily concerned with government, universities, medical centers, and light industry. There are vast suburbs scattered on the hillsides and filled with country people who have moved here in search of work and a better life. Viewing these sprawling suburbs, almost shantytowns, which sur-

round the city (these were even a worse problem in Istanbul), Edward, as the efficient businessman that he was, insisted that the country needed new leadership and a large infusion of Western global capitalism. He began quarreling with Sarah, who insisted, with eyes angrily flashing, that the fundamentalist Moslem strain among the Turks was an important feature of their national characteristics, ones that included kindness and hospitality to strangers such as we were. Edward felt this was all nonsense, and snorted, "The sooner we get away from the Middle Ages the better." Sarah insisted the Turkish people also needed a sense of heritage, and this kind of self representation was an important stabilizing force in any nation. Edward retorted that the days of nationhood needed to come to an end. It seemed to me that the implicit assumption of his point of view was that the entire world should become as much like the United States as possible.

Pearl, in her own quiet way, interjected by articulating this premise, and questioning whether it was such a good idea. "Do we in the United States have the most advanced and most desirable civilization?" she asked. "It is true that materialistically we are the richest country that ever existed in the world, but are our citizens, with their road rage, their incredible discrepancy between the rich and the poor, their high incidence of coronary artery disease, and their increasing tendency for huge financial interests to control the politics of the country, really better off than fundamentalist Moslems? Would there not be other alternatives, such as the Baha'i's?"

"Why don't we try to talk to some fundamentalist Moslems here?" suggested Gertrude amiably. "Is there some way we could get together with them?" Professor Kozturk and Sema were silent in response to this query.

"I believe the trouble comes when the fundamentalists try to make everybody else a fundamentalist," began Henry.

"Well, as far as I am concerned," interrupted Edward, "the whole of fundamentalist religion of any kind would be better off discarded by the human race. The solutions to today's problems must be found by going forward, not backwards. Before you attack global capitalism and materialism, do not forget that it has brought the greatest advances in science, medicine, and general material well-being of any system devised by man so far."

"That does not mean it is the best solution that we can ever find," insisted Pearl. "There are many inequities and it is horrifying to walk on the streets of a rich city like New York and have to step over homeless people on the sidewalk. The solution by the mayor of New York, to jail these people, seems idiotic and solves nothing. The problem with global capitalism is that it brings out the greed in humans and tends to cause an indifference to the sufferings of other people. There have been other cultures where humans have been much more a species-being as Marx thought they were, and we need to work towards that. Psychoanalysts should lead the way, because it is the mark of a mature person to care genuinely about the fate of others."

"Who said that?" asked Richard. "Certainly it was not the great psychoanalyst Hartmann; he believed it was the task of psychoanalysts to help people adapt to the culture in which they live."

That evening Professor Kozturk did not concern himself with our jet lag or travel

fatigue but had scheduled a dinner party for us with several Turkish psychiatrists from two of the medical schools in Ankara. Ali and Claire were there as psychiatric residents but J. and her husband did not attend. Everyone else from our group was present. In the Turkish contingent were three women psychiatrists and four male psychiatrists, all attending physicians at Turkish medical schools and of varying ages, as well as Ali and the elderly professor. The talk soon got around to the state of psychiatry in Turkey today. The Turks agreed that huge international pharmaceutical corporations had completely preempted Turkish psychiatry and essentially only drug administration was being taught to psychiatric residents. There was a variable amount of concern about this fact, extending from none at all by the psychopharmacologist psychiatrists present, to Ali, who seemed very disheartened and downcast about the whole matter. Claire just could not understand it and Richard adopted his usual attitude of *mokatsu*. This was fortunate, for I was afraid Richard would give offense, but his jet lag and touring fatigue saved the evening. The Turks were all very kind, polite, and hospitable, and attempted in every way to offer us a congenial atmosphere. Our experience with them throughout the entire trip was always a pleasant one, but of course we did not have the opportunity to speak with fundamentalist Moslems.

