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**IN THE FLESH: THE ROLE OF BODY AND AFFECT IN METAPHOR
FORMATION AND PSYCHOTHERAPEUTIC PROCESSES**

by

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A dissertation submitted to the Graduate Faculty
in Psychology in partial fulfillment of the
requirements for the Degree of Doctor of
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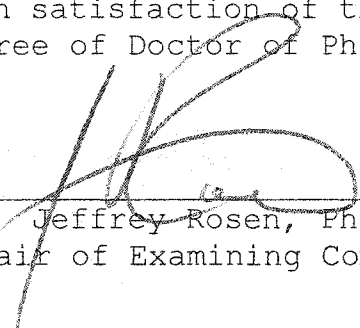
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APPROVAL PAGE

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2005

ABSTRACT**IN THE FLESH: THE ROLE OF BODY AND AFFECT
IN METAPHOR FORMATION AND PSYCHOTHERAPEUTIC
PROCESSES**

by

Regine Anna Seckinger**Advisor: Professor Jeffrey Rosen**

Theoretical in nature, this dissertation highlights the centrality of the body in psychological life and aims to advance a conceptual framework, which supports the notion that the manner in which bodily experiences of affect are symbolized over the course of early development has bearing on the shape metaphors take in the clinical context.

In line with such a 'developmental' view of metaphor, I argue for an expansion of the concept beyond the more traditionally psychoanalytic notion, which emphasizes the dimensions of intentionality and language. By utilizing a basic definition of metaphor as involving a process in which meaning is transferred from one 'object' or domain of experience to another, the notion is advanced that metaphor in the clinical context is more akin to metaphor in the arts: it is a heterogeneous phenomenon which can be

conceptualized as manifesting on verbal as well as nonverbal, and intentional as well as unintentional levels. Metaphoric communication then might be viewed as traveling along a continuum that reaches from the consciously conveyed to accidentally manifested. Regardless of its correlation with consciousness, I argue that meaning is 'carried over' which provides clinicians with an opportunity to 'flesh out' their patients' subjectivities and discover how the bodily experience of affect and its developmental fate may have shaped the specific terrain of their referential worlds.

Highly disguised clinical material drawn from the treatments of two patients serves to illustrate these propositions, and psychoanalytic theory relevant to the subject is reviewed and elaborated upon. My hope is that emphasizing the role of the bodily dimension of affect in subjective experience and broadening the meaning of metaphor in the clinical context may allow for a wider perspective on the quality of our patients' ways of being in the world and a more comprehensive understanding of therapeutic processes.

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Christopher Yeich and Matthew Tye were 'rocks' in what has been, for many converging reasons, a turbulent year and a half. Matthew made our windowless office during internship into a room with many views, and without him I could not have made it out the other end of that year as reasonably sane as I did. Chris frequently helped me juggle more than three round objects in midair (although that was a ball...) and has been there to 'catch' me in many ways over many years. Ron Hanover taught me to sit in the rain and listen for the orchestra to play, reminded me about "gam zu ya'avor", and sweetened the journey by providing a steady supply of chocolate-covered espresso beans. All three hold a special place in my heart.

My family in Germany - Herta, Karl, Ute, and Jörg Seckinger - are an exceedingly brilliant, funny, down-to-earth, and all-in-all beautiful bunch. They have lovingly sustained their faith in my potential across an entire ocean and over many years and I would not be where I am without them.

I consider myself blessed to have had the affection, support, guidance, and love of an exquisitely precious coven of remarkable women - Deborah Hecht, Emily Morse, and Erika Goldberg - who have all, each in her own way, taught me about life, about trust, about patience, about love, about relationships, about writing, and about myself. They have supported me through the best of times and the worst of times and their faith in my ability to do often preceded my being able to do it. Their constancy, curiosity, and the comfort and challenges they provide are integral to what I am able to imagine for myself.

Last, but by no means least, my partner in all manner of metaphoric crime, Brian Scott, endured the deprivations, trials, and tribulations inherent in living with one who is "dissertating" with patience, kindness, and a tremendous sense of humor. Lucky for me, he weathered all proverbial storms, sustained his love and affection throughout, and, most importantly, lived to tell the tale.

My sincere thanks also goes to the Aztecs for discovering the properties and pleasures of chocolate; to Hernandez de Soto for introducing it into the New World; and to Joss Whedon for creating *Buffy the Vampire Slayer*, thus providing me with the vicarious pleasure of watching 'real' demons being slain while figuratively slaying my own.

I would like to dedicate this dissertation to my grandmother Karola Steingraber, whose death in the midst of all this brought life into stark relief, and reminded me of the important things. Her innocent and ardent pride in my accomplishments will continue to comfort me and her resilience and endurance will always be an inspiration.

*

TO MY GRANDMOTHER, KAROLA STEINGRÄBER

*

Todes-Erfahrung

Wir wissen nichts von diesem Hingehn, das
nicht mit uns teilt. Wir haben keinen Grund,
Bewunderung und Liebe oder Hass
dem Tod zu zeigen, den ein Maskenmund

tragischer Klage wunderlich entstellt.
Noch ist die Welt voll Rollen die wir spielen.
Solang wir sorgen, ob wir auch gefielen,
spielt auch der Tod, obwohl er nicht gefällt.

Doch als Du gingst, da brach in diese Bühne
ein Streifen Wirklichkeit durch jenen Spalt
durch den du hingingst: Grün wirklicher Grüne,
wirklicher Sonnenschein, wirklicher Wald.

Wir spielen weiter. Bang und schwer Erlerntes
hersagend und Gebärden dann und wann
aufhebend; aber dein von uns entferntes,
aus unserem Stück entrückten Dasein kann

uns manchmal überkommen, wie ein Wissen
von jener Wirklichkeit sich niedersenkend,
so dass wir eine Weile hingerissen
das Leben spielen, nicht an Beifall denkend.

Rainer Maria Rilke

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What have I come to mean by surrender? I mean by it cognitive love and whatever other meanings it may have flow from it. Among them are total involvement, suspension of received notions, pertinence of everything, identification and risk of being hurt. To surrender means to take as fully, to meet as immediately as possible whatever the occasion may be. It means not to select, not to believe that one can know quickly what one's experience means, hence what is to be understood and acted on: thus it means not to suppose that one can do justice to the experience with one's received notions, with one's received feeling and thinking, even with the received structure of that feeling and thinking: it means to meet, whatever it may be, as much as possible in its originariness, its itself-ness. ... What "catching" means cannot be anticipated. ... The result of surrender may indeed not be a concept in the everyday or scientific sense of the word, but - for instance - a decision, a poem, a painting, the clarification or urging of an existential question, a change in the person: in one's experience - directly or made available through dialogue - it is a new conceiving, a new concept, a beginning, a new being-in-the-world.

Kurt Wolff

Be careful of words,
even the miraculous ones.
For the miraculous we do our best,
sometimes they swarm like insects
and leave not a sting but a kiss.
They can be as good as fingers.
They can be as trusty as the rock
you stick your bottom on.
But they can be both daisies and bruises.
Yet I am in love with words.
They are doves falling out of the ceiling.
They are six holy oranges sitting in my lap.
They are the trees, the legs of summer,
and the sun, its passionate face.
Yet often they fail me.
I have so much I want to say,
so many stories, images, proverbs, etc.
But the words aren't good enough,
the wrong ones kiss me.
Sometimes I fly like an eagle
but with the wings of a wren.
But I try to take care
and be gentle to them.
Words and eggs must be handled with care.
Once broken they are impossible
things to repair.

Anne Sexton

INTRODUCTION

We are the words,
we are the music,
we are the thing itself.

Virginia Woolf

Every organism has a
world of its own
because it has an
experience of its own.

Ernst Cassirer

Theoretical in nature, this dissertation aims to advance a conceptual framework which supports the notion that the manner in and extent to which bodily, and specifically affective experiences, are symbolized over the course of early development influences the quality of metaphoric processes and has bearing on the shape metaphors take in the clinical context.

The study presented here attempts to highlight the centrality of the body in psychological life and to bring into relief the importance for clinicians to 'listen' to what is 'in the flesh' - i.e., to attend to the meanings and psychological consequences of the felt dimension of bodily and affective experiences, whether it be a patient's or their own, and pay close attention to the

effects of these viscera on the texture of the therapeutic interaction.

While there is no full agreement in the linguistic and philosophical literature as to what constitutes a metaphor, and while much puzzlement about its precise functions remains, a large volume of publications on these questions attests to the increasing fascination the issue of metaphor elicits today. My primary concern is not with the application of philosophical conceptions or linguistic definitions of metaphor to the clinical realm. Rather, I employ the term in its most basic sense of denoting a transfer of meaning from one object or domain of experience to another and am interested in exploring the dynamics which arise depending on the circumstances and characteristics of such a transfer.

Despite its theoretical stature in psychoanalytic thought, the physical body is often only allowed into discourse as a 'representation' and clinical processes are thus often discussed 'metaphysically,' i.e., beyond the physical world of bodies, as an exercise in the use of language. By extension, metaphor and metaphor making within the realm of psychotherapy and psychoanalysis are typically considered linguistic events - directed efforts

to capture and convey experience, resulting from a conscious "fusion of sense experience and thought in words" (Sharpe, 1940).

This dissertation explores whether metaphor in the clinical context is in fact merely a matter of consciously chosen words or whether it might not be viewed and defined as a more pervasive phenomenon. By placing emphasis on the body and on the impact developmental vicissitudes can have on the capacity to symbolize bodily and affective states, I propose that the lack of a capacity for sophisticated forms of symbolization does not preclude the manifestation of metaphors and that metaphor in the clinical context is, in this sense, more akin to metaphor in the arts. Perceptually and experientially heterogeneous, it can take shape in verbal as well as nonverbal, and in intentional as well as unintentional ways.

Metaphoric communication then might be viewed as traveling along a continuum that reaches from the consciously conveyed to accidentally manifested. Regardless of its correlation with consciousness, meaning is transferred which provides the clinician with an opportunity to discover how the bodily experience of

affect and its developmental fate may have shaped the specific terrain of a patient's referential world.

Since definitions of phenomena, especially in psychoanalytic circles, often imply a particular stance or attitude or judgment, my hope is that broadening the potential meaning of metaphor may facilitate a manner of thinking about aspects of clinical work that allows for a wider perspective on the quality of an individual's experience, lends a more comprehensive understanding of therapeutic processes, and provides more opportunities to utilize what Bromberg (2000) calls "bumps and surprises." He suggests that

there is no royal road to the unconscious, and if there is indeed a road at all, it is to be discovered most vividly, not in dreams as Freud suggested, but rather in the experience of surprise, in that surprise allows the [therapist] to find something new that will then create its own technique. ... [S]uccessful treatment does not just perambulate smoothly along while you enjoy watching your patient grow; it is the bumps, the "surprises" that provide the greatest leverage for therapeutic action, because they are the most powerful ongoing source of novelty, unpredictability, and spontaneity... [T]hrough surprises a new reality is co-constructed and infused with an energy of its own (Bromberg, 2000, p. 5).

In Chapter One, I delineate the origins of my interest in metaphor and explore the sources of my

curiosity about how the manner in which early bodily and affective experiences are symbolized influences our way of being in the world and affects the ways in which we interact and communicate with others.

The final impetus for deciding on the subject of this dissertation emerged from my work with patients, yet with the privilege of hindsight inherent in an endeavor such as this, I came upon a discernable thread (made up of strings and strings of questions which have yet to cease) that has pervaded my intellectual and psychological ruminations. The reiteration of these themes over time constitutes the foundation for my ultimate commitment to this exploration and has kept the issues at the heart of it fresh over the years.

Chapter Two reviews some of the salient literature on affect (2.1), with a specific focus on its visceral components. Based on our own experience, few of us would deny that our feelings are intimately connected to our bodies. Who has not felt the racing pulse in a moment of fear (Blaustein, 2001), the sweaty palms of anxiety, the 'sinking' feeling in one's heart when trepidation turns to dread, or the butterflies in one's stomach in moments of great excitement?

An exhaustive review of psychoanalytic theories of the subject of affect is impossible within this context and, given the centrality of the body to my explorations, I focus on theorists who include physiological roots and physical realities in their discussions of affect and its symbolization. I explore the developmental fate of affective viscera, their impact on and relationship to cognition and symbolization, and the consequent effects on both intrapsychic growth and interpersonal dynamics.

In the second section of Chapter Two (2.2), I provide a 'brief history' of how the body has been conceptualized over time, and highlight its importance to the quality of subjective experience. There appears little contention with the notion that especially early experiences of one's body play a central role in determining the nature and quality of subsequent psychological functioning, shape the ways in which we perceive and process the world, and influence the nature of our relations with others. Psychoanalytic research shares with other developmental theoretical orientations an emphasis on the earliest phases of individual development, during which a child is dominated by motor and sensory bodily functions (Bick, 1968; Mahler &

McDevitt, 1982; cf Lombardi, 2002) and many have emphasized the body as the starting point of mental life (e.g., Ferrari, 1992, 1994; Ferrari & Stella, 1998).

Taken together, the two sections of Chapter Two create a foundation for the argument that the bodily experience of affect and its symbolization is not only an important and complex developmental task, but that it also lies at the root of much of our metaphor making.

Chapter Three reviews some of the extant literature on metaphor, highlights the ubiquity of metaphoric processes in mental life, and delineates their relationship to bodily and affective experience. While the framework of this chapter is primarily shaped by elaborating on psychoanalytic discourse, it also utilizes cognitively oriented theories by authors such as George Lakoff and Mark Johnson (e.g., Lakoff & Johnson, 1980; Johnson, 1987), who emphasize the ubiquity of metaphoric processes in human cognition and argue that the roots of metaphor lie in the viscera of experience.

We human beings have bodies. We are 'rational animals,' but we are also 'rational *animals*,' which means that our rationality is embodied. The centrality of human embodiment directly influences what and how things can be meaningful to us (Johnson, 1987, p. xix).

Metaphor is seen by theorists such as Lakoff and Johnson (1987) not merely as a figure of speech but as an elementary structure of thought and action crucial to our ability to continuously expand and define the breadth of our experiences.

Metaphor is a tool so ordinary that we use it unconsciously and automatically, with so little effort that we hardly notice it. It is omnipresent: metaphor suffuses our thoughts, no matter what we are thinking about. It is accessible to everyone: as children we automatically, as a matter of course, acquire a mastery of metaphor... And it is irreplaceable: metaphor allows us to understand ourselves and our world in ways that no other modes of thought can (Lakoff & Turner, 1989, p. xi).

In contrast to Lakoff and Turner's assertions, much of the psychoanalytic literature discusses the use of metaphor as demanding reflective awareness, as "requiring conscious awareness in the verbalization" (Rizzuto, 2001), and as involving a directed effort to capture and convey experience. There appears to be a lack of discussion of the kind of communications that come about unwittingly, but may nonetheless bear metaphoric potential in that they can engender resonances, which may facilitate our catching a glimpse of the quality of another's experiential world.

Thus, instead of considering metaphor in the clinical context a 'mere' linguistic phenomenon, I propose that it may behoove us to expand the concept of metaphor more along the lines of its original meaning, i.e., as involving a transfer of meaning from one object or domain of experience to another.¹ The proposed expansion of the prevalent view of metaphor within the clinical context rests on the notion that metaphoric processes are ubiquitous both intrapsychically and interpersonally, and I argue that in patients' efforts to communicate and make meaning of their experiences, metaphor emerges in a variety of forms, which, in turn, can facilitate our understanding of their struggles.

In Chapter Four, I use my experiences in the clinical setting to further explore these propositions. The case material presented in this Chapter exemplifies how qualitatively different capacities to shape and

¹ The term 'metaphor' derives from two Greek words, "meta," meaning change or transform, and "pherein," meaning "to carry over" or "transfer." It is often conceptualized as a process in which qualities of one object being carried over or transferred to another object so that the second object is spoken of as if it were the first (Hawkes, 1972). Metaphor thus transfers meaning across the boundaries that separate objects or domains of experience.

The essence of metaphor is understanding and experiencing one kind of thing in terms of another... [metaphor] allows us to understand one domain of experience in terms of another (Rizzuto, 2001).

utilize metaphor result in metaphoric communication on multiple levels, both verbal and nonverbal, all of which provide the clinician with an opportunity to discover the intimate terrain of a patient's experiential world.

I will conclude in Chapter Five by suggesting further areas that might be worthy of exploration in that they may broaden our understanding of the role of body and affect in metaphor formation and clinical processes. I focus on two areas in particular - the impact of adult trauma, specifically combat-related PTSD, on metaphor and meaning making processes, and the change of metaphor over time in the treatment of adults.

CHAPTER ONE**A CHAPLET OF SOJOURNINGS
OR HOW DID I GET HERE?**

I am an explorer.
I am a stalker.
I am also the subject
of the hunt.

Annie Dillard

Only by sailing the waters of unknown truths, by facing the fear of unfathomable depths, do we come upon new land and the new land could not be there unless we had come to it. Coming to it we struggle to see ourselves as we might have come from it; and so we make ourselves into something new.

Roy Harvey Pierce

This project has been and remains a very personal one: as I explore and stalk, I realize time and again that I am, at least in part, also the subject of the hunt. The privilege of hindsight combined with the kind of introspection writing a dissertation can engender has afforded me the luxury to "fit a plug into the wall and listen to the past" (Woolf, 1978), contemplate the trajectory of my interest in metaphor, and discern the sources of my curiosity about the impact of the felt dimension of affective experiences on our ways of being in the world.

The French philosopher Gaston Bachelard (1964) posited that "in being, everything is circuitous, roundabout, recurrent, ... a chaplet of sojournings, a refrain with endless verses." In a similar vein, T.S. Eliot (1958) saw "time present and time past [as] both perhaps present in time future, and time future contained in time past" and he described ending an exploration as returning to "where we started and know[ing] the place for the first time." Being continuously drawn back to what ultimately developed into the topic of this dissertation, my curiosities have, albeit in different guises, indeed constituted a private "chaplet of sojournings" and although this step constitutes something of an end, I would venture a guess that I will continue the process of returning to "where [I] started and know[ing] the place for the first time" over and over again.

The place I started from was marked by an at times annoyingly persistent curiosity about the workings of metaphor. Metaphor period. All I had was a sense that this was indeed what I wanted to explore. The unsaid in the said. The layer beneath the obvious. Words that paint pictures, create images, excite the visceral.

Conversely, images and sensations that evoke a need for words, which in turn resonate on a level beyond linear comprehension.

As an abstract concept, metaphor is quite seductive, but as I got more entangled in its potential meanings and implications, I often felt as though I would fall off the edge of reason, as though the complexity would swallow me whole and not spit me back out to continue the process of gradually assembling a coherent argument. There was only a modicum of comfort I could derive from quotes such as the following, which at least vindicated my sense of having found myself in my own private Escher painting:

The investigation of metaphor is curiously like the investigation of any of the primary data of consciousness; it cannot be pursued very far without our being led to the borderline of sanity. Metaphor is as ultimate as speech itself, and speech as ultimate as thought (Murry, 1924, cf. Sharpe, 1940, p. 155).

Frantic at times, methodical at others, I was preoccupied with defining the root of my curiosity, with getting at the center of my mental belly, yet more often than not I felt that rather than honing in on something, I was losing whatever thread I may have discerned. As Yeats (1919) put it much more poetically, I was "turning

and turning in the widening gyre" and felt that "things [would] fall apart," that "the centre [could] not hold."

I went round and round asking myself questions that seemed at once utterly silly and at the same time felt as though they had more meaning inherent in them than I could stomach. What is language? What is a metaphor? What's it for? Rather than cogent answers, what I was often left with was a silent sense of something, something I was after.

At around the worst of these times, a friend and colleague gave me a paper entitled *Slouching Towards Bethlehem Or Thinking the Unthinkable in Psychoanalysis* by Nina Coltart (1992). In it, she writes,

After I had agreed to write this paper, my mind went blank for quite a long time. Then I began to realize that a paper for a symposium whose overall title was 'Beyond Words' appropriately had to be generated in that very area, namely, where blankness seemed to be (Coltart, 1992, p. 1).

Coltart quotes the same Yeats (1919) poem I had taken to be a metaphor for my intellectual demise, yet she puts a very different, i.e. positive, spin on it. Reading her article made me wonder whether the troubles I was having were in fact an integral part of the process of getting to know what it was I was after, and, at the

same time, why the thing I was after was not only important to me personally but why it brought about the feelings and thoughts it did. Coltart goes on to equate that which can make us feel the centre will not hold - bearing the unspeakable or at times unknowable - with what lies at the heart of our work with patients.

It is the essence of our impossible profession that in a very singular way we do not know what we are doing... However much we gain confidence, refine our technique, decide more creatively when and how and what to interpret, each hour with a patient is also in its way an act of faith; faith in ourselves, in the process, and faith in the unknown, unthinkable things in our patients which, in the space which is the analysis, are "slouching toward the time when their hour comes around at last" (Yeats, 1919) (Coltart, 1992, pp. 2-3).

Hoping that I was in fact 'slouching' toward the time when my reasons would reveal themselves more cogently, I treated myself as a patient of sorts. I looked at my 'presenting problem' - an only tenuously explicable obsession with metaphor - and then 'free associated.'

I went to the dictionary, where metaphor is defined as "a figure of speech in which a term is transferred from the object it ordinarily designates to an object it

may designate only by implicit comparison or analogy" (American Heritage Dictionary, 1988).

Often described in terms of seeing or understanding something in terms of something else, metaphor is conceptualized as an instrument of cognition that enables us to see how what breaks out of order can be reconciled with that order (Ricoeur, 1986). Thus, by effecting a transfer of meaning from one object or domain of experience to another, metaphor permits us to make sense of something unknown by way of what we know. It is a tool to conceptualize familiar things in unfamiliar ways and unfamiliar things in familiar ways (Lakoff & Johnson, 1980; Ortony, 1979).

Metaphor, in some sense, is thus simultaneously 'something old, something new, something borrowed, and, maybe occasionally, something blue' - it offers a way and manner of anchoring, metabolizing, linking, and communicating the unknown by way of the preexistent. To use Pierce's words quoted at the beginning of this chapter, metaphoric processes facilitate the process of coming "upon new land. [C]oming to it we struggle to see ourselves as we might have come from it; and so we make ourselves into something new."

I literally "came upon a new shore" at age 18 after having been raised in a small village in the Black Forest region of Germany. Becoming bicultural and bilingual has certainly provided ample opportunity to utilize metaphoric processes as a tool to grasp the unknown - i.e., unfamiliar surrounds, unfamiliar language - by linking it to the known - i.e., familiar sensations and patterns of experience. My external journey into a different language was in fact a "struggle to see [myself] as I might have come from it" which entailed having to re-word and convey with a new tongue my subjective experiences. In a sense this meant revisiting aspects of early development in that I had to try and link unfamiliar words with the visceral dimension of my being.

If only we could remember the struggles, the daily improvisations, the waiting and longing, the taste and feel for what our speaking could and did become. ... If only we might regain the excitement of our newfound words following each other, when we repeated them over and over until they were our most essential song (Lewis, 1995, p. 28).

It is likely no coincidence that some years back, in an attempt to re-integrate the old with the new, I wrote a paper in English about the experience of listening to

the beginnings of my "essential song" in German, captured on an audiotape of myself as a two-and-a-half year-old.

I have been surrendering to the voice of a little girl. She is singing, laughing, chattering, begging, flirting, demanding, asserting, and performing; her voice goes from a whisper to a roar, from repeating single words to forming wordy sentences, from attempts at singing melodies to a boldly stated assertion of her maturity. The little girl delightedly squeals when kissed, stomps her feet in a furious rage when disappointed, and intently asks when curious; I can hear her little footsteps pattering across the living room floor, her small hands hitting the table, her tender fingers handling plates and silverware. I feel her biting her lip when I hear her sulking. I keep wondering what that little body felt like then as I respond deep in the pit of my stomach now to hearing her talk in my native German dialect. I also respond by translating what she utters in German into English... It is intriguing to think that I might be listening to some beginnings of 'me,' that I might be bearing witness to slivers of a personal pattern that has over time evolved into a mediator of my experience now. (Seckinger, 1999, p. 3).

The mental shuffle between past and present, German and English frequently left me hovering in midair. The difference in language - both in terms of developmental availability as well as cultural context - between the little girl speaking then and me listening at the time I wrote the paper presented an opportunity as well as a

challenge. The opportunity lay in exploring the resonance she wrought on the part of myself very much connected to that native tongue and in letting those 'soundscapes' transmitted through the plug I had fitted "into the wall to listen to the past" (Woolf, 1978) broaden my conscious subjective experience; the challenge was to find words to make sense in English of feelings elicited by and rooted in a little German body making big German sounds.

At the time I wrote the paper, I remember looking at childhood pictures to put an image of that body to the sounds of that mind. I found one photograph which somehow was particularly captivating to me - it is a snapshot taken of me around age five, running at full speed along a beach in Italy. It is by no means an extraordinary picture, yet looking at this little body completely engaged with itself, filled me with an oddly persistent longing, a desire to feel *that* feeling, to once again locate my self in my body in that manner, to be rather than think about being; to feel rather than attempt to disseminate and describe in two languages something I often wasn't really able to find words to describe in either. To feel *and know*, rather than to

feel and be puzzled. I felt "clouded and bruised with the print of minds and faces and things so subtle that they have smell, colour, texture, substance, but no name"

(Woolf, 1931/1976) or, to use Woolf once more, "would merely lie conscious of [my] body floating on the top of the bed and [my] mind driven to some remote corner of [my] body, or escaped and gone flitting round the room" (1915/1975).

The psychological Tower of Babel which arose from listening to myself in German then with brain primarily functioning in English now, and looking at pictures of 'then' which embodied something I was longing for now gave rise to the need for a third language to express what occurred in the space where my then and there intersected with my here and now; a space where the odd sensation of not 'knowing' myself in the most visceral way and not being able to put even that sensation into an adequate linguistic frame could begin to mature from its amoeba-like state into to a more delineated form.

During this time in my life I wondered a lot about language more generally, about its potential to reveal and its simultaneous potential to obscure; its capacity to create closeness as well as distance from one's

experiences. In the absence of a very primitive, primal connection to English, there is no one linguistic 'synapse' that allows me an unmitigated connection to a sensation, a feeling, an experience. Words are not immediate, they are in fact oftentimes inadequate, and as I look back, I realize that, whether conscious or not, I had to find a psychologically, and, more often than not, a linguistically viable way of expressing the quality of my experience on a "different shore."

I listened to these dark shapes as if they were black spaces in music, a musician learning the silences of a piece. I felt this was my truth. That my life could not be stored in any language, but only in silence; the moment I looked into the room and took in only what was visible, not vanished... But I did not know how to seek by way of silence. So I lived a breath apart, a touch-typist who holds his hands above the keys slightly in the wrong place, the words coming out meaningless, garbled... I thought of writing a poem this way, in code, every letter askew, so that loss would wreck the language, become the language. If one could isolate that space, that damaged chromosome in words, in an image, then perhaps one could restore order by naming. Otherwise history is only a tangle of wires... (Michaels, 1996, p. 111).

I wanted a language that might 'untangle the wires,' and give voice to the silence of what was maybe never verbalized or what was lost in translation; a language that would allow me to connect the new with the old. I

wanted to inhabit a body that felt minded and a mind that was embodied; I wanted to feel the tangible quality of that little girl while making sense of her experience in a motherless tongue.

Revisiting that particular paper started to give me an inkling concerning the source of my seeming attachment to metaphor and my questions about body and affect. I looked at other papers I had written over the years, and inevitably, the titles are often metaphorical, a line akin to poetry rather than a declaration of content and precise intention - a sometimes more, sometimes less successful attempt to evoke meaning in more than one way, which in turn meant there was a greater potential of connecting to it.

The titles also often contained references to landscapes, geography, cartography, terrae incognitae - all of which signify charting, exploring, and locating, and imply movement from one place to another. Metaphorically, in hindsight, these efforts clearly signified attempts to 'explore,' 'chart,' and 'locate,' myself and provided a kind of large scale metaphor for my having come upon this different shore. Within the papers, time and again, I also used the same quotes.

Often they were taken from prose and poetry, frequently from poets and writers such as Virginia Woolf or Sylvia Plath, and psychoanalytic theorists such as D.W. Winnicott. They all appeared to give voice to phenomena, most often bodily sensations, that were not easily described and that created within me a very palpable resonance, a kind of recognition of experiences I myself lacked the words to describe.

Reading a poem in translation... is like kissing a woman through a veil.² [T]ranslation is a kind of transubstantiation; one poem becomes another. You can choose your philosophy of translation just as you choose how to live: the free adaptation that sacrifices detail to meaning, the strict crib that sacrifices meaning to exactitude. The poet moves from life to language, the translator moves from language to life; both, like the immigrant, try to identify the invisible, what's between the lines, the mysterious implications (Michaels, 1996, pp. 108-109).

From where I sit now, I realize that the seemingly inexplicable, 'mysterious,' yet persistent predispositions to certain expressions were metaphorical missives to myself, which connected to aspects of experiences I was trying to illuminate or, maybe more

² Relevant to the clinical context, it is interesting to play with the notion that we not only read poems in translation, but, in a sense we always 'read' another person in successive translations as well.

appropriately 'translate', aspects that all constituted "endless verses" in Bachelard's "refrain." In a psychoanalytic vein, these recurrent themes might well be considered overdetermined metaphors, words and expressions I borrowed and used to tell myself something about myself, and to navigate, organize, and linguistically embody my experience.

[W]e can climb inside [...] words as if [they] were three-dimensional spaces. We can then explore each space as rich in history and personal meaning (Ingram, 1996, p. 17).

In retrospect, and giving the unconscious its due, it dawned on me that the fact that I had chosen the theatre as my first career and pursued it in "the new land [I] came upon" was psychologically quite fitting.

Metaphor is the stuff of poetry and at its best, theatre is poetry. Theatrical creations utilize metaphor to convey felt experiences which are often indescribable in more ordinary language. Making use of the body and actions, the meaning of words is expanded and thus a given experience is made accessible to the viewer on multiple levels.

[Art] must arouse a reaction, yet impede it, creating a tension in our nervous systems sufficient and rightly calculated to make us

completely aware that we are living something - no matter what" (Eastman, 1932, p. 205)

In order to recreate for an audience a 'feel' for a particular experience and thus a 'holistic' involvement, theatre must go beyond words. In the process of creating meaningful theatrical canvasses, words and thoughts are turned into flesh by actors who find a way to link a writer's linguistic twists and turns with their own visceral experiences.

Thus, being trained as an actor means not only honing one's skills at understanding and memorizing the words to say something, but also finding one's way from the words back to where 'it' emanated from. It is a process of locating and recovering knowledge in and from the body, and in that process garnering a different, expanded kind of understanding. Why these words? What does it feel like to say these words? To see through these eyes? To touch with this skin? Where in one's body does this character reside? What is this body's history? How do these eyes, these ears, this skin, this particular living, breathing body perceive the world? How does this body live in space? And how does one link one's own bodily experiences to these preexisting words

in such a way that we make ourselves and the audience "aware that we are *living* something" (Eastman, 1932)?

I remember countless acting classes where our professors tried to get us back to the 'basics,' to have us shed our habitual social shells, discard our inhibitions, and loosen the rigidity of formal, linear, logical, interpretive thinking that is so much a part of our every day life. They wanted us to "let our minds go" and listen to what was breathing underneath the skin, mutter what surfaced from the core of our bodies, when we temporarily suspended the rules self-consciousness imposes.

In those moments when we took ourselves by surprise and surrendered to the uncensored sensory territories of the body and its perceptual organs, we slithered through lands lit by green suns, took cover under trees that grew upside down, lay in grass as sharp as razor blades, and were doused by rain that tasted like lilac; we conversed with beings speaking languages we did not comprehend; we squeezed through dark slimy tunnels, we screamed like animals and were scared of things that were thin air, we gasped as if for our last breath, and we moaned like women in labor or love.

All of the above for no apparent or good reason other than to unleash our imaginations, perform random imaginative acts, make surprising connections, and thus feel with our bodies the extent of our minds. This was to give us subtext, meaning and substance, and a visceral understanding of the fact that beneath "to be or not to be" and "the slings and arrows of outrageous fortune" (Shakespeare, *Hamlet*, III.1) lie "a thousand natural shocks that flesh is heir to" (Shakespeare, *Hamlet*; cf. Bromberg, 1998) - a universe of silences and sensations which the writer's pen has approximated and made linguistically feasible. Flesh made word and word recalling flesh. Communication, and not just in the theatre, is enriched by this interplay as it allows for an evocation in the listener of what an experience feels like to the speaker.

In a circuitous way, both intrapsychically and interpersonally, the 'end' of a cycle of metaphor, and much of language, whether in life, actual poetry, or the poetry of theatre, is in fact a return to where it all started.

[Metaphor] begins with the body and ends with the body... it is energy transferred from where the poet got it, by way of the

poem itself all the way over to the [other person] (Olson, 1960, p. 387).

The poetry I found in the theatre facilitated my feeling rather than simply saying the words, and sensing rather than merely portraying a character. Playing with the reality of the imagined and imagining multiple realities allowed me to experience my flesh and bones in a foreign language and begin to taste my palate with a new tongue.

I would be very much remiss were I not to mention the impact my own analysis had on my curiosity about the ideas and issues at the heart of this dissertation. The theatre made possible an integration of the new - 'strange' words, by linking it with 'the old,' - familiar, felt sensation. Conversely, within the space of therapy, the unfamiliar - i.e., a foreign and new language, facilitated my consciously processing and naming - for the first time - the meaning of experiences that had been left undefined, unverballed, and thus unintegrated in the realm of the familiar - i.e., my native tongue, with which it sometimes seemed that "not a word of what I felt ... could be expressed" (Woolf, 1939).

Language. The numb tongue attaches itself, orphan, to any sound it can. It sticks,

tongue to cold metal. Then finally, many years later, tears painfully free... I finally began to feel my English strong enough to carry experience. I became obsessed by the palpable edge of sound. The moment when language at last surrenders to what it's describing: the subtlest differentials of light or temperature or sorrow... A poem is as neural as love; the rut of rhythm that veers the mind. This hunger for sound is almost as sharp as desire, as if one could honour every inch of flesh in words; and so, suspend time. A word is at home in desire. (Michaels, 1996, pp. 162-163).

As a beginning therapist, initially 'unspeakable' experiences also contributed to my interest in metaphor, body, and affect. They consisted of sensations, states of being, and observations that arose during my early interactions with patients and broadened the scope of my curiosity to include the place and significance of metaphor in psychotherapeutic processes more generally.

Given that my development as a clinician was in its infancy, my experiences of my patients' words, behaviors, and silences were certainly heightened, and thus imbued with the kind of vertigo, perceptual acuity, and vulnerability most virginal endeavors engender. Like Alice in Wonderland, I often felt as though I was falling down the rabbit hole, "opening out like a telescope," trying to get my bearings "somewhere near the centre of

the earth," where "small becomes large and larger," and where what I saw, perceived, or experienced, often grew "curiouser and curiouser" (Carroll, 1865/1978).

My patients provided me not only with plenty of material and metaphors which made me ponder the vicissitudes of body and affect but they also sent me "through the looking glass" (Carroll, 1865/1978) on more than one occasion to continue to confront pieces of my experience that went beyond what I could easily comprehend or verbalize in any and all available languages. I had to acknowledge, trace, and attempt to digest affective and bodily states which were often overwhelming, greatly disorganized me, and, while they ultimately served an important purpose in terms of understanding both interpersonal and intrapsychic dynamics, they also more than once left me doubting my capacity to be an adequate therapist.

The mutterings of the body, both my own and my patients', often spoke louder than words and it is only through the good fortune of having had remarkable - gracious, sensitive, intuitive, and astute supervisors, (and a good analyst), that I could begin to frame my experiences in ways that helped me understand their

relevance to the clinical process.

[W]ords do not spoil the silence for those who have ears to hear what is left unsaid. ... Freud says, "he that has eyes to see and ears to hear may convince himself that no mortal man can keep a secret. If his lips are silent, he chatters with his finger-tips; betrayal oozes out of him at every pore. And thus the task of making conscious the most hidden recesses of the mind is one which is quite possible to accomplish" (Brown, 1966, p. 256).

I began to work on this dissertation pre-internship and had, at the time, focused on my work with two patients whom I will call Peter and Esther. They differed greatly in their demographic characteristics and respective clinical presentation, but both brought into relief the effects of bodily and affective experience on the tenor and means of dialogue within sessions, focusing my attention on what Aron (2000) has described as

the mutual impact of the mind and the body on each other as the psychoanalytic situation entails two individuals jointly processing, experiencing, and reflecting on psych[ological] phenomena (Aron, 2000, p. 3).

The experiences and phenomena in the treatments with Peter and Esther constituted a spectrum that ranged from the mutual impact of mind and body on each other and on

the therapeutic interaction, to dialogue in which the body appeared banished from the mind, to dialogue and interaction concretely dominated by the body. Metaphoric communications accordingly ran the gamut as well - from consciously formed, linguistically elaborate structures to expressions that appeared to be unwittingly metaphoric - derived from an unconscious source, and thus outside the realm of reflective capacities, to evocative and repetitive behaviors that I chose to view as silent metaphors of my patient's struggles.

It seemed to me that, depending on the quality of development, the body in its physical dimension either contributes to an ever more sophisticated process of conveying and organizing subjective experience or that conversely, if conditions are developmentally less advantageous, it remains the main repository and conduit of expression. In either case, metaphors and verbal and nonverbal 'language' derived from those dynamics tell us something valuable about our patients' idiosyncratic ways of being, supply us with an important clinical barometer for what can and cannot be said and/or felt, and thus provide a kind of visceral roadmap which can help us navigate and chart the dynamics of the dyad.

Then came my internship year at a VA Hospital and countless new experiences, the most haunting and intense of which was working with Vietnam Veterans suffering from severe combat-related Posttraumatic Stress Disorder. I can likely never translate into words how deeply the work with these men moved and affected me - they showed courage in the face of unfathomable terror both in the past as well as the present, and allowed me to witness and experience with them unprecedented depths of human suffering. The constancy of their struggle to regain a measure of normality in the face of what has essentially made that very normality impossible, was nothing short of inspirational and the joy of change, when we were able to effect it, continues to fuel my belief in the work we do as clinicians.

In the course of my treatment with one particular veteran, an African-American gentleman whom I will call Bill, I also, more than ever before, realized the immense power of the visceral dimension of our experience, the body's impact on our psyche and, via trauma, its potential to disrupt the ability for a forward-looking, continuous experience of oneself. Despite Bill's

intelligence and an ardent desire for change, over the past 35 years he has had little capacity to put distance between the bodily memories burned into his flesh by the Vietnam War and the external reality of his present. As he used to put it, "my body goes off and my mind goes there with it." Bill lives in the here and now of the past, a combat zone of viscera, where nothing can be figurative, where everything **is** because that is what every fiber of his being tells him.

In addition to having garnered a profound sense of the connection between body and mind and wanting to explore that avenue further, what I also grew curious about is this: what happens when what could be a metaphor becomes reality? When, due to a traumatic circumstance, you are bereft of turns and phrases that can mitigate the impact of an experience? When a past reality becomes everpresent and thus gravely interferes with the capacity for distance necessary to make meaning? A pursuit of these questions would take the notion and exploration of the effects of trauma on the fate of metaphor beyond early childhood circumstances into periods of adulthood.

The amount of food for thought that has come out of

a year of PTSD work been considerable, and has most definitely left a desire for more. While, in this context, the thoughts it engendered will only be described as a potential 'future direction' in Chapter Five, they are in fact the seeds of a larger endeavor and will float in my mental waters until I find a context within which to give them their due and explore them more fully.

As I hope to have explicated in this Chapter, I am well aware that the origins of my interest in metaphor are highly subjective: my personal history combined with my experiences with patients at a time when my development as a clinician was in its infancy (and early childhood) provided many opportunities to be surprised by the power of the body and of affective experience in psychological life and to be intrigued by the ubiquity of metaphoric processes.

