Response

to Giles Clark

The Active Use of the Analyst's Bodymind as it is Informed by Psychic Disturbances

Dealing with the Negative

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I hold a view that it is primarily the conditions that range from broadly schizoid (Guntrip, 1968; Rey, 1994), borderline (Schwartz-Salant, 1989) and pathological narcissistic (Kernberg, 1975) to deeply psychotic (Frosch, 1983; Grotstein, 1981; Eigen, 1986; Volkan, 1976, 1995), which reveal the radical reality of the human psyche. They acutely make manifest the bi-polar, instinctual life^death energy which generates both destructive and constructive processes. The dynamic dis/equilibria of these processes in turn sustain the inner architecture of human personality, the inner and outer horizons of its intersubjective (object-relational) constitution, and, most profoundly, the pleromatic vortex (the unconscious) of the human embodied mind (Jung, 1963). Absurd as it may appear, it is important to stress that the analytic experience of, and engagement with, these precarious conditions, specifically when the therapeutic situation is dominated by deadening stases and the inexhaustible capacity of human psyche and spirit to feed off their own immanent negativities, that affirm the *efficacy* of analytical practice.

Such analytical-therapeutic situations also facilitate greatly the theoretical-conceptual elucidations of the human condition at large. Whether or not

they may effect a gradient of curative change, the interactive lock-ups show that the therapist's ability to endure extreme impasses yet continuing to work vigilantly in the flows of transference/countertransference is in itself a fundamental achievement of the therapeutic relationship. The analysts who deal with these situations on a regular basis, and some exemplary ones are listed above, may rightly be characterised as the master analysts. Giles Clark can be taken as one such analyst whose therapeutic practice involves him with persons ensnared in the vagaries of those human predicaments that bear the diagnostic terms of 'borderline' and 'narcissistic personality disorders'. I suspect that his practice also engages him with the more radical human predicaments which remind one of how hard it is to be a human being – for some persons more so than for others.

In his paper, Giles details with poignant terseness two vignettes that illustrate those clinical situations wherein a severely wounded egoity can maximally actualise its own unviable condition and, through the therapist's mediation, may endeavour to face up to it and – hopefully – change it. This project, in so far as one will make it so, is nothing less than a toil of making the patient transformed as a whole in relation to a plurality of motley parts: some toxic, obstinate, obnoxious, some healthy and mature, some infantile. And, usually there is one, neither male nor female but may appear to be both, that has not been and does not want to be born, or more appropriately, incarnated. This, I hasten to say, is only one way of characterising the same inner sanctum of internal object-relatedness which Giles describes as 'the autistic no-object: a hard emptiness in space'. Its concrete specifications are indefinitely variable, precisely because of its immanent negativity. Schwartz-Salant's (1989:15) mythopoeic amplification captures aptly yet another manifest figuration of this implacable negative:

> 'In a strange way, the patient carries truth for the therapist. But it is a truth that lives in a destructive form. There is an Egyptian myth about the Eye Goddess – a symbol of the Great Mother

> archetype in the initial stage of creation – who roamed the world and destroyed everything it saw. We can say that the Eye represents imaginal sight in its destructive form and is analogous to the borderline patient's "truth". This sight is split off and unconscious in the borderline patient. It is primarily encountered in therapy as an unstated demand, an emanation that puts the therapist on guard; it induces guilt, uncomfortable bodily tensions and breathing constrictions, and furthers mind-body splitting. The sense of being scanned by the patient's unconscious sight is a common experience.'

The 'truth' that Schwartz-Salant is talking about is, I think, fundamentally the self-projection of that part=whole that refuses to be born, for to be so, it would cease to be that impossible omni-seity, which, to be sure, is a concentration of the non-differentiated psychoid energy.[1] This is why 'in the initial stage of creation', when one's egoity has to, so to speak, self-contract from the irradiations of the mother's eye and commit itself to a finite, far from perfect and mortal human semblance, that same primordial gaze may well experience this severance as the irreparable loss of its omni-seity. The ensuing 'truth' of the ego and of everyone else is that no-one is the actualised 'superlative' omni-seity s/he may harbour within him/herself. The 'unconscious scanning' of the borderline, as of a festering (rather than haemorrhaging) narcissist, makes sure that one comes to feel increasingly the disjunction between the repertoire of one's self-idealisations and one's incarnated self-actuality. One is progressively made to feel like a sham.

The descriptions Giles gives are fragments of what must have been protracted analytical engagements whose cumulative outcomes for two persons seem to have been reasonably viable. Jim's 'destructive impulses were more self-contained, but his social and relational life apparently continued to be difficult and "overly angry"'. Christine's predicament is said to be 'about good enough: a "satisfactory disappointment"'. However, in an earlier version of this paper, Giles did not say whether either of the two persons did manage,

even for a bit, to extricate him/herself from the predicament that their psyche and its un/conscious vortex was. For me, the absence of this information in the original communication amplifies the perfidiously coagulating quality of these situations: despite even the most destructive outpours of a 'borderline' or a 'thick-skinned narcissist' (Rosenfeld, 1987), the ego is nevertheless subject to its defences against his/her foundational vulnerabilities. Therefore, the ego is also plagued by the shaky armature of its internal objects and qua them, the sham semblances of his/her self. Precisely because of this determination and despite the therapist's lucidity and technical know-how,[2] the intersubjective vortex of these clinical relationships may easily settle into abysmal equilibria. Here, even if the most lethal potentialities of the psyche achieve a modicum of actualisation through either enactments (e.g., Bateman, 1998) or outright acting outs (which may well be followed by hospitalisation), these may still do nothing more than preserve the clinical status quo: a well-tuned condition of the self-replicating drudgery *a deux*. The interactive ebbs and flows make no fundamental difference and engender no more radical alteration in the analysand's self.