The next morning Ali came for our party and with Abdul at the wheel drove us all to the medical school, where I was to give the first of my proposed lectures in Turkey. Only J. and her husband and Edward did not attend since this was to be a technical lecture. Upon arriving, I was led to a medium-sized clean lecture hall. About forty doctors rather equally divided into males and females and all in white coats, sat patiently waiting for us to start. Professor Doctor Kozturk gave the usual introduction, and I proceeded with my first lecture in Turkey:

MY FIRST (AND LAST) LECTURE IN TURKEY

In section 34 of *Being and Time* (trans. J. Macquarrie and E. Robinson. New York: Harper and Row, 1962), Martin Heidegger defines the existential-ontological foundation of language as discourse or talk (an untranslatable term, *die Rede*). For Heidegger it is as existentially equiprimordial a structure of being-in-the-world as mood or understanding, of which it is the meaningful articulation. To it belong not only speaking out and asserting but also hearing and listening, heeding, and being silent and attentive. As the Greeks experienced it, he said, *Dasein* is living being that speaks, not so much in producing vocal sounds as in discovering the world, and this requires letting beings come to appear as they are. For Heidegger, “man shows himself as the entity which talks” (p. 208), and it follows that if we are to grasp a person’s mood or understanding, his or her being-in-the-world, we must learn to listen.

The most famous dicta from Freud on the subject of psychoanalytic listening are to be found in his 1912 paper, “Recommendations to Physicians Practicing Psychoanalysis.” Here Freud, in rejecting any special expedient, even that of taking notes, suggests the basic principle for the technique of psychoanalytic listening:

It consists simply in not directing one’s notice to anything in particular and in maintaining the same “evenly-suspended attention”... in the face of all that one

hears.(S.E. Vol. 12, pp. 111-112)

Freud's technique of listening with evenly suspended attention constitutes an effort not to prescind from the patient's material, in order to prevent the therapist from making any selection out of preconceived expectations. He wishes to avoid the dangers of the therapist never finding anything out that he or she does not already know, and of distorting what is perceived to fit experience-distant theoretical preconceptions.

The question of whether one can really give such equal notice to everything communicated by the patient has often been raised, but only recently has it been answered increasingly in the negative. Many experienced therapists by now have learned that everyone approaches the data of the patient's free associations and behavior as manifested in the treatment with a certain mental set, one that is based either on conscious or preconscious theoretical and philosophical conceptions. This mental set determines what is perceived and what is selected regardless of the therapist's efforts to listen with evenly suspended attention. All a stance of evenly suspended attention can do is to try in a deliberately conscious fashion to reduce the influence of one's mental set. It is obvious that this stance is enhanced greatly if the therapist is aware of his or her preconceptions and how these influence all aspects of perception of the patient.

In the same paper Freud offers the famous telephone receiver analogy:

He must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone. Just as the receiver converts into sound waves the electric oscillations in the telephone line which were set up by sound waves, so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient's free associations. (ibid, pp. 115-116)

He goes on to maintain that, "if the doctor is to be in a position to use his unconscious in this way as an instrument in the analysis," he or she must have "undergone a psycho-analytic purification". Otherwise the inevitable and innumerable "complexes of his own," even if the therapist is apparently a successful person, disqualify the therapist to practice psychoanalytic psychotherapy.

In Freud's further papers on technique, he explains how patients sometimes divide the treatment in their own way into an "official" portion on the couch and an informal "friendly" portion at the end of the treatment as they leave—which they would like to pretend is not a part of the treatment. This material, produced before patients use the couch and as they leave, often gives a clue to the nature of the patient's transference.

It is clear from Freud's writing that an important focus of psychoanalytic listening, if one includes both verbal and nonverbal communication, is to become aware as sensitively and quickly as possible to the nuances of the development of transference. As Freud repeatedly remarks, the success or failure of a psychoanalytic therapy rests primarily on the identification and management of transference phenomena.

In the process of psychoanalytic listening Freud in 1914 suggests that the therapist not attempt, at least at the beginning of the treatment, to bring any particular moment or problem into focus:

He contents himself with studying whatever is present for the time being on

the surface of the patient's mind, and he employs the art of interpretation mainly for the purpose of recognizing the resistances which appear there, and making them conscious to the patient. (ibid, p. 147)

One of the most difficult resistances to deal with in intensive psychotherapy and psychoanalysis, as Freud goes on to point out in this 1914 paper, "Remembering, Repeating, and Working-Through," occurs when patient, instead of remembering what has been repressed, acts it out either within or outside of the analytic situation. As Freud says, "He reproduces it not as a memory but as an action; he repeats it, without, of course, knowing that he is repeating it." This is a common way in which patients "remember" previous relationships and it is the task of the therapist, by careful listening, to become aware of what is being repeated in the course of the treatment, either in the relationship with the therapist or in the development of relationships with others outside of the treatment. Thus all descriptions on the part of the patient about current relationships as well as dreams need to be listened to carefully for allusions to the relationship with the therapist, and for the repetition or displacement of disavowed aspects of this relationship outside of the consulting room. Very important aspects of the transference often appear in this manner and are easily overlooked.