It is my hope that this dissertation will communicate, or incite in the reader him- or herself, some of the fascination I have found while thinking about the primacy of our bodies in shaping our realities and the different ways in which the quality of the metaphors

we use, whether conscious or not, may well reflect the twists and turns of our psychological histories. I also hope that the end of this exploration will in fact, to paraphrase Eliot (1958), return me to where I started, and that - while garnering some general insights along the way and contributing something of merit to the clinical literature - I will know that place for the first time.

CHAPTER TWO

HISTORICAL & CONCEPTUAL PERSPECTIVES

2. 1 Where The Wild Things Are:³ Encounters with Affect

Affect is the most fundamental element of the mind and brain. Like the physical elements of gravity, wind and lightning, emotion has force and direction.

A.S. Garfield

Girl: I have feelings.
 Boy: Huhn?
 Girl: You have feelings too.
 Boy: Where? I don't see any.
 Girl: You can't see your feelings. You can't smell them. You can't touch them with your hands. But someone can touch your feelings with words. STUPID!! [The boy hangs his head.] See? That's how BLAAAH feels.
 Boy: BLAAAH!
 Girl: BLAAAH!

Aliki

While seemingly a paradox, given the visceral aspects of affect, its simultaneously elusive nature was never more apparent to me than when was writing this section. In trying to decide what would be most salient to the exploration at hand, I wandered through, and often

³ The title of Maurice Sendak's classic children's book.

lost my path, in the vast landscape of theoretical opinions on affect and found myself struggling mightily to make meaning of something I could sense but could not wrap my words and intellectual powers around. More often than not, a pervasive and discomfiting feeling of "BLAAAH" washed over whatever small moments of clarity I managed to achieve. Rendering my ability to make coherent meaning somewhat obsolete for some time, this very process, ironically, but probably not surprisingly, threw me into states I was, in fact, trying to delineate.

I have come up against this dilemma before and, as I alluded to in the introduction, when I look back on the things I have, to date, managed to put on paper, there are inescapable commonalities: I grapple with something I feel curious about or driven to clarify, but, much as I might like, my attempts at creating a pristine rendition of the subject falls flat and I scour poetry and literature, to find borrowed words or concepts that might fill the gap between the unspeakable and the expressible and communicate more clearly and cogently a sense of something that feels amorphous.

The weeks of feeling unproductively preoccupied, unsettled, anxious, and restless in rather disturbingly

undifferentiated ways exemplified the importance of finding a resonant way to make sense of one's subjective experiences, i.e., to be able to make them objects of reflection. The adaptive developmental thrust of going from action to symbol was underlined especially by circumstances such as these, where direct actions are not exactly appropriate and only an act of symbol formation will do. (If this endeavor only required a simple 'motor discharge' such as repeatedly hitting my head against a wall, the pressures my affects exerted on my state of being would have been more easily ameliorated.)

Unfortunately, delving into the theoretical realm of affect itself was not exactly a soothing measure as it continues to be uncharted and somewhat obscure.⁴ This may, at least in part, be due to the fact that affect does not lend itself as easily to conceptualization as it does to action, which in turn, might be explained by its

4 This is true for my own quest to make meaning and, it appears, true as well for the literature on the subject. While more than likely irrelevant in the grand scheme of things, it nonetheless strikes me as interesting that it is precisely those affective components which the vicissitudes of development have rendered most "uncharted and obscure" that are at the heart of this dissertation. One could argue that having symbolized and thus harnessed the "feel" of an affect, in some sense demystifies it. Having been processed, it ceases to be an object of puzzlement and the need for it to be 'understood' becomes less pressing.

intimate link to the body. Or as Drellich (1983) put the conundrum, "the essence of affects is nonverbal, while affect theory is inevitably an attempt to verbalize the nonverbal (Drellich, 1983, pp. 11-12).⁵

This dissertation is certainly an attempt to verbalize aspects of the 'nonverbal,' but it constitutes a limited theoretical endeavor: it is not meant to, and it will not, provide a definitive map to the landscape of affect. Rather than providing a unifying theory or making a theoretical argument which places affect firmly

5 Theoreticians have suggested numerous terminological differentiations to separately address components of affective experience. For example, Freud held that "affects and emotions correspond to processes of discharge, the final manifestations of which are perceived as feelings" (1915). More recently, Matthis (2000) has argued for a differentiation of the terms affect, emotion, and feeling, positing that 'feelings' are affective phenomena to which we have conscious access; 'emotions' are affective manifestations to which we have no direct conscious access, but which can be inferred from behavioral clues; and 'affect' denotes all those embodied processes which, "when they reach consciousness, can be perceived on the one hand as feelings and on the other as emotionally charged physical concomitants" (2000, p. 217). While this perspective and others like it can provide theoretical nuance and potentially interesting differentiations, it seems to me that integral to the concept of affect is the existence of a visceral dimension and that the physical component of affective processes is an elemental carrier of meaning at the level of bodily experience. It is the subjective experience of these bodily stirrings, which, in turn, shapes any further differentiations and elaborations, i.e. representations and symbolization. Thus, in my view, the term "affect" or "affective experience" suffices as the most inclusive descriptor of the subject matter I am trying to explore. Should it be necessary in terms of explication, I will distinguish between the various dimensions.

within the larger scheme of things psychoanalytic, I will highlight and emphasize the importance of its bodily component as a fundamental subjective experience - one which we either learn to process in ways that, on one end of the spectrum, lead to symbolization, allowing for reflection and regulation, or which, at the extreme other end of the spectrum, can remain "where the wild things are" - tied to the body in a way that forestalls adaptive organization.

Especially salient with regard to the clinical context is the notion that these different developmental 'pathways' impact the manner in which subjective experiences and states are subsequently made meaning of and expressed to others.

And when he came to the place where the wild things are they roared their terrible roars and gnashed their terrible teeth and rolled their terrible eyes and showed their terrible claws till Max said, BE STILL!, and tamed them with the magic trick of staring into all their yellow eyes without blinking once and they were frightened and called him the most wild thing of all and made him king of the wild things" (Sendak, 1963, pp. 17-21).

Because they are a primary component of our response to and interaction with the world around us, affects are essential in understanding both normal and pathological

behavior. Eliciting, monitoring, and understanding patients' affective states is a central consideration in most psychotherapeutic processes and is generally seen as a necessary condition for facilitating 'the analytic cure' (Jurist, 1997). For clinicians, it is important to garner a sense of the particularities of an individual's inner life, and find a way to help patients understand and organize what to them may feel disorganizing and 'un-organizable.'

The importance of affects in the clinical context is thus not only about what it *is* we're experiencing, but what it *feels like*, because getting a sense of what 'it' feels like to a given individual allows us a glimpse of how an affectively charged state might impact his or her functioning.

We all can say we experience anger, fear, joy, or disgust. But identification by naming can pre-empt the struggle to characterize what it is like to experience a particular emotion and provide a type of non-reflective closure.

Emotion language consists in much more than the names of emotions. The wide range of emotional experience requires us to describe these experiences by means of an equally wide range of linguistic expressions. It follows

that the study of emotional meaning is also more than the explication of the meaning of words naming emotions (Kovecses, 2003, pp. 188-189).⁶

Experiencing an emotion is not at all like the experience of a chair or a table, experiences that we localize in the external environment and the perception of which is therefore somewhat consensually negotiated and perceptually bound. Anger, fear, joy, and disgust, to name a few examples, are intimately linked to internally generated phenomena (Wozniak, 1986). This gives rise to the conundrum that while we may be able to empathize with another's affective experience in general, terms, it is nonetheless *our* version of their affective state (Weinstein, 2004), i.e., we have no direct telepathic knowledge of the quality of what that state feels like to *them*.

How painful is pain? 'Where' does it hurt the most? What is it like to feel hungry for love? Starved for attention? To crave without knowing what the craving is about? To desire without an object of desire? To fear

⁶ When an individual dwells a moment on what an experience 'feels like,' they stand on the threshold of a metaphoric relation. The threshold consists of the use of the body as an experiential reality while at the same time transferring the feel of the experience into a symbolizable form.

without knowing exactly what it is one is afraid of? What is it like to fear for one's life? To feel horror? To be terrified?

Affect as a form of personal knowledge is very hard to put into words and communicate. Words to label internal states are not among the first to be used by children, even though, [by the time words come into the picture], children have presumably had a long familiarity with internal states (Stern, 1985, pp. 178-179).

The phenomenology of feeling and perceiving an external object lends itself to literal description, while the phenomenology of internal states does not except for labeling them, i.e., "I am afraid." As soon as we move away from the description of affect that is connected to an object - i.e., I am afraid of the bear, afraid of the orange, afraid of the knife - our ability to be literal and descriptive diminishes precariously. We are forced into the figurative realm in order to grasp via our own bodies what 'it' is like - get a 'feel' for the fear, a taste of the terror, or a whiff of the joy.

Why is there not a discovery in life? Something one can lay hands on and say, "This is it"? My depression is a harassed feeling - I'm looking, but that's not it - that's not it. What is it? And shall I die before I find it? ... Who am I, what am I, and so on:

these questions are always floating about in me... (Woolf, 1977-84, p. 63).

It is the invisible, yet palpable, bodily element of affect that drives the questions that are 'floating about' within us and constitutes much of the root of and impetus for our meaning making. Likely its paradoxical combination of intangibility, i.e., how to describe it, and yet its unmistakable presence, i.e. bodily manifestation, make affect a recurrent, multifaceted, and as yet unresolved phenomenon in the literature.

In a comprehensive review of psychoanalytic perspectives on affects, Green (1977) argues that in addition to the inherent dilemma posed by the very nature of affect, i.e., its elusive, highly subjective nature, difficulties in conceptualization also lie in "our preconceptions and in the manner in which the problems were posed from the beginning of Freudian theory" (Green, 1977, p. 127). Some have argued that Freud struggled with the problem of affect all his life and posit that much of his difficulty had to do with "its unavoidably bodily quality" (Totton, 1999, p. 39).

Freud originally conceived of affect as a "quantity [of energy], which accompanies the events of psychic

life" (Freud, 1893, cf. Green, 1977, p. 130), and made it a potentially disorganizing factor in the psychic apparatus. He argued that psychic homeostasis was achieved by the ego's regulation, which keeps the quantity of affect to levels that do not interfere with smooth and effective functioning.

In *The Ego and the Id*, Freud (1923) described affect as an "original subjective modality," i.e., as bodily sensations arising

in the deepest strata of the mental apparatus, belonging to the pleasure-unpleasure series... more primordial, more elementary than perceptions arising externally... [capable of having] different or even opposite qualities... a qualitative 'something' in the course of mental events... either conscious or unconscious, which may or may not be attached to 'word-presentations' (Freud, 1923, pp. 21-23).

Space does not permit an in-depth discussion of the trajectory of Freud's thinking about affect or an illustration of the multiple developments in psychoanalytic theorizing following Freud (for reviews, see Rappaport, 1953; Arnold, 1968; Green, 1977; Emde, 1980; Plutschick, 1994).

Most perspectives do appear to implicitly or explicitly allude to a bodily dimension of affect.

Brenner, for example, who developed an essentially cognitive view of affects wedded to drive theory, considers an infant's initial sensations of pleasure and unpleasure a psychological given

[which] can be differentiated from another only by [their] intensity and by the ideas and physical sensations associated with [them]. ... [The] sensations of pleasure and unpleasure of that early time are the undifferentiated matrix from which the entire gamut of the affects of later life develop as the mind matures (Brenner, 1980, p. 343).

However, it seems that not too many authors have greatly elaborated on the actuality of the body and some (e.g., Totton, 1999; Schore, 2003) have even gone so far as to suggest that psychoanalysis has committed, to borrow from the title of Damasio's book on body and emotion (1996), "Descartes' error" by discarding the biological realm of the body in favor of the cognitive, and particularly, the verbal aspects of affective life. This 'error' is seen as separating "the most refined operations of mind from the structure and operation of a biological organism" (Damasio, 1994). In its efforts at understanding the development of a meaningful subjective world, psychoanalytic theorizing has thus often focused primarily on mental representations as building blocks of

inner experience, while "the [baby's] body, with its pleasures and struggles, has largely been missing from this picture" (Lieberman, 1996, p. 289). These "pleasures and struggles" encompass a myriad of sensations that are internally generated as well as engendered by interactions with the external environment (Modell, 1998).

The physical correlates of affect create specific landscapes of body feelings, which Damasio has termed "repeatedly reconstructed biological states" (1994, 1999) and in his view, it is this visceral dimension of affects which endows our experience with subjectivity, making it integral in establishing a sense of self. Gendlin, whose work⁷ has focused almost exclusively on the bodily perception and location of affects, argues that throughout our lives, most experiences of ourselves, and ourselves in relation to others, have at their core a visceral component - "feeling powerful, worthless,

⁷ Through numerous empirically validated studies and observations, Gendlin and his colleagues came to the conclusion that patients' treatments were most successful when they were able to include and incorporate their bodily experiences into their therapeutic explorations. Those patients whose treatments were considered unsuccessful stayed 'in their heads' - able to reason, argue, think about, but never having and processing the "felt sense" of their experience (cf. U. Seckinger, 2004).

active, old, weak, competent, lost, aggressive [all] involve a subjectively *felt sense*" (Gendlin, 1981; cf. U. Seckinger, 2004).

Others have made similar assertions - Bollas (1987), for example, believes that self-states, which derive from the personally meaningful elaborations of bodily-based affective experience are vital aspects of identity. Alan Schore (2003), who has written extensively on the neurophysiology of affects, argues that they occupy an elemental position in human relationships and communication and that affective development is crucial to the structuring of experience and to one's ability to make sense of oneself.

Affective development is a fundamental and complex process, in which the biological and the psychological, and the intrapsychic and interpersonal are interwoven, and in which symbolization plays a key role. Initially all-encompassing and, in the main, undifferentiated, affective sensations are transformed, or 'formed,' via development into differentiated experiences. This gives us a sense of control over our internal world, and allows for the continued organization and communication of our

experiences to others in a more or less consensual symbol system.

As Lakoff and Johnson (1987) have provocatively stated, "we are *rational* animals, but we are also *rational animals*" - i.e., like other animals, we experience physical sensations, which are meaningful in that they signal the presence of important internal or external events and propel us to action, but what distinguishes us human animals and makes us presumably rational, is our capacity to represent these experiences symbolically, delay action, and reflect on them from a healthy distance. There are, of course, levels of interpretation and representation, the sophistication, conscious accessibility, and 'expressibility' of which is determined in large part by the quality of development. Thus, it seems if development does not progress smoothly, the symbolization of certain affective experiences may be truncated or insufficiently adaptive and hamper one's ability to consciously configure and convey their meaning.

The link of these developmental scenarios to the proposed expansion of metaphor in the clinical context as reaching beyond the linguistic, derives from the

following thoughts: if metaphor can be conceptualized as having the potential to convey something of the 'feel' of our subjective experience, and if at the root of metaphor lies the transfer of meaning from one domain of experience to another, what happens when certain affective experiences remain 'in the flesh' - i.e., unsymbolized, unmetabolized, and raw? What we are left with when we are, in a sense, more 'animal' than 'rational'? When we cannot flesh out the visceral 'feel' of affective experiences with meaning via symbolization? In one sense, this renders them 'meaningless' because differentiation has not been affected, yet, paradoxically, in another sense, they remain 'meaningful' in that they have an undeniable impact on an individual's subjective experience and behavior.

It seems to me that, despite a lack of differentiation and symbolization, aspects of those experiences can nonetheless be communicated via metaphoric processes - by transferring sensations to available channels or domains of 'expression,' verbal and nonverbal. As clinicians, we can choose to view these expressions as metaphors, which allows us to engage in imaginative acts that may give our hypotheses a closer

'feel' for what it is like to be 'inside' another individual.

In an effort to highlight those aspects of affective development I feel are most salient to this context and line of reasoning, I will focus on the work of four authors - Silvan Tomkins, Henry Krystal, Daniel Stern, and Anne Thompson. Each of these theoreticians highlights something about the nature or fate of affective experiences in the course of development in ways that are relevant to the current exploration.

Silvan Tomkins' (1962, 1963, 1968, 1978, 1980, 1981) emphasizes the visceral aspect of affect - the 'bodily landscape' it generates - while also parsing out two other important areas involved in affective development. He argues that an individual's response to an affect involves what I would argue are metaphoric processes, which, in the main, happen on an unconscious level. Tomkins posits that in the face of an affective event, an individual's response consists of recruiting from memory similar past experiences, which mobilizes cognitive and motor responses associated with such past experiences. Thus, the past and the present interlace in an effort to

make meaning of and adapt to the ongoing newness one encounters as development progresses. The manner in, and growing sophistication with which an individual is able to do this is, in turn, integral to how affective experiences continue to be made meaning of over the course of development.

Daniel Stern's (1985) concept of "vitality affects" focuses on the bodily, precategoryal (i.e., existent without distinct categories such as fear, anger, love etc.), and quantitative markers of affective experiences and thus highlights the 'feel' of the particular bodily landscapes affective experiences can engender.

Henry Krystal (1974, 1977, 1978, 1979, 1988) explicates the link between affect and body when he argues that over the course of development affects need to be "desomatized," i.e. taken far enough away from the immediacy of the bodily dimension in order for an individual to begin to use sounds, gestures, and finally words to represent an experience from a healthy distance. This allows for the "rational", i.e., processes of reflection, to mitigate the "animal", i.e., the push for action, which fosters the continual process of making meaning throughout development.

Anne Thompson (1985) approaches affect development from a Piagetian perspective and her ideas are resonant because they contribute to an explication of the necessary developmental movement from an event-like, all-encompassing nature of early affective experience to a state in which affects can become "things of contemplation" (Werner, 1948).

In addition to addressing the intrapsychic vicissitudes of affective experiences, all of these authors also implicitly or explicitly address the contribution of the interpersonal dimension to adequate affect development when they highlight the importance of self and object differentiation and the initial modulation and regulation of affective experiences by a caregiver.

An Earthquake in My Country: The 'Umph' of Affect

Tomkins (1968) argues that affects are a primary motivational system because affective responses provide amplification, i.e., they give meaning and force to drives.⁸ Drives generate specific information - i.e.,

⁸ Tomkins seems to use the term "drives" here as denoting inborn biological needs that motivate certain basic behaviors necessary for

where and when to do what. When the drive signal is activated, we learn first when we must start and stop consummatory activity... it tells us a very specific story - that the 'problem' is in the mouth in the case of hunger, farther back in the nose and throat and chest if it is an oxygen drive, in the urethra if it is the urination drive, and the anal sphincter if it is the defecation drive. This information has been built into the site of consummation so the probability of finding the correct consummatory response is very high... Such specificity of time and place of the drive system, critical though it is for viability is, nevertheless, a limitation on its general significance for the human being" (Tomkins, 1968, p. 324).

In contrast to drives, Tomkins argues that affects are not as tied to specificity of time and place.⁹

adaptive survival. He does not use the term in an explicit psychoanalytic sense of drive, which encompasses the above but defines the underlying motivational principles as those of libido and aggression. The relationship between affects and drives has been extensively discussed in the psychoanalytic literature, but given the limitations of time and space, a discussion of the varied views theoreticians have put forth will not be provided. For the purposes of this dissertation, the guiding principle will be that affects and drives are initially intimately connected and although they differentiate as development progresses and cognitive aspects of affects become more elaborated and complex, linkages remain throughout life. In what is likely a gross oversimplification, I will propose the following: We are driven to do certain things and are motivated to action to satisfy certain needs. The process toward, and the circumstances around achieving whichever goal is implicit in this drive or need comes with a particular 'feel,' an affective experience, which remains associated, but becomes increasingly complex, differentiated, and elaborated upon throughout development.

⁹ While I generally agree, I would argue that initially, affects may well be quite specific to time and place, but as development progresses they become less so.

Rather, they can play a broader and more pervasive role in our motivational system in that they can become associated with a vast array of events and objects, adding to a given experience both a quantitative (i.e., denoting the degree of intensity) and qualitative "umph" that bestows visceral meaning and contributes to the type of response that may be evoked. The implication of affects as bestowing 'felt' meaning on all manner of events and objects is reminiscent of Schafer's (1983) assertion that affect is, in fact, a qualitative component of every experience, which can range in intensity and duration. Tomkins writes,

[o]ne can be anxious for just a moment or for half an hour, for a day, for a year, or a lifetime, or never, or only occasionally now, though much more frequently some time ago... [C]ompared to drives, affects may be either much more casual and low in density or much more monopolistic and high in density. By virtue of the flexibility of this system, man is enabled to oscillate between fickleness and obsessive possession by the object of his affective investments (Tomkins, 1968, pp. 325-326).

Tomkins imagines a biological process by which affects are evoked and serve as amplifiers of varied experiences, which, over time, accumulate into patterned aspects of an individual's way of being in the world. He

posits that neurophysiologic information manifests in a specific "bodily landscape" (Damasio, 1994) which is created by way of elemental reactions that motivate facial muscle responses, autonomic blood flow, respiratory, skeletal muscle, and vocal responses (Tomkins, 1981, p. 325).

Thus, if we stick with the simple definition of metaphor highlighted in the Preface - i.e., metaphor consists of a transfer of meaning from one domain of experience to another - then one might argue that unconscious metaphorical processes underlie our affective experiences: an affect manifests because energy is transferred from one domain to another - i.e., from neural firings to bodily expressions. In this way, quantities of stimulation are transformed into qualities of experience and particular contours of expression. The specific bodily landscape an affect assumes when it reaches the felt dimension then is a metaphor for, or in Tomkins' terms, an "amplification" of, underlying neural processes, and gives expression to what the individual is experiencing. As an example, Tomkins describes the sequence of events following a gunshot: it evokes a startle, which is a sudden, intense jerk of the body,

i.e., a particular bodily 'landscape.' He views this suddenness and intensity of the jerk as an amplified analogue of the suddenness and loudness of the gunshot, which gives bodily meaning to an experienced event. This is registered internally as significant, i.e., vital meaning is added to the store of experience, which in turn might be conceptualized as resulting in more metaphoric processes as it primes the memory system and 'amplifies' the potential for future experiences that bear resemblance to the past to trigger a similar reaction.

The biological importance of this amplifying function of affect is to make the organism care about ... different kinds of events in different ways. ... [A]ffect either makes good things better or bad things worse by adding a ... quality that is intensely rewarding or punishing (Tomkins, 1980, p. 148).¹⁰

The affect system can be activated by drives, pain signals, other affects, memory, fantasy, perceptions, or thoughts. Regardless of what activated the affect, it is

¹⁰ Clearly, given individual differences, the reaction to an event can manifest in different ways for different people. Thus the use of the term 'bodily landscapes' is not meant to imply a generic template of visceral experience, but rather to highlight that the bodily dimension is operative in all of us.

the individual's experience, interpretation,¹¹ and representation of these causes, which transforms affective experiences into events that guide our behavior and, in the best of worlds, adaptively regulate our reactions and responses.

Tomkins distinguishes between the affect per se and "affect-related information," i.e., the trigger or cause of an affect, and the memories, plans, fantasies, perceptions, thoughts, and actions that can be elicited in response to an affect. Every "affect complex" or "ideoaffective organization," (Tomkins, 1968) thus involves three components: 1) the stimulus; 2) the affective experience per se, namely whatever particular biological landscape is evoked in a given individual; and 3) the response to the affective experience, which, in turn, comprises two components: it involves a) the recruitment in memory of past experiences;¹² and b) motor

¹¹ Such interpretation is not necessarily a rational, conscious process, but rather it involves often unconscious interpretative acts, i.e., the activation of past experiences that are similar to the present stimulus. This is especially relevant and poignant in trauma, where unconscious associations are easily triggered, thus prolonging and amplifying the initial effects of the trauma.

¹² Categorized by the commonality of a 'feel,' if the evoked memories are bodily and not symbolized, then an affective experience continues to engender reactions and more viscerally based responses as opposed to symbolized expressions that can be further categorized

and cognitive responses, such as plans, coping strategies, and fantasies. Each aspect of an 'affective complex' can be influenced by environmental conditions allowing for potential modification and change over time (Demos & Kaplan, 1986).

Modell (1996) makes a similar assertion and suggests that this mainly unconscious process of transferring past information to modify and organize present stimuli is metaphorical.¹³ This is highly relevant to the clinical situation.

In health, affective memories are continually updated through the finding of metaphoric equivalents in current perceptual inputs. ... When memories are not updated, there is a foreclosure in the sense of time so that current inputs are experienced as only a repetition of the past. One of the remarkable facets of transference is not only that the past is active in the present, but that the present can modify the past... repetition compulsion can be understood as an aspect of affective memory whereby there is a compulsion to seek a perceptual identity between the past and the present. This correspondence between past and present is metaphoric. It is through metaphor that we perceive the familiar in the unfamiliar

and reflected upon. This is salient to the expansion of metaphor I propose in Chapter Three.

¹³ Modell appears to be referring to the act of recognition memory in which an input is recognized as like a prior experience and is either conflated with it - e.g., 'that's a dog' - or leaves room for further elaboration and interpretation - i.e., 'that's like a dog.'

(Modell, 1996, p. 229).¹⁴

Given a reasonably healthy developmental environment, the learning, development, and 'updating' which can occur in relation to affect and any of its components is extensive and multi-layered. It involves an expansion of the number and kind of stimuli that can evoke particular affects, the ability to differentiate between varied affects, as well as a gradual accumulation of expectations (Demos & Kaplan, 1986).

Because of the magnitude of associations an individual can acquire and then recruit from memory to

¹⁴ Loewald speak to this process of updating one's affective experiences as life moves along rather eloquently:

[We can] think of the perceptual act as a psychological act in which the continuum of memorial, reproductive activity interacts with novelty. Novelty need not be material encountered in external sense-perception. In so-called inner perception the material would be internal. Nor does novelty, in the sense intended here, imply that what is encountered is brand new and has never been met before, but only in that the interaction itself, the encounter, is new, takes place "now" ('new' and 'now' are etymologically related). We should therefore correct our definition by saying: the perceptual act is an act in which a novel, present interaction takes place between the continuum of memorial activity and material... Furthermore, I do not assume that a perceptual act is necessarily characterized by conscious awareness, nor that the word conscious *a priori* or only means conscious awareness (2000, p. 198).

make sense or meaning of bodily concomitants of affective experiences, there is, theoretically, no limit to the kinds of behaviors, thought processes, and expressions - both verbal or nonverbal - that can be learned in response to a particular affect. Important to the current discussion are thus especially two of Tomkins' components - the quality of a given affective experience, which speaks to the bodily dimension, and the individual's response to it, which depends on the degree of development he or she has been able to attain to process affective events.

Peaks, Valleys, Rivers, and Lakes: Qualities of Affect

As outlined above, Tomkins argues that the distinctive quality of each affect derives from patterns of visceral manifestations - quantities of stimulation being transformed into qualities of experience. Ideally we learn to recognize, modify, and manage affective experiences in such a way that they are kept within an optimal range,¹⁵ i.e., one that allows for adaptive responses guided by the possibility for a delay of action

¹⁵ I will return to the notion of an "optimal range" in Chapter Four.

and the capacity to reflect. However, affective events are not ever entirely under voluntary control, and thus represent a continual, sometimes surprising accompaniment to our existence, imbuing our being in the world with a particular set of 'senses' about our circumstances and ourselves.

Since this dissertation focuses on the bodily experience of affect and attempts to build a framework within which the fate of metaphor is linked to the vicissitudes of affective development, Daniel Stern's notion of "vitality affects" (1985, pp. 53-60) appears salient. He views vitality affects as pre-categorical qualities of affective experiences, which constitute a common dynamic dimension of intensity experienced at the level of the body. These feelings of vitality are part and parcel of the vital processes of life "such as breathing, getting hungry, falling asleep." They are elicited by "changes in motivational states, appetites, and tensions" (Stern, 1985, p. 54), and also accompany experiences of categorical affects such as joy, anger, or sadness.

Stern argues that vitality affects characterize the rhythm and intensity of a given emotional experience. He

describes them in dynamic, kinetic terms, e.g., "surging, fading away, fleeting, explosive, crescendo, decrescendo, bursting, drawn out" -

a 'rush' of anger or of joy, a perceived flooding of light, an accelerating sequence of thoughts, an unmeasurable wave of feeling evoked by music, and a shot of narcotics can all feel like rushes. They all share similar envelopes of neural firings, although in different parts of the nervous system... expressiveness of this kind is inherent in all behavior (pp. 54-56)

In Stern's view, the pattern of surging, bursting, or exploding is not tied to any particular sensory mode and expressiveness reaches across domains. He furthermore believes that infant's have an innate capacity

to take information received in one sensory modality and somehow translate it into another sensory modality. ... It involves an encoding into a still mysterious amodal representation, which then can be recognized in any of the sensory modes (1985, p. 51).

Thus, at a biological and unconscious level, the quality of an experience can be 'metaphorically' processed via a transfer of meaning from one domain to another.

In the infant-mother dyad the perception and communication of affects occurs through many different sensory modalities including vision, especially the face and eyes, hearing, such as the tone of voice, skin

sensations; and kinesthetic sensations including posture. (Modell, 1996, pp. 223-224).

Communication between the infant and his or her caregiver is initially a dialogue between the "physiology of live bodies" (Winnicott, 1986). Marked by interactional processes, which regulate the bodily aspects of affective states, the dyad, initially, can be conceptualized as a kind of "biological unit" aiming "to minimize unpleasant feelings and maximize pleasant ones" (Westen, 1997). Given the symbiotic nature of this early relationship, infants learn via their bodies, what a bodily reaction entails, what different meanings can be linked to a "vitality affect," whether or not a distressing bodily experience can be soothed, and how a pleasant bodily state might be sustained.

Masud Khan focused on the obstacles to the formation of a stable and cohesive psychological structure that can withstand, modulate, or sustain visceral affective experiences in these ways and called this structure "body ego organization." Khan (1991) argues that it is the caregiver's role to "dose and regulate stimuli" for the infant and posits that the absence of such regulation leads to "cumulative trauma" which

derives from the strains and stresses that an infant [or] child experiences in the context of his ego-dependence on the mother as his protective shield and auxiliary ego. ... If [the mother's] personal conflicts intrude here, the result is a shift from the protective-shield role to that of symbiosis or rejective withdrawal. How an infant will react to these failures depends on the nature, intensity, duration, and repetitiveness of the trauma (Khan, 1991, pp. 122/127, cf. Blaustein, 2001).¹⁶

Over time, adequate management of the child's affect helps to create a representation of these affective events which is tolerable (Fonagy et al, 1983). Thus, it is within the mother-infant dyad that the foundation for a meaningful sense of bodily experience is acquired, one that can be elaborated symbolically into mental structures via verbal thought and imagination as development progresses (McDougall, 1978/1992).

Vitality affects are the peaks and valleys, rivers and lakes of bodily landscapes and as development progresses they can become associated with and be evoked by different categorical affects and by interactions with varied 'objects' in our world.¹⁷

¹⁶ It also depends on the innate 'equipment' such as temperament which a given infant brings to the equation (Mathews, 2004).

¹⁷ I deliberately use objects here as it seems to me that both 'objects' in the sense of others as well as more concrete objects,

If development allows for a differentiation and symbolization of categorical affective states, then the vitality affects are 'simply' a dynamic component of a particular affective experience; should development not allow for the elaboration of certain affective experiences, we are left with a distinct bodily sensation but nothing to symbolically bind it with. We are then in a visceral landscape with no affective maps to delineate the feel of our bodily geographies.

The Raw and the Cooked: 'Answering' Affect

Tomkins' third aspect of an affective complex - the response to and elaboration of the visceral experience of an affect, is largely determined by the tools at one's disposal to continuously assimilate subjective experience - e.g., available mental structures, a coherent and stable sense of one's body, an ability to integrate the new with the old by recruiting memories of similar experiences, and a level of symbolization that fosters distance and reflection, which in turn serves adaptation.

such as objects of art, in the world around us can elicit these dynamic states before any categorical affect may be assigned to them.

Henry Krystal (1974, 1977, 1978, 1979, 1988) has written extensively on the subject of affective development, which he considers to be the key event in infancy. He focuses especially on the somatic aspects of affects and on understanding, as Rapaport (1960) put it, "how processes turn into structures, how a structure, once formed, changes, and how it gives rise to and influences [subsequent] processes." Krystal emphasizes the need to symbolize, i.e., cognitively elaborate, such states in order to have an adaptive, integrated relationship with one's body and gain an ability to regulate one's affective states.

He describes an individual's intellectual development as "an enormous elaboration of a function that was first and most urgently related to the signaling of affective states" (Krystal, 1977, p. 10) and posits that "affective maturation involves [the] separation and differentiation from a common matrix, as well as their verbalization and desomatization" (Krystal, 1974, p. 98).

Early affect states are often said have an all-encompassing experiential quality and a number of authors (Engel, 1962; Krystal, 1962, 1977, 1978; Krystal & Raskin, 1970; Novey, 1961; Schur, 1955) have suggested

the existence of affective precursors. Schur (1969), for example, has postulated that these early states are only classifiable in terms of waxing and waning irritability - the baby is either disturbed or quiescent, both in terms of reactions to the environment as well as experiences within the newborn or infant. Schmale (1964) has argued that anxiety, which he defines as a state of "psychic disequilibrium," constitutes the source of all affects.

Along similar lines, Krystal (1962, 1970, 1974, 1977) postulates the existence of "ur-affects" and suggests that affects evolve from two common precursors, a state of contentment, and a generalized distress response. This "primary series of affects" (Novey, 1961) exists prior to any separation of self and object.

The neonate has internal tensions (homeostatic disequilibria), which are "perceived" (referring to a precursor of perception) not as mental states, but as diffuse tensions on an undifferentiated biopsychological level. It is only later in development that such a tension state, as for example, hunger, can be separately viewed both on the psychological level (the feeling of hunger) and on the physiological level (concomitant discernible somatic processes) (Ramzy & Wallerstein, 1958; cf. Krystal, 1974, p. 108).

Drawing from Werner's (1948) conceptualizations, Thompson (1985) suggests that aspects of early affective

states and their associated elements are "things of affect" and have the experiential quality of a dynamic event.¹⁸ In essence, Thompson seems to suggest that, at first, event and affect are the same, and over the course of development the event stretches and the infant can acquire multi-faceted affective references for any number of particular events. Having multiple referents, in turn, can provide pockets of safety from the more frightening affect states. In the case of trauma, an individual is rendered incapable of referencing to other affect states, i.e., terror, or whatever the feeling might be, is, and remains all consuming.

Thompson furthermore proposes that "the infant's developing self and object representations within the

¹⁸ Werner (1948) shaped the concepts of "things of action," which are intrinsically formed by the psychophysical organization of which they constitute an integral part, and of "dynamic events," which he considered representative of the child's early perceptual experience. He posits that early affective states are both "rigid" in that no change is possible within the affective event, and "ephemeral" in that any change in any of the elements results in a new affect state, precipitating the disappearance of the former with its "things of affect." Irene Fast subsequently coined the term "event theory," a framework for integrating psychoanalytic and Piagetian psychologies which centers around the notion that development occurs by the differentiation of self and nonself (the subjective and the objective). She explains the term "event" as referring to the basic unit of experience which is initially registered in sensorimotor schemes. The development out of the primitive experience of events is hypothesized to occur by the differentiation of self and nonself (Fast, 1985, p. x)

realm of affect are event-dependent 'things of affect'" (Thompson, 1985, p. 158). Early affect states thus encompass self and object and the event-like character of affect means that an attribution of the affect to the self has not been accomplished (Thompson, 1985). Tomkins (1968) posits that the ability to attribute affects to oneself is a difficult developmental achievement, and, at least in part, requires the establishment of 'good-enough' object relations (see also, Fast, 1985; Krystal, 1977; Thompson, 1985).

It is commonplace to think of affects as the most 'subjective' of human phenomena... [yet] the ability to attribute affects to the self and to conceptualize affects as 'internal' psychological states of the self is a central and difficult developmental accomplishment one that is achieved only with the decline of infantile narcissism and with the successive 'decentrations' throughout development that gradually transform the child from egocentricity to cognitive objectivity. The corollary of this objectivity is the subjectivity of affect" (Thompson, 1985, p. 151).

Krystal considers the process of putting emotions into gestures, sounds, and, finally, words a basic one.¹⁹

¹⁹ This is reminiscent of Piaget, who considered affect

integral to all the individual's experience and to the development of all mental structures. In Piaget's view, actions (the individual's interaction with the

He regards the establishment of self-object differentiation and of self and object constancy a crucial step in affect differentiation, the development of affect tolerance, and the ability to use affects as signals to oneself.

Although infants possess some capacity to modulate their negative affective states at a low level of intensity, as the intensity level rises, they tend to continue to escalate, thereby compounding intensity with duration and producing a high density of negative affect. Infants are therefore dependent on caregivers to modulate, soothe, and maintain them at more moderate or optimal density levels" (Demos & Kaplan, 1986, p. 175).

Normatively, the capacity for affect regulation and affect tolerance, and the ability to use affects as signals depends, to a certain degree, on the internalization of the caregiver's soothing, comforting functions.²⁰

environment) are fundamental units of experience, beginning in the sensorimotor actions of infancy and continuing in the interiorized actions of later stages to the most sophisticated levels of the formal operations. Every action has two aspects, a cognitive one and an affective one. The cognitive is the structural aspect, the affective, the energetic one. Piaget (1981) emphasized there is no cognition without affect, and no affect without cognition: 'Affective states that have no cognitive elements are never seen, nor are behaviors found that are wholly cognitive' (Fast, 1985, p. 5).

²⁰ The emphasis on 'normative' derives from the fact that, in the

Of course, this process is not without pitfalls, as it partially depends on the caregiver's ability to manage affective states, which a distressed infant may elicit in him or her, and as the general goodness of fit between caregiver and infant plays a role in the effectiveness of regulatory processes as well. If a caregiver can adequately manage his or her own reaction - i.e., if he or she can be what Winnicott might call a "good-enough-mother" - it is more likely that they will be able to repeatedly process the infant's primitive distressing states in such a way that the infant learns, over time, that they are indeed manageable. Thus, the caregiver's ability to "interpret her baby's cries and gestures" (McDougall, 1989) lays the foundation for the infant to internalize soothing functions and gradually engenders the formation of object representations and mental structures. A 'good-enough' infant-mother matrix can foster a child becoming conscious of its body's messages

absence of a soothing and comforting caregiver, an infant or child is still left with the 'feel' of particular experiences and may end up using other pathways to symbolize and regulate them. Think of the poets, writers, and painters whose capacity to express feelings symbolically was astounding, despite the fact that they were unstable as adults and, by conjecture, may well not have enjoyed the type of environments as children or infants that might have led to the normative ways of affect regulation and symbolization.

and elaborating symbolically, "through verbal thoughts and imagination, the physical and emotional events that are truly his" (McDougall, 1978/1992).

In the absence of such a "holding environment" a la Winnicott, which can help the infant metabolize at times overwhelming bodily sensations, his or her experience of a distressing affect continuously re-evokes more distress, resulting in a positive feedback loop which engenders a level of traumatic physical stimulation that is overwhelming and unmanageable (Tomkins, 1968).

What would be the state of a child overwhelmed with the primitive affect precursors which involve a massive response mobilizing the entire autonomic system as well as the precursors of pain? How can we imagine the child's timeless horror? Our clues from experience with adults who have suffered severe psychic trauma as children indicate that this kind of experience is the most terrible and indescribable hell known to man, literally a fate worse than death (Krystal, 1978, p. 97).

M. Stern (1968) who posits that Freud might have referred to such states as emblematic of *Todesangst* - not a fear of death, but a *mortal terror* - suggests they are "biotraumata," which follow lapses in the mother's ability to gratify or soothe the child. Such empathic failures can present profound obstacles to the child's

internalization of caretaking functions which, in turn, results in

a lack of symbolic structures to give meaning to the representations and their allied affects, so that sensations and experiences impinging from without and within are not readily integrated into an elaborated psychic system (McDougall, 1978/1992, p. 368).