Giles' profoundly insightful interpretations of these situations and of the two types of personality disorders are formulated within a 'personally developed' conceptual framework which overtly draws on Kleinian and Bionian theories and, more opaquely, on a neo-Spinozan philosophical position. What I admire about this conceptual synthesis is that it is actualised as 'an active attitude and approach, a substantial psychic organ or a well lived-in internal structure that can accommodate and respond to new arrivals and demands'. Once again, Giles attests to the primacy of therapeutic engagement in his work and therefore the mastery of his analytic craft. This clinical basis strengthens the clarity of his conceptual elaborations upon the borderline and narcissistic conditions in terms of a structural twinship between them.[3]

Reflecting on Giles' analytical situations I felt that in both he is like a sort of stoic Job, adept in withstanding his tormentors since, unlike them, he has a

mastery of Yahwian silent brooding and violent usurpations. And this enables him to sustain a syzygy-like interactive circuity wherein no rupture occurs regardless of how many quanta of beta-elements have been transmuted into alpha elements. It is true that, as he says, 'the process of relative or structural change occurs either slowly and incrementally, or sometimes suddenly out of an intuitive realisation or "selected fact" … which is yet still a product of a period of safely gathered, contained and trusted emotional knowledge'. I also have no doubt that in many instances 'the only possible change is not structural but an achievement of irony'. One is stuck with one's self until the bitter end and therefore, if one can, s/he should try to come to terms with one's 'personal and impersonal "necessities"', or as Freud said – 'accept our common unhappiness'.

However, the reader doesn't know at what point, if at all, Giles' patients did move 'beyond grief into mourning, remembrance and recreation'. For either of them the reader can also assume that the inner 'destruction still has to go on and this precludes any such possibilities'. What are the options for the analyst who senses that such eventuality may well be, or is bound to become, the patient's permanent predicament – beyond the salvation through self-irony and mourning. S/he is a subjectivity generated and sustained by his/her permanent, unforgiving and unyielding negativities. If the analyst knows that for certain kinds of acid wounds only acid medicine may effect their short- or long-term cure, should s/he not use such a *modus operandi* within exactly the parameters which structure Giles' situation – a self-perpetuating and containing equilibrium – and opt to induce a fissure, or a series of them, which may effect a therapeutic overturn? It may or may not work, but the truth is that a wholly negative outcome with some persons – their perpetual self-torment – is a perfectly real possibility. Taken matter-of-factly or ironically, fundamentally, there are no guarantees.

Eigen (1986:192-93) gives an instance of a particularly difficult impasse with a radically 'difficult' patient for 'Dee was a twelve-year-old girl diagnosed

as epileptic and schizophrenic. Her epilepsy became manifest after her first attempts at kindergarten, in which separation was intolerable'. Eigen took her on when he was still 'fresh and undaunted and would try anything'.

> 'For some time', he goes on to explain, 'I shadowed Dee silently and after a while she began to notice my presence. I noticed her noticing me and felt she noticed that, too. Her eyes flickered with life, then went blank. Was she tuning me out, or was she simply unable to sustain a moment's semi-aliveness? At times, I imagined flickers of disdain.'

After a while, Eigen:

> 'felt she was looking even when she was supposed to be unconscious during her seizures. She was mentally alive in the midst of earthquake and paralysis. I saw a devil looking through her eyes, a malevolent core of consciousness at the heart of apparent oblivion. It was a searing look, pure hate, a mocking laser. As I stared more closely, I believed I saw malicious glee and ghastly suffering, but also something regal and haughty, even prankish, as though the devil were sticking out its tongue and saying, "OK – Let's see what you can do"... One day, as Dee started a seizure and flashed her devil look I heard myself scream, "You bitch!" The seizure stopped instantly, and she glowered. From that time on she noticed me more often, and differently. She had to put more effort into blanking me out. Our silences thickened, but her face had more color'.[4]

Once committed to dealing with psyche's extreme negativities of indefinite intensities, the analyst may as well try those other modes of negative capability whereby, without the guarantee as to the outcomes, a negation of negation may provoke a self-negation. This, in turn, may well induce that sort of negativity that punctures or cuts deeply into its root-negativity. And with

it, the process of self-constructive depression and mourning may well inaugurate an individuating spillage of self-recognition and a new potential for self-renewal.

NOTES

1. In this 'nuclear' determination - the psyche in its un-punctured narcissistic shell - has no sense of itself as being either the foetal flesh or the bones, fluid or compact, or any other mode of quiddity. Concomitantly it can be said to be on the hither and thither side of incarnation; the subject of neither living nor dying because rejecting of both, it is impervious to all facticity. Some more acute conditions of autistic children bring this core-aspect of the psychic being with a heart-rending dramaturgy (e.g., Bettleheim, 1967, the case of Joey, the machine-boy). For the ontological problematics of the concept of the 'psychoid' see Driesch, 1929:221-22; for Jung's take on it, see Jung, 1960:176-77.
2. To quote Giles: 'Both, however, get into my emotionally receptive but analytic bodymind … that is into my auto-immune self-system. I need to think non-reactively and clearly through and out of this infection or contagion, to focus my reverie... and eventually (with applied understanding) speak and interpret mutatively'.
3. See also Symington, N. (2002), pp.150-58 for related observations.
4. The reader is encouraged to read the rest of this case, Eigen, op. cit. pp. 193-95.

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