Freud concludes in his 1915 paper "Observations on Transference-Love," that the analytic psychotherapist has a "three-fold battle to wage." The first of the forces that oppose the therapist are the group in the very mind of the therapist "which seek to drag him down from the analytic level." Today we would call this countertransference and the ever-present impulses to countertransference enactment. The second group of opposing forces come from outside the treatment; the patient is constantly assailed by his or her relatives or friends and by "authorities" who are opponents of psychoanalysis. All of these individuals dispute the importance and value of the procedure, question the integrity of the therapist, and repeatedly warn the patient not to get involved in it. The final set of opposing forces come from "inside" the analysis, that is, from the patients themselves, who may at first resist the appearance of various emotionally charged material, such as that with sexual content, and then may experience the breaking forth of powerful desires as in the "archaic transferences," for example, presenting an effort to convert the therapist into an archaic selfobject or an object for the massive discharge of instinctual drives. All these disruptive forces combine to prevent patiently listening with evenly suspended attention, and they are all active all the time in every therapy.

Since the time of Freud there has been increasing attention paid in all fields of science to the effect of observer's theoretical preconceptions and activities on the clinical data itself. This leads to the question of the choice of theory, which has remained as an unresolved controversy in the psychoanalytic literature. I attempt to delineate the proper stance for psychoanalytic listening, and the understanding of the data obtained by it, from a variety of frameworks. Such a variety does not imply any negation of the psychoanalytic approach, because there can still be a common psychoanalytic conceptual base. This base is manifest in that all valid psychoanalytic theories or frameworks deal with transference and countertransference issues, and emphasize the crucial significance of infantile and childhood experience, the existence of a dynamic unconscious, the importance of free association, the vital role of the Oedipus complex

with its sequelae and precursors, the centrality in one way or another of early selfobjects, and the primary role of the analyst and his or her interpretive function.

What I propose is to approach the data of psychoanalytic communication from five more or less psychoanalytic models in turn, without definitively assigning major preeminence to any one model in any given clinical situation until after we have been at least open to examining the data in detail from five points of view. In addition, clinical experience unfailingly demonstrates two principles over and over again. The first of these is that a psychoanalytic model is the only acceptable kind of model to achieve depth understanding of a person. Every psychoanalytic model has more or less the same conceptual base, although they differ fundamentally from each other in their underlying epistemological profiles.

The second principle is that one neglects Freud's drive/conflict/defense orientation at one's peril. Many "alternative" approaches have been devised over the years to get away from Freud's emphasis on the drives of sexuality and aggression as grounding or ultimately constituting the infantile core or phantasy life or psychic reality of the adult, and his central focus on the Oedipus complex. As Lacan pointed out, psychoanalysis has to be rediscovered over and over again. Many cases flounder when alternative stances are used by the therapist for defensive purposes. This is a frequent cause of the need for reanalysis or for a psychoanalysis after a "completed" psychotherapy. To avoid this common and very unfortunate pitfall, the primary or starting model in approaching any patient material should always be the "drive/structure" model of Freud, and Freud's dicta of psychoanalytic listening as described above should be followed whenever possible. Any departure from this channel should be tentative and the problem of possible defensive collusion should constantly be kept in mind.

Therefore we always begin listening from the channel of Freud's drive/conflict/defense orientation, staying carefully tuned for derivatives of core unconscious infantile phantasies that are expressed in the material both through verbal and non-verbal manifestations. At the same time we allow ourselves to be open to what the philosopher Husserl might have called "imaginative variations" in our minds, tentatively trying to fit the material into the orientations of the other listening channels. The material itself usually suggests what channel might be most suitable to it and might be best used in understanding what the patient is trying to communicate. This affords a temporary fusion of horizons, as Gadamer would characterize it, with the patient, and helps us to frame our interventions in a language the patient will understand and which is at the developmental level of the patient at that point. But we always keep in mind that sooner or later we are going to return to the drive/conflict/defense model as the patient develops trust in our empathy and reveals more and more of himself or herself to us. Furthermore, if the therapy is to be truly psychoanalytic, we are ultimately going to focus on the core infantile phantasy derivatives as they are expressed in the transference.