If mental structures for emotional experiences are not developed they will be unavailable to be recruited as organizing tools for future experiences, and the infant, child, or adult will continue to experience affect precursors on a primitive level - arrested at, or vulnerable to what Krystal's calls "ur-affect" states, in which affects are unverbalizable, overwhelming, and resomatized, rendering the individual unable to manage and adequately regulate the impact of particularly charged affective experiences (Spitz, 1963).²¹ Such recurrent 'events' are seen as causing "organismic distress," or "infantile psychic trauma" (Mahler, 1966),

²¹ Krystal describes patients who, as a consequence of early trauma, remain arrested at, or vulnerable to regressions to "ur-affect" states experienced prior to the establishment of self and object representations. In such states, affects are undifferentiated, overwhelming, unverbalizable, and somatized; there is a lack of affect tolerance and an inability to utilize affects for self-signaling. Krystal (1974) suggests that in the treatment of such arrests and regressions, a preparatory phase may be necessary in which the "recognition, verbalization, and separation of various affects are emphasized" (cf. Lachmann & Stolorow, 1980, p. 218).

which reminiscent of Winnicott's notion of "falling forever," a metaphor for the distressed infant waiting too long for his mother, "traveling toward 'death' because, unattended, he is in the solitary confinement of his body" (Phillips, 1993).

Look at her, look at her ... she does not drown, she succumbs, She sinks. Terror-struck, down, down into ... the dangerous silent spaces, or rather places, with gravity and ground, down into the terrible silent gardens of the private, in the frightening echoing silence of which a grieving voice might be heard, chattering away, keening, rocking, shrouded, trying to express that which she lacks all power to express but which she knows must be expressed or else... death (Kushner, 2001, p. 28).

Verbal expression as part of psychic communication within the caregiver-child dyad is preceded by a conversation mainly constituted of nonverbal interactions, visceral attunement, and sensual dialogue, i.e. by bodily communication which

goes from breast to stomach, from skin to skin, from eye to eye, and from sound to sound. ... The arrival of language takes place in the context of established multi-layered bodily communication between mother and child. ... Words begin to have meaning in this matrix (mother in Latin) of their bodily dialogues (Rizzuto, 1988, p. 373).

Rizzuto (1988) believes that the power of words to make affective contact derives from mental representations of bodily experiences that are linked with affects and are established in preverbal interactions that mainly consist of gestures and rituals (Brinich, 1982).

Verbalization of affect lags behind other linguistic skills, because affects have to progress to a considerable degree of differentiation before they are specific enough to be symbolized linguistically.²² The verbal level, when reached, has the potential to subsume progressively all other modalities of affective communication (Rizzuto, 1988). This potential is arguably based on the symbolic power of words and the connections these words retain to unconscious and conscious memories of earlier dialogues that carried affective significance. Rizzuto argues that it is then that the verbal dimension can impact the body - "(I feel what you say in the pit of my stomach'), to soothe in inner dialogue ('I hear my

²² Seton (1965) emphasizes that the vague and mixed emotions of early childhood continue to "develop, mix, combine, differentiate, coalesce" (p. 235) into their potential richness throughout childhood and latency as the complexity and precision of language continue to develop (Spitz, 1959; Krystal, 1977).

mother saying, 'It's OK. '), to share intersubjective experience ('I understand how you feel. '), and to describe the world and psychic reality" (Rizzuto, 1988, p. 375).²³

In sum, affect development is a complex process involving reciprocal interactions between the neurophysiologic, motor-expressive, and cognitive-experiential affective systems (Taylor et al., 1997). Social interaction, past experiences, language, fantasies, dreams, play, facial expressions, defense mechanisms, autonomic, neurochemical, and musculoskeletal activity collectively influence emotional regulation (Glucksman, 2000).

Affects, which begin as a psychic awareness of mostly biological activity, become

²³ This is the positive side of its potential. On the other side, Stern (1985), for example, argues that the advent of language, for all its clear advantages, can herald a loss or distancing from subjective experience, which, in his view is "bound up intrinsically with bodily phenomena like affect and expressiveness" (Stern, 1985).

Infants' initial interpersonal knowledge is mainly unsharable, amodal, instance-specific, and attuned to non-verbal behaviors in which no one channel of communication has privileged status with regard to accountability or ownership. Language changes all of that... Language forces a space between interpersonal experience as lived and as represented. And it is precisely across this space that the connections and associations that constitute neurotic behavior may form (Stern, 1985, p. 182, cf. Totton, p. 171).

differentiated as the psychic system differentiates, integrates, and reacts to the internal and external world, experiences, and activities... [Affects are therefore important] indicators of the stage or state of the differentiation and integration of the intrapsychic self and the objects with which it has related and is relating (Schmale, 1964, p. 288).

Desomatization and verbalization are thus essential in keeping the experience of affect from being subject to a metaphorical 'eternal return' a la Nietzsche (1974),²⁴ i.e., a repeated quasi-identical event during which the individual is flooded with somatic experiences that are all encompassing.²⁵ Without connection to any meaningful reference, the experience remains unformed, unconnected to past history, and thus unmodified by past experience, i.e., with nothing familiar to ameliorate the newness, it

²⁴ While the theory or its philosophical implications are rather complicated, and, at least in part, have to do with life in its entirety being relived, the notion resonates nonetheless. Nietzsche put it this way: "What, if some day or night a demon were to steal after you into your loneliest loneliness and say to you: "This life as you now live it and have lived it, you will have to live once more and innumerable times more; and there will be nothing new in it, but every pain and every joy and every thought and sigh and everything unutterably small or great in your life will have to return to you, all in the same succession and sequence -- even this spider and this moonlight between the trees, and even this moment and I myself. The eternal hourglass of existence is turned upside down again and again, and you with it" (Nietzsche, 1974, p. 341).

²⁵ It was pointed out to me that we could contrast this metaphor with one of an "eternal departure," i.e., an overreliance on the verbal accompanied by a distancing from the body (Mathews, 2004).

is always happening in the here and now, leaving the person a stranger at the shore of his or her experience.

What all of the authors I have included in this review have emphasized in one way or another is that the transfer of meaning from a physical experience to a set of symbols representing this experience is one of the pathways to healthy affective development. Progressive symbolization allows for immediate experience to be processed and organized and creates something of a distance to the 'dynamic event' of feeling, which, in turn, allows the individual to use the experience as a building block in the organization of his or her internal world.

Yet, even when we attain the capacity to symbolically represent what is 'in the flesh,' the visceral dimension is not replaced. Rather, it remains a vital and defining component of our experience, influencing the ways in which we express our affective stirrings.

If we fancy some strong emotion and then try to abstract from our consciousness of it all the feelings of its bodily symptoms, we find we have nothing left behind, no "mind-stuff" out of which the emotion can be constituted, and that a cold and neutral state of intellectual perception is all that remains...

What kind of emotion of fear would be left if the feeling neither of quickened heart-beats, nor of shallow breathing, neither of trembling lips nor of weakened limbs, neither of gooseflesh nor of visceral stirring, were present, it is quite impossible for me to think (James, 1890/1950, cf. Damasio, 1994, p. 129).

Given the importance of 'visceral stirrings' to an exploration of the impact of affect on our ways of being in the world, the next section will serve to explore the body per se in more depth, with the aim of further highlighting and illustrating its primacy in psychological functioning and its impact on our efforts to make meaning of our subjective experiences.

2.2 Bodies of Knowledge

When the word turns into a body
 And the body opens its mouth
 And speaks the word from which
 It was created -
 I will embrace that body
 And lay it to rest by my side.
Chezi Laskly

Her pure and eloquent blood
 Spoke in her cheeks,
 and so distinctly wrought,
 That one might almost say,
 her body thought.
John Donne

The sorrow that has not vent in tears makes
 other organs weep.

Henry Maudsley

The Body in History

The search for the connective tissue between mind and body has permeated and fueled the evolution of Western philosophical and scientific thought for centuries. Eons ago, Aristotle argued that pain is an emotion and Hippocrates held that the humors affected both body and soul (Blaustein, 2001). Insisting, much later in time, that "your entrails are what is strongest in you," that "all virtues [are] physiological conditions," and that "soul is only a word for something about the body," Nietzsche (1968, p. 148) reminds us that physiology and subjectivity are inextricably linked and that in any interpretation of human endeavor, it might serve us to "start from the body and employ it as a guide" (1968, p. 148).

The work of writers and thinkers in pre-Cartesian times - referred to as "the visceral century" by some (e.g. Hillman & Mazzio, 1997) - reflects a preoccupation with bodily imagery and the body's role in subjective experience.

the whole interior of the body - heart, liver, womb, bowels, kidneys, gall, blood, lymph - quite often involved itself in the

production of the mental interior, of the individual's private experience (Maus, 1995, cf. Hillman, 1997, pp. 82-83).

This is nowhere as evident as in the work of William Shakespeare, one of that era's most prominent and prolific playwrights. Many of his characters express a belief that "break[ing] through the Bounde that humane knowledge barres" (Hereford, 1603), i.e. accessing or penetrating another's body, would solve the riddle of 'otherness' and would reveal momentous truths beyond the skin, as the poet John Donne (1952) put it, "in one's bowels, as gold in a mine." The body had a vital role in comprehending another's subjectivity and in many of Shakespeare's plays there is an insistence on "the ineradicable role of corporeality in every human endeavor" (Hillman, 1997).

In *Troilus & Cressida*,²⁶ for example, Shakespeare constantly reminds us of the physiological correlates of

26 *Troilus & Cressida*, first performed in 1609, is one of Shakespeare's lesser known plays. It is his rendition of the seventh year of the Trojan War. Other plays notable for the ubiquity of bodily images, metaphors, and references include *Henry IV, Parts 1 & 2* (1597), *Twelfth Night* (1599), *Hamlet* (1600), *Othello* (1604), *Measure for Measure* (1604), *Macbeth* (1605), *King Lear* (1605), *Coriolanus* (1607), and *Winter's Tale* (1610). In Hillman's view, these plays all share "certain ways of thinking about the interior of the body, as well as, and in relation to this matter, a profound attentiveness to problems of knowing and acknowledging the other" (1997, p. 98).

our actions when he links our external endeavors to the internality of our bodies. Speaking of love and war, he writes about "the pleasure of my spleen (1.3.178), "the hot digestion of this cormorant war" (2.2.6), "the hot passion of distempered blood" (2.2.170), and "the performance of our heaving spleens" (2.2.197). In *Hamlet*, the protagonist worries about the connection between "words, mere words" (2.2.192) and "the heart's core" (3.2.73) and throughout the play reference is made to the body as containing a hidden truth. When Hamlet contemplates how he might "catch the conscience of the king" and plans the staging of the play, he hopes it will penetrate the core of the king's body - "I'll tent²⁷ him to the quick" (2.2.593) and that truth will be revealed by watching for a bodily change in the king - "I'll observe his looks... if he but blench, I know my course."

In addition to Shakespeare's use of the body highlighting the prevalent ways of making sense of subjectivity and the relations between self and other in

27 "Tent" was a surgeon's instrument for opening and probing a wound. "Quick" stands for the heart - the vital center of one's being. Webster's 1913 dictionary defines "the quick" as: the life; the mortal point; a vital part; a part susceptible to serious injury or keen feeling; the sensitive living flesh; the tender emotions; as, to thrust a sword to the quick, to taunt one to the quick - used figuratively.

his time, the bodily realm represents the nexus for the expression of affective experiences. Shakespeare's characters' "fate cries out," their very "bones ache to think on't," their "heart dances," they "harden [their] veins" to defend against unbearable thoughts or against knowledge of otherness, which is attained by taking the other in, feeling them in one's bones. Lear's "O, how this mother swells up toward my heart!/ Hysterica passio, down, thou climbing sorrow" (2.4.56-57) describes viscerally one attempt to stave off such knowledge.²⁸

The focus on a bodily locus of selfhood and subjectivity started to take a back seat in the mid-1600s,²⁹ when Descartes articulated the core tenet of what became known as 'Cartesian dualism,' which informed a great deal of subsequent Western conceptions in philosophy, medicine, and, later, psychoanalytic

²⁸ Shakespeare's extensive use of bodily references, metaphors, and images might be seen as one of the reasons his plays are often described as 'timeless:' how Shakespeare says what he says resonates on an elemental level and renders what is spoken relevant and accessible to our subjectivities regardless of historic time and even to some degree culture.

²⁹ The division of mind and matter, knower and world, subject and object was undoubtedly influenced by the earlier work of Andreas Vesalius, a pioneering Flemish anatomist. By authoring one of the first major anatomy atlases, *De humani corporis fabrica* (1543), he made the body an accessible object that could be beheld, described, and catalogued. The unknown and supremely subjective became the known and mundanely objective.

thinking: "This 'me,' that is to say the soul by which I am what I am, is entirely distinct from body" (Descartes, 1644).³⁰

In the centuries following Descartes, philosophers and academics continued to grapple with the relationship between sensuality/body and reason/mind. The phenomenologist and philosopher Merleau-Ponty (1962) was one theorist who contributed to challenging the Cartesian theory of the "ghost in the machine" (Ryle, 1949).³¹ His phenomenology of perception purports that any apprehension of the world, and of our place in it, is

30 A Catholic, Descartes was concerned with the status of the conscious mind. Since his conceptualizations derived from a theological standpoint, he tried to preserve 'reason,' i.e., free will, and spirit by deeming the former immaterial, and the latter transcendent, i.e., a gift from God. The unconscious was material, 'animal-like,' and belonged to matters of the body. Christianity has held on to this divorce as an ideal, considering the soul the real self and the body an object to disentangle oneself from. Bultmann (1956) quotes a gnostic text to illustrate this perspective:

[the body is] the dark prison, the living death, the sense-endowed corpse, the grave thou bearest about with thee, the grave thou carriest around with thee, the thievish companion who hateth thee in loving thee, and envieth thee in hating thee..." (Bultman, 1956, p. 169).

31 This phrase refers to the common belief that mind and matter are two separate and mutually exclusive categories: The "workings" of the human mind are like a "ghost mysteriously ensconced in a machine." This figurative machine is constituted by "physical processes" of the human body, and it is inhabited by a mind with its own, qualitatively different substance and processes (Ryle, 1949, p. 21).

from the situation of a body. It is that through which we experience the world and ourselves most immediately and that through which we are experienced, initially, and later, most intimately, by others. To Merleau-Ponty, the body is the "vehicle of being in the world" (1968) and he stresses the primacy of physical experience to thought processes and the acquisition of knowledge when he claims that "the thickness of the body is the sole means [we] have to go unto the heart of things... One must see or feel in some way in order to think. [E]very thought known to us occurs to a flesh" (Merleau-Ponty, 1968, p. 135).

Body & Poetry

Some literature on 'aesthetic language'³² (e.g., Sample, 1996) provides a window into the complexities involved in the interrelatedness of sensuality and reason. Interestingly, the term "aesthetic" stems from *aesthesis*, which is Greek for sensory perception.³³

³² In connection with language, the terms aesthetic and figurative will be used interchangeably.

³³ The relevance of sensory perception to imagination is interesting to consider in light of Stern's ideas about the transfers between different domains of experience in crossmodal perception in early infancy and the role of recognition memory as a kind of preverbal metaphoric process in which meaning is transferred between different modalities - i.e., touch can evoke a visual image, a color might

'Aesthetic language' refers to the creative, imaginative use of language, which can foster a novel understanding or perception, as, for example, in poetry.

Using language 'aesthetically' is an attempt to

give voice to the mutely speaking things, to use language in order to transcend the limitations of language and respond to the way in which the things 'wish' to be expressed. Aesthetic language unties sign and sense and articulates our usually subconscious, fleeting physiognomic perceptions, giving shape to our vague apprehensions of the sensual, felt quality of situations (Sample, 1996, p. 120).

The power of aesthetic language, and of metaphor as one of its manifestations, lies in the possibility it presents for the generation of a stock house of associations³⁴ which, while individual to all of us in terms of what specific response they may engender, are nonetheless constituted by experiences derived from us being, as Harry Stack Sullivan once put it, "more simply

evoke the tactile, sound might evoke a color, etc. It seems that these early experiences are in fact what are evoked in later aesthetic experiences and are what imbues them with such a rich and resonant potential.

³⁴ The philosopher Kant put it as follows:

It is a presentation that makes us add to a concept the thoughts of much that is ineffable, but the feeling of which quickens our cognitive powers and connects language, which otherwise would be mere letters, with spirit (Kant, 1987, p. 185).

human than otherwise," i.e., whether we like it or not, our bodies continually perceive, experience, and react.

In this vein, Sample (1996) argues that the capacity of figurative language to give shape to the "felt quality of situations" derives from its "physiognomic dimension" - it is intimately related to the sensual and affective significance we experience as living bodies and to our capacity for affective resonance with others. He posits that "it is the sensual, essentially embodied dimension of language, which brings into unmistakable focus the intertwining of sensuality and reason" (Sample, 1996, p. 114).³⁵

Kant (1987) considered the range of associations which aesthetic language can evoke the "animating

³⁵ In the context of a shared experience that speaks to the primacy of the body as an organ with which we apprehend and then communicate our respective worlds, i.e., our "essential embodiedness," it is interesting to note Asch's (1955, 1958) discovery that this holds true even across cultures:

historically independent languages employ the same sensory adjectives to designate both physical and psychological properties. The morpheme for straight, for example, means honesty, righteousness, and correct understanding in Chinese, Hebrew and Greek. Hot, for example, refers to heightened activity and emotional arousal... it means "wrathful" in Hebrew, "enthusiastic" in Chinese, and "worried" or "sexually aroused" in Thai. Similar meanings occur in English, especially in slang (cf. Arlow, 1979, pp. 376-377).

principle in the mind." It holds our thought open to new sense and "quicken[s] the mind" by "prompt[ing] the imagination to spread over a multitude of kindred presentations that arouse more thought than can be expressed in a concept determined by words" (Kant, 1987, p. 183-184).

The extent to which bodily experience serves as a compass which orients us in the world and powerfully conveys the felt quality of our being-in-the world is evident when one peruses the work of poets. In its use of 'aesthetic language,' poetry can serve as an exceptional prototype for the symbolic expression of lived experience as it often deals in the currency of the body to figuratively convey the highly subjective, which, in dialogue with readers, can, in turn, evoke associations derived from their own felt experiences.

Fenellosa (1962) argues that this is achieved because good poetry "appeal[s] to emotions with the charm of direct impression, flashing through regions where the intellect can only grope," and Coleridge adds to this argument when he ascribes to the poet the power to bring the "whole soul of man into activity" by making the words come alive.

[A]t the same time the word is made flesh, the flesh is made into words. The words of the poet are flesh-made. They grow out of his body, the needs of his body, and their vitality for the reader lies in the needs of his body (Rogers, 1978, pp. 84-85).

Loewald (2000) speaks to the effects of this expressiveness of poetry on the reader as well when he argues that the power of words derives from them summoning "things and experiences [and] bringing them to life" (p. 200). He believes that poets and "those concerned with words" are aware of this intimate tie between words and the sensory-motor acts or events which they have come to 'embody.' He quotes the poet Mallarme, who held that "approaching the organism that is the repository of life, the word, with its vowels and diphthongs represents a kind of flesh" (cf. Loewald, 2000, p. 200).

By way of words, the 'flesh,' i.e., the subjective and innermost - "that thing, which cries, tears, caresses, kisses, sighs" (Valery, 1950, p. 147)- is externalized and thus made accessible to others who, in turn, can not merely understand its meaning, but feel 'it' through its resonance with their own sensory equivalents.

Plumbing our most elemental states, 'good,' i.e., effective poetry thus accesses and links us to what are often non-linguistic, highly sensuous modes of being. It taps into the body's sensory repository, and fosters the possibility for what Stern has described as infants' early perceptual experiences, which are a kind of global sensory apprehension of an experience marked by the metaphoric processes of cross-modal equivalence. Stern (1985) argues that most poetry could not be effective without being able to evoke sensory experiences and "kindred presentations" (Kant, 1987) across domains. For example, a line from Baudelaire's *Correspondences* such as "there are odors fresh as the skin of an infant, sweet as flutes, green as any grass" (1857/1982) asks us to "relate smells to experiences in the domains of touch, color, [and] sensuality" (Stern, 1985, p. 155) and thus engages our body on multiple sensory levels.

The power of the sensuous and its intimate connection to imagination are highlighted as well in Sharon Olds' poetry. She has been called a "startling poet of the body" (Flint, 1988), who "traces bodies slowly and deliberately with her tongue: it is a gesture in which one feels the generosity of a lover, the inner

necessity of a mother animal, and the conscious aestheticism of the artist" (Matson, 1989). Olds often gives litanies of 'flesh-made' experiences and concludes, "let me not forget: each action, each word takes its beginning from these." To Olds, the body is the most salient route to self-knowledge and the most conspicuous means to apprehend the world and, by extension, communicate this world to an other (Landau, 1999). In a poem called *This* (1988), she writes:

But I have this,
so this is who I am, this body...

I am these breasts that
crush against him like collapsible silver
travel cups that telescope into themselves,

and the nipples that float in the center
like hard raspberries in bright
sunlight, they
are my life...

--don't
ask me about my country or who my
father was or even what I do, if you
want to know who I am, I am this, *this*.

Sylvia Plath's poetry is considered by some (e.g., Rogers, 1978) the most poignant in terms of drawing on the power of the body to bridge the surface meaning of words with their profound tactile coordinates. For example, in a poem called "Poppies in July" she writes:

Little poppies, little hell flames,
Do you do no harm?

You flicker. I cannot touch you.
I put my hands among the flames. Nothing burns.

And it exhausts me to watch you
Flickering like that, wrinkly and clear red, like
the skin of a mouth

A mouth just bloodied
Little bloody skirts!

There are fumes that I cannot touch.
Where are your opiates, your nauseous capsules?

If I could bleed or sleep! -
If my mouth could marry a hurt like that!

In the examples cited above, words are used to "penetrate beyond words, to the images in which vitality and feeling reside" (Ingram, 1996, p. 27). Of course, the fact that we are all bodies with a myriad of lived experiences, images and feeling clamoring for expression does not make us, nor our patients, all poets or artists. But especially in our role as clinicians, we might nonetheless take away from these considerations about the figurative realm - and I would include in this realm nonverbal artistic expressions³⁶ such we might find in music and dance - something that is valuable to the

³⁶ I will return to this notion in Chapter Three when I propose an expansion of metaphor beyond the linguistic domain.

clinical context, which is one of a dialogue between two living expressive bodies in space.

If 'aesthetic communication' is conceptualized as, in part, deriving from a transfer which carries "the web of felt associations" (Sample, 1996) into the domain of expression in such a way that such an expression can then evoke a range of sensuous and affective correspondences in another, it seems possible to parallel the dynamics of poet and reader with those of clinician and patient.

Much like 'good' poetry, 'good' psychoanalysis or psychotherapy aims to access idiosyncratic patterns of felt experiences that underlie and have shaped our ways of relating to ourselves, the world, and others. The clinical endeavor is an arena, in which we can flesh out connections between the current and the memorial, the spoken and the unspeakable, between the thought and the felt, the experienced and the repressed in an effort to explore and represent our patients' experiences in the most comprehensive way possible.

The Body in Theory

The body has been at the heart of psychoanalysis from its very foundation in hysteric conversion

symptoms³⁷ and sexual traumata (see Grotstein, 1997; Bucci, 1997), and later in terms of infantile sexuality and its associations with the autoerotism of the zones of body organs.

Freud paid homage to the power of the body throughout his theorizing. He railed against rationalism and asserted its impossibility by stating that we are in fact wholly our bodies and instincts, that the mind, our "rational consciousness, is only an island in a sea of the irrational unconscious" (cf. Searle, 1998), and that it is the body that drives the mind.

During what has been deemed Freud's 'second phase'

37 Freud described the hysteric's symptoms as "enter[ing] into the conversation" by finding leverage in the patient's body and speaking from there (cf. Casey, 1996). When he reported on the case of Dora, Freud spoke of this "body-place" as "like the grain of sand around which an oyster forms its pearl" and as a "pre-existing structure of organic connections, much as festoons of flowers are twined around a wire" (1985, p. 113). Hysterics, as Breuer and Freud noted in their *Preliminary Communications* (1893), "suffer mainly from reminiscences" - i.e., from memories lodged their bodies, which serve as bearers of unconsciously retained experiences. Hysterical symptoms are engendered when the affect aroused by the initial trauma is transferred to a bodily state (Casey, 1996).

In hysteria, the incompatible idea is rendered innocuous by its sum of excitation being transformed into *something somatic*. For this I should like to propose the name of 'conversion' [which] may be either total or partial. It proceeds along the line of motor or sensory innervation which is related - whether intimately or more loosely - to the traumatic experience (Freud, 1895, p. 49).

The connection between the psychic trauma and hysteria thus consist in a 'symbolic' relation between event and the subsequent symptoms - "a relation such as healthy people form in dreams" (Freud, 1895).

which resulted in his topographical model,³⁸ he argues that "the somatic process which occurs in an organ or part of the body" is the "source" of one's sense of self" (Freud, 1915, p. 123). During the third phase of his theorizing, which produced the 'structural theory,'³⁹

³⁸ The topographical model consists of three systems - Conscious, Preconscious, and Unconscious. "The Unconscious was regarded as containing instinctual drives and wishes which, if they were allowed to emerge into consciousness, would constitute a danger, a threat, and would give rise to the most unpleasant feelings. The strivings in the Unconscious were thought of as constantly propelled towards discharge, but if they are expressed in consciousness, i.e., manage to reach the system Conscious, or are expressed in behavior - they can commonly only achieve this in a distorted or censored form. A further system was called the Preconscious, conceived of as containing knowledge, thoughts and memories of all sorts that were not defended against, could enter consciousness freely at the appropriate time, and were utilized by the individual not only for rational tasks, but could also be seized upon by wishes from the Unconscious system in their path from the depths to the surface" (Sandler et al., 1997, p. 21).

³⁹ Freud's structural theory represents a "tripartite division of the mental apparatus into three major *structures* or *agencies*, which he called *id*, *ego*, and *superego*. The *id* corresponds roughly to much of what had previously been encompassed by the concept of the Unconscious. It can be regarded as the area containing the primitive instinctual drives, with all their hereditary and constitutional elements. It is dominated by the pleasure principle and functions according to the primary process. During development, a portion of the *id* undergoes modification, under the influence of the child's interaction with the external world, to become the *ego*. The primary function of this latter agency is seen as the task of self-preservation and the acquisition of means whereby a simultaneous adaptation to the pressures of the *id*, the *superego*, and the demands of reality can be brought about. The *ego* gains the function of delaying instinctual discharge and of controlling it by means of a variety of mechanisms, including the mechanisms of defence. The third agency, the *superego*, was seen as developing as a sort of internal precipitate or residue of the child's early conflicts in relation to his parents, caretakers, or other figures of authority. It is the vehicle of the conscience, of parental and cultural values, and of the child's own ideals. A large part of the *superego*, as well as of the *ego*, and all of the *id* were seen as functioning outside of consciousness" (Sandler et al., 1997, pp. 27-

Freud elaborates his earlier notion when he states that "the ego is ultimately derived from bodily sensations, chiefly those springing from the surface of the body" (Freud, 1923, pp. 26-27). His much-quoted theorem that the ego is "first and foremost a bodily ego" (1923, p. 26) implies that development of the ego as we 'know' it is contingent upon the organization of bodily sensations, both those internal and those perceived at the body's surface.⁴⁰

The life of the body, of bodily needs and habits and functions, kisses and excrement and intercourse, tastes and smells and sights, body noises and sensations, caresses and punishments, tics and gait and movements, facial expression, the penis and the vagina and the tongue and arms and hands and feet and legs and hair, pain and pleasure, physical excitement and lassitude, violence and bliss - all this is the body in the context of human life (Loewald, 2000, p. 125).

There appears little contention with the general notion that bodily experiences during early stages of our lives play a central role in shaping the nature and quality of subsequent psychological functioning - i.e.,

28).

⁴⁰ Some have argued that while psychoanalysis theoretically turned to biological explanations, it does not rely clinically on an experiential body (Shapiro, 1996, p. 298) and that the theoretical psychoanalytic body is thus not necessarily the body people experience (Dimen, 1998).

they influence the ways in which we perceive and process the world, and color the nature of our relations with others. Neuroscientists as well as psychoanalytic thinkers have highlighted the body as the starting point of mental functioning and have emphasized its inextricable relationship with the mind (e.g., Damasio, 1994, 1996; Bick, 1968; Mahler & McDevitt, 1982; Lombardi, 2002; Ferrari, 1992, 1994, 1998).

Damasio, for example, who believes that the "mind is probably not conceivable without some sort of *embodiment*" (1996, p. 234, italics in original), takes us down to the neural circuits when arguing the near impossibility of ever separating mind and body.

[N]eural circuits represent the organism continuously, as it is perturbed by stimuli from [its] physical and sociocultural environments, and as it acts on those environments. If the basic topic of these representations were not an organism anchored in the body, we would have some form of mind, but I doubt that it would be the mind we do have (1996, p. 226).

Paralleling Freud's ideas about the 'body ego,' Damasio also suggests that nature 'implemented' a highly effective solution to ensure survival. This solution consists of representing the outside world according to the effect it has on the "body proper, that is,

representing the environment by modifying the primordial representations of the body whenever an interaction between organism and environment takes place" (Damasio, 1996, p. 230).

Psychoanalytic research shares with other developmental theoretical orientations an emphasis on the earliest phases of individual development, which reveal a child dominated by experiences of, to use Damasio's term, the "body proper" (1996), i.e., motor and sensory bodily functions. In part, an infant builds a sense of him- or herself by way of "interactions between its organism and the environment," (Damasio, 1996) many of which initially consist of others' ministrations.⁴¹ Over time, the infant learns to make meaning of sensations which occur inside as well as at the perimeter of his or her body.

As Winnicott eloquently put it,

the basis of the self forms on the fact of the body... The self finds itself naturally placed in the body [and] it is the self and the life of the self alone that makes sense of action and of living from the point of

41 If part of the infant's sense of self is built by its embodied relationships, the quality of those relationships, i.e., of others' ministrations, is crucial in shaping an infant's subjective experience. Thus, potential disturbances in the surrounding adults can be incorporated by the infant in a very elemental, indeed, visceral manner, which can later lead to maladaptive or even damaging ways of relating to self and others.

view of the individual (Winnicott, 1972, pp. 15-16).

Developmental psychologists (e.g., Piaget, 1954; Mandler, 1991) have long suggested that there exists an early bodily 'intelligence' that remains central throughout life.⁴² In a similar vein, infant researchers have produced work on crossmodal perception, attunement and mutual regulation, emphasizing nonverbal dimensions, which in their view, are often the most communicative (Beebe & Lachman, 1988; Beebe et al., 1992; Jaffe et al, 2001; Stern, 1985; Schore, 2003).

In videotape studies, Condon (1974) has shown that neonates appear to be highly sensitive to the idiosyncratic qualities of the mother's voice and to patterns of vocalization,⁴³ responding to the discrete

42 Grotstein (1997) suggests employing the terms "bodymind" and "mindbody" to emphasize that any dichotomy is only in the realm of subjective experience. He posits that experienced connections or dissociations of mind and body mistakenly dichotomize what is a fundamental unity.

43 While these studies are controversial since they are exceedingly difficult to replicate, they nonetheless are interesting to consider in the context of this dissertation. Condon demonstrated that infants recognize their mother's voice in utero by having mothers in the latter stages of their pregnancies repeatedly read a particular story out loud. After birth, a specially constructed pacifier allowed the infants, by sucking in particular rhythms, to turn on a tape recorder to either hear their mother or a stranger reading the story. Infants showed a significant preference for listening to their mothers. In another experiment, a story heard in utero was later preferred over a new story read by the mother, suggesting that

phonemes of a speaker with precise micromovements of the body and changes in facial expression. Infants have been shown to correlate bright light with loud sound, and an interrupted tone with an interrupted line, a continuous tone with a continuous line (Dornes, 1993). By the age of four months, they can distinguish between representations of normal faces and those in which mouth, eyes, and nose are incorrectly ordered.

Infants' perception of physiognomic properties is indicated by the employment of their own capacities for affective and dynamic expression as a primitive mode of symbolizing activity. Preverbal children seem to grasp those aspects of the environment that bear some similarity to the affective and gestural-postural expressive possibilities of their own bodies [and] they employ these expressive possibilities [in early communications] (Sample, 1996).

We might thus speculate that infants are acutely aware of the physiognomic and affective elements of their environment and that the infant's body responds to those elements with a kind of "protosymbolic activity" (Sample, 1996). Werner and Kaplan (1963/1984) cite the example of an infant, who initially rejected objects with an

infants have the capacity to distinguish patterns of vocalization in utero (Dornes, 1993).

involuntary gesture of pushing away. They describe that at thirteen months, this unintentional expression transformed into an intentional gesture of negation, and, ultimately, with the acquisition of language, it accompanied verbal negation as a gestural element. As well, opening/closing appears to be a dynamic relationship that is initially cross-modally 'understood.' Infants respond to another's opening and closing of the eyes by opening and closing of their eyes, hands, and mouth; they reproduce a flickering light by rapidly opening and closing the eyelids (Werner & Kaplan (1963/1984)).

Very young children will often represent the quality of sharpness by the action of penetrating paper with a pencil (Werner & Kaplan, 1963/1984). Such dynamic, physiognomic, affective, and cross-modal associations allow for the establishment of correspondences among a broadening range of things, such that one symbol can come to denote a range of similar things. Werner and Kaplan cite the case of a child "who initially used the phoneme 'ffff,' (in imitation of the blowing noise of putting out a match), as a name for smoke, steam, later on, for funnel, chimney, and finally for anything standing

upright against the sky, as for instance a flagstaff"
(Werner & Kaplan, 1963/1984, p. 107).

Primitive physiognomic associations also emerge when adults are asked to symbolize affective states using simple line drawings and 'see' a sensual quality of the symbolic vehicle - the line drawing - as reflecting a physiognomic aspect of its meaning. For example, two of Werner's subjects used two different line drawings when asked to symbolize 'longing,' because the drawings manifested for them the physiognomic characteristic or bodily 'event' of "reaching for something far away and out of reach" (Werner & Kaplan, 1963/1984, p. 341).

Sample (1996) posits that studies such as the ones cited above suggest that there is a "primary mode of experience" centered around the apprehension of physiognomic properties which correspond to expressive and gestural aspects of the body. As I understand it, this suggests an early mode of metaphoric activity, which, while it is ultimately replaced by a more conventional symbolic system, also "shapes the acquisition of that order and remains present within it

as an expressive background" (Sample, 1996, p. 117).⁴⁴

If we can appreciate what the authors cited above have suggested, an infant's early identity or child's nascent personhood might then be conceptualized as springing from and initially consisting of a personal psychosomatic pattern (Siegelman, 1990), something Winnicott (1960) described as "the psyche indwelling in soma" or what Stern (1985) has called the sense of an "emergent self, which concerns the process and product of forming organization, i.e., learning about the relations between sensory experiences" (Stern, 1985, p. 46).

Here is a body, and the psyche and soma are not to be distinguished except according to the direction from which one is looking [and] the word psyche here means the imaginative elaboration of somatic parts, feelings, and functions, that is of physical aliveness" (Winnicott, 1987, p. 244).⁴⁵

⁴⁴ This retained visceral dimension of language beyond early development parallels the assertions made earlier about the power of figurative language in poetry. The potential to be connected to the felt context of our experiences allows for imaginative acts and creative thinking because it gets our bodies going in all kinds of sensual directions.

⁴⁵ This, of course, is more likely a positive outcome if the infant is given an adequate, safe environment within which to explore and get to know his or her particular sensory world. Winnicott's notions of "unintegration" and of "going on being" might be seen as illustrations of this elemental, psychosomatic getting to know oneself. By way of experiencing patterns of psychosomatic existence, the infant gradually achieves psychosomatic integration or the "indwelling" of the psyche in the soma. Winnicott goes on to

Meaning is made by way of what is felt and by way of what *that* feels like, whether from the inside out or the outside in. Initially,

everything soft is a mother; everything that meets [an infant's] reach is food. Being dropped, even into bed, is terror itself - the first definite form of insecurity, even of death - all our lives we speak of misfortune as a 'fall:' we fall into the enemy's hands, fall from grace, fall upon hard times (Langer, 1948, p. 148).

As infants, we have not named the shapes of objects and feeling states. We 'know' food not because we have observed and categorized its varied forms out there in the world beyond the boundaries of our bodies, but rather because, when attained, it serves to engender a bodily sensation that is unmistakable and, as yet, unverbilized.

explain that the opposite of integration is not the above described state of unintegration but rather disintegration which serves as a defense. Under less than favorable conditions, unintegration threatens the core of the self since the infant has not learned that those formless states are part of the continuum of experience. Disintegration as a defense is an active production of chaos elicited by the absence of maternal ego-support and is accompanied by an attendant "unthinkable anxiety" (1962) which relates to the "threat of annihilation" (1960a). Winnicott uses terms such as "going to pieces, falling forever, having no relationship to the body, and having no orientation" (1962). Virginia Woolf eloquently describes what we might imagine the feel of such a state could be rather eloquently:

There is some check in the flow of my being; a deep stream presses on some obstacle; it jerks; it tugs; some knot in the centre resists. Oh, this is pain, this is anguish! I faint, I fail. Now my body thaws; I am unsealed, I am incandescent (1931/1976, p. 57).

In addition, and especially given an infant's acute awareness of physiognomic and non-verbal affective elements of their environment,⁴⁶ the manner in which we are, e.g., fed - whether it be an anxious or calm interaction, whether associated with pleasant touch or with aggravated handling - influences how we come to viscerally 'know' experiences, and endows them with particular meanings (Winnicott, 1987).⁴⁷

We are beings in a non-verbal world first as our first two years of life take place without our express ability to use language. Nonetheless, this time forms much of who we are and, in some sense we might thus conceptualize "subjectivity [as] a bodily function... constituted in prelinguistic bodymind interactions with the world and others" (Totton, 1999).

Hence, some early forms of language and thought cannot be fully assimilated into later forms of awareness, constituting a bedrock of psychic organization that exists prior to the acquisition of self-reflection" (Wilson & Weinstein, 1992, p. 359)

As emphasized in the section on affect, the transfer

⁴⁶ Alan Schore has written extensively on the nonverbal dimension of affective communication in infancy and has suggested that it is a supremely biological process mediated by the right brain (see Schore, 2003).

of meaning from the physically felt to a set of symbols which represent these experiences has been described as occurring through a process of "desomatization" (e.g., Krystal, 1974, 1977), where acquisition of language loosens the tie of body to mind and opens up the capacity for representations and conscious reflection.

In the course of development, the repeated experience of differential sources for palpable sensations only gradually moves the more primitive forms of presymbolic bodily communication toward linguistic denotation and symbolization. This eventually gives rise to a structured 'mental space' in which sensations and emotions can be received and recognized (Lombardi, 2002).

This is the area of transition from the concreteness of sensation to the first forms of abstraction and representability ... The process of thought is constantly structured by the continuous flow of sensations from the body and is considered in terms of its potential for expressing current emotions (Lombardi, 2002, p. 370).

With the increasing availability of symbolic and verbal processes, what exists in the flesh is thus, ideally, ever more firmly represented in the mind as differentiated mental structures, allowing for the development and structuralization of an increasingly

complex representational world and broadening our capacities to make meaning of and communicate our experiences to others.

Yet, even if early development progresses smoothly and allows for the evolution of the verbal dimension which allows us to convey to others our subjective experience (Rizzuto, 2001).

The accumulation of subjectively perceived sensory impressions and affective processes far exceeds what can be put into straightforward language... [because] the representational mind accumulates from birth to death vast multitudes of images, scenes, perceptions and bodily sensations, colored in diverse and variegated ways and modes by the affects present at the time of the original experience (Rizzuto, 2001, p. 16).

The reality of our bodies, their undeniable physicality and the visceral sensations they generate might be conceptualized as the raw materials for a multitude of meanings we continue to accumulate "as the world becomes stranger [and] the pattern more complicated" (Eliot, 1958) and as our subjectivities become more and more intertwined with others.

Warm and cold, for example, which later become psychological attributes we ascribe to people, were

originally registered through and in the body, with its chills, fevers, or experiences of comfortable warmth (Siegelman, 1990). Thus, even when language is acquired, body and emotion continue to mark our expressions and manifest in the metaphors we use to convey our experiences: I was scared stiff. I feel it in my gut. I have the hots for her. That left me cold. There is a lump in my throat. I am trembling with fear. I am crawling with anxiety. I can't contain myself. Something in our chest races, slows, pounds, skips beats; something up there clenches when danger approaches. We boil over and blow lids; we speak of growing pains and butterflies in our stomach; we become tongue-tied, and our heart strings are pulled at.

Rizutto posits that metaphor, which Chapter Three will explore in greater detail, originates in the effort to elaborate and express bodily experience which would otherwise remain inexpressible and private. In a similar vein, Siegelman (1990) proposes that metaphor represents the need to articulate a pressing inner, i.e. bodily, experience of oneself.⁴⁸

⁴⁸ Kovecses (2003) argues that most feeling states probably have a universal psychobiological basis that manifests in similar

The intrinsic uncontrollability of affects has led to a generic or root metaphor of the body/self as a container of affects, as if a feeling were a concrete substance... Feelings are metaphorically experienced as a substance under pressure seeking to escape as if the pressure of the affect would threaten the container... Our language is replete with metaphors that are derived from this generic schema. For example, one is bursting with desire; if angry, one may be about to blow one's top (Modell, 1996, p. 109).

Adequate symbolization of the bodily concomitants of affective experiences, and the associated capacity for distance, affords us ways to represent our experience without re-experiencing its full impact. By moving one step away from the immediacy of visceral experience via language or metaphor, we avoid being caught in what could well be akin to a persistent panic attack, buried under a wave of viscera, overcome by an overwhelming sense of something we cannot manage. We would, in essence, experience ourselves and the world around us metaphorically 'naked' with no place to go for cover, shelter, or safety.

conceptualizations of emotional states across cultures. He explains:

Taking anger as an example, we find both English and Zulu figurative language characterizes anger as pressure in a container, as heat, bile, and so forth. Chinese shares with English all the basic metaphors of happiness: It is up, light, and it is fluid in a container (2003, p. 187).

CHAPTER THREE**SO, WHAT'S A METAPHOR AND WHAT'S IT FOR?**

Words strain, crack, and sometimes break, under the burden, under the tension, slip, slide, perish, decay with imprecision, will not stay in place, will not stay still.

T. S. Eliot

Metaphor relies on what has been experienced before and therefore transforms the strange into the familiar; without metaphor we cannot imagine what it is to be someone else, we cannot imagine the life of the Other.

Cynthia Ozick

Chapter Two suggests that the visceral components of affect impact the quality of our subjective experience and argues that their developmental fate influences the manner in which we make meaning of our being in the world. Smooth development facilitates a process whereby early bodily experiences of affect are consolidated and organized. Over time, this ideally leads to structured mental representations which support the capacity to repeatedly manage and regulate affective states, and allow for feelings and sensations to be evoked without being subsumed by their visceral dimension.

Since bodily components of affect are highly subjective and qualitatively nonverbal, we cannot directly enter into another's experience, but can 'only' garner an approximation via our own experiences. Such endeavors to enter fundamentally unfamiliar realities reveals metaphor - "one of our most important tools for trying to comprehend partially what cannot be comprehended totally" (Lakoff & Johnson, 1980, p. 193) - as a parsimonious concept to apply, especially when conceptualizing our attempts at understanding patients in the clinical context. One of metaphor's often hailed qualities is that it is the closest we can get to having a 'sense,' in the literal meaning of the word, of another's experience. A possible reason for this phenomenon emerges when one is willing to consider the possibility that at the root of metaphor lies the body, and more specifically, the bodily experience of affect.

This line of thought leads to the questions and explorations that constitute Chapter Three: How has metaphor in the clinical context been defined in the psychoanalytic literature? What is the relationship between metaphor and the sensate? How can the interaction between metaphor and visceral experience in the clinical

context be conceptualized? How do we as clinicians understand our patients and facilitate the meaning making process and how does the notion of metaphor and metaphoric processes play into this endeavor?

The goal of this chapter is two-fold. To provide a historical and conceptual backdrop, some of the pertinent psychoanalytic literature on the prevalent view of metaphor as a linguistic, consciously constructed and intentionally used communicative tool is reviewed. The chapter then explores whether it may be worthwhile to consider metaphor in the clinical context as reaching beyond intentional, linguistic manifestations to unintentional verbal communications, actions, gestures, and other nonverbal means of conveying experiences. I will suggest that such a broadening of meaning might facilitate a more comprehensive understanding of our patients, our clinical interactions, and of the psychotherapeutic process itself.

Language is not the only modality for symbolic representation. Understanding is communicated through many extra-linguistic modalities. Anyone who has participated in the non-verbal creative arts - music, dance, painting - either as a performer or appreciator, can attest to the transformative nature of these modes of experience. These areas of human expression manifest extra-

verbal symbolic processes that have the power to transform the nature of our sense of ourselves, our interpersonal relationships, and the world in which we live. They capture and express, in fact they emphasize, the affective aspect of human experience. Welcoming other than linguistic modalities into the consulting room expands the possibilities for affective communication between analyst and analysand (Loewus, 2004, p. 14).

I will begin by elaborating on the statement about terminology I made earlier in Chapter One.⁴⁹ The term 'metaphor' derives from two Greek words, "meta," meaning change or transform, and "pherein," meaning "to carry over" or "transfer." It is often conceptualized as a process in which qualities of one object being carried over or transferred to another object so that the second object is spoken of as if it were the first (Hawkes, 1972).⁵⁰ Metaphor thus transfers meaning across the boundaries that separate objects or domains of

⁴⁹ There are many disagreements about what exactly constitutes a metaphor, which certainly invites further discussion. "One obstacle to such discussion is the tendency to think of a particular use of metaphor and to base a general theory of metaphor on an examination of that usage. Given that tendency, it may be helpful to postpone for the time being the general question, What is metaphor? and to examine instead how metaphor functions in more limited contexts" (Harries, 1979).

⁵⁰ Interestingly, in Greece, the signs for movers and porters read "metaphor" (Ingram, 1996).

experience.

The essence of metaphor is understanding and experiencing one kind of thing in terms of another... [metaphor] allows us to understand one domain of experience in terms of another (Lakoff & Johnson, 1980, p. 117).

Metaphor, as a way of making and conveying meaning, is applicable to both intrapsychic and interpersonal events.⁵¹ Intrapsychically, metaphoric processes allow us to assimilate and accommodate new experiences - both internal and external. By effecting a transfer of meaning from one domain to another, metaphor is a tool to conceptualize familiar things in unfamiliar ways and unfamiliar things in familiar ways (Lakoff & Johnson, 1980; Ortony, 1979). Metaphoric processes also permit us to make sense of novel 'stimuli,' often unconsciously, by bringing to bear past experiences on meaning making processes in the present, thus anchoring, metabolizing, linking, and communicating the unknown by way of the preexistent. The past is both reiterated and potentially

⁵¹ This raises the issue of one-person versus two person psychologies and begs the question as to whether the arguments presented herein are preferentially applied to one over the other. I would argue that both have a place. An emphasis on bodily experience inevitably points to a one-person perspective as it highlights intrapsychic processes. However, these processes, which begin early in life, are patterned over time by our interactions with world around us, and specifically our interactions with significant others, which is where the notion of a two-person psychology becomes salient.

changed as new experience is met in the present, 'digested,' and added to patterns, which then influence our subsequent negotiations of meaning.

Interpersonally - whether this be reading a poet via his work, or 'reading' a patient via his or her communications - metaphor can facilitate resonances and bridges our fundamental otherness by playing out in a space where both subjectivities can contribute to an exploration of experience. If we can agree that human beings have a fairly elemental desire to understand and be understood, then "it is not surprising that adults spontaneously verbalize metaphor with great frequency while striving to understand and communicate their reality" (Billow, 1981, p. 431).

Some (e.g., Kittay, 1989) have posited a distinction between symbol and metaphor, arguing that whereas a symbol *stands for* something else, metaphor implies a perspectival stance in that it is defined as seeing something *in terms of* something else.⁵²

I would like to suggest that metaphor can be

⁵² 'Perspectival,' in my view, can be interpreted as the different perspectives of subjective experiences we deal with in the clinical context.

considered one type of symbol⁵³ because, in the broadest sense, "symbols are the best possible formulation of an idea whose referent is not clearly known" (Jung, 1921, p. 468). To Jung, seeing something as a symbol depends on the "attitude of the observing consciousness, on whether it regards a given fact not merely as such but also as an expression for something unknown" (Jung, 1921, p. 475). A 'symbolic' attitude asks, what else might this be besides what it appears to be, which is based on the notion that

every psychic product, if it is the best possible expression [available] at the moment for a fact as yet unknown or only relatively known, may be regarded as a symbol, provided that we accept the expression as standing for something that is only divined and not yet clearly conscious (Jung, 1921, p. 475).

Jung's ideas about 'symbols' echo the most elemental quality of metaphor as something that is itself and not itself at the same time and as resulting from a process in which meaning is being transferred from one 'object'⁵⁴

53 A 'symbol,' that is, as opposed to 'sign,' which denotes an equation, e.g., a piece of cloth divided into thirds of red, white and blue stands for the French nation. A sign "is always less than the thing it points to, and a symbol is always more than we understand at first sight" (Jung, 1961, p. 212)

54 This can be taken literally, as in transferring the properties of one "thing" to make meaning of another, or figuratively, as in a

or domain of experience⁵⁵ to another. Utilizing such a basic definition, one can, in effect, describe the function of metaphor

as a bridge between different realities (such as an object and its signifier); different levels of meaning (such as literal and abstract, or real and make-believe); and different realms of experience (inner or psychological reality versus outer or 'empirical' reality) (Billow, 1981, p. 431).

It is this perspective and implied attitude which not only solidifies the importance of metaphor as an intentionally utilized communicative tool, but which, in my view, allows for an expansion of the scope of the concept beyond a 'mere' matter of words, to reflect a perceptually and experientially heterogeneous phenomenon, which can take a variety of forms, some of which are beyond words and manifest unintentionally beyond the immediate purview of consciousness. All of these manifestations of metaphor have the potential to create

psychoanalytic 'object' which is at the core of maybe the most metaphorical of clinical processes, the transference. As well, the notion of metaphor as a symbol allows for the inclusion of nonverbal 'expressions' in a consideration of the subject, which will be explored in greater detail in the second section of this chapter. 55 In addition to the commonly utilized definition of 'domains of experience' - i.e., visual versus aural versus kinesthetic etc. - I would suggest that adding past and present, physical and verbal, and intrapsychic and interpersonal is quite useful when considering metaphor in the psychotherapeutic context.

varied resonances which can broaden the discovery of meaning that pertains to another's subjective experience.

I quote the following excerpt from Italo Calvino's *Invisible Cities* (1974) at length as it illustrates rather nicely the communicative properties of metaphor, its invaluable contribution to dialogue, and its potential to evoke multiple meanings, thus enriching our interactions and understanding both of ourselves and the world around us.

Newly arrived and quite ignorant of the languages of the Levant, Marco Polo could express himself only by drawing objects from his baggage - drums, salt fish, necklaces of wart hogs' teeth - and pointing to them with gestures, leaps, cries of wonder or horror, imitating the bay of the jackal, the hoot of the owl. The connections between one element of the story and another were not always obvious to the emperor; *the objects could have various meanings: a quiver filled with arrows could indicate the approach of war, or an abundance of game, or else an armorer's shop; an hourglass could mean time passing, or time past, or sand, or a place where hourglasses are made. But what enhanced for Kublai every event or piece of news reported by his inarticulate informer was the space that remained around it, a void not filled with words. The descriptions of cities Marco Polo visited had this virtue: you could wander through them in thought, become lost, stop and enjoy the cool air, or run off. As time went by, words began to replace objects and gestures in Marco's tales: first*

exclamations, isolated nouns, dry verbs, then phrases, ramified and leafy discourses, metaphors and tropes. The foreigner had learned to speak the emperor's language or the emperor to understand the language of the foreigner. But you would have said that communication between them was less happy than in the past: to be sure, words were more useful than objects and gestures in listing the most important things of every province and city - monuments, markets, costumes, fauna and flora - and yet when Polo began to talk about how life must be in those places, day after day, evening after evening, words failed him, and little by little, he went back to relying on gestures, grimaces, glances. So, for each city, after the fundamental information given in precise words, he followed with a mute commentary, holding up his hands, palms out, or backs, or sideways, in straight or oblique movements, spasmodic or slow. A new kind of dialogue was established: the Great Khan's white hands, heavy with rings, answered with stately movements the sinewy, agile hands of the merchant. As an understanding grew between them, their hands began to assume fixed attitudes, each of which corresponded to a shift of mood, in their alternation and repetition... the repertory of mute comment tended to become closed, stable and ... they remained silent and immobile (Calvino, 1974, pp. 39-40, italics added).

Much of what is revealed in this excerpt has to do with the interface of expression and intention - there is an intention on Marco Polo's part to tell a story, a conscious deliberate effort to find a way of entering into communication with the Great Khan.

Initially lacking consensual language to describe his experiences, Marco Polo uses every mode of expression available to him - he enacts, imitates sounds, uses gesture - all in the service of conveying to the Great Khan a 'sense' of where he has been, i.e., what he has experienced and perceived.

In the endeavor to tell a story, intentional figurative forms can be used in two different ways. If we are struggling to tell a story, we will use figurative forms of the past, those that have previously proven successful for communicative purposes. Sometimes that may work, sometimes it won't, and it is in the latter instance that we look for new figurative forms. Thus, telling a story is a means of furthering a joint desire to enter into a dialogue and work toward the formation of new meaning and new understanding.

Importantly, in the endeavor to convey one's experiences to another, a decision rule comes into play. The decision rule has to do with how open or closed a person decides to be in the presence of another to whom the story is to be conveyed. This, in turn, can contribute to the flexibility and potential evocativeness of the metaphor used. A decision rule can involve both

conscious and unconscious motivations and a conscious decision to restrain is very different from an unconscious one. It is on the dimension of how open or closed a person decides to be that the figurative can expand or collapse.⁵⁶

Calvino's passage also illustrates the latter facet of intentional metaphor as it describes what can happen when metaphors become mere labels or clichés - "fixed attitudes" - when meaning is presumed rather than discovered, rediscovered, or actively sought. If defensively overused and/or routinely interpreted, the evocative potential of metaphor becomes "stable... silent and immobile" (Calvino, 1974) - thus narrowing rather than expanding the scope of potential understanding.⁵⁷

⁵⁶ The intention to understand of course operates not only in a dialogue, but within ourselves, at the level of self-understanding, as well. At a default level, we have a desire to know and with that comes a decision rule about how open or closed we want to be with ourselves in that process, i.e., what do we let ourselves access in order to gain a deeper understanding? Important to the clinical context is that this decision rule, whether it be in dialogue or monologue, can change over time.

⁵⁷ The excerpt also, inadvertently, speaks to additional ideas about metaphor which will be discussed in the second section of this chapter. Calvino describes something akin to a developmental trajectory of metaphor formation - from play with objects, to sounds, to actions and gestures, to words, sentences, and ultimately consciously formulated verbal metaphor. This 'poetically' conveyed and inferred notion of a developmental line of metaphor foreshadows Santostefano's conceptualizations (e.g., 1986, 1988) who writes about his work with children and offers a reformulation of metaphor

I will now turn to a review of some of the pertinent psychoanalytic literature on metaphor, which, with few exceptions has focused on metaphor in the clinical context as denoting the intentional use of figurative language.

3.1 Psychoanalytic Views: Metaphor as Intentional Expression

The psychoanalytic literature generally discusses metaphor in the clinical context as an intentional communicative tool, requiring conscious awareness in the verbalization, and involving a directed effort to capture and convey subjective experience (Rizzuto, 2001). With few exceptions (e.g., Modell, 1996, 1997, 2003; Ogden, 1997),⁵⁸ the role of verbally constructed metaphor is emphasized and seen as a means to unveil private experience, create new realities, and bring "aspects of the ineffable into the purview of interpretation" (Wilson & Weinstein, 1992).

which includes aspects of the unintentional and nonverbal.

⁵⁸ I will utilize Modell's and Ogden's conceptualizations in the second section of this Chapter (3.2), when I suggest an expansion of the 'classical' view of metaphor.

The emphasis on words as the meat of clinical matters is clearly spelled out by Ella Freeman Sharpe (1940), who is widely credited as initiating the exploration of metaphor within the psychoanalytic context. While she strongly emphasizes the visceral and preverbal roots of metaphors, positing that "no word is metaphysical without its first having been physical" (1940), she nonetheless places the value of understanding metaphor within the domain of work with "articulate patients" only.

To Sharpe, metaphor formation is the conscious fusing of "sense experience and thought in language" and she stresses the need to "listen to patients for the physical basis and experience from which metaphorical speech springs" (1940, p. 156). Words are seen as substitutes for bodily discharge and become the alternative channels for expressing the affective experiences that went along with the original bodily sensations. In her view, metaphor originates and "can only evolve in language" when psychophysical experiences, especially those related to bodily orifices, become controlled and when linguistic expression in a sense

becomes a metaphor in and of itself. Sharpe contends that only then

can the angers, pleasures, desires of the infantile life find metaphorical expression and the immaterial express itself in terms of the material. A subterranean passage between mind and body underlies all analogy (Sharpe, 1940, p. 156).

Sharpe asserts that spontaneous metaphor likely summarizes an infantile experience which more often than not reflects pregenital and repressed oedipal wishes as well as something of the early environment that has been incorporated.

When dynamic thought and emotional experiences of the forgotten past find the appropriate verbal image in the preconscious, language is as predetermined as a slip of the tongue or trick of behavior. Metaphor then is personal and individual even though the words and phrases used are not of the speaker's coinage (Sharpe, 1940, p. 159).

If we extended Sharpe's notion of the importance of bodily experience and its intimate link to metaphor, we might include affective experiences which are not connected to "bodily orifices," allowing the phenomenon of metaphor to reach beyond being a signifier of the

psychosexual stages and their attendant vicissitudes.⁵⁹

This would not only open up the potential realm of associations, it would also provide a more flexible interpretive frame. Rather than pointing to circumscribed points of developmental arrest at a particular psychosexual stage with a somewhat predetermined signification, the scope of meaning and potential relevance would then include seeing metaphor as

an integral part of the attempt of two people to convey to one another a sense of what each is feeling (like) in the present moment and what one's past experience felt like in the past (as viewed from the vantage point of the present) (Ogden, 1997, p. 722).⁶⁰

59 In *Psychoanalysis in Transition: A Personal View*, Gill (1994) discusses the role of the body in psychoanalysis and poses a pertinent question when he muses "whether it is the body as such or the body in terms of its meanings that is relevant in human psychology" (p. 139). He argues that the Freudian perspective "does not conceive of sexuality in simple bodily terms, but rather as 'psychosexuality,' that is, as a complex amalgam of bodily features and psychological attitudes" (p. 140). Gill goes on to challenge this perspective as he feels it unfairly narrows the scope of the body by the tendency "to discuss the innate [which is the body] in terms of sexuality rather than of the body more generally" (p. 140).

60 I am by no means implying that there are not instances when Sharpe's interpretive stance is in fact highly relevant to understanding a patient's patterns of being. I am merely contending with her somewhat narrow notion of the potential significance of certain metaphors. Sharpe's notion of metaphor seems to be more in line with Jones's conceptualization of dream symbols - it does not ask another questions or allow for "kindred associations" - its meaning is in a sense predetermined, e.g., a steeple always signifies a penis. I agree with the poet Robert Frost who held that

it is touch and go with the metaphor and until you have lived with it long enough you don't know where it's going. You don't know how much you can get out

Apparently feeling a similar sense of restriction in Sharpe's conceptualization of metaphor, Arlow (1979) takes issue with her emphasis on what some have called the 'detachable'⁶¹ aspect of metaphors, resulting in a separation from their dynamic context. The consequence is "a uniform, standardized meaning" which can be applied to any patient regardless of individual background or history. Arlow argues that Sharpe's approach to metaphor does not expand communication but rather constricts its potential into "standardized dictionary-type significations."

To counter this perceived narrowness, Arlow places emphasis on metaphor as "a fundamental aspect of how human thought integrates experience and organizes reality." He invokes the philosopher Susan Langer (1948)

of it and when it will cease to yield. It is a very living thing. It is as life itself (1930, cf. Ogden, 1997, p. 723).

⁶¹ "There is what might be called the classical view which sees metaphor as 'detachable' from language, a device that may be imported into language in order to achieve specific, prejudged effects. These aid language to achieve what is seen as its major goal, the revelation of the 'reality' of a world that lies unchanged beyond it; and there is what might be called the view which sees metaphor as inseparable from language which is 'vitaly metaphorical' and the 'reality' which is ultimately the end product of an essentially 'metaphorical interaction between words and the sensory impressions of daily encounter" (Hawkes, 1972, p. 90). Arlow puts Sharpe in the first category, from whence he believes most psychoanalytic theorizing on metaphor has taken its impetus.

in order to illustrate his belief that metaphor supplies language with flexibility and expressibility.

"It is the power whereby language, even with a small vocabulary, manages to embrace a multimillion things" (Langer, 1948). As a matter of fact, most current authorities are of the opinion that, phylogenetically and ontogenetically, metaphor originates at that point of development where the stock of words is insufficient to express the complexity (and psychoanalysts would add, the overdetermination) of thought [content]⁶² (Arlow, 1979, p. 368).

Arlow posits that metaphors and associations made to metaphors are the main vehicle for the communication and interpretation of unconscious fantasy and he sees interpretation and insight as derivative in large part of the most basic metaphoric process in psychoanalysis, i.e. the transference, where the meaning of a childhood event is transferred to an adult situation.

While still drawing the boundaries of what he considers 'metaphor' at language, Arlow broadens its meaning in the psychoanalytic situation nonetheless: he explicitly includes the analyst in the function and effect of metaphor. He describes psychoanalysis as a "metaphoric enterprise" and the interaction between patient and analyst as "mutual metaphoric stimulation,"

⁶² My addition.

i.e., the patient addresses the analyst metaphorically and the analyst listens and understands in a like manner (1979). Arlow furthermore embraces the "inherently ambiguous and metaphorical nature of language" and likens it to aesthetic communication because such a stance serves the capacity for empathy.

[T]he analyst's ability to empathize with the patient grows out of the common experience the two have shared: the biological experience,⁶³ the experience of being members of the same culture, using the same language, and above all, the shared intimacy of confidences in the psychoanalytic situation. ... [T]his interaction resembles the process of aesthetic communication: the devices which make poetry and enable the poet to transmit to others the emotion he experiences are the same ones which make the patient's material assume

⁶³ I would specify this more general notion by adding that the key to shared experience is in the resonance of affective experiences, which in turn provides the link back to the body and, thus brings us back to the more general notion of 'biology.' Freud's "Negation" paper (1925) illustrates the "fundamental metaphorical principle of ordering phenomena in terms of bodily experience:"

The function of judgment is concerned in the main with two sorts of decisions. It affirms or disaffirms the possession by a thing of a particular attribute... Expressed in the language of the oldest - the oral - instinctual impulses, the judgment is: 'I should like to eat this,' or 'I should like to spit it out;' and put more generally: 'I should like to take this into myself and to keep that out'...the original pleasure-ego wants to introject into itself everything that is good and to eject from itself everything that is bad (pp. 236-237).

configurations that transmit meaning and emotion to the therapist, making empathy possible. Contiguity, repetition, symbolism, allusion, contrast, and above all metaphor ... are the most important of these devices (Arlow, 1979, p. 373).

While coming at the subject from a different angle, cognitively oriented theorists (e.g., Lakoff & Johnson, 1980; Lakoff, 1987; Johnson, 1987; Lakoff & Turner, 1989) emphasize the ubiquity of metaphoric processes in human thought and action and stress that the roots of metaphor lie within the viscera of experience. Metaphor is seen not merely as a figure of speech, but as an elementary structure of thought crucial to our ability to continuously expand and define the breadth of our experiences.

Metaphor is a tool so ordinary that we use it unconsciously and automatically, with so little effort that we hardly notice it. It is omnipresent: metaphor suffuses our thoughts, no matter what we are thinking about. It is accessible to everyone: as children we automatically, as a matter of course, acquire a mastery of metaphor... And it is irreplaceable: metaphor allows us to understand ourselves and our world in ways that no other modes of thought can (Lakoff & Turner, 1989).

When we employ metaphor, we "make use of patterns that obtain in our physical experience to organize our

understanding... [T]he centrality of human embodiment directly influences what and how things can be meaningful for us" (Johnson, 1987, p. xv). Long before we have words for up or down, we experience kinesthetically our vertical or horizontal orientation.⁶⁴ We experience our body made up of parts within a whole, as being full, or empty. These experiences form the later base for our much more sophisticated metaphorical extensions of them as we then talk about the sense of psychological depletion or satiation or the experience of being contained versus uncontained (Lakoff, 1987).

In his landmark book *Women, Fire, and Dangerous Things*, Lakoff (1987) suggests that categories mainly depend on two factors: the bodily experience and what he calls "imaginative processes" (metaphor, metonymy, mental imagery) of the categorizer. Mark Johnson (1987) believes that experience is structured in a meaningful way prior to any concepts: some schemata are inherently meaningful to people by virtue of their bodily experience, e.g., the

⁶⁴ The important part about the kinesthetic sense is that, like affect, it is 'felt,' i.e., it is coming from the body. The kinesthetic sense is also experienced physiognomically, which, in turn, links it to affective correlates - e.g., 'up' is good, 'down' is bad. Thus, our kinesthetic sense of ourselves is not merely a body position - it links up to the affective dimension. These associations (e.g., up is good, down is bad) occur early on in development - we hardly ever fall down with glee... (Rosen, 2004).

container schema, the center-periphery schema, the full-empty schema. We 'know' these even before we acquire any related concepts because such kinesthetic schemata come with a basic bodily logic that is used to directly understand them.

Lakoff goes on to argue that thought makes use of symbolic structures that are meaningful to begin with - i.e., they are directly understood in terms of our physical experience. Basic-level concepts are meaningful because they reflect our sensorimotor life; kinesthetic image schemas are meaningful because they reflect our spatial life. Other meaningful symbolic structures are built up from these elementary ones. Thus, according to Lakoff and Johnson (1980), the core of our conceptual system⁶⁵ is directly grounded in bodily experience and those concepts that are not, are created by imaginative processes such as metaphor making. In this potential for expansion lies the possibility for different ways in which we can "construct a new reality" (Lakoff & Johnson,

⁶⁵ Conceptual systems are understood as second order classification systems which are built on basic percepts grouped together because of their similarities. Thus, conceptual systems are elaborations of perceptual classifications the patterning of which begins early in life (Rosen, 2004).

1980).

If, in line with Lakoff and Johnson's arguments, we are willing to consider the body as the source of our conceptual system, however developmentally primitive or sophisticated that conceptual system may be, and if we can entertain the notion that metaphors are ubiquitous manifestations of such conceptual systems, we might find utility in expanding the concept of metaphor within the clinical context. I will suggest in the next section of this chapter that such an expansion would move the realm of metaphor from being defined by a more or less dichotomous, consciousness-dependent, linguistic definition to one that spans a developmental continuum, i.e. that includes more 'primitive' expressions such as unintended verbalizations, actions, and behaviors.

Much like an evocative and directed linguistic metaphor, these other communications can engage our imaginations and awaken a range of affinities and correspondences within our own experience, which facilitates our entry into another's subjectivity. The different forms or manifestations of metaphor I will argue for are, in one way or another, struts of the bridge between the known and unknown, the familiar and

the strange, between body and mind, expression and sensation, and self and other.

3.2 Welcome to My Country: An Expanded View of Metaphor

If I could catch the feeling
I would: the feeling of the
singing of the real world as
one is driven by loneliness
and silence from the
habitable world.

Virginia Woolf

As I showed in the previous section of this Chapter, the psychoanalytic literature has traditionally emphasized conscious use of language as the sole domain of metaphor. There is clear utility in emphasizing language as a desirable conduit for the exposition of experience, especially in the context of the 'talking cure,' but this dissertation's concern with the visceral dimension of our experience and its developmental fate raises the question of how to access and understand the "early body before words" (Wrye, 2000). Wrye argues that while the acquisition of language in the course of development widens our understanding of conscious experience, we need to find ways to link body and mind when conceptualizing clinical processes. She suggests

that "we must extend the terrain of analytic work to bring the entire body beyond and before words into the mind of analyst and patient (Wrye, 2000, p. 99).

Schachtel (1947) has argued that before a facility with the spoken word is well developed, early experiences are registered in a 'language,' which is more responsive to the nonverbal and sensual correlates of experience. He argues that although new categories of meaning and classification are acquired as development progresses into adulthood, "these categories are not suitable vehicles to receive and reproduce experiences of the quality and intensity typical of early childhood" (Schachtel, 1947, p. 4).

In a similar vein, Werner & Kaplan (1963/1984) suggest that language can attach to a piece of a nonverbal experience constituted by an amalgam of feeling, sensation, perception, and cognition. This piece is transformed in the process of language-making and becomes an experience separate from the original global one. In the best of all worlds, this disconnected, and now linguistic element still captures the nonverbal conglomerate from whence it came, but the more likely

scenario, at least according to some (e.g., Stern, 1985), is that

the language version and the globally experienced version do not coexist well. The global experience may be fractured or simply poorly represented, in which case it wanders off to lead a misnamed and poorly understood existence (Stern, 1985, p. 175).

Schachtel, Werner and Kaplan, and Stern seem to imply that development, to some extent, comes at a cost. As our linguistic means of representation become more prominent, language insinuates itself between experience and expression and moves us away from its immediacy. On the one hand, this is a desirable outcome as it facilitates the management of affective states, which, if they remain unnamed or unlinked to stable representations, could be too overwhelming. As well, the likelihood of communicating to others our internal states in a more or less consensual symbol system is increased. However, on the other hand, we also lose 'touch' with ourselves as language comes to represent an "official version" (Stern, 1985), which can only partially pay tribute to the direct experience it represents.⁶⁶

⁶⁶ Stern (1985) provides a nice example, which I would like to quote in full as an illustration for the simultaneous loss and gain that accompanies the development of language.

Virginia Woolf alerts us to those dimensions of existence and experience that may not be easily captured or maybe lost in words and stay in the cracks of silence beyond the purview of consciousness. Although she is considered by many a supreme wordsmith, Virginia Woolf, personally and as a novelist (if such a distinction can be made), struggled with the 'unsayable' and ineffable and laments that words are often false to the experience

Suppose we are considering a child's perception of a patch of yellow sunlight on the wall. The infant will experience the intensity, warmth, shape, brightness, pleasure, and other amodal aspects of the patch. The fact that it is yellow light is not of primary or, for that matter, of any importance. While looking at the patch and feeling-perceiving it, the child is engaged in a global experience resonant with a mix of all the amodal properties, the primary perceptual properties, of the patch of light. To maintain this highly flexible and omnidimensional perspective on the patch, [t]he child must not notice or be made aware that it is a visual experience. Yet, that is exactly what language will force a child to do. Someone will enter the room and say, "Oh look at the yellow sunlight!" Words in this case separate out precisely those properties that anchor the experience to a single modality of sensation. By binding it to words, they isolate the experience from the amodal flux in which it was originally experienced. Language can thus fracture amodal global experience and introduce a discontinuity in experience (p. 176).

As I described in greater detail in Chapter Two, one goal of poets and artists might be conceptualized as trying to re-invoke this lost 'touch' via their use of metaphorical expressions - they assemble words, paint canvasses, compose music or movement in ways that might evoke something of the 'lost' viscosity of experiences such as the ones Schachtel and Stern seem to be alluding to.

of "reality dwelling in what one sees and feels" (Woolf, 1915).⁶⁷

What of those patients who do not have an appropriate, or readily available word or image to represent and consciously pay tribute to 'the reality dwelling in what [they] see and feel,' yet are driven to express their subjective experience nonetheless? What if the 'language' available to them consists not (yet) of consciously directed words, but of unintentional actions, gestures, and other nonverbal communication? What if language is simply inadequate? What if silence speaks louder, and, in an elusive moment, is worth 'more than a thousand words'?

⁶⁷ Some (e.g., Lawrence, 1991) posit that Woolf was a writer of silences, organizing her narration in such a way that what is unsayable is revealed. Lawrence identifies her as one of the writers who challenged notions of the relationship between word and experiential world in the twentieth century.

[T]he codes of perception and self-perception through which we situate our relations of intelligibility to others and to 'the world,' have entered upon a second major phase. In shorthand: the first which extended from the beginnings of recorded history to the later nineteenth century is that of the Logos, of the saying of being. The second phase ... must now be understood as coming 'after the Word' (Steiner, 1967, p. 93)

Lawrence posits that Woolf represents the essence of this second phase - she focuses on the unsaid, the unspoken, and the unsayable aspects of being, which she tries to reveal in her novels by various configurations of silence: a lexicon, punctuation, metaphor, space, or rhythm of silence.

Is the Mona Lisa's smile any less metaphorical than a couplet by Shakespeare? When we say "her eyes spoke volumes" - a metaphor itself for the intensity of her feeling - is her 'behavior' not metaphorical of her state of being? And could she have 'spoken' her feeling in words? Was she even aware of what her eyes spoke to? Do we ever blush intentionally? Does the "pure and eloquent blood [speaking] in her cheeks" (Donne, 1952) not convey a myriad of meanings without being filtered through consciousness? And might one then not say that "her body thought" whereas her mind was ignorant of such conveyances?

Why are Mark Rothko's often monochromatic paintings considered by some metaphorical of, i.e., standing for, early affective states, when 1) not a word is ever spoken, and 2) when Rothko never proclaims being conscious of having 'chosen' a particular color and having the dialogue with the viewer explicitly in mind?⁶⁸

⁶⁸ James Breslin, who wrote a biography of Rothko, interpreted many of Rothko's paintings as wordless metaphors that express unassimilated experiences (1993). He posits that Rothko's paintings recreate, through their interaction with the viewer the dynamics and tensions of an early mother-child relationship. He feels as though the paintings are "static or dead" until the confrontation with the viewer brings them to life. Breslin goes on to say that they "create an empathic space in which to confront emptiness and loss; they create an environment for mourning" (Breslin, 1993, p. 277).

Or think of paintings by Klee or Kandinsky which are often a spectacle of visual forms and yet, nonetheless, can engender affective resonances much like a poem might.

This type of evocativeness derives from an experience that goes beyond the visual percept or form, beyond color - it makes us 'feel' a particular way by establishing a connectivity across 'domains of experience' - a phenomenon very much akin to Stern's (1985) crossmodal perception in infants. I do not literally feel red or blue or black; rather the coloration stirs my imagination and the associations that are engendered combine with prior (often unconscious) experiences to evoke something that goes beyond what is explicitly evident. This something is visceral, and not readily linguistic. Deriving from physiognomic properties connected to varied sensory domains such as, for example, the curvature of a mouth, a color, or a movement, it is evocative of a feeling of a kind of global sensory

Interestingly, and this illuminates the interplay of subjectivities with regard to metaphor, Breslin changed his career from being a professor of English to becoming an art historian after experiencing a powerful emotional connection to Rothko's paintings when he fell into a deep depression after the break-up of his marriage. This illustrates that, in what is not necessarily a conscious act, we select objects in the present, which supply meaning that helps us process and alter experiences of the past, because those objects become imbued with feeling when a metaphoric correspondence between the present and unconscious memory is perceived. (Modell, 2003).

capture which characterized a past experience. The nature or content of this past event may well be off the screen of consciousness, but it is nonetheless affectively salient and can cause us to engage in reveries about actual or imagined experiential realities. Language is secondary to such direct experience - it may become part of the course, but it is not what sends us off the dock. Modell (1997) describes this intersubjective play of resonances.

Metaphors that derive from the memory of unassimilated experiences are obviously idiosyncratic but when externalized and transformed into another modality by an artist, they are in the public domain... From the standpoint of the person who views the work of art, those visual metaphors may be ambiguous but can selectively resonate with specific categories of the spectators own unassimilated experiences (Modell, 1997, p. 115).

Thus, the space between me and the painting becomes another canvas, on which the discovery of the quality of another's reality and of hidden realities within myself can take shape.⁶⁹

⁶⁹ The Russian philosopher/linguist Mikhail Bakhtin called this form of 'intersubjectivity' the "dialogical mode." Referring to literature, he held that the reader's subjectivity confronts the subjectivity of the author to create a new form of understanding (Weinstein, 2004), which, it seems to me, is not unlike what we do in the clinical context.

The translation from perception to feeling in the case of style in art involves the transmutation from "veridical" perceptions (color harmonies, linear resolutions, and the like) into such virtual forms of feeling as calmness. (Stern, 1985, p. 159).⁷⁰

Such silent transfers of meanings represent a nascent aspect of unconscious metaphoric processes and constitute elements of what may ultimately become a linguistic metaphor, in which the 'feel' of a particular state is made verbally explicit. The crossmodal potential of a transfer of meaning from one domain to another inherent in these occurrences is beautifully illustrated in the following quote from *Fugitive Pieces* by Anne Michaels (1996):

The serenity of a winter bedroom; the street quiet except for a shovel scraping the sidewalk, a sound that seems to gather silence around it. The first morning I woke to Michaela - my head on the small of her back, her heels like two islands under the blanket - I knew this was my first experience of the color yellow (Michaels, 1996, p. 184).

The clinical context has, metaphorically, often been compared to the arts or viewed as an art in and of itself. Psychotherapeutic processes have been likened to aspects of artistic endeavors, or components of the

artistic process: 'writing' a story or fashioning a narrative, painting the canvasses of our lives, a dance of subjectivities, or a musical improvisation or accompaniment, to name a few.

I believe that what these metaphors are meant to convey is the complex and multi-layered nature of what takes place between two people in the clinical process. In addition to the verbal kind, these metaphors reference physical, enactive, or non-verbal dimensions, which is an attempt to communicate the presence of multiple levels of interaction difficult to capture in more straightforward, i.e., non-figurative language.

Therapy is not about truth, it is about beauty in that it is an aesthetic experience. It is about finding a melody, meaning assisting, and participating in the discovery of a person's melody. Sometimes you have to evoke certain notes, sometimes all you have to do is accompany; sometimes you come up with a whole new theme in the act of playing together; sometimes it just jives and moves and you only accentuate. You provide the structure within which a person can improvise and discover notes, tunes, phrases, and melodies (Loewus, 2001).

Much like broadening the description and resonance of what occurs in the clinical context by way of metaphors that invoke nonverbal dimensions of experience, and, in this way, approximating the often elusive and

unconscious processes that constitute a major part of clinical endeavors, it may behoove us to be equally as inclusive in our conceptualization of metaphor as it pertains to our patients' communications and our ways of understanding, 'reading,' or 'playing' with them.

I would argue that even in the absence of fully realized linguistic capacities, awareness, or intention, patients 'speak' of their circumstances in "spontaneous metaphors" (Sharpe, 1940), which can help us flesh out the quality and feel of their subjective experiences. Thus, if the notion of metaphor were extended to include non-linguistic and unintentional processes and 'expressions,' the significance or consideration of things metaphoric in the clinical context would reach beyond the realm of Sharpe's "articulate patients." Included would be those individuals whose development has not allowed for adequate "desomatization" (Krystal, e.g., 1970, 1974, 1977) leaving particular affective experiences tied to the body in ways that impede linguistic representation or render words missives from the unconscious rather than tools to consciously and

reflectively organize and make meaning of experience.⁷¹

In such cases, the story or narrative may not be intentionally conveyed, but much like the subtext of a play, exists below the surface and manifests or emerges idiosyncratically in ways that are often beyond the awareness of the person.