Our understanding of the patient gained from these various channels of psychoanalytic listening is then to be translated into rational interventions. With careful listening, the patient's response to our interventions may serve as validation or negation of the

correctness of our understanding. So we are not simply engaging in an intuitive process without the possibility of at least quasi-empirical validation. We are advocating a specific carefully thought out technique, a “praxis” in which the patient leads us by his or her communications to our choice of certain models of understanding as best applied to the specific data, and then validates or negates the application within the ensuing data of each psychoanalytic session. These validating data are generated by the patient’s response to interpretation based on our “understanding.”

Thomä and Kächele, in their 1987 textbook *Psychoanalytic Practice*, correctly regard the response evoked from the patient to interpretations as “decisive”. For instance, the patient may give verbal assent and cooperatively elaborate or produce further associations or memories. But even repudiation may be presented in such terms as to provide a confirmation, for example if accompanied by guilt, terror, or change of associations which could only occur if the interpretation was correct. A dream may be suddenly remembered or brought in the next day which carries on or elaborates on the interpretation; in a similar fashion either memories or reference to external situations may fall into place. There may be an obvious resolution of anxiety and a change in the transference in which, for example, the therapist shifts from a dangerous to helpful figure or vice versa. Sometimes corroborating information from relatives or friends is brought in by the patient, but the most important information of all is to be gained from careful attention to transference manifestations. My experience confirms Loewald’s concept of the crucial effect of the therapist as a new significant object in the patient’s mental life along with and as a function of the development of insight through the analyst’s interpretative interventions.

Each proposed channel of psychoanalytic listening carries implicitly a stance about psychological development, a view of psychic change, and assumptions about the curative factors in intensive psychotherapy. These stances contradict each other in important philosophically fundamental ways, and they cannot at present be reconciled since they reflect profound disagreement about the nature of humans and the nature of knowledge itself. This is our postmodern condition, in which human being itself is under erasure, the world of Heidegger and Derrida, a world in which we can never get clear about our origins, as eloquently described by Foucault. The breakdown of the naïve nineteenth century empirical science assumptions or *Weltanschauung* so admired by Freud has forced us into this postmodern listening orientation.

I will now briefly review these five standpoints or channels (models, perspectives, frameworks) from which we can tune in to the transmission from the patient. The *first* channel was presented by Freud and focuses on the Oedipus complex and the emergence in a properly conducted psychoanalysis of the need for drive satisfaction in the transference. This enables us to study the patient’s conflict in terms of defenses against the instinctual drives and the resulting compromise formations produced by the ego in dealing with its three harsh masters—the superego, the id, and external reality. Freud’s structural theory, placing the Oedipus complex at the focus, was developed for this purpose. At the core of it are the patient’s childhood or infantile fantasies derivatives of which repeat themselves over and over again in the patient’s mental life and behavior. We carefully listen for the derivatives of these fantasies and look for them

to be reenacted in the transference. I believe this to be the primary model, the starting point for all psychoanalytic listening.

The *second* channel utilizes the perspective of object-relations theory for its model. The work of Klein and her analysts and Bion focuses on the earliest projective and introjective fantasies of the patient as they appear in the object relatedness manifest in the transference and in the process of projective identification as it occurs in the analytic process. Bion emphasized the “toilet function” of the analyst, in which the analyst must receive, metabolize, and give back in acceptable form the unacceptable fantasies and affects and expressions of these coming from the patient. Klein developed the concept of projective identification (defined differently by every author), in which the patient is allowed to place into the analyst whatever representations he or she wishes to place there, with more therapeutic focus on preoedipal fantasies and processes. For Klein, projective identification was also an interactional event in which great pressure is put on the therapist to behave in a manner that corroborates the projection. Kernberg, aware of Klein’s confusion of the intrapsychic and the interactional under one process, defined it as a very primitive mental event that represents an incomplete projection. A study of projective identification operating in the therapeutic process reveals the patient’s earliest internalized object relations and yields data about how the patient as an infant organized these relations into self and object representations and then projected and reintegrated various aspects of these images. Understanding of these processes clarifies the patient’s relationships in the present because all such relationships are perceived and reacted to through the spectacles of these early organized self and object representations.

A *third* channel, focusing on the patient’s being-in-the-world, is the phenomenologic point of view. Here an attempt is made to grasp the facts of the patient’s life phenomenologically, without other theoretical preconceptions to organize the data. This approach was elaborated in philosophy by Husserl and then differently by Heidegger, and taken up especially by pioneer psychoanalysts such as Boss, especially in their effort to understand seriously disturbed and psychotic patients. A corollary of this approach began with Feuerbach and Marx, and was elaborated by thinkers like Fromm, Sartre, and - most recently - Lacan: society shapes the individual and we can only understand the individual if we understand the society or culture or world in which he or she must continuously live and interact. So, to understand an individual, we must understand that lived state of being-in-the-world which is unique for the situation of each person.