An expansion of metaphor in the manner I am proposing implies an additional "perspectival stance" (Kittay, 1989). It seems to me that the notion of metaphor in the clinical context ought not to be limited to a patient choosing to use language in metaphoric ways, but should encompass as well a clinician taking a

⁷¹ There certainly are affective experiences that may be unproblematic for a person, and there are whole realms of cognition that function exceedingly well in people who nonetheless have a great deal of trouble negotiating the affective dimension. Temple Grandon, who suffers from Aspergers Syndrome, a mild form of autism, is an apt example of a mind that is clearly capable of complex mental representation, but who nonetheless has grave difficulties experiencing and processing affective experiences. In *An Anthropologist from Mars*, Oliver Sacks (1995) relates an encounter with Grandon describes her as "quite abnormal in her understanding of ordinary or social language - she missed allusions, presuppositions, irony, metaphors, jokes [and] found the language of science and technology a huge relief" (p. 272). He goes on to say,

She was celibate. Nor had she ever dated. She found such interactions completely baffling and too complex to deal with; she was never sure what was being said, or implied, or asked, or expected.... But the problem was not just actual dating or relating. "I have never fallen in love," she told me. "I don't know what it's like to rapturously fall in love." "What do you imagine falling in love is like?" I asked. "Maybe it's like swooning - if not that, I don't know" (Sacks, 1995, p. 285)

'metaphoric stance' i.e., being open to considering events, whether they be linguistic or not, as potentially metaphorical - as meaning-bearing expositions that result from a transfer of meaning of affective viscera to available channels of expression.

Such an expansion may broaden the scope of what Winnicott has called 'transitional' or 'potential space'⁷² - i.e., an area of play where past, present, self, and other mingle, and allow for the generation of "felt associations" (Sample, 1996) and "kindred presentations" (Kant, 1987). This may allow us, in a more experience-near manner, to explore what Freud proclaimed as one of the great psychological truths more than a century ago - the multivalence, complexity, and overdetermination we find in psychic life.

All the World's A Stage: A Metaphoric Stance

The late late Joe Chaiken was one of the founders of the Open Theatre and a seminal figure in New York

⁷² This notion is in and of itself one of metaphorical space. While it would clearly be interesting to include in a discussion of metaphor in the clinical context the various metaphors that have been used to describe the therapeutic context, the topic warrants an exploration in and of itself and it is beyond the scope of this dissertation.

Theatre, and I remember being taught a master class by him soon after he had had a stroke which left him severely aphasic.⁷³ We were to prepare two pieces - one from Shakespeare's *Macbeth* and one from Ionesco's *The Bald Soprano*. Chaiken, at the time, worked with a translator of sorts, who was able to elaborate on the staccato and broken-up linguistic missives Joe would deliver in response to our scenes. I remember vividly how Joe interrupted one particular presentation by way of waving his arms and making something akin to grunting sounds, struggling to make consensually understandable meaning. It was remarkable to watch him gather up his verbal steam, searching for the right word to convey his meaning, and after many "hms" and "uhs," and "nos," he said, "hunger, about hunger. *Macbeth* hunger, yes? Everything from hunger. Desire. Yes?"

Silence descended as everyone struggled to compute and associate to the basic tenor Chaiken had set: get back to your body, to the basics - it is from there you

⁷³ Chaikin suffered his stroke in 1984, but persevered as a seminal figure in American theatre, drawing upon the experience of his stroke until his death in 2003. He collaborated on three pieces dealing with aphasia, as co-author and actor: "Struck Dumb", with Jean Claude van Itallie, and "Savage/Love" and "Tongues," with Sam Shepard.

will 'sense' Macbeth's struggles and motivations most intimately and it is from there that you can expand and link words, behaviors and interactions that illuminate the quality of the characters' struggles. He wanted us to keep in mind the feel of this basic visceral need when approaching the subsequent theatrical 'symbolizations' - whether they be monologues, dialogues, silences, interactions, or gestures.

Akin to such an overarching metaphor of a play, which a director may introduce or suggest as a fulcrum that can anchor all involved, the theme of a treatment assembles itself from the other direction - as we sit with a patient and observe, listen, and feel fragments of his or her 'play' - we can create a metaphor for what we sense might constitute the core of his or her struggles. Assembled from all manner of communication this metaphor might be seen as echoing the tenor of the psychological space one has entered with a particular patient - it is the rhythm, the bass line, the background, the frame of the painting, the repetitive dance step.

We presumably enter the clinical space with a heightened desire to understand our patients as fully as possible in order to facilitate the creation of "new

realities" (Lakoff & Johnson, 1980). If we can concur with Lakoff and Johnson that metaphor is one way in which we can create such new realities, then it seems that from the beginning, we enter the space of metaphor, whether that means we listen and look for, i.e., try to 'sense' metaphoric communications in the patient or create metaphors in our own mind which allow us to better enter a patient's particular landscape of experience.

A great deal of what goes on in analysis is in the form of analyst and analysand creatively and unself-consciously playing a verbal squiggle game with spontaneously or newly rediscovered metaphors... Of course, not all analysands are equally interested in or capable of entering into play with words and ideas. Patients who are not so inclined often introduce their own forms of playing into the analytic setting, for example, their sense of humor, or in their response to music they have recently heard or played, and to sounds occurring in the analytic session. I view playing, in all the various forms it may take, as metaphorical in the sense of being grounded in the experience of bringing different aspects of one's experience into relation to one another (Ogden, 1997, p. 725).

If we conceptualize metaphor as an element of 'play,' then the following question arises: how do we begin to play with a patient in the absence of his or her ability to contribute explicitly to such play? It seems to me that, given such a clinical predicament, we might

take the 'metaphorical' stance I alluded to above and, in a sense become something of what Levy-Strauss (1962) called a 'bricoleur.' The concept is inspired by the French word 'bricolage' which loosely translates into 'tinkering.' According to Levi-Strauss, a bricoleur is a person who puts to use a host of materials lying around at various stages of construction or disrepair. This person plays, i.e., works creatively by continuously shifting according to the ever-changing requirements of the task and uses whatever is at hand to understand and approach the phenomenon (or person) in question to get a sense of what may still be hidden. With regard to 'unplayful' patients, we might employ something akin to such a process to begin to fashion a map with which we might navigate and explore their particular internal worlds.

Perhaps the atlas's most important contribution was what it left out. ... This blankness was labeled simply and frighteningly Terra Incognita, challenging every mariner who unfurled the chart. ... The closest we come to knowing the location of what's unknown is when it melts through the map like a watermark, a stain transparent as a drop of rain. On the map of history, perhaps the water stain is memory (Michaels, 1996, pp. 136-137).

I would argue that to approximate patients 'terrae incognitae,' to see the 'watermarks' of their histories, we can collect clues about the lay of the land by way of what patients intentionally and unintentionally express.

The manner of initial engagement with a patient is often at the level of the body, the unspoken, the unintentionally conveyed, the 'picked up' - we sense something, we have a hunch, an impression, we respond viscerally, we observe, listen, and feel, all of which in turn motivates us to get more of a sense of who it is we are encountering.⁷⁴ We can use these initially often disparate pieces of information, raise their impressions and effects on us to a symbolic level, and create an overarching and flexible metaphor in our mind that helps us imagine what the patient's inner reality may feel like. Ogden (1997) calls this process "reverie" and describes it as a way of talking to himself about unconscious experience in a way that facilitates his making links with other thoughts and feelings. Ogden

⁷⁴ Winnicott believed that in order to imaginatively enter a patient's world, these type of impressions along with knowledge about personality development, theoretical models, differential diagnosis, the history of the patient and countertransferential vulnerabilities of the analyst need to be, or become known so well that they are "in one's bones." Again, this is very reminiscent of the process of developing, rehearsing, and performing a play.

(1997) argues that by using his imagination in this way he gains access to and creates "metaphorical meaning for formerly unnamed (unconscious) experience."

[T]he creative function of imagination involves the ability to analogically discern relations between ideas, objects, feelings or forms; the ability to see patterns within disparate elements; and the ability to unite these linkages into new combinations that include asymmetries, contradictions, condensed symbols linked by contiguity, spatial and temporal arrangement, and emotional and narrative meaning (Stevens, 2003, p. 12).

Few psychoanalytic authors (e.g., Modell, 1996, 1997, 2003; Ogden, 1990, 1997; Rizzuto, 1988; 2001) writing about work with adults address metaphor in the clinical context as potentially unconsciously formed and unintentionally expressed. They consider these phenomena 'communications' that can impart aspects of subjective experience or give us glimpses of another's reality without being explicitly conscious. Ogden, for example, posits that dreams and reveries are metaphors for the patient's unconscious experience and that insofar as we as clinicians are interested in the latter, we are "students of metaphor."

It is therefore incumbent upon us to develop an intimate familiarity with the workings of

metaphor so that we may come to know something of its expressive powers as well as its limits (Ogden, 1997, p. 728).

Modell (1996, 1997, 2003) has focused particularly on the relationship between affects and metaphor and posits that metaphoric communication is ever present in both verbal and nonverbal realms. Like Lakoff and Johnson, he sees metaphoric thought as an elemental way of 'knowing.' Stressing its prelinguistic roots, Modell speaks of silent metaphors and cites his work with a graphic artist as an example.⁷⁵

[The patient] described a painting of his, which depicted word fragments exploding and coalescing. The image was similar to that of a big bang, as the words appear to float into outer space unconnected with each other. As is true for the alchemist, this man created wordless metaphors that corresponded to the inner reality of unassimilated experiences. An inner mental state is expressed metaphorically and projected into the

⁷⁵ We generally attribute intentionality to artists, i.e., a desire to make known something to others that is meaningful to the self by way of a chosen media. However, this does not always presume their knowledge of what exactly it is they feel a need to express. A desire or urge drives them to begin and it is often only through the creative process that the object of that desire might be discovered. In my way of thinking, and underlying the propositions of this section, intentionality in the clinical context is not key. An unconscious press of affect can drive a person's need for expression, on whichever level - i.e. verbal, nonverbal, intentional, unintentional - and it is our job as clinicians to glean an understanding as to where these expressions may derive from.

inanimate world. The artist's unassimilated experiences are transposed into a different sensory modality. As a child he felt unheld, hence the words were flying off into outer space. The significance of words could be traced to the fact that in childhood he suffered from severe dyslexia, so that words seemed to him to be mysterious, alien, and foreign objects (1997, p. 113).

While the significance of words to Modell's patient could be "traced to the fact that in childhood he suffered from severe dyslexia" (Modell, 1997), could we have predicted that the condition would manifest in the image and sensation of words flying into outer space?

Although diagnoses can give us a framework within which to place a patient in terms of development or psychopathology, they are rather static and circumscribed labels for particular mechanisms the literature has agreed on. Akin to curators' notes in a museum, they can be helpful, interesting, provide plenty of intellectual fodder, but are also twice removed from experience. Conversely, stepping into a room in front of a canvas provides the possibility for an immediate engagement of our subjectivity and the subjectivity of the artist. The same, it would seem to me, goes for an individual's relationship to poetry: in order to contextualize a writer's oeuvre, it is clearly helpful to 'know' of his

or her background or style, of his or her particular place in cultural and political landscapes as it gives us a sense of the significance of a piece or work within a larger context. However, the immediacy of poetry, much as the presence of another person in the treatment room resonates because it can evoke commonalities our subjective experience. Such an evocation of something within us allows our imaginations to take hold and play with the resonances in ways that may lead to a new understanding or insight.

Metaphor is an evocative mode. ... It is misguided to separate the logic of metaphor from its evocative function: it jolts or surprises the object. ... The unruly defiance of metaphorical representation releases both unconscious significance and the affect linked with the meaning (Bollas, 1987, pp. 175-176).

While Bollas emphasizes the linguistic dimension, he also suggests something that applies beyond words: viewing something as metaphor procures a different attitude which implies that there are hardly any linear equations when we deal with the human condition and that there is thus always another question to be asked.

Metaphor invites us to play, to find something new by seeking resonances, some of which may be familiar,

others strange, some clear, and others confusing, some subjectively understood, others objectively decoded. What gives us a sense of our patients is our ability and willingness to live with the strange, the familiar, and the inherent tensions long enough for patterns to assemble that can tell us something of their idiosyncratic histories and their ways of experiencing the world, themselves, and others.

Lessons From The Sandbox

Literature by clinicians who primarily write about their work or 'play' with children is salient in this context as they argue for a broader definition of metaphor that includes nonverbal processes of play and imaging (e.g., Billow, 1977; Ortony, Reynolds & Arter, 1978; Santostefano, 1970, 1977, 1978, 1986, 1988).⁷⁶

Santostefano argues that

⁷⁶ Developmental psychologists have become interested in children's nascent figurative productive capacity (Gardner, 1974; Gardner, Kirchner, Winner, & Perkins, 1975; Gentner, 1977; Kogan, Connor, Gross, & Fava, 1980; Pollio & Pollio, 1974; Winner, 1979) and comprehension (Asch & Nerlove, 1960; Billow, 1975; Cometa & Eson, 1978; Gardner, 1974; Malgady, 1977). The notion that there are nascent metaphoric processes that function quite early in a child's life and contribute to his or her cognitive development would support the idea that metaphor contributes not only to the extension of vocabulary, but to the growing mastery of reality (Cassirer, 1946; Langer, 1948; Searles, 1965; Sharpe, 1940, cf. Billow, 1977).

it is generally accepted that metaphor, along with its close relatives, simile and analogy, involves the transfer of meaning, i.e., something is described in terms of properties that belong to something else.. Relevant to this discussion, reviews of research on metaphor report that results are inconclusive and theory incomplete in part because of the questionable assumption that a verbal expression is the exclusive locus of metaphor (Santostefano, 1986, p. 179)

Gardner (1988, cf. Siegelman, 1991) has demonstrated that young children are fluent metaphor makers, whose early metaphors are image metaphors, usually based on physical properties. For example, "one child likens an elephant's trunk and head to a 'gas mask;' another sees a potato chip as a 'cowboy hat;' for a third, a red balloon becomes an apple" (Siegelman, 1990, p. 8). Others (e.g., Bamberg, 1980; Verbrugge, 1979) have posited that when young children play, be it with words or toys, they *inevitably* produce metaphors, which allow them (and, by extension, interested others) to discover the expanding breadth of experience within themselves and the scope of the world around them.

In addition to evoking the generally accepted view of metaphor as involving a transfer of meaning,

Santostefano offers a more detailed phenomenological definition:

a metaphor is a persistent organization⁷⁷ (pattern) of mental pictures, symbols, words, emotions, postures and physical actions that synthesizes, conserves, and represents a person's experiences with negotiating key developmental issues vis-à-vis the self, other persons, material objects, and situations (Santostefano, 1986, p. 179).

Santostefano describes that in his work with children verbalized metaphor is usually preceded by metaphors of action and of fantasy images. He suggests that 'enactments' could be considered metaphors in their own right as they illustrate subjective experience by way of a transfer of meaning from one domain of experience or expression to another. He has typically found that children in treatment initially express their metaphors nonverbally by enacting them. But, depending on the severity of psychopathology, as development progresses or resumes, they are increasingly able to use verbal metaphors.

It has been argued that behavioral roots of metaphors are present at birth in the capacity for

⁷⁷ This pattern is clearly one constituted, in large part, by the workings of the memory system.

sensory perceptions to supercede existing links between stimuli in favor of novel ones⁷⁸ (Ortony, 1979; Wiener, Wapner, Cicone & Gardner, 1979). Developmentally, these patterns are expressed in increasingly sophisticated modes of behavior which emerge as new coding capacities become available.

Starting with the infant's early negotiations and interactions with caregivers, initial metaphors are constructed and then restructured by way of later development. If development advances in a 'good-enough' manner, aspects of these continuous experiences are assimilated, restructuring the original metaphor. In abnormal development, elements of new experiences are not assimilated, and metaphors remain arrested.

A young child's construal of the world relies on the action coding system, i.e., processing focuses or centers around the action ingredients of an event, and interactions and situations are negotiated with the action mode. As development progresses, the fantasy coding system becomes prominent, subsuming and

⁷⁸ While novel, the stimuli nonetheless have to evidence some element of similarity for the pre-existing organization to be modified by new experience.

integrating the action system, which allows for more and more complex images to be used in the construal of reality as well as for engagement with a situation by way of "fantasying along with acting or by fantasying with no actions taken" (Santostefano, 1986). Further development results in the emergence of the language system and the use of linguistic symbols to code events and behaviors. In this process, the fantasy and action systems are integrated into the language system and now, presupposing development has progressed advantageously, words alone or words accompanied by fantasies and actions can be used to construe and engage things and events.

In the developmental sequence Santostefano proposes, the behavioral expression of metaphor is conceptualized as a shift from concrete-behavioral and direct-immediate to abstract and indirect-delayed processes. The action mode is viewed as most concrete because it involves physically manipulating reality here and now. The fantasy mode is less concrete, because an image or representation of reality is manipulated, and more delayed, because action is postponed at least for the duration of the fantasy. The language mode is most

abstract and is typically associated with the greatest delay of physical action (Santostefano, 1986, p. 182).

Patients are often described as "regressed," "primitive," "preoedipal," "preverbal," or "developmentally arrested," and although concessions are made about their development not having allowed for adequate symbolization of particular affective states which could have led to the use of language as a deliberate tool of expression, psychoanalytic authors have typically not allowed into their discussions of work with adults a view of metaphor that includes nonverbal manifestations of unassimilated experiences.

If we are willing to take into account Santostefano's considerations and appreciate the impact of developmental events on an individual's capacity to move from more primitive metaphoric modes (i.e., action and fantasy) to the more sophisticated mode of language, then we might postulate the following: if the vicissitudes of development have rendered the body and only the most concrete interactional capacities the primary vehicles of communication, then it seems that expressions deriving from such a predicament in an adult might be seen as metaphoric - as meaning-bearing

expositions of subjective experience, which come about because of a transfer of the qualities of an experience onto available domains of expression.⁷⁹ Whether they be actions, behaviors, or words that are not so much constructed as propelled by a need to be understood, these expressive gestures communicate a visceral aspect of experience and are ways in which "the body expresses existence at every moment" (Merleau-Ponty, 1989).

Modes of Metaphor

I study her with obstinacy, passion, and despair - with the stamp album as my textbook. Why am I doing this? Can a stamp album serve as a textbook of psychology? What a naive question! A stamp album is a universal book, a compendium of knowledge about everything human. Naturally, only by allusion, implication, and hint. You need

⁷⁹ In discussions about the proposed expanded notion of metaphor, one consideration that was thrown into the dissertational 'transitional space' was that theoreticians, including Freud, have conceded that behavior 'speaks.' I am not contending with the fact that people have considered the symbolic powers of behavior, I am simply suggesting that these clinical instances can be included in what is viewed as 'metaphor.' The model driving such a conception is the following: Insofar as behavior is an expression of something in memory, it bears meaning. An internal representation has been activated and is thus part of the causal chain for this particular behavior. Within the conceptual framework I am developing, behavior and enactments are seen as metaphoric in that they involve a transfer of meaning. Something is elicited, triggered one might say, by the quality of an interaction or a quality within the therapist and this something is percolating and gets transferred or transformed into behavior. In my view, calling something a behavioral metaphor highlights the processes involved in the manifestation of a particular behavior and holds one of the keys to identifying the story that the behavior refers to.

some perspicacity, some courage of the heart,
some imagination in order to find the fiery
thread that runs through the pages of the
book.

Bruno Schultz

If we stick with a basic definition of metaphor as involving a transfer of meaning from one domain of experience to another, then the ubiquity of metaphoric processes in psychological functioning comes into relief. If we are also willing to entertain the notion that metaphor is, in large part, driven by the need to express and make sense of the bodily experience of affect, then the notion of a developmental line of metaphor presents itself and an argument can be made for the manifestation of multiple modes of metaphor beyond the intentionally linguistic realm in the treatment of adults. This, in turn, would allow us to postulate that the vicissitudes of a patient's affective development, both intrapsychically and interpersonally, might, at least in part, be illustrated by the type of metaphors prevalently used in the clinical setting.

On an intrapsychic level, metaphor is quite ubiquitous: our developing bodies and minds use metaphoric processes to master our environments, to make familiar the unfamiliar we encounter throughout our

lives. In this very basic way, metaphor fosters our ability to make ever more complex meaning of our existence. Within the context of our work with patients, our 'dialogue' is suffused with metaphor, both in consciousness and outside of it and both on intrapsychic and interpersonal levels - we constantly impose what we know of the patient onto new experiences with him or her in order to integrate the new into the known and assemble ever more complex meaningful patterns; conversely, patients use what is at their disposal, they communicate what they 'know' or have known by what they do, what they say, and by the ways in which they interact with us. If we zoom out even further and take a bird's eye view of clinical processes and the theory pertaining to them, we find that the language to describe clinical events and define psychodynamic mechanisms is replete with metaphors as well- i.e., expressions such as projective identification, enactment, transference, countertransference, transitional space - all are meant to evoke in our minds processes, which are at their core metaphoric.

The modes of metaphor I will propose below derive from the following three propositions: 1) in the

clinical context, there can occur a transfer of meaning, on a bodily level, from one domain of experience (the patient's) to another (the therapist's) out of which a "third thing" (Langer, 1948) arises, i.e., a better understanding, a representation/symbolization in the therapist and then, hopefully, by way of a subsequent transfer, in the patient; 2) there can occur a transfer of meaning from internal experiential patterns or sensations onto external observable behavior. The behaving body thus becomes the expressive vehicle which the therapist observes, tries to understand, and then, if appropriate, puts words to;⁸⁰ 3) there can occur a transfer of meaning from body to language where the language is not yet reflective, but rather still reflects concretely an individual's experience of his or her body in affectively charged moments; we as clinicians - should

⁸⁰ The body and behavior modes of metaphor I propose are closely linked to two well-described and comprehensively theorized about psychoanalytic constructs - i.e., projective identification and enactment. The literature on both of these phenomena is extensive and will not be reviewed exhaustively in this context. The aim here is not to propose a theoretical reformulation as I am not contending with the use of the terms to describe observed and felt clinical phenomena. Rather, I am highlighting the metaphoric processes which underlie these definitions and will provide cursory reviews as appropriate to the context.

we have more sophistication and thus be capable⁸¹ - can use these unintentional expressions to begin to reflect on, name, and try to symbolize the patient's experience. Over time, such a recapitulation of certain developmental steps may, as in Santostefano's work with children, lead to the creation and utilization of intentional linguistic metaphors. These, in turn, might allow for dialogue which is characterized by the capacity to reflect together with the patient on his difficulties.

The modes of metaphor which constitute the proposed expansion fall under the general headings of body, behavior, and - the more consensually agreed upon - language and are akin to Santostefano's developmental action-fantasy-word stages of metaphor. While they are derived from my experience with adult patients, they may in fact have similar implications, because from the prevalence of a particular mode of metaphor we may derive a sense of the patient's development. We might use these clues to guide our clinical choices as to what might best

⁸¹ This is akin to what Loewald has posited in terms of primary and secondary processes within the dyad - he held that the therapist ought to be slightly 'ahead' in terms of levels of symbolization in order for the patient to be 'pulled along' into more adaptive ways of representing experience.

facilitate psychological growth. The difference may lie in the fact that with children we can conceptualize the progression in different types of metaphor-making as 'stage-appropriate,' whereas in our work with adults development might, at least to some extent, have to be revisited, modified, or recapitulated.

It is my sense that taking a stance that views the different clinical events I described as metaphors engages our imaginations more readily, sustains our curiosity, and facilitates a less judgmental and distanced perspective. By staying close to the specifics of lived experience, it seems that the scope of our understanding of another person can be broadened.

3.2.1 Wordless Metaphors or Body 'Language': Do You Feel Me?

This mode of metaphor operates and expresses itself in the landscape of the body, or more precisely, in the terrains of two bodies, that of patient and clinician. It is closely related to what the literature refers to as the mechanism of "projective identification."⁸² Under

⁸² Klein, who introduced the concept, uses it to model how the unconscious can act as a transmitter and how these transmissions

the umbrella of this general term lie a myriad of specific sensations which are transferred to another as they cannot yet be 'thought' or spoken of because they have no referent or representation in consciousness. When we become the recipient of a patient's bodily communications, a similar thing happens to us - something is made 'known' to us before we can think about, i.e. mentally process it.

[I]n our work, we experience the patient in our soma. In the most obvious sense, some analysands enable us to feel somatically rested and receptive, while others precipitate complex body tensions within us which we endure ... [W]e somatically register our sense of the person; we carry their effect on our psyche-soma and this constitutes [the unthought known] - a form of somatic knowledge which is not thought. (Bollas, 1987, p. 282).

Bollas' "unthought known" (1989) is an intriguing notion which I feel underscores this discussion. As I understand it, the unthought known is 'known' in the sense of being 'felt,' thus known to the body, but it has

will then influence the receptive functions of another unconscious mind. Morrison (1986) sees it as one person's communication to another about what an unconscious constellation of dynamics *feels* like. Other authors see projective identification as involving a projection of *affects* associated with self and object representations (Adler & Rhine, 1992). Ogden posits that in projective identification "the projector, by means of actual interpersonal interactions with the recipient unconsciously induces feeling states in the recipient that are congruent with the 'ejected' feelings" (1990a, p. 79).

not been represented in a form available to consciousness. Described as a combination of a version of Winnicott's true self, which Bollas interprets as an inherited disposition, and Freud's idea of the primary repressed unconscious, the unthought known has an intrinsic logic which is, in turn, through the course of development linked with an 'intersubjective logic,' i.e., the logic of the other. Bollas posits that the unthought known becomes thought and thus organized through the infant's (or patient's) use and experience of the other.

In line with a developmental view of metaphor, Bollas considers the clinical context, and especially the transference, a process that partly recapitulates ontogenesis⁸³ in that it is "an arena where a patient can live through [and think] for the first time elements of psychic life that have not been previously thought" (Bollas, 1987, p. 278).

Let us suppose a patient was not so lucky as to have a caregiver who could assist him in his struggles to

⁸³ This is true not only for the patient, but for the analyst as well. Giovacchini describes this process as "an act of mutual discovery" (1986, p. 13) which not only echoes the notion of an inherent metaphoric process within which two subjectivities meet and forge a dialogue in order to discover meaning, but also invokes Arlow's conceptualization of the psychoanalytic endeavor being one of "mutual metaphoric stimulation" (Arlow, 1979).

'think the unthought known' and represent his experiences, but rather precipitated in the infant moments of early psychic trauma. How can a patient then communicate these experiences, which were never encoded in verbally explicit, but rather in nonverbal, somatosensory form? Schore (2003) argues that these bodily-based memories are communicated through nonverbal interactions that occur at unconscious levels. A patient's affective experience is transferred, generating a felt state in the clinician, who can then garner a visceral approximation of the intensity and quality of the patient's experience and, through imaginative resonance, can begin to elaborate this nascent metaphor of another's unprocessed affect to get a better sense of its sources in the patient's history.

When children have strong affects that threaten to overwhelm them, they externalize their distress. The parent takes in the projected feeling and self object state, contains it, modulates it, gives it meaning, and returns the transformed affect in the form of holding, a meaningful comment, or some other communication. (Hamilton, 1992, p. xiii).

In working with psychotic patients, Bion noticed that there seemed to be sensations, perceptions, or mental states, which these patients could neither feel

within themselves nor be conscious of and which they externalized and "deposited" in him (1962). Bion introduces the terms 'alpha elements and beta elements' to highlight the internal and interpersonal processes required to make sense of such events. He called the raw sensations and emotional experiences 'beta elements,' and described them as "precursors of mind," which are experienced as "things of themselves." They cannot be used to think and are thus only fit for expulsion or action. In order to make sense of them, beta elements have to be turned into "alpha elements," which allow for thought and can be used in future processes of transformation. The transformation occurs via the "alpha function," which orders and transforms events into personal experiences that can be mentally processed and communicated in symbolic form (Bronstein, 2001). The mother or a clinician thus ideally uses her alpha function to transform the 'deposited' raw sensations, 'returning' them as something that can eventually be assimilated by the infant or patient in his or her own mind (Bronstein, 2001).

It seems to me that what Bion and other authors have described as 'projective identification' consists of

multiple metaphoric processes - there is a transfer of meaning from one 'object' to another (infant to mother, patient to clinician), from one domain to another (raw sensation to representation), and back again from the 'object' who received the raw sensations to the 'object' who initially transferred them 'out.' The transfer of meaning might be conceptualized as moving from an undifferentiated intra-body state to unconscious inter-body communication to a more or less conscious intrapsychic process in the clinician to an interpersonal process between clinician and patient, hopefully resulting in the patient being able to intrapsychically embody his experience.⁸⁴

This process can be conceptualized as getting to know the patient from "from the inside out" (Bromberg, 1991)⁸⁵ as we can become the recipient of experiences

⁸⁴ Interestingly, this sequence of events is much like a description of metaphor and poetry I used in Chapter Two.

[Metaphor] begins with the body and ends with the body... it is energy transferred from where the poet got it, by way of the poem itself all the way over to the [other person] (Olson, 1960, p. 387).

⁸⁵ McDougall (1978) posits that the patient who suffered preverbal traumas transmits "primitive communications" that induce countertransference emotional states in the analyst. Similarly, Modell holds that in projective identification, "affects that are associated with the patient's past traumatic relationships are..

that are as yet unarticulated and, for one reason or another cannot be processed by the patient alone.⁸⁶ If the interactive transformation of the "not yet speakable, not yet formed," (Leisjssen, 1990) is successful, the patient acquires a version of an experience that is more amenable to being integrated (Ogden, 1990b), managed, and, in Bollas' terms, 'thought' (Bollas, 1987). When the patient is able to raise an inner word into a spoken word about what he or she needs to say at a particular moment (Buber, 1957, cf. Schore, 2003), the unconsciously communicated wordless metaphors of projective identification may rise to the level of symbolic thought, allowing for some distance to the event of feeling and fostering the intentional processing, reconstruction, and, hopefully, amelioration of the patient's difficulties.

projected onto the therapist, so that these affects are also experienced by the therapist" (1993, p. 148).

⁸⁶ This is reminiscent of Freud's descriptions of "evenly suspended attention" which he regarded as a stage of mind in which the unconscious communications of others could be received. He held that the therapist should "turn his own unconscious like a receptive organ toward the transmitting unconscious of the patient... so the doctor's unconscious is able to... reconstruct [the patient's] unconscious" (1912/1946, p. 115).

3.2.2 Action Metaphors: Do You See Me?

Bach (1998) suggests that "difficult patients continue to respond at the sensorimotor-physiological level precisely because that is where the earliest mutual regulation went awry" (p. 188), leaving particular affective experiences insufficiently symbolized, and compromising the developmentally desired outcome of being able to delay action. Thus, sensation still begets action and the patient continues to use the concreteness of the body and behavior to present and regulate feelings and ideas that cannot be mentally entertained. Certain behavior, both in subtle and not so subtle forms, might then be described as a figurative form or metaphor - an affectively driven experience is mediated through the body, resulting in an action that may stand for the quality and circumstances which accompanied the original experience.

What the body is doing is not necessarily readily available to consciousness. In clinical interactions for example, we react to patients, and patients to us, with all kinds of subtle meaning-bearing 'motor expressions,' which we are not conscious of at the time. We might in fact only 'see' such manifestations if we watched a

videotape. This kind of 'enactment' arises presymbolically - something is experienced in one domain and is expressed in another, i.e., the actual experience and the representational form that are called up elicit a particular form of behavior which is not intentionally used to convey meaning, but can communicate meaning to an observer nonetheless. While the behavior belongs to the 'enactor,' who, communicates something of his internal world, it impacts the other, in whom internal mechanisms of meaning making start to churn to make sense of what is 'seen:' 'what did that mean?' or 'what does it mean that I am experiencing this or witnessing it in the presence of that?'⁸⁷

As a consequence of transference, a patient's enactment, in the more classical psychoanalytic sense, is an expression of an underlying metaphoric process as well - something about the clinician or the tenor of the interpersonal space elicits a set of memories in the patient who then reacts as though the present moment is an element or object of his or her past. Since the affect elicited is unconscious and lacking in adequate

⁸⁷ This is akin to Jung's description earlier in this chapter of utilizing a 'symbolic attitude' that asks, 'What else might this be?'

symbolization, the similarity of the present to the patient's past causes an equally unconscious process of recognition, which in turn drives the behavior. Bromberg (1998) posits that the resulting enactment stands for, i.e., it is meant to convey, the existence of a 'truth' that cannot be thought or spoken of within the context of the relationship between clinician and patient in the moment.

Schafer (1983) has suggested that patients' linguistic metaphors ought to be taken very seriously, arguing that while they may be an abstraction of sorts, they also signify a concrete psychological state that is often concomitantly expressed in a physical enactment of the metaphor. He explains that a patient may say, "I am crushed," and may simultaneously slump as he walks, or speak in a low voice (cf. Siegelman, 1990). I would argue that, conversely, a patient may slump and *not* be able to say "I am crushed;" another may wring his hands and not be able to say "I am crawling with anxiety;" a patient may frown, but not be able to say "I am down at the mouth;" he or she may look at the floor, but not be able to say, "I'm low;" a patient may hold his stomach, but not be able to say, "I am tied up in knots;" or a

patient may hold her head, but not be able to say "my head is spinning." Even in the absence of words on the patient's part to verbally symbolize and communicate the affective experience driving these behaviors, they can be taken into our realm of consideration as metaphors - as figurative forms that point to subjectively significant meaning lodged in the experiential reality of the body.

Rizzuto (1988) argues that eating disordered patients make minimal use of linguistic metaphor - "as though the disruption in the experience of their bodies has limited the metaphoric use of language" (Rizzuto, 1988). Some authors (Sashin, 1985; Callahan & Sashin, 1987) regard these patients as suffering from an "affect response disorder" and emphasize their inability to tolerate certain affects, which results in a reaction to affective stimuli marked by an apparent non-response or by an overload-discharge pattern manifesting in impulsive behavior or somatic dysfunction. Sashin notes that affect responses seem to be shaped in large part by the capacity to fantasize, the capacity to verbalize affect, the level of stimulation, and the ability to contain oneself, i.e., to refrain from impulsive action.

As the section on affect development in Chapter Two elaborated in greater detail, these regulatory capabilities develop into adaptive internalized functions in large part by the presence of a caregiver who can tolerate affect and provide a soothing, comforting environment for the infant or child. If a caregiver is unable to regulate the infant and imposes meaning unrelated to its experience, the infant, especially at preverbal stages of development, can do nothing but take in that meaning. Brinich (1982) posits that

such preverbal definitions must be particularly difficult to modify, or, even, to detect. The meticulous psychoanalysis of some elements of posture, or patterns of activity, or of other nonverbal types of communication is probably the only route available to a retrospective understanding of such preverbal distortions of meaning (p. 11; cf. Rizzuto, 1988, p. 374).

Early affective experience may remain in a form that is not expressible in language, but rather, in its drive for expression, will follow patterns related to the behaviors that accompanied such early mentation. For example, Rizzuto explains that eating constitutes an early and essential exchange between mother and child. The maternal representation is thus intimately linked to sensual feelings of bodily gratification and one might

then argue that eating and bingeing are unconscious enactments of memories and associations of early moments with the mother. (Horowitz, 1972; Rizutto, 1988). Feeling 'empty' or 'full' is never translated into more differentiated, symbolized states of being, rather, the body states that accompanied early affective experiences continue to be enacted concretely.

Bach (1994) as well suggests that such concrete uses of the body suggest a developmental derailment which consists of a failure to form a psychic space within which language can be used as a symbolic and communicative tool. He argues that in patients who are bereft of a safe psychic space which allows for meaningful dialogue, behaviors associates with bulimia and anorexia are attempts at creating and asserting control over this space, and regulating their affective lives in a concrete manner rather than within the potential space between two people.

What a patient is able to hold on to and symbolize cognitively versus what he must hold on to without symbolic processing and must thereby enact is the key issue. What is there, is going to be registered in some form or another, and some unprocessed aspect of it will be enacted. The challenge for the analyst is to make what is there useful analytic material (Bromberg, 1998, p. 16).

Behaviors such as the ones described in this section can be conceptualized as metaphors in that they involve unconscious transfers of meaning. The clinician's task might be to take such metaphors, and 'play' with them by imaginatively elaborating on their potential meanings. While such playing initially may occur on an intrapsychic level for the clinician, it may over time move into the interpersonal space to facilitate a process of finding words to help the patient verbally symbolize in dialogue with another what has until then been transferred to and enacted via the privacy of the body.

Once the words are found and negotiated between us, they then become part of the patient's growing ability to symbolize and express in language what he has had no voice to say (Bromberg, 1998, p. 16).⁸⁸

3.2.3 Worded Metaphors: Saying Something

'When I use a word,' Humpty Dumpty said, in a rather scornful tone, 'it

⁸⁸ Bollas points to a circumstance where, even in the presence of words, they may serve as a kind of behavior to convey a reality that cannot be otherwise communicated. He speaks of lies as metaphors when he describes his patient Jonathan "[who] said that his lies emerge in an unpremeditated manner; they are being told before he, as a conscious subject, has any apparent influence over them... he believes it is only through the lie that he can feel a sense of personal reality. It is only through the lie that feelings about reality can emerge" (Bollas, 1987, p. 174) or be conveyed to another.

means just what I choose it to mean,
neither more nor less.'

'The question is,' said Alice,
'whether you can make words mean so
many different things.'

'The question is,' said Humpty
Dumpty, 'which is to be master -
that's all.'

Lewis Carrol

Words can indeed mean many different things, and we certainly all like to be in control of our communicative efforts. Yet, while making words mean exactly what "we choose [them] to mean" might be a virtuous goal, it is also one that seems grandiosely conceived and virtually impossible to achieve as it presumes an ever-present, conscious capacity to reflect before we do or say, and a constant, precise intentionality in our efforts at verbal communication.

Humpty-Dumpty's rhetorical question of who or 'what' is master thus seems salient to a discussion that concerns itself with the source of words and with the scope of their meaning. I have proposed that in addition to Humpty Dumpty's 'chosen' ones, there are words which unwittingly manifest in the clinical context and I have suggested that these might be viewed as metaphors. These words emerge, like buds in spring, seemingly out of

nowhere, and it is up to us as clinicians to imagine and discern what hidden roots may have driven the particular 'shoot' of language we are witness to.

The two different types of metaphor discussed in this section fall under the categories of unintentionally versus intentionally used language. In both cases, what clinicians might do is to take

language found all about you, blank with familiarity, smeared with daily use, and make it into something that means more than it says[,] ... learn the working history of the words themselves, how someone has known them, doubted them, and relied on them in a life (Rich, 1993, pp. 84-87).

I. Unintentional Language: Words as 'Flesh'

More disturbed patients may produce metaphor which is not intentionally articulated (Siegelman, 1990) because of a consciously driven desire to be understood, but rather comes about by way of a less conscious 'choice.' In the unintentional use of language, the more primitive sensory world and particularly charged affective experience reveal themselves via words that concretely reflect something about the quality of a given experience. Akin to Freudian slips, such unintended words manifest because the affective drive beneath them

cannot be contained.⁸⁹ They do not yet represent experience from some adaptive distance, rather they still signify an experiential reality which has not been processed consciously. The words, in this case, are still 'merged' with the bodily experience that initially imprinted them with meaning and stand for the 'thing' itself. The task of the therapist might thus be seen as helping the patient differentiate between the two (Loewald, 2000).

II. Intentional Language: Flexibility Versus Defense

See Me, Feel Me, Touch Me, Heal Me:⁹⁰ Metaphor as Flexibility

Rizzuto (2001) has argued that the engagement of two people in dialogue is an effort at creating a shared understanding of two potentially very different experiences and conceptions of the world, self, and others. She points out that the difficulty in achieving such an understanding lies in the translation of "private affect-laden representations" into words that convey this

⁸⁹ This was often my experience with Peter, one of the patients discussed in Chapter Four.

⁹⁰ This phrase is taken from the rock opera *Tommy* by The Who.

meaning, not only reflectively to oneself, but to another person as well. In Rizzuto's mind, the solution to communicating subjective referential meaning while including the other in such an effort requires metaphor.

With regard to the latter, Rizzuto is not alone as there appears to be some agreement in the psychoanalytic literature that we require figurative language to express and comprehend the quality and intensity of subjective experiences. Intentionally used metaphors in the verbal realm are one such way of expressing something that is hard to put into more straightforward language. There may be a number of reasons for this - the affective experience may be too overwhelming, our ordinary language impoverished, and/or the experience may have been nonverbal to begin with (Siegelman, 1990).

As I outlined in section 3.1, the conscious and directed use of language is how most of the psychoanalytic literature has chosen to describe and conceptualize metaphors - as an intentional communication to tell a story and enter into dialogue with another to convey something vital about one's experience. In their intentionality and evocative potential these metaphors are akin to poetry in that they can resonate on and

generate, for both patient and clinician, "a web of felt associations" (Sample, 1996), which in turn can foster a better sense of the struggles we try to address and ameliorate in our dialogue with patients in the clinical context.⁹¹

Wilson and Weinstein (1992b) discuss Vygotsky's perspective on language and thought and describe metaphor as one of the elements that brings aspects of the ineffable into the purview of interpretation and can give expression to early affective states.

[I]t is through the metaphoric that the earliest affective turbulence and noteworthy sensations find subsequent expression. The metaphoric is created by the infusion of early affectivity [and] represents the attempts of language to transcend itself - to express experiences that as yet have no words (p. 740-741).

According to Wilson and Weinstein, Vygotsky differentiated between the 'word sense' and the 'decontextualized meaning' of a word, which might be an apt way of differentiating the two aspects of language which play into the different intentional verbal

⁹¹ Metaphors as manifestations of the intentional use of language in efforts to communicate subjective experience are well described in the psychoanalytic literature and I refer the reader to original articles by Arlow (1979), Sharpe (1940), Rizzuto (2000), and Siegelman (1990) for excellent examples.

metaphors discussed below.

Vygotsky posited that 'word sense' represents the manifold and flexible meanings a word can accumulate through the inevitable changes in context during development. An "aggregate of all the psychological facts emerging in our consciousness because of this word" (Vigotsky, cf. Wertsch, 1985, p. 124), the 'sense' of a word includes social and affective aspects and it reflects the underlying 'word meaning' which is a more or less fixed, decontextualized definition, "akin to the private definitional status to a person, or what we might find in one's idiosyncratic unconscious dictionary" (Wilson & Weinstein, 1992a, p. 370).

The sense of a word does not simply refer to preexisting meanings, rather, word senses can continue to be created as we go on living. The clinical situation

with its amplification of affective context, is one prime setting where crucial word senses can be created. In this way, the interpretive work of the analyst can be directed toward the creation of new structure through the expansion of word senses (Wilson & Weinstein, 1992a, p. 371).

The history of a word, i.e., its meaning as it has passed through multiple 'events,' carries into the present prior affective meaning and experience (Vygotsky,

cf. Wilson & Weinstein, 1990b). A word thus goes through numerous transformations, as continued affective and relational contexts infuse it with more 'sense.' This broadens the scope of its potential resonance and evocativeness, which, in turn, can find expression in metaphors that arise in the clinical context. The exploration of, and association to such metaphors over time can allow us to chart a map of affective significances which can illuminate a patient's struggles and provide a growing 'sense' of their experience in the world.⁹²

Hide and Seek: Metaphor as Defense

If the affective experience underlying the formation of the initial meaning of the word is too overwhelming or occurs under traumatic conditions, then the possibility of new contexts allowing for an accrual of more 'word senses,' i.e. of flexible meaning, can be seriously hampered. The 'word-meaning,' in Vygotsky's sense, then remains fixed and unamenable to change.

Modell (1997; 2003) argues that in reasonably

⁹² This is presuming that the clinician is able to make use of these phenomena with a sense of timing that fosters further exploration.

healthy developmental circumstances, and this occurs throughout the lifespan, affective memories are continually updated by our finding "metaphoric equivalents in current perceptual inputs" (Modell, 2003). When circumstances are less advantageous or even traumatic, a "foreclosure" in the sense of time accurs, resulting in current inputs being experienced as a repetition of the past (Modell, 1996). This obstructs the accumulation of potential meaning and stymies the kind of flexibility necessary to adapt to different life circumstances, which considerably narrows the scope of experience and the transformation of such experience as novel stimuli are encountered. Bromberg highlights this kind of foreclosure when he argues that

meaningful existence in the present is preempted by the repetitive, timeless, traumatic past and the present is little more than a medium through which this unprocessed past may be known [and] actively engaged (Bromberg, 1998, p. 133).

Metaphors then might be conceptualized as forms which preserve the defensive mechanisms that had to be put in place to keep the traumatic past at bay. In this way, they may be utilized to forestall the vulnerability inherent in living in the present, which is unpredictable

and thus holds the potential for retraumatization. Such metaphors might thus be seen as protecting a brittle and barely contained core experience, and they become part of a signaling system to others which says, "Stop, do not touch. Do not associate. This is what it is, and it is as far as I can go."⁹³

In cases of defensive use, metaphors might be conceptualized as being employed to avoid 'talking' about and being 'in touch' with one's affective experiences, i.e., as serving to keep the body at bay.

I am hovering/above myself/looking/for a
way/back in/I'm all around this body/turn me
loose/Every second/I'm weakening/Turn me
loose (Chaiken & Shepard, 1985).

Defensive metaphors are tricky and complex clinical phenomena for a number of reasons. Because of its potential for evocativeness, figurative speech presented by a patient can be a seductive phenomenon, and we can run the danger of engaging in a kind of 'pseudo-dialogue' if we fall prey to the lure of the 'poetry,' the possibility for 'play,' and the promise of dialogue when the metaphor may in fact be a construct to avoid deeper

⁹³ This was a prominent phenomenon in my experience with Esther, the second patient I discuss in Chapter Four.

emotional understanding, communication, or connection.

However, the shape and content of such defensive metaphors can nonetheless tell us about the quality and intensity of what needs defending against. Thus, we always ought to seek what these metaphors hide, but we may be required to sit patiently until the 'right' moment to try to 'tag' the patient in a clinical game of hide and seek.

Katan (1961) provides one developmental hypothesis for what may cause particular affective experiences to remain hidden within or underneath words and in need of defending against. He argues that a subset of caregivers may be unable to show their emotions and may not permit emotion to be shown by the child.

If such parents speak about their feelings which they are unable to show, or speak about the child's feelings, it is clear that their words are used not to further expression of emotion but to ward these emotions off. If this is the case, the words are not a bridge, as they ought to be, but are a defense against the emotions. The child may now take over the example set by the parents and also use words defensively (Katan, 1961, p. 187, cf. Krystal, 1977, p. 19).

In this way, words can become too abstract. They lose their connection to the felt dimension, rendering language deficient in experiential meaning, a river of

words with no link to its source. Loewald speaks to such a state of affairs when he discusses the danger of excessive abstraction where

verbal thought processes give the impression of acquiring a mechanical or automatic activity of their own, like puppets manipulated by invisible hands that are connected with them only by thin threads attached at certain joints (Loewald, 2000, p. 190)

Another developmental pathway which may lead to the manifestation of metaphors as a defense against overwhelming affect is explicated by Bromberg (1998), who argues that serious psychic trauma before the acquisition of adequate symbolization will result in memory traces being symbolized in the form of body sensations and "global apprehensions which become phobically linked to aspects of the real world."

[I]f later experiences with significant others do not lead to identifications which facilitate the structuring of a sense of self that is cohesive and active enough to heal the earlier precognitive wound, [the] derivatives of the early trauma would tend to be avoided at all costs, and the individual will learn to structure his life so as to minimize the possibility of such encounters (Bromberg, 1998, p. 100).

Defensive metaphors can thus be attempts at making the world safe and predictable by structuring one's

internal life in such a way as to avoid painful encounters with what feels unmanageable.⁹⁴

Modell's notion of "frozen or foreclosed" metaphors (1996, 2003) contributes to this line of thinking as well - he argues that trauma degrades metaphor⁹⁵ as it leads to the loss of its creative and synthetic function. Metaphors then cannot provide the luxury of multiple meanings, but rather become "fixed-action patterns" which cannot be modified by new experience.⁹⁶ This occurs because in the context of trauma, the memory system needs to be hypervigilant and scan the environment for a metaphoric similarity to avoid retraumatization. The fixed correspondence between past and present in

⁹⁴ This resonates with Steiner's notion of "psychic retreats" (1993), which he conceptualizes as reflecting the activity of pathological organizations of personality. While retreats are often transient withdrawals, they may in some patients be habitual. The retreat provides an area of relative peace and protection from strain when meaningful contact with therapist or with oneself is experienced as threatening. In Steiner's experience, the representation of such retreats often turns out to be a house, a cave, or an amalgam of objects/part-objects such as a business organization.

⁹⁵ Because I feel that Modell's ideas about trauma and metaphor are not only relevant with regard to early development, they will be reiterated in Chapter Five when I suggest that one area worthy of further investigation is the connection between metaphor and trauma which occurs later in life.

⁹⁶ This is similar it seems to Vygotsky's notion of 'word meaning' being elaborated and kept flexible by the accumulation of new word 'senses.'

foreclosed metaphors results in a loss of complexity and a decreased capacity to employ our imagination as experience has been "limited to a single gestalt" (Modell, 2003). This inhibition of imaginative processes comes at a cost: while these metaphors protect, they also deprive, as they necessitate the exclusion of certain affective experiences and thus narrow the scope of living. They stunt the capacity to play with meaning, and limit the possibility of discovering or reflecting on something about oneself.

Modell suggests that the recontextualization of affects in the clinical setting is crucial to clinicians' efforts at 'deicing' patients' frozen metaphors. He suggests that we might focus our efforts on "enlarging the play of similarity and difference," which might help transform the foreclosed realm of a defensive metaphor into a more open and generative space, where alternate and varied affective meanings and 'senses' can once again be accumulated without compromising the patient's need for safety (Modell, 1996).

In sum, I have suggested 1) that metaphoric processes are ubiquitous in our efforts to make meaning;

2) that metaphor in the clinical context might be conceptualized as a phenomenon that reaches beyond the linguistic realm and as such might be regarded in a developmental light; 3) that psychic trauma can compromise metaphoric processes; and 4) that an emphasis on the continuous process of making meaning, both developmentally and clinically, highlights the place of metaphor in psychological functioning and facilitates our 'partially knowing what we cannot comprehend completely' (Lakoff & Johnson, 1988). This, in turn, may procure an attitude that encourages us to regard our patients' communications as "the best possible expression [available] at the moment for a fact as yet unknown or only relatively known ... as standing for something that is only divined and not yet clearly conscious" (Jung, 1921, p. 475).

While diagnoses and psychoanalytic terminology can serve as maps and legends to navigate the dynamic 'cities' and 'countries' that are our patients, they rarely tell us "about how life must be in those places" (Calvino, 1974). As foreigners at our patient's shores, we need to learn their 'language,' which consists of more than "dry verbs, phrases, ramified and leafy discourse"

(Calvino, 1974). Their images, gestures, words, and actions contain hidden realities - "invisible cities" (Calvino, 1974), "master-currents below the surface" (Coleridge, 1817), which point to those 'unthought' or uncharted territories we try to explore and navigate in the clinical setting. Metaphors, in all their manifestations, invite us to mingle and "wander through, stop and enjoy the cool air, or run off" (Calvino, 1974), and we might just glean something along the way that may 'surprise' and 'jolt' us into a new understanding.

CHAPTER FOUR

THE CLINICAL SETTING

He's an other. For all my years of ... travel and interviews and musty libraries, the man's soul remains for me an absolute and impenetrable unknown. ... What drives me on, I realize, is a craving [to enter] into another heart, to trick the tumblers of natural law to perform miracles of knowing. It's human nature. We are fascinated, all of us, by the implacable otherness of others. And we wish to penetrate by hypothesis, by daydream, by scientific investigation those leaden walls that encase the human spirit, that define it and guard it and hold it forever inaccessible. ... Our lovers, our husbands, our wives, our fathers, our gods, they are all beyond us.

*Tim O'Brien*⁹⁷

In Chapter Three I proposed that the prevalent psychoanalytic notion of metaphor as a linguistic and intentionally constructed figure of speech might be expanded if we are willing to consider the possibility that patients' affective development and the levels of symbolization they are able to achieve result in a particular way of making sense of their experience and in a particular way of communicating this experience to another. I argued for an expansion of metaphor in the

⁹⁷ From *In the Lake of the Woods*.

clinical context by highlighting the ubiquity of often unconscious metaphoric processes, i.e., transfers of meaning, in psychological life and in the clinical context, and by proposing that, depending on the vicissitudes of development, metaphors can manifest beyond the verbal and intentional realm of communication on the physical, enactive, or non-verbal dimension. The different modes of metaphor I proposed are conceptualized as resulting from a transfer of meaning of affective viscera to available channels of expression and fall under the general headings of body, behavior, unintentional, and intentional language. The latter subsumes the categories of flexible and defensive metaphors.

In this chapter, I will present clinical material from two therapy cases to illustrate these propositions. The material has been disguised to protect patients' privacy and due to considerations of space, and time, I will not offer full case presentations, which will have the unavoidable consequence that compelling aspects of these cases will be raised without being explored to the fullest extent possible.

Peter and Esther, both of whom I worked with for

approximately two years, could not differ more in their demographic characteristics. Peter was a Caucasian male in his mid-thirties who grew up in the Midwest in extremely poor circumstances and was physically abused throughout his childhood. Esther was an African-American woman in her late 30ies who grew up in an upper middle-class home in California and reported an early history of what, in contrast to Peter, might be characterized as benign, but sustained, and thus psychologically consequential, neglect and emotional misattunement. The treatments with both patients illustrated the primacy of our bodily and affective experiences in determining the character of our subjectivities and highlighted the impact of different levels of symbolization on what I came to view as different modes of metaphor.

4.1 Peter: An Unminded Body

I'm always hungry. I'm so hungry I could eat a horse. My hunger knows no bounds. Nothing I eat could satisfy this hunger. This hunger eats me it's so hungry. This hunger is eating me alive.

Chaiken & Shepard

The different modes of metaphor which emerged in my work with Peter provided evocative glimpses of his idiosyncratic world and spoke to his developmental needs in very concrete ways. Presenting with a severe personality disorder characterized by primitive narcissistic features, Peter vividly illustrates that end of the spectrum where the immediacy and force of affective experiences is rarely mitigated by the symbolic power of language.

Peter sought treatment stating, "I am in the water. I can't swim, and I'm scared of going under." As I was to find out, both viscerally as well as by observation, he was indeed awash in a sea of unprocessed, undifferentiated, and pressing affective experiences, which had not been made meaning of in such a way that they could be part of a reflective dialogue with himself and others. Given a lack of adequate symbolization, Peter thus 'lived' in a place where actions and behaviors were the most direct route to release and express his visceral stirrings. My reactions to Peter and his own actions and behaviors often spoke wordless volumes and when an affective event was expressed linguistically, the words Peter used were often not tools to reflect on such

experiences, but rather still seemed very much tied to his body, reflecting what was and remained most visceral.⁹⁸

Bodies in Space

From the start, Peter vehemently opposed the notion that therapy, in part, concerns itself with emotions and asserted that he wasn't "here to talk about feelings, but about psychological issues." When I tried to more deeply address issues around emotional experiences or the ways in which he chose to avoid them, Peter would essentially deny me 'substance.' He would interrupt me, either telling me in no uncertain terms that my presence was of no consequence - "if you weren't here, I'd just be doing it with someone else" - or reducing me to the externality of my body by describing particular parts that caught his attention - "nice socks there," "nice lips," "good color shirt."

One might argue that this attempt on Peter's part to deny me an internal world and thus an independent

⁹⁸ Given the developmental implications of what I have presented so far in this dissertation, it is interesting to note that Peter could not 'fantasize' verbally about desires, dreams, and wishes especially as they might pertain to other people.

subjectivity and autonomy was, in part, because he needed an empty space, a 'container' of sorts, into which he could 'put' the feel of his affective life, and have me, as Bromberg put it, know him "from the inside out." Not surprisingly, the landscape of our sessions felt decidedly physical. My body seemed to be the territory of our encounter, the place where Peter's conflicts, our interactions, and my consequent reactions clamored for expression and came into relief. While I am conscious of the fact that my struggles to make sense of what was happening were an admixture of what Peter 'transferred' and of what preexisted within me, I nonetheless feel that my sensations are a testament to the power of unconscious metaphoric processes by which something vital about Peter found expression in the only way available to him. At the time, I knew one could call this 'projective identification,' but such a label didn't buy me much except maybe some solace that the disorganization I felt was not all about my own stuff; what bought me something was having to actively make sense of the feelings and associated thoughts which Peter's communications engendered in me.

I feel that the best way to convey a sense of this

is not to use my notes of what occurred in sessions, but but rather of what I felt afterward.

Very teeming session - disorienting and disorganizing. Fragments held together by a kind of disjointed, emotional, highly subjective logic. Feel like I got hit by a truck. He is as slippery as an eel. Sometimes so much hits me, I cannot keep track or get my bearings. It all feels like being awash in someone else's mud. Dirty, lost, with no sense of direction. Can't hold it all, and in a calm moment put it together and reflect it back to him. I feel like I am playing the piano on the Titanic. Sinking slowly but surely into something that is deadly.

Difficult. How do you get at this stuff and have it become something that can be discussed or shared on another level? I feel angry, irritated, frustrated, and hopeless. Bits and pieces everywhere. Trying to catch pieces of mercury. Patching and patching while it keeps ripping. It's like trying to run home with a glass of water that's filled to the brim.

The whole session left me with a feeling of tension and chaos and if this is anything like what he feels, my God, what an effort to stay on any kind of reasonable course in your daily life. It's a mess. And as he himself says, "I can't clean it up." Well, I can't seem to either. What happened to him? What is he so terrified of? I feel distant but at the same time so close. Too close.

My only dream about Peter happened during this time.

It contained no language, no dialogue, but was composed solely of bodies in space and of very haunting and vivid

bodily sensations.

In the dream, I am in room we meet in, however, there is a bed pushed into the corner. I am on the bed, my body pressed against the wall. Peter is at the foot of the bed. He approaches me somewhat menacingly, with a smirk on his face and starts to seduce me. He rips my clothes off until I am entirely naked and I remember a sense of terrible fear and a feeling as though I would be pushed into the wall. While this is happening, and while Peter is making grand gestures meant to communicate his prowess and impending penetration, I notice that his penis is very tiny, not at all erect and it keeps flip-flopping from side to side. The flip-flopping is happening in slow motion. It is pathetic and disgusting at the same time and I feel an urgent need to flee. I manage to pry myself away, stumble, fall toward the door and into the hall. I start running and keep slipping, feeling utterly exposed, terrified, and embarrassed.

While there were many potential interpretations of this dream both with regards to my own struggles and fears as well as Peter's, the way I chose to look at it was as an unconscious communication, a transfer of a particular matrix of Peter's experiences he was not able to talk about with me in session. Metaphoric of the awesome affective web Peter constantly struggled to avoid and maneuver, the dream seemed to communicate the overwhelming feelings of exposure, vulnerability, rage,

and terror I imagined were at the heart of what rendered aspects of his experience so unbearable.

Find Me, Feed Me, Fix Me

When picking Peter up from the waiting area, I would often find him sprawled out and sound asleep on the couch. On more than one occasion, and more akin to what I had grown used to in my work with children, we would start to walk from the waiting area to the room and Peter would give me a sheepish, slightly pained, and embarrassed look, and say, "I have to pee. Can I go? Will you wait?"

He also frequently came to sessions much like a little kid might arrive in Kindergarten - with a stash of assorted snacks. Peter would pull the garbage can between his legs and proceed to eat ferociously, crumbs falling all over, looking up at me, seemingly to make sure I was still there, watching him, and letting him eat. When I tried to address these behaviors in a somewhat dynamic light or voiced a hint of curiosity as to what he might be 'saying' to me, Peter would look at me in utter disbelief and simply cite a pressing hunger "in [his] stomach" and nothing else.

Similarly, many sessions were spent by Peter cataloguing pains in his body, describing in exquisite detail how yet another new injury had happened, all the while tracing with his fingers the spot where his 'troubles' were emanating from. He asked me whether the pain would go away and how long it might take. And, did I know what pain relievers might be best for it? And would he have to go to the doctor?

At other times, Peter brought paper and scissors into session and proceeded to cut the paper into little pieces, which would end up strewn on the floor, only to be picked up by him with an apologetic look that seemed to be pleading with me to help him organize the mess he had made.

The repetitiveness of these behaviors, their often inherent physical cues, and Peter's resistance to any exploration or reflection made them metaphorically meaningful, not necessarily because they were organized in any particular manner, but because Peter kept employing a particular mode of communication which seemed to be the only way he had at his disposal to tell me about his hurt, hunger, discomfort, and disorganization and about what a difficult time he had containing these

sensations.

Words as Flesh

Peter often insisted that he did not "know" what kind of feelings existed "out there" and demanded that I explicitly enumerate them in order for him to be able to "investigate what kind of emotions there are."

He had enormous difficulties reflecting on any kind of affective experience, whether past or present, and instead often described physical sensations when attempting to communicate emotional states. It seems that the distinct visceral sensations affect brought about generated an impending dread of subordination, which could only be mitigated by literally and concretely describing his physical experience. For example, his description of what I presumed meant being sad was "water filling my face and my eyes." Peter would talk about his body getting warm "from the inside out," and about "buzzing and shaking inside".

I don't like talking about this. (What's that like?) I am heating up and I can't think. You have to stop it, because if you don't, then I have to do something.

These descriptions of bodily sensations hinted at the 'event'⁹⁹ of 'feeling' and illustrated Peter's difficulties in negotiating those moments when his body engaged in something he was unable to organize.

Peter often described his struggles with emotion in terms of water which seemed to hint at the lack of any sense of inner solidity. He spoke of himself as "spilling over," "seeping," "oozing out," and repeatedly described himself as "breaking open."

I was breaking open. [He makes a gesture of running over his arms as though dry skin was cracking.] Gaps were starting to happen and they were getting bigger and the water came spilling out. I kept trying to stop the leaks, like the little Dutch boy sticking his thumbs in so it would stop, but the water just kept watering it all down. Stuff was oozing out all over the place, everywhere I walked. Everywhere I turned.

When I would try to engage Peter in reflecting on potential meanings of his expressions, he would ridicule my efforts, insisting that what he said was all it was and nothing else¹⁰⁰ and instructing me to stop 'touching'

⁹⁹ Following Irene Fast's and Anne Thompson's (1985) conceptualization of a 'dynamic event' which is all-encompassing (see Chapter Two, pp. 69-70).

¹⁰⁰ Searles, who spent much time working with schizophrenic patients spoke of their obliviousness to the difference between the concrete and the metaphorical, and described the failure of abstract attitude

him. For example, when I asked one too many questions, Peter would tell me not to "jab him" because he would "get cut."

Don't jab me. (Don't jab you?) If you jab me, I'll get cut and it'll start coming out and that's not good. (What happens when it comes out?) You'll get hurt. Don't do it. (What does it mean when you say it comes out?) What do you mean?! That's what it means. (What's it like?) It starts with a physical thing, everything gets blurry and I can't see straight anymore. It starts spilling out and it goes beyond this room, beyond you. It's all over.

These renditions were hardly figurative - they did not bespeak of what Peter's experience was *like*, rather they spoke of what in fact still was his experience or what he feared could be the consequences of his experiences. Peter's concrete expressions were, to me, metaphorical of the internal circumstances that disallowed adequate symbolization, i.e., to paraphrase McDougall (1989), the body's tie to the mind had not been loosened enough in the course of development for language to evolve into much of anything beyond a fairly direct

in such patients' responses to proverbs. He recounts an encounter during which he told a patient "You can't have your cake and eat it too," to which the patient responded, "I don't want to eat any cake in this hospital." Searles argues not only that concrete interpretations such as this patient made are a way of avoiding the implicit unpleasant emotional meaning of the statement, but that all "metaphorical impairments" or failures in the capacity to fully symbolize represent defenses against intolerable emotional contents.

expression of experience.

I imagined that being Peter and facing the degree of his affective dysregulation, might be akin to reading Braille - not for a person who has attained a degree of continuity between the felt and the thought, but rather for someone at the early stages of learning, when a lack of integration renders the tactile overwhelming. The raised dots then are spikes, which threaten to pierce the ability to make meaning and the attempt to comprehend through one's fingers the meaning of the patterned dots becomes a task so gargantuan, so fraught with the potential of triggering what cannot be processed, that linking and continuity are impossible. Life then consists of experiencing consecutive 'events' over and over again without hope for arresting their 'eternal return.'

Peter's body and its sensations were the most effective means for him to convey the nature of his being in the world and his language was still very much tied to what the character of his experience consisted of. This close proximity of language to veridical experience left no space to make his experiences objects of contemplation and diminished greatly the reflective opportunities which

therapy can provide. To Peter, they were not opportunities but rather perilous endeavors which moved him dangerously close to an experiential reality he could not tolerate. Thus, while there was in fact no lack of the 'felt,' Peter often did not 'know' what his physical experience signified. He could not translate the concomitants of his affective states into a symbol system that might help him regulate and manage the "thousand natural shocks that flesh is heir to" (Shakespeare, *Hamlet*; cf. Bromberg, 1998).

Since language was not a fully developed tool with which to represent his experiences past or present Peter, for the most part, could not use metaphor consciously and intentionally as a vehicle to reflect on his subjectivity. Yet, his unintended metaphors felt like idiosyncratic missives that illustrated or stood for the very struggles he needed to avoid or deny. They were haikus which spoke of the unspeakable. Taking Peter's use of language as his own brand of unintended, yet evocative 'poetry' was at the point in time of our work together the most direct, least intrusive way for me to discern

what it might feel like to be him.¹⁰¹

Don't Touch Me There

Peter did reach for and choose words in an attempt to intentionally build a metaphor he could live by. He created what I would consider a defensive metaphor, the "script," which he wrote, directed, and produced. In the context of the script, other people were referred to as two-dimensional "characters" whom Peter was writing, rewriting, erasing, hiring, and firing.

The "script" represented the predominant means for Peter to ensure a sense of safety and self, both in the external and the therapeutic environment. It laid out his vision for his future and his relations with others in stark, controlling, and unrealistic terms meant to render the potential for felt experience obsolete. The "script" was a mental edifice, with which Peter felt he

¹⁰¹ Peter's language might be seen as conveying what Rogers (1978) has called "naïve metaphors" or "primary process diction," i.e., unintentional words that partake of the characteristics of primary process: they are primitive, impulse-laden, id-oriented, and have fairly concrete referents. Rogers argues that although the words appear to be literal, they can attain a metaphoric dimension by effecting, in the listener, a symbolic transfer, usually an unconscious one. Like poems, they employ a code 'understood' at levels below consciousness, because it involves modalities of communication that have "incarnate significance," (Merleau-Ponty, 1989), meaning they speak from, of, and to the body.

could control others to such an extent that they would not surprise or "jab" him, i.e., interfere with a story line he had set in stone. Cultivating and perpetuating the illusion that he had succeeded in creating an absence of affect, the "script" was Peter's one recurrent attempt to use language in the service of managing, or rather, defending against his dread of affect.

The script will be a great success. I am in the process of hiring people that will really help move it along. It's all figured out. No reason not to go by the script, because it's well written. It works.

Due to the inevitable surprises which time, metaphorical acts of God, and the reciprocal nature of human interaction are bound to bring about, Peter was preoccupied with "structuring" and "making adjustments" to "the script."

I don't just do. I script everything and if it's not in the script, I don't like it. If I control it, I can do it. (Any doubts?) Doubts?! No. That word doesn't exist. The script is never in question. If you don't follow the script, you're against me.

Unfortunately, as the poet Robert Burns put it, "the best-laid plans of mice and men gang oft' agly" and what Peter made himself believe is an effective, sturdy means of sheltering him from the vicissitudes of living, was in

reality a brittle structure, which threatened to break when the unexpected, often in the form of affect, reared its ugly head.

Like the wooden horse the Greeks gave the Trojans, the "script" was a shell that contained the very 'deadly force' Peter was trying to avoid. Ironically, he had convinced himself that 'what you see is what you get,' i.e., it is just a wooden horse, but the metaphor of destructiveness applies as well, because the belly of the horse housed powerful affective forces which Peter remained vulnerable to, and which 'spilled over' at the slightest provocation.

In the absence of being able to process these provocations when they occurred in the room with me, Peter would turn to other available 'scripts' - he used what we might call 'cultural' metaphors in his efforts to stall my attempts to elaborate with him on the experiences he could not seem to stomach. Peter used scenes from numerous movies (who knew there were so many...) in which in which a therapist is attacked, usually strangled, i.e., silenced, by an enraged patient, who had had enough because he had been "jabbed and cut" for too long.

The End is Where We Start From

The course of treatment with Peter certainly did not "perambulate smoothly along" and provided a "bumpy road" with plenty of "surprises" a la Bromberg (2000).

Unfortunately, these surprises for the most part remained elusive - they happened and then they disappeared, and, except for one short and tenuous period during our time together, we could not create a dialogue that might begin to reconcile past and present, self and other, body and mind to precipitate a more coherent narrative or bring about sustainable change in Peter's ways of being in the world.

While Peter's affective struggles and the different ways, i.e., modes of metaphor, in which they were communicated certainly overlapped, there was also a trajectory, which, in hindsight, resembled something of a developmental boomerang. During our time together, there was movement toward the capacity for more sophisticated modes of metaphor and some nascent reflection, but this different way of being and relating we were able to create was precarious and ultimately collapsed, returning us to "the place [we] started from"

(Eliot, 1958).

Below I will illustrate this trajectory or, more appropriately, take the reader on our roundtrip journey, which manifested in the initial predominance of the body-to body metaphoric mode to the increasing use of behavior and glimpses of what Santostefano refers to as the "fantasy mode," (1986) to a brief foray into a burgeoning, but ultimately unsustainable differentiation of Peter's affective experiences. The employment of his defensive metaphor - "the script" - waxed and waned with the progression toward greater reflective capacity and reemerged in full force when the latter stance could not be sustained.

As I alluded to above, the beginning of treatment was marked by a predominance of behavioral metaphors and a distinct sense on my part that my bodily states and mental disorganization served as a proxy for or an illustration of Peter's. About a year into the treatment, we had spent the beginning of yet another session talking about "spilling," "oozing," "jabbing," and "going under," and about what the "script" dictated about our work in the room.

Emotions do not belong here. We don't need them for this to work. I don't have to love this, and I don't have to care about you. You could be anyone. (I sometimes feel as though you need to deny me being here, you need to keep me in my place.) No, you need to **stay** in your place when I come in. That's your job.

His demand to have me "stay in my place" gave me a palpable sense of how very brittle his boundaries were, and of how imperative it was for Peter that I stick to my assigned role and 'adhere' not only to the chair but to any and all directions in his "script." Deviation from these rules equaled internal disaster.

Aside from its potential for derailing the script because motion meant disorganization, the metaphor of movement evokes a rather primitive developmental and supremely bodily level of self-preservation. Akin to an animal that protects his territory by way of watching closely for any movement which might indicate danger, Peter had to be hypervigilant, on the watch for anything that threatened the precarious balance he had constructed via the "script." 'Unscripted' movement away from or toward him, i.e., my coming off the proverbial page in an assertion of autonomy and agency, made me the "enemy," giving me the power to transgress, penetrate, attack, or

abandon. Given that it took all Peter had available in terms of psychic energy to keep his internal world reasonably contained, having to expend energy to keep me in my place tipped the balance toward psychological disequilibrium. Thus, it was my job to be the unmoving object, to stay in my place in the room which, in turn, stood for his internal world.

During this same session, Peter tried to paralyze me into compliance with his directions, i.e., sitting 'still,' by bombarding me with questions. Like rapid gunfire, one after another came at me, until I felt as though I was made of more holes than solid substance. Not aware of it in the moment, I must have felt an overriding need to stop him, to delineate my boundaries and autonomy in no uncertain terms. When one more question came flying at me, I responded with an emphatic "No!!!" As I am sure I did, Peter looked utterly surprised, shocked, and bewildered, and stared at me with big eyes. There was a pause and he said,

Wow, that sounded so final... Why did you say that? What did I ask? (To tell you the truth, I was very surprised myself and I don't remember your question). It feels different now. Something happened, there was something really alive ... and now I can see that maybe there is

something to that connection to other things you talk about. It was like my mother saying no and then no means no. All of a sudden. I feel that. ... I was wondering when does this stop? (You fear that I would give you the ultimate 'no.' Reject you.) I think maybe.

This shared 'surprise' and subsequent admission on Peter's part that he was worried about my rejecting or abandoning him was followed by him starting to cautiously reflect a little more about his feelings about treatment, about me, and about his behavior in the room.¹⁰²

I was just sitting there thinking how we have this routine. I know what's gonna happen. I expect it, I imagine it and then it happens. (What's that like?) It's comfortable. Comfortable, yes.¹⁰³

Peter reluctantly began to talk about his fears of dependence and the dread of rejection that accompanies them. We began to make some links between patterns in his adult life and their correspondences in his early

¹⁰² It seems that my affirmation of autonomy jarred Peter's script out of his control. Like the character in Nick Hornsby's novel *High Fidelity*, Peter seemed to have "lost the plot for a while, [and] the subplot, the script, the soundtrack, the intermission, the popcorn, the credits, and the exit sign." While the reasons are not entirely clear to me, this momentary loss of his well-guarded narrative seemed to have engendered a willingness on his part to put his toes in the proverbial waters of reflection.

¹⁰³ While this may be a stretch, I could not help thinking of an infant having come to rely on the breast being there, knowing it's about to come by having gotten used to the sounds and smells associated with its imminent arrival, and feeling as though he made the breast, the nourishment appear by his wish and his omnipotence.

childhood. Peter now came to sessions looking downcast and tired, repeatedly asking me to help him understand

this feeling. I know it. It's there. This feeling I don't understand. Explain it to me. It's down here, like my stomach, my heart dropping all the way down here. It's a pain. What is that? Explain it to me. Tell me.

He was able share that the bodily sensation, "the physical thing" which accompanies his affective life, is disconcerting because it renders him powerless - he cannot step between the sensation and the impulse toward action and is terrified of what might happen.

We were also able to elaborate on the meaning of sustenance and discern some of what lay underneath the behaviors that seemed to stand for his affective and experiential struggles around this issue. Peter told me of his hunger as a child, and made a link to his feelings and behaviors in session when he admitted that he wanted me to "feed" him his thoughts and feelings "back in a different way," essentially asking me to provide him with modified versions of his experiences, which he could more easily 'digest.'

Peter began to speak more explicitly about the chaos and violence that characterized his childhood, which

seemed to be a toxic mixture of overt aggression and sexuality, about his hunger for attention and affection, his feelings of deprivation and loneliness, about his terror in the face of his father's violent impulses, his own subsequent urges to wreak violence, the concomitant fears of retaliation, and about the ways in which he had tried keep the impact of these experiences at bay.¹⁰⁴

Within the span of weeks, many separated, and often exiled pieces of Peter's experience, while still not necessarily connected, remained on the floor after sessions and were there for us to look at when we came back. Peter now told me he was "trying to talk to [me] without playing games" and there were instances that echoed the appearance of the reflective capacity that had emerged after our "no" session. Peter spoke about the fact that although he was trying to "run and run and run to get away" I would inevitably draw him back in. He

¹⁰⁴ Peter told me he used to steal. Given the deprivation he suffered during his early childhood, the symbolic significance of such behavior and his subsequent behavior during treatment resonates with Winnicott's notion that "the child who steals an object is not looking for the object stolen, but seeks the mother over whom he has rights (1984)." He explains that "when there is an antisocial tendency, there has been a true deprivation; that is to say, there has been a loss of something good that has been positive in the child's experience up to a certain date, and that has been withdrawn; the withdrawal has extended over a period of time longer than that over which the child can keep the memory of the experience alive" (1984, p. 124).

lamented, "and then I can't help it. I can't help but tell the truth."

In one particular session during this time, we contemplated Peter's need to keep things disconnected in order to feel a sense of control and, by making links between the past and present, we were able to consider his "script" as reflecting an overriding, yet understandable need for order and organization.

Prior to the next session I received a note from the front desk that Peter had left a message saying, "when I come in for session today I won't be able to talk." When I came to pick him up, he was walking off the elevator with a kind of downcast, hurt air about him, reminiscent of a little boy who did something bad, or who wants sympathy. While I understood that Peter's message of 'muteness' signaled that his nascent capacity for questioning and reflection seemed to have been maxed out, he nonetheless spoke.

I don't want to feel all these things. I don't want to feel them, I just want their label. I've talked about my troubles. I've talked about my childhood. I understand it. There is no need to talk about it again. I don't need to. I get it. I understand it. Over. I'm fixed.

When I reflected that it seemed interesting that he

had come to treatment wanting to be "put together" and was now trying to undo the links we had begun to forge in an effort to effect some change toward such a goal, Peter, in a stunning, yet in some sense understandable reversal told me that integration and 'togetherness' was really not the meat of the matter, that in fact he wanted to be 'disconnected.' I took this to be a reflection of his need to to avoid the ambiguities and painful explorations that accompany the connective processes of integration.

Peter retreated from the dialogue we had been able to establish and regressed back to communicating in the modes of metaphor that had predominated the first year of treatment. Tied to his body with a rubber band that had been extended too far, he 'snapped back.' Peter started to eat in session again, brought in lists of demands and made a myriad of movie references which told me in no uncertain terms that I was "to stay in [my] place, or else..."

Circumstances in Peter's life conspired with the events in therapy to solidify this 'retreat' and continued treatment became untenable. Thus, unfortunately, it was impossible to see whether the

transitional space we were able to 'play' in for a little while could have been recaptured, and not left obliterated by what I imagined to be Peter's enormous fears of dissolution, or, as he might put it, of "going under."

Winnicott's notion of a "fear of breakdown" (1989/1963) is another way of characterizing this sense of impending dissolution. He argues that the fear of breakdown is "the fear of a breakdown that has already been experienced. It is a fear of the original agony which caused the defence organization which the patient displays as an illness syndrome" (p. 90). This "past detail" is carried around in the unconscious, and remains unprocessed, because the patient's ego is unable to rally its forces to encompass the experience. A search for that which "is not yet experienced" is required and this search takes the form of looking for an unknown, but palpable detail in the future. Emerson (1851/1945, cf. Bromberg, 2003) speaks to this looming sense of disaster in his poem *Borrowing*.

Some of the hurts you have cured
And the sharpest you still have survived
But what torments of grief you endured
From evils which never arrived.

Winnicott postulates that the therapist must operate from a basis of this past detail being already a fact, else the patient "must go on fearing to [discover it]" (Winnicott, 1989/1963, p. 91). Peter's resistance to continuing to look for this detail and making it a part of his experience that could be integrated and reflected upon, as well as my possibly not yet being able to convey my 'knowledge' of it, essentially led him to stay away from 'home' (Eliot, 1958).

And he is not likely to know what is to be done unless he lives in what is not merely the present, but the present moment of the past, unless he is conscious, not of what is dead, but of what is already living.¹⁰⁵ What we call the beginning is often the end, and to make an end is to make a beginning. The end is where we start from¹⁰⁶ (Eliot, 1958).

Peter's metaphors, in all the modes he employed, were by no means random. They seemed to emanate from the basic metaphor of the body as a 'container' for our affective experiences and, on a bodily level, Peter clearly had a sense of this. Unfortunately, while the "script" was an attempt at preserving a sense of going-

¹⁰⁵ From, *Tradition and Individual Talent*.

¹⁰⁶ From, *Little Gidding*.

on-being, it was a fractured, faulty container which, although he valiantly tried, could not keep the affective forces he was often victim to contained. They kept "spilling" and "oozing out," heightening his fears of "going under," leading to his exceeding vulnerability to being "jabbed," and fueling his aversion to figurative movement of any kind.

For humans, selfhood (its cohesiveness, coherence, and continuity) is life and the need to sustain it when it is in jeopardy obliterates all else (Bromberg, 2003, p. 560).