The *fourth* approach is from self psychology, which focuses on the state of the patient’s sense of self as it is empathically grasped by the analyst. Important predecessors of this approach were Fairbairn and Winnicott. The latter introduced the notion of the true and the false self that was taken up in detail by R.D. Laing in his brilliant exposition of schizoid and schizophrenic conditions. Kohut brought the focus on the self into a systematic and elaborate theory. Although Gedo rejected many of Kohut’s premises, often on the basis of careful arguments, his establishment of hierarchies of self organization represents a further elaboration and movement away from traditional psychoanalytic metapsychology.

The fifth and final approach I use to organize the transmission from the patient might be loosely termed the interactive, focusing on the countertransference of the therapist or, more generally, on the here-and-now factors in the treatment and emphasizing the analyst's participation. Many of the numerous and conflicting points of view under this rubric have been developed as a response to our increasing understanding, especially in preoedipally damaged patients, of the patient's need for an experience and not just an explanation in the treatment. Modell offered the notion of the psychoanalytic process in the early phase of the treatment of narcissistic or schizoid patients as providing a "cocoon", a holding of the patient until the patient is ready for self-exploration. Lang emphasized the presence of delineated interactive fields in which the data coming from the patient is loaded with allusions to the therapist's participation and even the therapist's mental state. Gill emphasized the importance of the therapist's participation in the particular transference manifestations that develop in a given treatment and also focused his interpretation on the here-and-now interaction between patient and therapist.

Gedo sharpened our focus on the archaic transferences, in which the patient forces a response out of the analyst and contaminates the evenly-hovering attention stance advocated by Freud. The management of such archaic transferences and how they affect psychoanalytic listening is one of the most important and central issues in modern psychoanalytic therapy because so many patients present with preoedipal damage and rapidly develop such transferences. Gunther emphasized the converse of the archaic transference, namely, the narcissistic aspects of the countertransference. He pointed out that countertransference manifestations appear often after the therapist's narcissistic equilibrium has been upset; they represent an attempt to restore the therapist's equilibrium and he urged us to look for these situations in psychoanalytic listening.

Lipton reviewed Freud's cases in order to demonstrate how significant aspects of the real interaction between the patient and the analyst profoundly affect the data that are presented in the psychoanalytic process. Freud in his actual practice (often quite sensibly) violated some of his own admonitions as laid down in his papers on technique. Stone placed this real interaction under the rubric of the "physicianly vocation" of the analyst and demonstrated compellingly the profound impact of it on the material produced and the process of the treatment itself. In contrast, Freud's admonitions tended in the middle of the 20th century in the United States to become codified into a rigid set of rules that sometimes produced iatrogenic narcissistic manifestations in patients and led to either an impasse in the treatment or a surrender of autonomy by the patient, accompanied by a massive identification with the "aggressor" analyst. Obviously these are unsatisfactory outcomes for a lengthy and expensive treatment.

My view differs significantly from that of Gedo and Golberg in that their principle of "theoretical complementarity" assumed the different frames of reference or models of the mind may operate only as long as no internal contradictions arose among the various parts of the theory. They believed even Freud did not intend to dispense with his older conceptions as he went forward to propose new ones, and the changeover from one set of Freud's concepts to another did not have to indicate that one superseded the other. But in my approach, theoretical orientations or models are being utilized

that directly conflict with each other and cannot be thought of as complementary because the basic premises that underlie them, both their epistemological foundations as well as their basic assumptions about human nature and its motivations directly collide. This forces a radical discontinuity as we shift from channel to channel in our receiving instrument, rather than, as we would all prefer to do, sliding back and forth between theoretically consistent positions, or at least complementary positions that are consistent with each other.

The worst mistake a beginner can make at this point in the development of psychoanalytic theory is to assume that in some fashion these various standpoints can be blended or melded into some supraordinate theory that can generate all of them. Careful examination of the premises of these standpoints reveals that this is simply impossible in our current state of knowledge and we are forced, if we use this shifting of systems, to accept the radical discontinuities. The problem in the human sciences is profound, and some thinkers such as Foucault have claimed that *in principle* no agreement can ever be reached on a single theoretical model for scientific understanding of all human mentation and behavior.

The hardest part of using this approach is to be willing to keep discontinuous and conflicting models in one's mind, which offends the natural and very dangerous human tendency for a neat, consistent and holistic theoretical explanation of all material, even if it is wrong. My approach requires tolerance and flexibility on the part of the therapist as well as a certain maturity, for it is sometimes the unfortunate result of a personal psychoanalysis that the individual becomes a strong and rigid adherent of the particular theoretical orientation or style of one's analyst. Kohut suggested that the reasons for this are inherent in a psychoanalysis that has incorrectly and prematurely interpreted certain transference manifestations. Since no data available at present convincingly and decisively prove any of these theoretical orientations to be the one and only best orientation, uncritical adherence to any one of them would have to be leftover of a misunderstood or unanalyzed transference, just as emerging from one's psychoanalysis with a sense of nihilism about all analytic theories would be a similar indication for further analytic work.

When I finished the lecture, two things happened that had never occurred before in my extensive experience of international lecturing. In the first place, there was no drumming on the table as is typical in European lecture halls to represent applause. In the second place, never again was I invited to lecture in Turkey, although other medical schools could have contacted me in other cities. I said nothing about this at the time but I was very puzzled.

The question and answer session was brief, and by agreement none of our contingent raised any issues because we wanted to hear what the Turks had to say. Their responses were pleasant and polite enough but they were mostly requesting clarification. It seemed that the group either was offended by the lecture or did not understand it or it was totally irrelevant to anything they were doing.

As we returned to the hotel, Ali asked me timidly if he could have lunch with me

and perhaps some of the others because he had some questions. I agreed. Over an unidentifiable Turkish lunch Ali expressed his great disappointment that there was no psychodynamic teaching in his residency. He asked if it was possible to get a grant to be a resident or an assistant in my hospital in the United States. I thought that was unlikely and suggested that he apply instead for a grant in England. I gave him the names of some distinguished English psychoanalysts. He looked dejected and it did not seem that he would ever carry this out.

I took this occasion to ask him what had gone wrong in my lecture at the medical school, that is, why there was no applause, not even polite applause. A look of dullness and despair crossed Ali's dark eyes, the look of a man caught up hopelessly in a hierarchy that he could do nothing about. "I am embarrassed to tell you," he said, "but you were not obsequious enough to the few senior attending psychiatrists who deigned to attend your lecture. You should have learned their names and announced in advance how honored you were that they had come. Because you did not do this it was felt that you were arrogant and ungracious. The younger doctors criticized you for not extending the proper greetings at the beginning of your lecture. In addition they felt you ought to have given an entrance speech prior to your main lecture. And they wanted you to have given more eye contact during your delivery of the lecture."

In the hallway he added along more general lines, "You should know that there were actually very few people in the audience who have a sincere interest in psychotherapy. Also, some of them expressed a wish they could have had the benefit of more of your presence. They would have liked a kind of training course. Others said that too much reading material was suggested. Some said that when you stopped reading your paper and started looking people in the eye you became much better." He continued, "Many of the experienced doctors and especially myself thought it would definitely have been more productive if a case presentation which had been prepared by a resident followed your speech."

Ali believed that perhaps the way he had been trained made him pessimistic about the possibilities of learning how to do psychotherapy. He realized that this aspect of psychiatry is totally neglected in Turkey. He worried that he had too many financial handicaps to get any better training in another country, especially in psychoanalysis, which would almost certainly be beyond his financial means. He said, "I don't know the ways for arranging grants in case it might be necessary. It seems that I may not be able to afford this training when we consider the conditions under which we live here in Turkey."

I told Ali how much I appreciated his candor and I acceded to his request to accompany us on the complete tour, with internal mental reservations that he was perhaps more interested in Claire than he was in psychoanalysis.

Ali had to return to his duties and I was exhausted and somewhat depressed by his revelation, so I decided to return to my room in the hotel for a short rest. Washing up in the room I noticed a coupon on the desk that entitled me to a free drink in the elegant bar at the top of the hotel. On impulse I called J.'s room, gambling that she would answer or at least that if Henry picked up the phone he would refuse my invitation. I did get Henry, and politely invited both of them to join me in a couple of hours in the

bar for our free cocktail. After a nap I washed up and went to the top of the hotel. The bar was high up with windows all around and offered an exquisite view of the new city of Ankara. I ordered my usual J&B scotch on ice, and waited. In a short while J. appeared, alone thank God. She sat down and we looked at each other with glances that expressed more than words could say. The waiter interrupted this silent reverie and J. ordered a glass of Chablis.