Peter's defensive efforts were all geared toward patching his perpetual "gaps" and holes to ward off a kind of traumatic reliving of what was too much for his selfhood to bear, thus preserving a tenuous measure of containment, and, one might argue, sanity. Having to constantly ward off affectively dangerous and complex sensations and events limits the possible scope of experience considerably. The immediacy of Peter's bodily experience filled the present with such powerful visceral significance that his mind was barred from making meaning on a level that might help him process and resolve his difficulties.

Treatment with Peter might thus be conceptualized as an attempt to make the subjective more objective, to find a metaphor he could live by which might accommodate what seemed so unmanageable and might help him gain and sustain some distance from the immediacy of his affective experiences. A more optimal distance would have allowed them to become endowed with meaning in a way that might have prevented his "spilling" and "going under", instead facilitating a delay of action and fostering the capacity for sustained reflection.

4.2 Esther - A Disembodied Mind

I am inhabited by a cry
 nightly it flaps out
 looking with its hooks,
 for something to love.
 I am terrified
 by this dark thing
 that sleeps in me:
 all day I feel its soft
 feathery turnings,
 its malignity.

Sylvia Plath, *Elm*

Esther was an attractive, sinewy, and intelligent African American woman in her late thirties who came to treatment complaining of a "constant craving" and an

inability to "regulate [her] emotional life." During her intake, she reported being besieged by a tremendous fear of abandonment and experiencing a concomitant dread of dependency. Esther described feelings of "emptiness" and voiced a fear that should she allow herself to feel the pain connected to the emptiness, it would never cease. She reported symptoms of depression, hopelessness, and helplessness, but her mental status at the time of intake did not suggest a diagnosis of a Major Depressive Episode.

The work with Esther provided examples of all the proposed modes of metaphor, but, compared to Peter, whose ways of communicating and conveying experience were more often than not unintentionally metaphorical, Esther was eminently capable of intentionally forming linguistic metaphors. She would present these metaphoric communications, and then go on to interpret them intellectually, describing how she *thought* they reflected the dynamics and sources of her conflicts. More often than not, these 'hypersymbolizing' efforts unfortunately rendered her communications devoid of affect, 'empty' of a *felt quality*. Thus, Esther was able to make herself an object of contemplation and reflection, but, in doing so,

she could not seem to retain a connection to the event of feeling the affect connected to the 'story' she was conveying. She seemed to be "all around [her] body, hovering above [her]self, looking for a way back in" (Chaiken & Shepherd, 1990)¹⁰⁷, but, at the same time, terrified of finding and connecting with the "dark thing that sleeps in [her]" (Plath, 1981).

Reminiscent of the much-quoted missive from E.M. Forster's novel *Howards End* (1910/1992), Esther seemed to want to "only connect,"¹⁰⁸ both to herself and to me. Yet, despite this desire, she seemed to use her metaphors to disconnect, i.e., to hide and prevent me from exploring the character of her subjective experience with her. The images, dreams, and linguistic metaphors she produced were discussed by her as though they belonged to someone else. They served as a means to fashion a narrative about her emotional life, but whenever I would

¹⁰⁷ "We all hover at different distances between knowing and not knowing about trauma, caught between the compulsion to complete the process of knowing and the inability of fear of doing so. It is the nature of trauma to elude our knowledge because of both defence and deficit... trauma overwhelms and defeats our capacity to organize it" (Laub & Auerhahn, 1993, p. 288).

¹⁰⁸ "Only connect! That was the whole of her sermon. Only connect the prose and the passion, and both will be exalted, and human love will be seen at its height. Live in fragments no longer. Only connect, and the beast and the monk, robbed of the isolation that is life to either, will die" (Forster, 1910/1992, p.717).

ask her to delve into the landscapes she created, she refused, preferring rather to keep a vista from a distance, not willing or able to explore and connect to the 'forces' that had shaped the terrain of her psychological world. I was often left feeling as though I was banished to the perimeter of her experience and our experience in the room together, made to witness and sense her suffering, but not allowed to enter into dialogue with "the dark thing."

In "Resistance, Object Usage, and Human Relatedness" Bromberg (1995) posits that patients' resistance to the therapist entering into an experience with them speaks to a tension between realities "that are not yet amenable to a self-reflective experience of intrapsychic conflict." He imagines that if the patient's unconscious were able to speak it would say something like,

I am here because I am in trouble, but the trouble I am in is not something I need rescuing from, even though it may look that way. However, I fully expect you to try to 'cure' me and I am prepared to defeat you. I don't have an illness, I *am* an illness and I won't let you cure me of being who I am (Bromberg, 1995, pp. 207-208).

Bromberg likens this intrapsychic situation to the patient living alone in a burning building, which, while

unadaptive and likely very painful, is the only 'structure' that exists as a self and must be protected at all cost. "Every patient needs to construct, through enactment with his own analyst, his personal metaphor of throwing rocks at the fireman" (Bromberg, 1998, p. 208).

Words, Words, Words, No Matter from the Heart¹⁰⁹

It seems that Esther used her intellectual capacities to form metaphors for her experiences which served as a defense to keep at bay the event of feeling the endless pain¹¹⁰ and "emptiness" she often alluded to. Her dreams, images, and linguistic metaphors contained themes that were reiterated throughout our work and illustrated the lengths to which she went to keep what felt frightening at a distance, and to stay clear of what was impossible to define and represent.

The felt sensations that were associated with her experiences seemed inaccessible via her verbal metaphors. Hardly any attempt at verbalizing my sense of her emotional experience or expressing empathy about what I

¹⁰⁹ From Shakespeare, *Hamlet*.

¹¹⁰ This seemed to be a combination of deprivation, rage, and a primitive fear of abandonment.

sensed to be going on for ever really reached or resonated with what Esther at times referred to as "the ghosts from the past." Whatever I did was not enough, and this only served to reaffirm what seemed to be a deeply rooted belief that she was perpetually misunderstood, and doomed to suffer her difficulties in abject loneliness. Esther appeared to have a great desire for another person to soothe and make meaning with her, but could not trust that such an interaction was in fact possible without her being overwhelmed, dissatisfied, or abandoned in the process.

Esther's use of what I defined as 'defensive metaphors' in Chapter Three differed from what I had experienced with Peter. In his case, the "script," was a testament to his desperate need to evacuate any possibility of affect from entering into his realm of experience - thus the importance of affect in any way shape or form was denied and people had to be made two-dimensional and controllable, rendering a dialogue of subjectivities obsolete. Peter, whose self-object differentiation was barely developed, resisted because the danger of dissolution was so overwhelming that it heralded a loss of his tenuous sense of self and his

basic orientation in the world. The ways in which this defensive metaphor often did not work and was easily derailed illustrated its brittleness and hinted at the magnitude of undifferentiated 'trouble' underneath. Peter tried to contain, but remained exceedingly vulnerable, surprised by the press of his affect, and more often than not, "hot on the inside" and still "oozing out all over."

In Esther's case, there was an added twist. Firstly, and, in some sense tragically, she had an inkling of her predicament. Thus, while she needed to defend against the feared volatility of her affect, she also intuited that the distance she created was prohibiting her from integrating her emotional experiences into a more cohesive sense of herself. She often spoke about how her talking did not get her closer to being able to grasp the depths of her being, that she could not reach underneath, into the ghosts' territory, to get a sense of "what is there."

Secondly, Esther's self-other differentiation seemed to have progressed far enough along that she was more explicitly conscious of her need and desire for an other, in whose presence she might be soothed enough to safely negotiate and get to know herself in an intimate way. As

she herself put it, "I want someone to look inside of me and tell me that it's going to be alright." In the absence of such basic internalized psychological assurance, letting herself go, i.e., letting herself feel, meant "falling forever, traveling toward 'death' because, unattended, [she was] in the solitary confinement of h[er] body" (Phillips, 1993).

Esther's desire for the other made her defensive metaphors more complex as it imbued them with an invitation to explore. Yet, advances on my part toward a deeper understanding by way of a dialogue of associations were rebuked and thus preempted a shared play of imagination, which might have illuminated and organized what lay hidden in the depths.¹¹¹ While her attempts at affect management were thus more 'successful' than

¹¹¹ Bromberg might argue the different metaphors stood for different, dissociated 'self-states' triggered by her conflictual relational dynamics, which Esther, unconsciously, shifted in and out of. Addressing the feelings connected to such shifts in state was fraught with the danger of feeling something she was unable to consciously process and make meaning of and with the danger of losing the other in the process. Her metaphors and the ways in which she used them were in a sense a compromise formation - keeping the other engaged while keeping them at a 'safe' distance, i.e., to use Bromberg's metaphor cited earlier, screaming "fire!" while throwing rocks at the firemen. If we translated these dynamics into simple bodily terms, one might argue that Peter's "script" provided a clear black and white message, i.e., "don't touch me there, or else..." while Esther's metaphoric constructs in fact carried within them some wish to be touched, held, and related to.

Peter's, she was left struggling with the aftermath of having been 'victorious' over the affective forces within, i.e., a sense of emptiness that, even to her, felt impenetrable.

I have chosen to describe some of Esther's more salient verbal metaphors below as I feel they illustrated two crucial components of defensive metaphors - they tell us something about how the dread of affect and the occurrence of affective 'events' is managed while simultaneously hinting at the quality of what needs defending against.

Danger!

Early on, Esther brought in a dream in which she was attending medical school. During an anatomy class, the students were dissecting a cadaver when the professor pointed to a gross and misshapen substance, remarking that this was the tumor that had caused the body's demise. Esther remembered being repulsed by the sight of this and recoiling when the professor asked her to feel it as she had a distinct sense that such an action would surely transmit the deadly disease to her.

Aside from the possible interpretation that the

cadaver stood for Esther's having deadened her experience in response or anticipation of the havoc a 'growth' of affect could wreak, I also took this dream to be a veiled warning about the danger of what she felt to be residing within her. The sense of pathology this dream hinted at seemed to stand for what lay at the root of Esther's difficulties in relating: a fear of being so sick and riddled with tumors that nothing else could 'live' inside her, that no one could or would handle or touch her, and that any longed-for connection with others brought with it the distinct possibility that it might 'kill' them.

The Better to Eat You With¹¹²

The conflict between her deep-seated desire for others and the simultaneous dread of 'killing' them was illustrated by Esther repeatedly using the metaphor of a ravenous and ugly "creature with many mouths" that dwells inside her and devours and destroys everything.

It leaves a huge hole, a nothingness and I feel like I am gone and there's something else there. Something that goes beyond everything. Nothing else exists. I need to get away from it very badly.

¹¹² From the fairytale *Little Red Ridinghood* by the Brothers Grimm.

Esther's desire, if not fulfilled, ravenously feeds on itself and obliterates her sense of self, leaving her with a feeling that her body has been hollowed out, and filled up with something so "affectively complex and dangerous that it cannot be safely contained" (Bromberg, 2003). Thus, the imperative "to get away from it very badly." This sense of something all-encompassing and obliterating is reminiscent of Peter's impending sense of dissolution, his "oozing out" which went "beyond the room" and seemed to signify a loss of an essence, a basic sense of self. It differs in the sense that Peter's feared obliteration emanated from there being too much within, whereas Esther's sense of psychic 'death' seemed to stem from being evacuated, scooped out, and from the sense of "nothingness" this subsequently created inside her.

When I would try to bring the potential meanings of these metaphors into the context of our relationship in the room, Esther most always retreated, declaring that "talking about it won't help." I had a sense that somehow she was both ashamed of her desire and fear and at the same time was trying to preserve me by keeping me away from the places within her that felt dangerous. Bromberg

puts this resistance into clear perspective when he asserts

that a patient's unwillingness to 'work in the transference' ... is directly tied to the person's reliance on dissociation as a means of foreclosing potentially traumatic encounters with the mind of a needed other in the here and now - encounters that would threaten to trigger affective hyperarousal, including shame, without hope of regulating the affect through the relationship itself. ... [T]he reliving, with one's therapist of unprocessed traumatic affect from the past ... is most always accompanied by a dissociated experience ... in the here-and-now. [The therapist's desire] to bring about the reliving also brings about, in the relationship with him, a reliving of the hunger for relief and soothing without a way to directly communicate this hunger. Why? Because the person whose behavior is creating the distress is also the person most necessary to relieve it, and in the patient's past this was unthinkable (2003, pp. 561-562).

Thus, while there seemed to be a desire on her part for me to 'get it,' Esther would rarely let me try to better understand what 'it' felt like to her.

Why do that in here? There's no use. It won't help you understand. You just don't get it. I'll be exposed in front of you and there is nothing you can do. It's not useful. It's a silly therapy thing, which you think works, but it doesn't.

Esther's resistance to engaging in the "silly therapy thing" made our trying to relieve her fears and

anxieties a seemingly Sisyphian task, and was illustrative of the terrible bind she continued to find herself in. The loneliness and longing her predicament brought about was communicated by her talking about feeling as though she wandered different paths in thick and dark forests in search of a clearing, hoping to find someone somewhere who had left "room for [her] to just be," which, in turn, might gratify her longing. Since this never happened, Esther had to "hold it inside," where 'it' was bound to grow into deadly tumors and raise ferocious creatures, both of which then threatened to obliterate her.

Water, Quicksand, and Nothingness

Peter's imagery was suffused with water, which seemed to stand for the impending 'liquidation' of his experience and he thus sought to prevent his essence from "seeping out" or "oozing away." Esther at times voiced a similar fear of obliteration, which took the shape of being overwhelmed, washed away, and swallowed whole by a 'flood' that came at her from the outside. This seemingly signified the chaos she dreaded and felt helpless against as she would vainly try to forestall it by holding up her hands. "It just kept rushing at me."

However, the more prevalent imagery Esther used consisted of quicksand, and as we will see, this might be seen as signifying her attempts to preemptively 'freeze' the potential for psychological 'floods.' In many of her dreams, Esther would be walking through quicksand along a beach, terrified of being "sucked" into the depths below. In one particular dream, she recalled walking, exhausted,

until the quicksand became a harder and harder substance. I knew I had to keep going to make it even harder and get to a safe place. But when I made it there, I looked back and there was nothing. Absolutely nothing.

It seemed like Esther was trying to avoid the perilous affective depths by trying to gain more solid ground, which to me was metaphorical of what she indeed tried so desperately to do - i.e., use her words to bind something that threatened to 'flood' her or pull her into places she did not know how to navigate because nobody had ever "looked inside" and told her it was "going to be alright." Unfortunately, and clearly Esther had some sense of this, her escaping one distressing fate left her with an equally painful predicament - by the time she feels something solid underneath her, "there is nothing left" - nothing but isolation and a lack of lived experience. In other words, nothing to connect to.

Esther was, to some extent, successful in maintaining her defense of using language to stay 'disembodied' from herself by creating metaphors that circumscribed the affective 'places' she could not allow herself to approach. In good poetic metaphor, resonance is created by preserving a palpable thread between the words and the experiences they denote, but Esther seemed to have foreclosed the chance for affective resonance by dissociating her words from the visceral dimension of her affective states. Thus, while her words, the images she created in her metaphors, and the content of her dreams certainly were sometimes excruciatingly evocative to me, she had to steer clear of such potential resonance and could therefore not let me 'play' with her. Like a child who has toys, she laid them out as though beckoning for an interaction, only to withdraw them when I got within their reach.

Cold & Warm, Empty & Full

Esther was always running to and from places, she seemed constantly out of breath, and appeared at the mercy of both external sensory inputs and internal sensory perceptions. Hardly a week went by when the

beginning of a session was not marked by her uttering a sentence about how overwhelmed she was by the state of her body and how she was trying to literally, i.e. externally, regulate the sensory signals her body was sending or receiving.

Assembling a few weeks' worth of the visceral missives that commenced each session results in a kind of haunting bodily 'poem:'

I was running up here.
 I'm hot.
 I'm cold.
 I feel like I'm running a fever.
 It's freezing.
 I'm out of breath.
 It's not as hot as the last time.
 I think the heat makes things worse.
 It's like walking through fog.
 I am rushing.
 What's that smell?
 Is it hot?
 My head is spinning.
 It's quiet up here.
 Is it darker?
 I almost froze yesterday.
 I am all sweaty.
 I am trying to get somewhere, but I am stuck.

The meaningfulness of these descriptions on a psychological level seemed inescapable. They signified that underneath the often 'solid' surfaces of Esther's linguistically chiseled edifices lay elementary struggles to achieve a kind of primitive bodily homeostasis, which

can be seen as standing for her more abstract self-proclaimed difficulties regulating her emotions. This is underlined by Langer's suggestion (1948) that what are initially, early in development, bodily sensation - e.g., of warm and cold or empty and full - are throughout development transformed to assume multiple, abstracted meanings, which are then used to describe our 'sense' of ourselves and others (see p. 105).

On a number of occasions, Esther talked about "getting emptied from the inside out." She described that in these moments she experienced a painful and palpable sense of "hollowness" and felt as though death was near. We explored this experience more closely when it happened in the room with me and realized that getting 'emptied' came with a kind of paralysis in the face of an overwhelming, yet undefined feeling of endless terror.

You were talking and you were getting close to it, to feeling it. And if we keep going, I'll be all empty and there'll be nothing left. And now I really want you to see what is inside of me. ('Nothing left' like being dead.) Yes, just lying there dead. Lying there and I can't do anything, I can't get out from under it, I can't get it out of me.¹¹³

¹¹³ While Esther clearly suffered from developmental traumata with regard to affect regulation, attunement, and basic caregiving, this paragraph, especially the latter part, evokes the possibility of a

In what I came to understand as a connected issue, Esther also was very concerned about time, and what she perceived as an eternal lack of it. She would ask me whether I was "counting the minutes," before I would come to get her so I could be there "just on time." She often said that there would never be enough time to really get to what she needed to get to, and no one who would wait long enough to be there with her - "I need hours, more time, not just this restricted frame imposed by psychotherapy and then maybe I could get there."¹¹⁴

specific traumatic event that provoked an experience of immense terror. However, hypotheses such as this could not be confirmed or disconfirmed during the treatment.

¹¹⁴ Within a developmental framework, we might see a connection to Winnicott's descriptions of the need for time in a safe environment within which the infant is allowed to explore without intrusions his or her particular sensory world. By way of experiencing patterns of psychosomatic existence, the infant gradually achieves psychosomatic integration and finds the rhythms of his ways of being. In the absence of such an opportunity, the infant's experience is truncated, ruled by others' rhythms and timing, which, in turn, makes the attainment of a regulated psychosomatic unity in experience very difficult. Thus, Esther's sense of there never being enough time to "have [her] emotions" might, at least in part, be seen as derivative of an early imposition of someone else's sense of time, someone else's 'schedule' (feeding or otherwise) which she had to, for survival's sake, adapt to. She never had time to stop and experience, to know what was going on inside her, to 'find' herself in some very primitive sense. Paradoxically, this also may be linked to her feeling that if she were to allow herself to sense the pain, that it would be "endless" - i.e., since no one gets there in time for her to be soothed, she would be stuck in a kind of cruel suspension of time, suffering without end at the mercy of a body that cannot be regulated.

My Bodies, My Selves

In a psychological twist of fate, Esther's body enacted upon her the unprocessed affective struggles she was trying to avoid - i.e., her hunger and desire for an other. Esther told me that at times she felt hungry, invulnerable, invincible, and independent, while at other times she felt hungry, vulnerable, weak, lonely, and paralyzed. Both of these affective constellations not only came with a distinctly different sense of self and others, they also were accompanied by very different bodily experiences - concomitant with the former was a feeling of being lean and mean and sexy, while the correlate of the latter was a sense of distension, diffusion, and ugliness.

I came to understand that although common to both states was the sensation of hunger, the specifics of it and the impact on Esther's experience were remarkably different. In her lean and invincible states, Esther's hunger seemed to be a perverted statement of independence - she felt strong and invulnerable, and needed no one. People were "nothing,"¹¹⁵ "cardboard cut-outs" - they

¹¹⁵ In a sense projecting out the nothingness and emptiness she often spoke about feeling inside herself.

could not harm her and she felt capable of "killing them." It seemed that during these times, Esther rid herself of the desire for people by unconsciously transforming this dire psychological need into a concrete physical sensation of hunger. Turning passive into active, Esther, like the "creature with many mouths" inside her, then fed off that emptiness, which gave her a sense of power and autonomy.

However, given Esther's difficulties, living in the world alongside others always seemed to engender a transformation of 'mere' physical hunger back into a psychological desire to connect with another. However, this type of 'hunger' is not fuel for action. Rather, like the tumor, it expands and expands until it distends Esther's body, leaving her to "just lie there," feeling weak and paralyzed, incapable of movement, and terrified of making contact. I took Esther's often literal inability to physically 'move' during these times as standing for a fear of being psychologically active and reactive with regard to others, because contact brings with it not only the chance of disappointment and hurt but also the potential of 'killing' the other, who,

tragically, is the object of her desire. And 'killing' the other would mean rendering the possibility for any gratification obsolete. Thus, the best way to avoid this double dilemma is to be passive - if you cease to be stimulus, no one will react.

Both of these 'body metaphors' represent 'places' to which affective experiences Esther was unable to process and regulate had been transferred. They might be seen as examples of Bromberg's 'dissociated self states,' which were 'put in place' to keep at bay what I came to understand as one of Esther's central problems, i.e., the danger inherent in relatedness and the conflicts between desire/need and fear/anger the interpersonal dimension brings about. Given these volatile dynamics, the choices Esther was left with were rather stark - one can either be active and hungry in a world of no people, i.e., become the creature, turn others into "nothing," and feed on emptiness, or be inactive, isolated, and hungry, i.e., distended with desire in a world of needing people, the shadowy and paralyzed victim of a growing tumor.

Bodies in Space

During sessions with Esther, I frequently found

myself having disconcerting bodily and affective sensations, which were often preceded by a distinct sense of dread, a sinking feeling in the pit of my stomach. I would try to focus, but everything around her would begin to swim in front of my eyes. I would begin to feel dizzy, unable to hone in on anything and felt as though I was losing ground, perspective, and a grip on the reality of the moment.

These instances of a kind of visual disorganization and diffuse sense of bodily decompensation were juxtaposed by times when I felt more distinct affective sensations. These appeared to be linked to what was 'lost' in the nothingness that resulted after Esther walked through quicksand for days on end, trying to get away from the vortex of her bodily states. I have powerful memories of inexplicable and sudden surges of ferocious anger which vacillated with feelings of kindness and generosity; I felt waves of overpowering repulsion (much like Esther recoiling from the tumor in the cadaver), which were juxtaposed by a kind of propulsion - a movement toward her, a desire to take care of her.

There were numerous occasions when I felt that she

wanted to 'devour' me, to get something from me. I also frequently sensed a need on her part to touch me and often felt this concrete touch to be imminent - almost certain that her body would start to move in my direction and that I would be suffocated by the expression of a need I was doomed never to be able to meet unless I let her 'have' me, i.e., surrendered my physical body to her desire.¹¹⁶

These sensations manifested in a number of dreams I had about Esther throughout our work together.

I am in a corner and she starts to touch my right leg, my calf to be precise - felt seductive, passive-aggressive and intrusive and done in a way that intimated that this was just normal and she had every right to do it - and I got mad and told her in no uncertain terms that that was not OK, pushed her hand away and got up and started to pack a suitcase to leave.

I was in the corner and she came over. First she was on her chair and I could feel her looking at me and waiting for a moment to touch me. I ignored it and could feel myself getting angry and claustrophobic. And then she got up and put her hand on my head. I couldn't get it off, it was like some heavy metal clamp. I flailed my arms but nothing worked.

¹¹⁶ This did not feel erotic, but rather like a toxic mixture of some sadistic-feeling seduction, rage, hunger, urgency, and aggression.

I realized (admittedly, with a great deal of good supervision) that the enormous need I sensed was as terrifying to Esther as it was to me, and that my sensations and dreams could be seen as standing for the ferocity of what Esther had described as the ugly creature "that gets hungrier and hungrier and eats up everything until there is nothing left and it's empty in there."

I started to see patterns and connections between her different modes of metaphor which represented the matrix of affective conflicts Esther experienced around relations with significant others. I began to understand that my rather disconcertingly undifferentiated feelings of dread were in fact a way to take her 'temperature,' a kind of signal anxiety - they usually preceded a radical shift in her affect or self-state and thus a radical shift in the feel of our relationship in the room. I imagined that my feelings of anger had something to do with the states when Esther's hunger made her lean and mean and ready to kill anything and anyone in order for her to feel independent, not in need, but in control; that my feeling pushed into a corner, frightened of her touch was a way of experiencing what happens when her

desire for the other distends and paralyzes her, pushing everything and everyone to a distant perimeter within which she sits, "inhabited by a cry, still looking with [her] hooks for something to love."

It seems that Esther's verbal metaphors were a means to communicate and process "partially what cannot be comprehended totally" (Lakoff & Johnson, 1980). And while they often vividly illustrated her struggles and defenses, more often than not, they did not facilitate her "only connect[ing]" and staying in 'touch' with herself. Rather, they served to create a distance which tore the connective tissue lived experience can create and disrupted the continuity and significance it can bestow on one's sense of being alive.

The more primitive modes of metaphor, i.e., the 'behavior' of her body and the sensations I experienced were clues that made 'sense' of her verbal metaphors. They filled them out, it seems, by adding a bodily, felt dimension to what often was an empty and impenetrable skeleton of thought and told me about the desire, hate, terror, dread, love, and rage which could not be gotten at through any explicit narrative.

Ultimately, I came to understand that Esther's dilemma wasn't about one particular need or desire, it was the needing itself that engendered the primitive feelings of rage, repulsion, despair, and aggression at the heart of her conflicts. What seemed terrifying was the need for people, and it was the depth of that need which fed the ferocity of the creature and grew into tumors. The deadly undercurrents of her desire necessitated her Herculean efforts to solidify the quicksand as a way to avoid being sucked into affective chaos, which in turn begot the nothingness that dogged her. 'Nothing' was the only something that bestowed a sense of control over those things she could not allow herself to feel, yet, tragically, 'nothing can come from nothing' and Esther was thus caught in a rather lonely predicament- at a distance from even those things she longed to feel and far away from the possibility of "only connect[ing]".

In contrast to the work with Peter, where the goal might be seen as creating some distance to lived experience in order to begin to differentiate, name, and make some coherent meaning of the affective sensations that bubbled underneath, treatment with Esther might be

conceptualized as an attempt to once again subjectify what was too objectified or had been 'transferred' out, i.e., to move her closer to the "incarnate significance" Merleau-Ponty speaks of and thus fill the empty space she so often described with the body she had dissociated from. This, in turn, might engender the possibility of a different kind of relating - a lived experience which would allow Esther to "only connect" with herself and another and feel safe in the process.

4.3 Discussion: Under One's Skin and In One's Bones

I shall fall alone through this thin sheet
into gulfs of fire. And you will not help
me... you will let me fall, and will tear me to
pieces when I am fallen.

Virginia Woolf

While Peter and Esther took different routes to regulate their ways of being in the world, both avoided becoming conscious of, or reflecting on what were to them overwhelming affective states that rendered the world, others, and their subjective experience a source of potential danger and personal as well as interpersonal insecurity.

I am afraid of the shock of sensation that
leaps upon me because I cannot deal with it

as you do - I cannot make one moment merge into the next. To me they are all violent, all separate; and if I fall under the shock of the leap of the moment you will be on me, tearing me to pieces. I have no end in view. I do not know how to run minute to minute, hour to hour, solving them by some natural force until they make the whole and indivisible mass that you call life ... there is no single scent, no single body for me to follow (Woolf, 1931, p. 93)

To manage these unformulated states or "shocks of sensation," Peter took the concrete route which made reflection and differentiation near impossible, while Esther fled into the realm of the abstract, unable to incorporate aspects of her lived experience into an ongoing sense of being.

Despite their differences, I would argue that neither of them lived at an optimal distance to the original or immediate experiences they kept trying to manage. On a continuum that reaches from action to contemplation, we might see Peter as an 'object of action,' and Esther as an 'object of contemplation.' The bodily concomitants of Peter's affective experiences were still very much in his bones, immediate and raw, pressing for release on a physical level. It seems that Peter was most always in the midst of himself, viscerally experiencing his body, and constantly fighting to plug up

his emotional spills. He ran and slid on his affective oil slicks, inevitably causing major collisions both intrapsychically and interpersonally, whereas Esther skirted and dodged, avoiding even minor fenderbenders. Having made herself an object of contemplation, she represented her body by 'freeze-framing' her affective experiences into still images that could be interpreted and beheld from a distance, leaving her positioned outside of herself, looking for a way to 'get in.'

As I tried to show in the previous sections of this chapter, the metaphors Peter and Esther used to manage their respective affective dilemmas, and their effects on the clinical space not only spoke to their similarities and differences, but might also be conceptualized as providing some developmental clues about circumstances surrounding the origins of their troubles.

Peter's ways of communicating along with the content of what he communicated might be interpreted as hinting at early developmental traumata, which seemed to have compromised an even nascent ability to differentiate and begin to make meaning of the bodily states associated with his affective experiences. Dominated by body to body and behavioral modes of metaphor, Peter's difficulties

seemed, in the main, to derive from a time prior to any significant self-object differentiation, where affective events are immediate, often unavoidable, and still very primitively tied to the drives which they accompany.

While this is somewhat of an oversimplification, it seems that Peter was left literally 'hungry,' profoundly deprived, in his own puddles, and terrorized by the timelessness of his distress. It seems that this early constellation of experiences was never adequately processed and thus continued to concretely define what life and living felt like to him. In *Einstein's Dreams*, Alan Lightman imagines the experience of a man whose past became a template he relived over and over again. He writes,

when he wakes up in the morning, he is the boy who urinated his pants. When he passes people on the street, he knows they see the wetspot on his pants. He glances at his pants and looks away. ... He is the boy who could not hold it in (Lightman, 1993).

When Peter's body was his language, no one seemed to have helped him to 'hold it in,' or shown him how to let it out in a regulated manner, and his body with his leaks and cracks thus, to a large extent, *remained* the language with which he continued to communicate the feel of his

experience. Conversely, Esther's body was buried under language and many of her communications seemed to illustrate a different developmental 'story' - it appears that in her case, a modicum of differentiation had actually occurred and that she thus reached the capacity for somewhat more sophisticated modes of affective symbolization. Esther had plenty of words at her disposal, but their ties to the body had not merely been loosened (McDougall, 1989), they seemed to have been cut in order for her to be able to stay away from experiencing her affective world in the moment. Esther's 'hunger' was not so much about basic 'food,' but seemed more like a desire for another who might provide psychological sustenance. This brought with it conflicting feelings of fear, longing, a dread of dependence and abandonment, as well as shame, the combination of which, more often than not, rendered her passive and lonely in the face of her need.¹¹⁷

¹¹⁷ While Esther's frequent comments about the concrete states of her body, e.g., about her 'temperature,' might be seen as primitive distress signals, Gunsberg & Tylim (1998) offer an added dimension when they posit that the concreteness of the body is often used to avoid relationships and to defend against sexual and aggressive impulses, wishes, and fantasies. As well, as I alluded to in the section that discusses Esther's case, in addition to what seems to have been a pervasive, but nonviolent early neglect, some of her metaphors might be interpreted as hinting at a more delineated

Like the young boy in Guenter Grass' *The Tin Drum*, she managed to harness the power of her mind to eradicate that which she could not tolerate. The consequence of this maneuver, however, was that [she] had to recurrently rise above whatever emotional experience was taking place in her body into an isolated and safe haven in her mind (Epstein, 1998, p. 132).

In Peter's case, his language and his actions were infected and filled with the immediacy of his bodily sensations, which constantly spilled out, while to Esther, language was a 'cure' of sorts, an anesthetic which, on the one hand, made being in the world bearable, but which also distanced her from vital 'senses' of herself, frequently leaving her with an empty feeling of "nothing."

Peter seemed to live inside his words (and his body) and pulled me in, while Esther positioned herself outside of her words (and body) and, more often than not, rejected my efforts at understanding better what she felt to be unknowable. Such a differential positioning of the self with regard to words is reminiscent of Bick's (1968) theories about the place of the skin in early object relations. In her view, the skin is the most elemental

traumatic event later in her development when language was more available. Thus, an assault on her sense of going-on-being may have made her body retreat behind an army of words which she then employed to defend against the possibility of retraumatization.

boundary as it binds together aspects of the personality "not as yet differentiated from parts of the body."

In its most primitive form the parts of the personality are felt to have no binding force amongst themselves and must therefore be held together in a way that is experienced by them passively, by the skin functioning as a boundary... [it is] an earl[y] process of containment of self and object by their respective skins (Bick, 1968, p. 484).

Peter lived right underneath a layer of porous skin, whereas Esther refused to get under her skin, having in some sense built what Bick (1968) would consider a "second skin" by maladaptively overusing "certain mental functions."¹¹⁸

Bromberg (1998) speaks to the difference and similarity in Peter and Esther as well when he makes a distinction between "metaphors of the body and the body as metaphor," where the former is about relieving, and the latter about reliving. He posits that in both cases, affect is played out dissociatively on subsymbolic and symbolic levels because the link between the self and the

¹¹⁸ In their two papers on Vygostky's theories, Wilson and Weinstein (1992) note that central to his formulations is the question of how two people come to co-construct a "mind extending beyond the skin" (Wertsch, 1985) that leads to the child's interiorization and acquisition of language, symbolic functioning and the further evolution of thought.

experience in question has not been established.¹¹⁹ Reliving his experience in the flesh over and over, Peter's affective experiences were 'too close to the bone,' while Esther's defensive use of metaphors of her body, paradoxically, kept what was in the flesh at bay, but also rendered her essentially 'out of touch' with herself.

The lack of an optimal distance to felt experience, whether it be too much or too little, and Bromberg might add, the concomitant presence of dissociative mechanisms, creates similar dilemmas in life and in treatment¹²⁰ - it leaves the ego or self at a loss to "gather [experiences] into its present time" (Winnicott, 1963), and process in the here-and-now affectively charged moments in such a way that they become part of the continuum of living. To use Bromberg's terminology, patients then cannot "stand in the spaces" between different self-states, i.e., they

¹¹⁹ This harkens back to Tomkins', Krystal's, and Thompson's assertions outlined in Chapter Two which emphasize the importance of differentiated self and object relations in terms of the ability to attribute affects to the self, which, in turn, would allow for links between self and experience to be made.

¹²⁰ It seems that the notion of optimal distance is relevant on a number of levels, all of which harken back to the discussion of affective development - whether it be the distance from the body and felt experience, or the distance to and differentiation from others, or the distance to one's past and one's present.

are either in it or out of it, too distant or too near, which compromises the ability to effect a sense of cohesion in one's experience.

If through their metaphors, we can 'sense' where our patients are on the continuum of nearness and distance to lived experience, we might conceptualize treatment as creating a more adaptive position by associating mind and body, and helping them understand, convey, and manage what feels unknown or unknowable and often frightening. Our patients' capacity to simultaneously experience and reflect, and to integrate what was previously unprocessed into their respective psychological landscapes might then be increased, broadening their capacity to 'play' with the whole range of their experience. This might, over time, help them to transform their varied metaphors into tools they can consciously utilize to create a 'new reality' (Lakoff & Johnson, 1980) - i.e., to find an 'angle of repose,'¹²¹ a perspective on their experience that "bring[s] order and clarity to it, however

¹²¹ 'Angle of repose' is an engineering term denoting the angle at which sand comes to rest when it is pushed down a plank. I 'found' this term when I read Wallace Stegner's book *Angle of Repose* and have held on to it for years as an evocative metaphor for what we try to achieve in our lives and in our work.

provisional that order and clarity [may be]" (Seiden,
2003, p. 30).

CHAPTER FIVE

FUTURE DIRECTIONS & CONCLUDING REMARKS

Future Directions¹²²

The work with Peter and Esther, both in the room and in supervision, pointed to events, non-events, and/or traumatic events in their early histories and explicated some of the developmental complexities and potential pitfalls involved in processing and symbolizing the bodily experience of affect.

As I alluded to in the Introduction, this dissertation was started before I went on internship at a

¹²² There are numerous routes worthy of further consideration, all of which might contribute additional depth to the general subject of metaphor and thus present possibilities for fleshing out the propositions presented in this dissertation. For example, bringing into the discussion the notion of alexythymia and other learning disabilities and the impact of such predicaments on the capacity for metaphoric thought and communication; exploring neurobiological contributions to communication between bodies which Schore (2003) has greatly elaborated on and exploring the theories he has generated about right-brain-to-right-brain communication; one might also integrate into a discussion of metaphor theories of mentalization and reflective functioning, both which have been extensively explored by authors such as Fonagy, Target, and their group in London. Given considerations of time and space, I will elaborate on two areas in the context of the present endeavor. One is the exploration of the effects of adult trauma, and specifically combat-related PTSD, on the body and the impact of such events on metaphor and meaning-making. The second area of interest consists of tracing changes in the manifestation of metaphor in the treatment of adults over time; this would include both the exploration of changes within a mode of metaphor as well as an investigation of whether and how possible shifts from one mode of metaphor to another might occur as treatment progresses.

VA Hospital where I worked with Vietnam veterans suffering from severe combat-related PTSD.¹²³ These treatments did not focus on developmental contexts or early childhood events, which can be diffuse or even unremembered, but rather centered around the effects of a singular, prolonged, and often vividly remembered traumatic event, i.e. twelve months in Vietnam, often against one's wishes. Vietnam, in turn, consisted of countless severe traumata, the overwhelming effects of which profoundly impacted these men's ways of experiencing themselves and of being in the world with others.

The work with them often dramatically highlighted the basic premises underlying this dissertation, i.e., that there exists a powerful and intimate connection between body and mind, that overwhelming and 'unthinkable' affective experiences of the past compromise efforts at making meaning, influence continued negotiations of reality, and thus profoundly shape the

¹²³ Post Traumatic Stress Disorder (PTSD) is among the most common of psychiatric disorders. The National Vietnam Veterans Readjustment Study (Kulka et al, 1990) reported that approximately twenty years after the end of the Vietnam War 15.2% of veterans continued to suffer from PTSD.

experience of the present. The time with these veterans also provided experiences and observations that provoked specific questions about the fate of metaphor in the face of adult trauma: How are the effects similar to those of what I have referred to as infantile or developmental trauma, and how might they be different? Are the effects of a severe threat to one's psychological survival different from those where physical survival is at stake? What happens to the capacity to use metaphoric processes as tools to continuously integrate new experience when a traumatic event later in life shatters the meaning making processes one relied on prior to such an event? What are the consequences to metaphor when reality intrudes to such a degree that what was potentially figurative becomes concrete? How is metaphor affected when your body, due to the effects of trauma, takes over and prevents your mind from making sense? What happens when you are bereft of turns and phrases that, under different circumstances, can mitigate the affective impact of a new experience? When they only too vividly evoke, over and over, the very things you are trying to keep at bay? What is the role of metaphor in our efforts to help these patients process and integrate the unthinkable into their

existing psychological structure?¹²⁴

¹²⁴ There is a growing literature on the neurophysiological effects of trauma on the brain, both with regard to early developmental as well as adult trauma. This is believed to derive from the fact that the overwhelming bodily stress of traumatic events renders one's processing capacities inadequate. As Schore (2003) points out with regard to infantile trauma, the brain of an infant is literally shaped by the manner in which affective experiences are handled within the infant-caregiver dyad. Although there is no dyad to speak of in such adult trauma as combat-related PTSD, the same neurophysiological effects occur. I will quote a brief summary of these for the interested reader (for descriptions in greater detail, please refer to Van der Kolk's considerable volume of work on the subject):

Higher cognitive processes, including those involved in psychotherapy, occur in the prefrontal cortex of the brain. However, affect and primitive memory (sensory inputs) are processed in the limbic system. The thalamus receives sensory inputs; the significance of these inputs is determined by the amygdala; and the hippocampus forms a cognitive map of these inputs according to their levels of significance. The cognitive processing of the prefrontal cortex does not reach the body (autonomic nervous system) or influence affect in a person with PTSD (Van der Kolk, 1994). Physiological responses are exacerbated when the affect-laden memories stored in associative networks are triggered by environmental sensory inputs or cues and activate the autonomic nervous system. PET scans of subjects who have suffered severe trauma demonstrate that the traumatic memories are stored in the amygdala in the right hemisphere. Furthermore, MRIs of traumatized subjects reveal a shortening of the hippocampus in persons with PTSD as compared to normal subjects. This implies a level of brain damage sufficient to impede new learning (Van der Kolk, 1994). Such a deficit [can] prevent the neutralization of traumatic memories by cognitive processes such as analysis and integration of events and assumptions or beliefs. Furthermore, left hemisphere-driven cognitive processes would not facilitate the diminution of the autonomic response triggered by environmental cues in a person with PTSD. (Amendolia, 1998, p. 1).