Finally I said, "You must have some feeling for me or you wouldn't be here at this moment." J. smiled but said nothing. I continued, "I am a passionate Hungarian. With me that feeling has got to be physical. I have got to have that fusion, that flesh on flesh feeling, that touching, that juxtaposition of our bodies that give me the sense of being whole and at repose."

J. looked rather confused because this kind of talk seemed to be rather abstract to her. She smiled and replied, "I am not a passionate Hungarian. On the whole my experience has been that men take more than they give and it has left me with a residue of chronic irritation."

I said, "J., we are soul mates, you and I. I knew it from the very first day you walked in my office and I think I even indicated it to you." J. responded to this in a way that I did not expect. She seemed angry and finally she came out with it: "During my psychotherapy, in the transference, I loved you very very much and you were abstinent, you kept a neutral distance from me, at least for a long long time. It was very painful. Now the situation seems reversed and you want me quickly to leap into your arms. I have a great mixture of feelings about what to do and I cannot say I understand this situation nor do I entirely trust you. But I do know what it is to love you, or whatever you stood for in the transference, passionately. Yes, I know I still love you." She glanced uneasily at her watch. "Henry detests you. He will be suspicious. I should go back to the room."

"J., let us meet again, I implore you!" I said.

"Yes," agreed J., "we have just started this trip and I am glad that you invited us. But now I must go." Without ceremony she left the table and the bar. Sitting alone, I ordered another drink. I began to remember J.'s therapy more clearly. When she started she was very low and her husband was constantly berating her and blaming her for all his troubles. It took a long time to enable her to get insight into how she was allowing herself to be used. As she received this insight and her marriage improved, the psychotherapy deepened and she began to feel a genuine love for me, almost as a rescuer. She begged and implored me to let her come over from her chair and sit at my feet. This went on and on until the temptation was more than I could stand because as she loved me and showered me with her affection I could not help responding to this lovely and pure woman. Many sessions were spent with her sitting at my feet and talking with each other in a kind of tête-à-tête, although I always kept a certain neutrality and did not allow the boundary crossing to go further. Gradually she calmed down when she recognized that this was as far as we were going to go and, perhaps because of it, she saw less and less need to pay for sessions with me. As I began thinking of how years later I was impelled by a mysterious inner force to contact her after my wife died, I looked up and to my surprise I saw Claire standing tearfully in front of me.

“Martin I must talk to you, I must!” she said. “I am getting more and more frightened.”

“Sit down Claire,” I suggested, and she did. The obtrusive waiter immediately appeared and she ordered a soft drink. Although Claire was beautiful she was young and rather naïve and she did not arouse in me the kind of love or lust that J., an experienced sophisticated woman in the ways of the world, was able to do. In fact the incest barrier was functioning, since Claire was young enough to be my daughter.

“Martin we have just begun this trip and I cannot stand the way Richard looks at me,” said Claire. “My husband Edward is a violent man when he gets jealous and there is going to be trouble.

“Claire” I said, “you are a beautiful woman and you must have had many men looking at you in that way. I suppose all I can advise you is to not give Richard any encouragement in any way and hope for the best.” When I uttered what I thought were these words of wisdom, Claire’s response was simply to cry. She sat softly sobbing as the waiter brought her coke and there was really very little more to say.

“Can you speak to Richard?” she asked, after a while.

“No I cannot,” I said, “since he has not done anything overt or that he could really be fairly blamed for. Obviously he feels a great lust for you but that should be nothing unusual for you in your situation.”

Claire sobbed, “This man is evil and he is too audacious and obvious in his evil intent; Edward will spot it fairly soon and I am afraid of what will happen.”

“I do not know what more to say Claire,” I murmured. “There are some things that I can not control and as I get older and older I realize that the list of things that I can not control gets longer and longer. You will just have to do the best you can, but I will stand by you and try to help in any way possible. If you find Edward getting too incensed, call me and I will speak with him. I am not afraid of Edward nor at my age am I afraid of anything. Nothing more can be done to me.” Claire politely smiled her radiant smile, thanked me, and sadly excused herself.

The waiter wanted to bring me a third drink but I waved him away. I looked out the windows over the beautiful city and noticed that the sun was setting on Ankara for our second night. I began musing to myself about the whole human species, myself included. How powerfully we are driven by lust and aggression and how clearly our defenses against these primitive and barbaric impulses represent compromise formations formed by the ego to satisfy the superego, the demands of our culture, and to somehow give some sort of gratification to the id. Surely culturally approved gratification is simply the discharge of these drives in some kind of sublimated form, but there is nothing that equals the pleasure that is afforded by the discharge of these drives in an archaic form, by pure lust or pure destruction. Our endless wars are the supreme proof of all this.

Then I began to free associate, and of all people, the confederate general Stonewall Jackson came to my mind. “Jackson is an example,” I thought, “of a man whose life was marked by loss and death from the very beginning. As his rage mounted at these unending narcissistic wounds, he developed a severe obsessional system and turned this rage on himself, using it to literally pull himself up by his own bootstraps from nothing. This extraordinary man, still revered by foolish Southerners, became a rigid,

hard-driving fanatical religionist who only came to feel really alive when he was engaged in killing people. When he was not so engaged he was known as a nondescript fellow, very quiet and unassuming, courteous, kind, and considerate. But he was also strangely self-isolated and unable to be comfortable with banter or light raillery.

“He only survived his early years because of an extraordinary inborn temperament that his biographer, J. Robinson (*Stonewall Jackson*. New York: Macmillan, 1997), says ‘separated those who rise above adversity from those who cannot adjust to setbacks’. There were a few helpful adults in his life and a powerful internal sense of self esteem, although where he got that it is hard to tell. The biographer is not helpful and we really do not know about Stonewall’s inner mind or about his extraordinary genius as a general. He was determined to make a man of himself and he insisted that whatever he wanted to do he could always do, no matter how hard he had to torment himself to do it.”

“Finally he found a selfobject that would not desert him, God through Presbyterianism. ‘Jackson did not accept this religion: he absorbed it—hungrily, constantly, totally’. His religion made him brave and gave form, order, and direction and power to his whole life, allowing him to dedicate himself to killing people.”

“And he was very good at killing people. What is incredible is that humans make heroes out of individuals who are good at killing people and crucify those who preach love and tolerance. As the methods of killing people become increasingly accurate and extensive, what does this foretell for the human race? Leaders like Stonewall Jackson and Napoleon are successful obsessive compulsives who at times slide into paranoia and hypochondriasis. Above all they exhibit a kind of paranoid grandiosity with the inner narcissistic conviction that they are invulnerable. This goes on until their luck runs out. Why do we pay athletes millions of dollars and nurses practically nothing? Only a person who has been a patient in a hospital can really appreciate the importance of a nurse! Why are our value systems so upside down? What is this global materialism going to lead us to? How can I protect Claire and the others from the wrath of her husband? How can I deal with my own lust for J.? How can I awaken in her the lust she once felt for me that gave me a tremendous sense of value and awoke in me the intense inspiration to nurse her back to health? Why is it that modern Turks continue to be burdened down by their medieval counterparts, trying to climb towards scientific and technological success with a ball and chain of Moslem fundamentalism around each of their ankles? Is the only alternative to global materialism religious fanaticism?” My head was spinning with all this as it grew dark outside. Perhaps it was the scotch or jet fatigue. I left a generous tip for the waiter and retired to my room for the night.

On the bathroom counter I lined up my array of cardiovascular pills, six or seven little vials in all, some to be taken in the morning, some at noon, and some at night. Ever since my cardiac surgery I had become more aware of the continual presence of death and the brevity of human life. All human life and human history began appearing to me like an endless tragedy going nowhere and ending perhaps in an annihilation of the species. This was not simply an idiosyncratic pessimistic idea, because any biologist will tell you that far more species have disappeared in the history of our planet than have remained. As I took my various pills and prepared for bed a deep dreariness

came over my soul, a spiritual void, a yearning for those who loved me once and now were gone. In a kind of mesmerized trance I went through my evening ablutions and crawled under the covers in that faraway country. As I dropped off to sleep I could not help wondering what J. was doing at that moment, but as I thought of the possibilities I was appalled and depressed. She had answered my direct question some weeks ago when I asked her if she still had a sex life with her husband. The terse answer was, "Yes." I began to realize that I was now living in a self-created inferno. I was sliding in a downward spiral deeper and deeper into the abyss. Would there be a Virgil to guide me? Or was I in a hopeless trap of my own making?

A curse not on the queen deer, who have
 preyed upon more beasts than any other,
 And so you will not think that I deceive you,
 For the bottomless deep of your hunger.
 Hear whether I was mad, as I will tell you.
 I was already descending the arc of any year.
 Dante (*Purgatorio*, Canto XX, Trans. W. Merwin)
 (ibid, Canto XIII)

Please let the editors of this journal know if you wish me to furnish subsequent chapters of this experimental didactic novel in future issues. Thank you for your comments and support. Richard D. Chessick, M.D., Ph.D.
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