While these compromises at the neurophysiological level can clearly influence the possible gains of psychotherapeutic processes, and while one could explore the impact of the degree of such 'insults' on the brain on the course of treatment, I will not address such consequences in any detail in this context. It is my feeling (derived from my experience and the shared experience of my

When, to use Lakoff and Johnson's book title, the 'metaphors we live by' (1980) cease to provide a figurative space around experience, it seems to me that we once again live where they came from - i.e., the pendulum of experience swings all the way back to the concretely visceral where the body carries and signifies meaning which the mind cannot accommodate.

This cluster of thoughts takes an exploration of the fate and function of metaphor in the face of trauma beyond early childhood circumstances, some of which may be preverbal, and into periods of adulthood, when, presumably, one's capacities to symbolize linguistically are better developed and patterns of organizing experiences are more firmly in place.¹²⁵

supervisor and fellow therapists at the Manhattan VA) that the psychotherapeutic process is nonetheless vital in ameliorating the difficulties traumatized individuals face. One might even argue that given an insult to the brain that may impact the totality of a person's psychological functioning, psychotherapeutic treatment is in fact exceedingly important to maintain whatever changes can be effected.

¹²⁵ Of course, as this dissertation explicates, the vicissitudes of development continue to play into or even determine our meaning-making processes throughout life; thus, an argument can be made that the manner in which one has come to organize and symbolize early experience clearly plays into how the effects of severe trauma later in life play out in our psyches; I am here focusing on instances derived from my experience at the VA with individuals who appeared to have adequate symbolic capacities prior to their trauma.

5.1 The Fissure Through Which One Sees Disaster:¹²⁶

Combat-related PTSD and Its Impact on Metaphor

The emotions went from outrage to terror to bewilderment to guilt to sorrow and then back again to outrage. I felt a sickness inside me. Real disease. Most of this I have told before, or at least hinted at, but what I have never told is the full truth. How I cracked. How at work one morning, standing on the pig line, I felt something break open in my chest. I don't know what it was. I'll never know. But it was real, I know that much. It was a physical rupture - a cracking-leaking-popping feeling. Down in my chest there was [a] leaking sensation, something warm and very precious spilling out.

*Tim O'Brien*¹²⁷

Trauma, especially in the context of war and combat, represents maybe the starkest and most powerful reality as it forces upon individuals a vast spectrum of the human condition - fear, glory, shame, terror, degradation, hope, love, hate, life, death, and survival. In the case of Vietnam, within the span of a mere 14 hours on a plane, one more or less longstanding and known reality is replaced with one in which most habitual

¹²⁶ An expression borrowed from the *The Waves* by Virginia Woolf. "The door perpetually shuts and opens. I am conscious of flux, of disorder, of annihilation and despair... What [is] the fissure through which one sees disaster" (1931/1976, p. 67)?

¹²⁷ Excerpt from *The Things They Carried* (1990).

reference points are lost. Truly a 'different shore,' this new and strange reality encompasses not only the brutal realities of war, it also assaults all your senses and thus in many ways your basic orientation - the environment and the people in it look different, smell different, sound different, the air feels different, the food tastes different. Nothing allows for a reprieve - the 'new' cuts into flesh, fragments bones, and explodes the vessels that have supplied a steady stream of organized meaning; it tatters and tears at the weave of psyches, rending holes in the fabric of experience which are difficult to mend and integrate into some cohesive whole.

In a haunting fictionalized account about his time in Vietnam, Tim O'Brien (1990) elaborates on the "things they carried." Aside from the necessities - "P-38 can openers, pocket knives, heat tabs, wristwatches, dog tags, mosquito repellent, chewing gum, candy, cigarettes, salt tablets, and C-rations" (O'Brien, 1990) - soldiers carried objects dear to their hearts or imperative to their souls, representing aspects of themselves they were trying to preserve, or the means by which they hoped to preserve themselves through what turned out to be, in

Dickensian terms, "the worst of times." As such times went on, their 'rucksacks' began to accumulate and contain overwhelming emotional experiences, which many of them continue to carry and are burdened by to this day.

They were tough. They carried all the emotional baggage of men who might die. Grief, terror, love, longing - these were the intangibles, but the intangibles had their own specific mass and gravity, they had tangible weight. They carried shameful memories. They carried the common secret of cowardice barely restrained, the instinct to run or freeze or hide, and in many respects this was the heaviest burden of all, for it could never be put down, it required perfect balance and perfect posture. They carried their reputations. They carried the soldier's greatest fear, which was the fear of blushing. Men killed, and died, because they were embarrassed not to. It was what had brought them to the war in the first place, nothing positive, no dreams of glory or honor, just to avoid the blush of dishonor. They died so as not to die of embarrassment. They crawled into tunnels and walked point and advanced under fire. Each morning, despite the unknowns, they made their legs move. They endured. They kept humping. They did not submit to the obvious alternative, which was simply to close the eyes and fall. So easy, really. Go limp and tumble to the ground and let the muscles unwind and not speak and not budge until your buddies picked you up and lifted you into the chopper that would roar and dip its nose and carry you off to the world. A mere matter of falling, yet no one ever fell. It was not courage, exactly; the object was not valor. Rather, they were frightened ... By and large they carried those things inside, maintaining the mask of composure.. And they

dreamed of freedom birds¹²⁸ (O'Brien, 1990, pp. 21-22).

The men I worked with or those I got to 'know' through their therapists carried their things with great care and diligence. Metaphors for their innocence, hopes and desires, they 'humped' letters from home, carefully wrapped in plastic, placed at the bottom of their rucksacks to ensure that such precious reminders of their prior life and connected hopes for their futures might survive the heat of the jungle and the torrents of the monsoon; they carried pictures, pieces of clothing of a loved one, their favorite book; one veteran carried a copy of Tolstoy's *War and Peace* in the hopes that this might lend him perspective and help him process the horrors he would surely encounter;¹²⁹ some carried the Bible or the Koran, praying that, by something akin to osmosis, it might ameliorate the assault on their moral fiber.

If they were not carried home in a bodybag, what

¹²⁸ A metaphor soldiers used to denote the jet planes that took them "back to the world from hell," as one veteran put it.

¹²⁹ Poignantly, in an ultimate stroke of irony, this soldier lost his book when he was crawling through tunnels in Vietnam to get away from the enemy.

they carried 'back to the world' was everything they carried over there and carried with them each and every day, wading through rice paddies, hiding in bunkers, crawling through tunnels, picking up pieces of their fellow soldiers, or lying in wait on an ambush. But what had been added to their 'luggage,' though imperceptible in tangible weight, crushed the contents at the bottom of their rucksacks and indelibly altered much of what had come before and most everything that was yet to come.¹³⁰

¹³⁰ Incidentally, and speaking to the trauma of war from the other side of loss - i.e., from the perspective of those waiting in vain for their loved ones to return - and the creation of a different type of haunting metaphor, the New York Times carried a review in its 8/23/04 issue about a book dealing with the aftermath of WWI in France. In it, the reviewer writes:

For the parents, wives, and children of the 250,000 men whose bodies were never found or identified, closure was more difficult. Many liked to imagine that their vanished soldier, freed at last from some secret German prison, would one day reappear. This mixture of hope, faith, delusion and despair is at the center of the poignant saga retold by Jean-Yves Le Nanour in "The Living Unknown Soldier: A Story of Grief and the Great War." Put simply, the soldier in question, [Anthelme Mangin,] was an amnesiac repatriated to France along with 64 other mentally disturbed prisoners of war. After his photograph was published, dozens of families claimed to recognize him as their missing relative... The truth is that Mangin really had no story of his own; his story was in the suffering of the families that claimed him... Contemplating the photo of the amnesiac, all of them were struck by the resemblance to their relative - a resemblance that existed only in the obstinate wills of those in need...

The reviewer writes that, often, families were angered when the director of the asylum that kept Magnin would point to physical differences. In their need to find an 'object' to bind their grief

The time I spent with Bill, the African-American veteran I spoke of in the Introduction, illustrated to me quite starkly the immense power the visceral dimension of our experience exerts on our psyches. It also explicated, equally starkly, how a traumatized body, with all its assaulted 'senses,' continues to carry and contain those accumulated experiences which were impossible to process at the time, which in turn profoundly disrupts an individual's ability to have an organized, forward-looking, continuous experience of him- or herself.

Vietnam, to Bill, was the ultimate reality, and, tragically, having to fight a war with every fiber of his being every day, for days on end, rendered his body the enemy - an enemy which accompanied him everywhere he went and one that could not be eliminated by any of the methods he had been trained to employ. Superceding in depth of meaning most anything that came prior, the visceral experiences Bill endured in-country haunt and determine the 'feel' of his present and, until therapy

and end their search, ignoring differences and looking for similarities, and transferring the attributes of a loved one onto the unknown, enabled them to make him what they had lost. He thus became an embodied metaphor for their loss and despair.

allowed for change, obfuscated the possibilities of the future. Past reality imposed itself at every turn and his traumatized body continuously enacted successive preemptive strikes against a mind that had struggled for 35 years to regain a measure of control by trying to organize 365 days replete with experiences of "hell."¹³¹

While Bill returned to the United States on day 366, his body remains in Vietnam to this day, reliving at the slightest provocation enormous terror and fear, and kicking into survival mode on a visceral level when even his periphery catches a slight whiff, feel, or look of what has become indelibly and viscerally associated with 'clear and present danger.'¹³²

Lakoff and Johnson (1980) argue that metaphors, in that they constitute a patterning of bodily experiences and associated meaning, not only express our internal universe, but also structure how we, in turn, live in the

¹³¹ Van der Kolk writes that "physiological arousal in general can trigger trauma-related memories. Conversely, trauma-related memories precipitate physiological arousal." Such an automatic vicious cycle engenders a chronic readiness for trauma in which "the strength of the memories appears to be so deeply engraved that Pitman and Orr (1990) have called it a "black hole" (cf. Bromberg, 2003).

¹³² Many of these 'glimpses' are not even consciously registered by Bill, but they certainly never escape the sensory registers of his body.

world. It seems to me that this is nowhere as stark and apparent as in the ongoing aftermath of PTSD.

In Bill's case, and in some sense unbeknownst to him, Vietnam became the metaphor he lives by, a template for life, replete with easily tripped booby traps which rendered his life a minefield - an expression figurative to us, but one which is quite literally felt by him and one which he concretely lives in countless actions and reactions.

Interestingly, the veterans I worked with, including Bill, use metaphoric terms, most of which highlight the visceral dimension of their war experiences - e.g., I was humping up and down Eighth Avenue, I was caught in an ambush on the subway, I am not leaving homebase, that's the enemy, I was losing my shit. This might be seen as a continual attempt on their part to process what they keep struggling to make sense of and it reflects the enduring nature of the larger scale metaphor that has come to represent their lives post-Vietnam, i.e., life = war. The use of these 'military metaphors' reflects the overwhelming salience and prominent organizational position their daily patterns and experiences assumed

when the reality of war overtook the reality of peace,¹³³ when a more or less embodied mind that 'simply' lived became an un minded body that 'simply' had to survive and face the previously unimaginable, all of which altered or replaced previously constructed metaphors. The former reality provided room for thought, for delayed action, for contemplation, reflection, and thus allowed for shifts in meaning; the latter situation demanded action and reaction, rendering thought and contemplation potential harbingers of death and destruction.

Unfortunately, the use of such terms for these men in the present often falls short of their intended goal of organizing experience and I would hypothesize that this is due to the fact that the reality that spawned such metaphors cut so deeply into the fabric of being that they became not only the template for living, but more often than not a trigger for re-experiencing their inception over and over again.

We civilians speak of situations being about life or death, of blood and guts, we're in conflict, we remark that there is a war going on inside us; we talk of being

¹³³ This rings true on both the concrete as well as the metaphorical level.

sniped at, going underground, leaving homebase; we say, this is my worst nightmare, I was staring into the barrel of a gun; we talk about smelling fear, being in the jungle, being a good soldier, feeling wounded, fighting battles, being caught in the crossfire (there even is a show on CNN called *Crossfire*, surely to denote the mighty battles they fight); we assess the weather by saying, boy, it's a monsoon out there. We use the term "feeling ambushed" and although we have not been in combat, use it deliberately because of what we imagine it might feel like.

I now 'know' that 'a monsoon out there' means weeks and weeks of unrelenting rain, unchanged damp clothing, sinking into mud or the mush of a rice paddy while sleeping, leeches on your legs, in your boots, on your neck, an alienation from your own skin because of the smell and other consequences of jungle-rot, difficulties hearing the enemy, and an overwhelming desire for something, everything, anything to just let up. I now also 'know' that being ambushed involves more than a startle of surprise due to an unexpected 'attack' - it means you taste fear like metal in your mouth and you hold on for dear life to the metal in your hand, you

smell anything and everything as though you had never had the experience of your olfactory sense before, you feel anxiety oozing out of every pore of your body, you hear the crackle of bullets hitting leaves, splitting branches inches away from your vital organs, you hear the groan of a man dying next to you, you feel your bowels churn and sometimes go, your heart race, your eyes dart, and your body poise itself to kill or be killed.

What if you really know all this? What if it represents your past concretely? What if you got to know it over and over, until it became Bachelard's "chaplet of sojournings," an inescapable refrain of your being? It seems to me that it then ceases to be the type of metaphor that approximates and allows room for multiple "kindred presentations" (Kant, 1987) or helps us integrate the new with the old. Rather, meaning is conflated to signify one inescapable reality. Feeling surprised, hearing a startling sound (only two components of being ambushed in combat) then *is* always an ambush, and evokes all other concrete elements that assaulted your body when you were confronted with the full experiential impact of such an event. One equals all, equals "it," and that's that.

These expressions then cannot 'stand for' anything else, they all have unambiguous and supremely vivid memories, images, sounds, and tastes attached to them, the concreteness of which strips them of their figurative potential, making them all too real, and lending them an overwhelming power to elicit distinct, unavoidable bodily actions and reactions.

Life = war. Thus, for Bill, as is true for many veterans, going beyond a certain limited radius around his apartment was a taboo imposed by his body because it viscerally signaled exceeding the perimeter that he could easily 'patrol' and had established as safe. Heat and countless other characteristics and events of everyday existence, - e.g., riding subways, sirens, going over bridges, driving through tunnels, flying in planes, maneuvering through crowds, which most individuals either screen out or don't think twice about as we go about our days - inevitably put Bill's body right back in the thick of war, necessitating monumental efforts to coax his body into believing that Vietnam is in fact fourteen hours away and not right outside his front door and all around him.

To Bill, blue sky = Vietnam. Someone saying "that

came out of the blue" is not a turn of phrase for a surprising occurrence or event, rather it signals grave danger - things, and more precisely, deadly things constantly 'came out of the blue,' they fell out of the blue sky and rendered life below one massive panic attack. Saying "it's a monsoon out there" does not mean it's raining cats and dogs, or golly, what weather we're having, or I can't see my hand in front of my face, or we better start building an ark. Rather, after nine months in the monsoon under duress that reaches way beyond the constant wetness, it brings with it distinct sensations that have nothing to do with the present and everything to do with the past.

The body keeps telling its story, reliving its memories in all their stark viscerality. At the slightest provocation, its memorial slot machine hits the jackpot and pours out so many currencies of visceral meaning that the receptacle of the mind simply cannot hold them and organize them into meaningful patterns.

These are the men whose minds the Dead have ravished.
Memory fingers in their hair of murders,
Multitudinous murders they once witnessed.
Wading sloughs of flesh these helpless wander,
Treading blood from lungs that had loved laughter.
Always they must see these things and hear them,
Batter of guns and shatter of flying muscles,

Carnage incomparable, and human squander
 Rucked too thick for these men's extrication.

Therefore still their eyeballs shrink tormented
 Back into their brains because on their sense
 Sunlight seems a blood-smear; night comes blood-black;
 Dawn breaks open like a wound that bleeds afresh.
 - Thus their heads wear this hilarious, hideous,
 Awful falseness of set-smiling corpses.
 - Thus their hands are plucking at each other;
 Picking at the rope-knouts of their scourging;
 Snatching after us who smote them, brother,
 Pawing us who dealt them war and madness.¹³⁴

As I explicated in Chapter Three, Modell addresses the phenomenon of metaphors becoming an everpresent, fixed reality when he speaks of them as "frozen" or "foreclosed" (e.g., 1996, 2003). He argues that this is due to the fact that adaptation after trauma requires the memory system to be hypervigilant. Given that the traumatized individual does not have the luxury of ambiguity, differences have to be ignored and the environment is continuously scanned for 'metaphoric' similarities in an effort to avoid the fissure through which disaster can break at any moment.

[A foreclosed] metaphor interprets with the aid of metonymy (a part substituting for the whole), and metaphoric memorial categories are evoked by metonymic associations. But trauma can be self-sustaining, as trauma will

¹³⁴ From Wilfred Owen's *Mental Cases*.

degrade the metaphoric process: here the metaphoric process transfers meaning from the past to the present *without transformation*, and as a consequence imagination is constricted. The past becomes a template for the present, creating a loss of ambiguity in the experience of the here and now; there is an absence of the customary play of similarity and difference. In experiential terms, this means the present is conflated with the past" (Modell, 2003, pp. 38-39).¹³⁵

Quite applicable, because so much of combat-related PTSD has everything to do with life, death, and basic survival, the metonymic hooks of traumatic memories are conceptualized by Modell as akin to automatic images an animal experiences when vital needs are at stake. This diminishes the degrees of freedom of our imaginations, resulting in the immediate anticipation of danger when a metonymic aspect of the trauma is encountered. The past then suffuses and dominates current perceptions and creates repeated "fixed-action patterns" (Modell, 2003) which, given their immediacy, are difficult to catch,

¹³⁵ A war correspondent who, years after his return from the combat zones he was covering, carried a rucksack with everything he might possibly need should disaster strike and he could not return to his 'homebase;' another veteran, who was a radio op for his unit has a special TV set which broadcasts CNN day and night, "just in case something happens;" many veterans return and live in basement apartments which are the metaphoric equivalent of the bunker they deemed the only safe place; it has even been suggested that the extraordinary degree of homelessness in Vietnam veterans following the war was, in a sense, an enactment of the 'homelessness,' disorientation, and need for basic survival they experienced day in and out while they were in-country (Hanover, 2004).

contemplate, and alter.

The key element of the psychotherapy of people with PTSD -- as perhaps for all psychotherapy -- is the integration of the alien, the unacceptable, the terrifying, the incomprehensible. Life events initially experienced as alien... must come to be "personalized" affectively as integrated aspects of one's history and life experiences (Van der Kolk & Ducey, 1989). The massive defenses, initially established as emergency protective measures, must gradually relax their grip upon the psyche, so that dissociated aspects of experience do not continue to intrude into one's life experience and thereby threaten to retraumatize an already traumatized victim (Van der Kolk et al., 2002, p. 30).

Bill was initially rather adamant about his need for me to respect the silence he had chosen to deal with his experiences in Vietnam and I understood that speaking of what he saw, smelled, touched, and felt on him, around him, and inside himself to Bill meant evoking sensations and images he could not endure. O'Brien writes about a soldier in his platoon:

Late one afternoon, he broke down, not crying, but up against it. He said he was scared. And it wasn't normal scared. He didn't know what it was: too long in country, probably ... Always policing up the parts, he said. Always plugging up holes. Sometimes he'd stare at guys who were still okay, the alive guys and he'd start to picture how they'd look dead. Without arms or legs - that sort of thing. It was ghoulish, he knew, but he couldn't shut off the pictures.

He'd be sitting there talking, just marking time, and then out of nowhere he'd find himself wondering how much the guy's head weighed, like how heavy it was, and what it would feel like to pick up the head and carry it over to a chopper and dump it in. "It's not right, these pictures in my head, they won't quit. ... The days aren't so bad, but at night the pictures get to be a bitch. I start seeing my own body. Chunks of myself. My own heart, my own kidneys. It's like - I don't know - it's like staring into this huge black crystal ball. One of these nights I'll be lying out there in the dark and nobody'll find me except the bugs - I can see it - the goddamned bugs chewing tunnels through me - I can see the mongooses munching my bones. I swear, it's too much. I can't keep seeing myself dead" (O'Brien, 1990, p. 222).

Bill, whose intrusive images, thoughts, and nightmares at least in part, reflected scenarios as the ones described above, brushed his war experiences off as things that happened, that are there, have been there, and will always be there. One could argue that his choice of silence was an attempt to consciously stave off reliving repeated and unmanageable emotions and images which had remained unprocessed since their inception. This conscious attempt at dissociation had turned Bill's body into a memorial minefield and rendered his experience replete with gaps that could not be expressed or addressed in any detail. In Bill's understandable and ardent need to get away from what happened to him in

Vietnam, he had tried to effect a complete separation from his body - he considered it a piece of machinery that just wasn't working right.

Donnell Stern (1997) argues that experiences which have been dissociated inevitably produce anxiety and gaps in continuity because they have never been sufficiently thought about.

One has built one's whole sense of self around these gaps in experience, which means that sudden awareness of one of them could be devastating, disequilibrating, throwing off a whole system of self-definition and anxiety avoidance. Thus, in consequence of the self-system's powerful tendency to perpetuate itself, dissociation too, must be permanently maintained... [A]s time passes ... the dissociation is no longer just a 'place where something isn't,' but is an element of the sense of self, a piece of the structure of the ongoing story to tell about one's life. The dissociation becomes as vital to the integrity of the self and its story as, say, the white space is to the visual integrity of a painting. In the novelist Bruce Duffy's (1987) pithy expression, "The hole too, is part of the doughnut" (p. x). It thus becomes a matter of some delicacy to raise a patient's curiosity about this kind of material without simultaneously raising anxiety to unbearable intensity (Stern, 1997, p. 60).

As Stern hints at in the quote above, Bill in a sense perpetuated a situation in the present which sustained those anxieties born in the past. Surrounded by

noise and crowds and assorted other triggers, he nonetheless stayed put in the 'hole of the doughnut' - his 'bunker,' always waiting for another attack, primed to fight the enemy without, when, ironically, the 'enemy' dwelled within. Bill's body continuously enacted what he tried so hard to forget - it lived in the 'gap' or 'hole' and was in fact working quite adequately considering what it had gone through and was still going through. To Bill's great dismay, it wouldn't let him get away with it; it just wouldn't calm down.

From everything that Bill did and said, it was clear to me that although he unconsciously may have recognized the correspondence between his present anxieties and his past experiences in Vietnam, it was unacceptable to him that his body had a life of its own, continually manifesting the presence of the past with such impunity; that it did this 'thing' it was doing - like the enemy in the jungle, it lurked everywhere and he couldn't make it materialize and 'kill' it. Drawing a conscious parallel between Vietnam and the visceral maydays his body kept sending out would have been an admission of weakness and ran counter to everything he wanted to believe about himself - i.e., that he had control over what happened to

him and that the prowess of his mind could supercede the visceral memories of vulnerability, terror, and fear that were lodged, and very much alive, in his every cell.

After some time of establishing a measure of trust in my benevolent intentions, I appealed to Bill's considerable intellect with a humorous nudge here and there, challenging his logic and questioning how, given his obvious intelligence and insight into so many other things, he could not allow himself to see and reflect on the connection between the past and the present. I also began to attribute intelligence to Bill's body, noting that it seemed cruel to me to be beating it up for reactions that, while now outdated, were vital to his survival then. I ventured a guess that there was a correlation between his anger and the intensity of his anxiety, making things worse, not better. And I cajoled him into an admission that he was in fact doing exactly the same thing that so infuriated him about his body - he just wouldn't let up, he wouldn't let it be, he wouldn't listen to its distress signals.

Lucky for me, Bill did have a sense of humor and it was alongside my somewhat aggressive and jovial appeal to his mind that we could break through those invisible

enemy lines he had established and begin to have a more and more gentle conversation about his body - about what it had been through, about what it had done for him, about what it felt like then, about how he viewed it now, and about how his feeling incapable and hopeless to take care of it was entirely understandable and infinitely frightening. It was this nascent playing with the reality of Bill's body and the slivers of interpretations that went along with it, which seemed to ultimately soften the scabs of Bill's wounds, prick open the "blister[s] filled with fear" (Michaels, 1996), and which allowed him to begin to tend to his battered body in the present.¹³⁶

In essence, we used the weapon with which Bill had tried to eliminate his invisible enemy all these years and turned it into a tool - through our dialogue, we effected a separation, making the seemingly alien once again knowable. We spoke of his body as an 'other,' which in turn allowed us to temporarily protect it from

¹³⁶ One might also argue that Bill began to change another basic metaphor that had come to rule his life, i.e., almost anything and anyone outside of his 'bunker' presented danger and enemy territory. By beginning to trust me and the process of therapy, and thus, by extension, trusting himself as he was able to do before the war, he could begin to distrust the basic assumption that the enemy was always out there, waiting to ambush him.

his mental onslaughts and created enough distance for him to see it from a different angle and in a new, and slightly kinder light. Bill thus regained a capacity for distance from "the wounds that bleed afresh" (Owen, 1983) not by exclusively focusing on the terror and trauma of specific events per se, but by us finding a way for him to reframe his narrative from the inside out, imagining it anew by 're-telling' himself the story of his body - according it intelligence, which he valued, as opposed to mere impulse, which he feared. This, in turn, fostered his ability to find a new way to relate to its stirrings, engendered empathy for himself, and led to a growing ability to reintegrate his past experiences into his present overall sense of being. In other words, one could argue that we made his body accessible again to the possibility of multiple meanings, which created in his mind the potential for opening a foreclosed or creating a new metaphor, i.e., for absorbing and memorializing his life from the present onward.

Since the core problem in PTSD consists of a failure to integrate an upsetting experience into autobiographical memory, the goal of treatment is to find a way in which people can acknowledge the reality of what has happened without having to re-experience the trauma all over again. For this to occur

merely uncovering memories is not enough: they need to be modified and transformed, i.e. placed in their proper context and reconstructed into neutral or meaningful narratives. Thus, in therapy, memory paradoxically becomes an act of creation, rather than the static recording of events, which is characteristic of trauma-based memories (Van der Kolk et al., 2002, p. 24).¹³⁷

It seems that by acknowledging the havoc his traumata had wreaked on the entirety of his being and learning that his bodily experiences were in fact parts of himself he could regulate, Bill once again was able to link his mind and body and begin to create new meaningful narratives.

He ultimately moved out of his 'bunker,' is braving the tunnels and heat of the subway, and has taken to venturing beyond his perimeter. Bill is conscious of the effects this can still have on him, but is simultaneously

¹³⁷ Echoing the notion of an optimal distance to lived experience, Laub & Auerhahn (1993) conceptualize the different form of "remembering" trauma on a continuum consisting of the distance to the traumatic experience, which progressively represents a more integrated level of 'knowing.' The different forms of remembering range from 1) not knowing; 2) fugue states (in which events are relived in an altered state of consciousness); 3) retention of the experience as compartmentalized, undigested fragments of perceptions that break into consciousness (with no conscious meaning or relation to oneself); 4) transference phenomena (wherein the traumatic legacy is lived out as one's inevitable fate); 5) its partial, hesitant expression as an overpowering narrative; 6) the experience of compelling, identity-defining and pervasive life themes (both conscious and unconscious); 7) its organization as a witnessed narrative.

aware that 'this' does not equal Vietnam. In more than one way, Bill has thus been able to 'move' to a different place, from an immediate past to a more immediate present.

Borbely (1998) posits that metaphor deals in part directly with the transformation and creation of new categories and argues that "we try to assist the [patient] in questioning previously established categories of thinking, feeling, and judging and try to establish new ones" (Borbely, 1998, p. 923).

Treatment might thus be conceptualized as a space in which the restricted experience imposed by living within the confines of a frozen or foreclosed metaphor (Modell, 1996, 2003) can gradually be opened up by the introduction or creation of expanded and new meaning. Vietnam can then potentially become an experience, however extraordinary, among others, past, present, future - a reference point in the totality of life that can be thought about and contemplated at will as opposed to a template that imposes itself onto anything and everything, triggering reaction and impulsive action.

If we can agree with the notion that our bodies are at the root of our subjective experience, that they thus,

at least in part, drive our meaning making efforts, and that metaphor, whether foreclosed or open, can serve as a tool to organize our internal realities and associated interpretations, then treatment of PTSD, and in this case combat-related PTSD, might be conceptualized as involving the following: 1) The establishment of the body again as a safe place from which to draw on as an experiential reality; and 2) the introduction of flexibility where fixity reigned by reshaping foreclosed metaphors and encouraging new and open ones that might organize the lives of these men beyond the severe trauma they have suffered - metaphors which allow room to pay tribute to their experience, yet do not preempt new experiences from continuing to shape their being in the world and their relations to themselves and others around them.¹³⁸

The 'things they carried' to Vietnam might then resurface again as more integral parts of themselves and the fissure through which disaster threatened to break at any moment might then become a crack in the proverbial screen, a window to the past, not an unavoidable vortex.

¹³⁸ Given the severity of trauma these men endured, any new 'metaphors to live by' likely require "ferocious support" (Hanover, 2004) to overcome the pull and weight of history.

5.2 Reading the Flight of Birds: Metaphor Over Time

Through the unknown, remembered gate
When the last of earth left to discover
Is that which was the beginning;
At the source of the longest river
The voice of the hidden waterfall
And the children in the apple tree
Not known, because not looked for
But heard, half-heard, in the stillness
Between two waves of the sea.

T.S. Eliot

Intimately connected to making meaning of his visceral experiences, and thus organizing his bodily stirrings in a manner that allowed for regulation and a sense of mastery, Bill's move and his capacity to begin to imagine different possibilities represented, to me, a profound achievement in beginning to change the metaphor he lives by. The literal move from one area to another - i.e., beginning to organize his life from within a different circumstance and with a different perspective on what is possible, seems equivalent to a move from one mentality to another. While a literal move does not represent a higher level of symbolization per se, and might be considered a behavioral metaphor or 'enactment,' it nonetheless signifies a shift toward greater

integration, or rather re-integration, and thus, presumably, greater health.¹³⁹

Since Vietnam shaped the experience of veterans in such visceral terms, and often created what appear to be, in Modell's terms, 'frozen' metaphoric templates for their lives, I would hypothesize that for many of them, at least initially, a shift in metaphor will involve a change in circumstance - it is a way to break the ice and allow for meaning to begin to float more freely.

It would be fascinating to see whether and how subsequent changes in metaphor might then manifest in the clinical context or in the lives of these men over time. Would a sustainable change in circumstance continue to change perspective and open new possibilities, and if so, would this accumulation of new meaning manifest in the creation of yet other metaphors to live by? Would changes in the availability of new experiences change their patterns of meaning making, and how? In the case of these men, would a shift in the capacity for metaphor manifest in similar, more sophisticated modes of metaphor I argued for in the body of this dissertation? Or is

¹³⁹ It is poignant to recall here the brief aside mentioned in Chapter Three that sings for furniture movers and porters in Greece read "metaphor."

such a change even necessary as a marker of their recovery? If it was there to begin with, does the reshaping of an 'old' metaphor or the creation of a new metaphor in some sense reconstitute an adequate level of symbolic functioning?

The spirit and curiosity of the last paragraph underlies the larger scope of the second area of exploration I propose as one worthy of investigation. Since the treatments with Peter and Esther were terminated before their time, I did not have an opportunity to explore or conceptualize in any great detail how a shift in their metaphor-making might have come about had we been able to continue our work. Thus, as more clinical opportunities become available to me, especially those that provide possibilities for long-term work, I would like to trace the change of metaphor over time in the treatment of adult patients more generally.

The clinical context is ideally one in which an individual can contextualize his or her past and present by way of dialogue which helps him or her gain the capacity to integrate experiences and reflect on their multiple meanings while at the same time being able to experience the associated affective underpinnings.

Impulse and action are to become matters of contemplation [and] understanding. The latter proposal is merely a paraphrase of Heinz Werner's idea that development carries us from the apprehension of "things of action" to "things of contemplation" (1963/1984) with the accretion of memories and psychological control mechanisms during maturation (Shapiro, 2004, p. 331).

Dewald (2003) describes the therapeutic endeavor as one that is characterized by a symbolizing attitude and argues that what matters most is a continual process of mediation, translation, and transmutation. By listening to patients' stories, and I would add, metaphors, as signifiers of multiple meanings and paying attention to ourselves on multiple levels, he holds that we assist our patients in

a process of linking items in different spheres of the mind where one represents the other. It is a process where experience ... through self-reflection, becomes symbol. [H]ence it is along the lines of symbolization that we can account for psychoanalytic work and psychoanalytic change (Dewald, 2003, p. 59).

If it is indeed along the lines of symbolization that we can, in part, account for change within a treatment, then it would be interesting to see how such change manifests in the types of metaphor used in a treatment over time. Does a change in the quality of

metaphor or mode of metaphor in the treatment with adults change along developmental lines similar to those proposed by Santostefano in his work with children? Or might the work of therapy precipitate less linear developmental shifts? Might it be that in patients who overwhelmingly use defensive metaphor, for example, we have to find ways for them to play in the more 'primitive' sandboxes of metaphor in order to regain a connection to their visceral experience so they might link it with higher-order cognition and thus gain a greater depth of experience?

Conversely, with more disturbed or traumatized patients, the shift toward more complex levels of symbolization may be subtle and change may, for a long time, remain within whichever mode of metaphor is most prominently or habitually used. In either case though, whether change occurs within specific metaphors, within one of the proposed modes or between them, it seems to me that we might glean valuable insights about the weave of our patients' psyches. Metaphors can speak to what can or cannot be said at any given point, and can give us a glimpse of the arrangement and rearrangement of past and present, self and other, body and mind in new patterns,

which become markers of our patients' efforts to express and integrate ever greater levels of the complexity of their existence.

Most things are interconnected, most threads lead to the same reel. Have you ever noticed swallows rising in flocks from between the lines of certain books, whole stanzas of quivering pointed swallows? One should read the flight of these birds.

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Concluding Remarks

As I hope to have shown, metaphoric processes are, to borrow Sullivan's expression once again, 'more simply human than otherwise.' Transfers of meaning from one domain or 'object' to another are ubiquitous in psychological functioning, operate on levels in and outside of consciousness, and are essential to intrapsychic processing and to interpersonal communication. Metaphor helps us accommodate the new by way of the old; it is a tool to make sense of and convey experiential qualities that elude straightforward language, and one which can facilitate the comprehension of another's experience by engaging our own.

¹⁴⁰ Excerpt from *Sanatorium Under the Sign of the Hourglass*.

This dissertation has elaborated on the role of bodily experience, and specifically, the visceral experience of affect, in our efforts to make meaning of subjective experience and has suggested that at the root of much of the metaphors we encounter in the clinical context lies the body. I have posited that the shape patients' metaphors take might be conceptualized as depending on the degree to which developmental circumstances have allowed for the symbolization of the bodily dimension of affect. In line with such a 'developmental' view, I have argued for an expansion of the concept of metaphor in the clinical context beyond the more traditional, intentionally linguistic realm and have posited that even the unintended 'prose' of our patients can have a 'poetic' dimension, that their bodies can 'speak' louder than words, and that their behaviors can be regarded as segments of a 'dance of their subjectivities' - i.e., these can be considered figurative forms in that they involve transfers of meaning, create resonances, engage our imaginative processes, and thus may help us flesh out another's experience.

In the best of worlds, metaphor leaves room to

define and interpret reality in different ways and to shape narratives that are "more accurately indicative and at the same time more and more resonant with associations and implications, providing the possibility of a new ordering" (Seiden, 2004, p. 486). In the worst of worlds, i.e., in the world after trauma, whether it be explicitly violent or more insidiously detrimental, the ability to consciously process and reflect on subjective experience can be compromised. Metaphor still happens, but the possibilities inherent in metaphor can be 'foreclosed.' Imagine a kaleidoscope getting stuck in one image despite the many possibilities for arranging different patterns. In that case, it is incumbent upon us as clinicians to help a patient find ways to turn that kaleidoscope again and introduce flexibility into what has become a closed system of meaning.

Peter and Esther's metaphors seemed to point to an experiential reality shaped by trying to negotiate what was never adequately managed to begin with. There seemed to be a sense of dissolution and disorganization in the face of affective experiences, and a fear of re-encountering such events. In Peter's case, the circumstances or events that compromised his ability to

make coherent meaning of his subjective experience seemed to have left him in the midst of a diffuse and near-constant sense of undifferentiated affective hyperarousal from which he could rarely escape. Esther seemed to be more 'successful' at avoiding and staying as far away as consciously possible from the lived reality of her body. In neither case was there a clear link to a specific event in their histories, rather, what their metaphors kept communicating was a pervasive 'feel' of something that was terrifying and disorganizing because it had never been adequately made sense of.

Bill's trauma, on the other hand, was quite explicit as his experiences were still vividly present in the form of concrete memories, images, and nightmares. Yet the traumatic experiences in Vietnam had much the same effect on his experiential reality - 'the things he carried' in his body were not amenable to the kind of ordering that allows for a sense of control and continuity. Instead, they rendered the world a place of continual danger and, ironically, necessitated that his experience be narrowed down to the very reality that had fractured his sense of being in the world.

By adding Bill to the metaphoric mix, developmental trauma is juxtaposed with adult trauma and this raises some interesting questions about qualitative parallels as well as potential differences. In thinking about these cases, it struck me that Bill's experience of Vietnam, in its stark, dense, and painfully clear memorial reality, in a sense can serve as a metaphor for the early 'battles' that engendered Peter and Esther's difficulties. What we often use as ways to describe what we imagine developmental trauma and its aftermath may 'feel' like - a war between opposing forces, conflicts, defensive maneuvers to keep danger at bay, wounds, losses - was in fact what Bill went through. He had the concrete experience of a body at war, which was torn for months on end between a longing for safety and the need to defend against others who meant harm. This very real predicament seems emblematic of the conflict between the desire and fear Esther struggled so mightily with. As well, Bills' reality was concretely dictated by his body, which was filled with memories of 'the enemy,' i.e., what the enemy had done to him. This, in turn, seems like an apt metaphor for Peter, who was under a constant visceral ambush and couldn't get himself to a safe zone, and who

made others "enemies" if they did not comply with the strategy for battle, i.e., his script, which he had fashioned to defeat the many lurking dangers 'out there.'

Adult trauma seems to more often center around a concrete event or consecutive events, most often involving the body and its sensory world as the fulcrum of impact - whether it be war, rape, experiencing, or witnessing a horrific event such as 9/11, to name a few examples, these events overwhelm the mind's ability to organize what the body is exposed to.¹⁴¹ Thus, in adult trauma, given a more likely link to concrete images and scenarios, an individual might be more 'aware' of what they are trying to keep at bay. Yet, in both adult and developmental trauma, meaning-making processes are shattered and the past imposes itself on the present with a kind of inescapable impunity. The fear of something in the past, which dictates life in the present seems ubiquitous and compromises the ability to sustain an

¹⁴¹ The context of many scenarios of adult trauma thus seems more embedded in a preexisting referential framework, which, ironically, is reflected in our culture as metaphorical ways of describing awful, difficult, or tragic experiences, e.g., people speak of feeling 'attacked,' 'feeling' raped, feeling 'buried under it.'

'angle of repose' which allows for an adaptive perspective on subjective experience.

Peter, Esther, and Bill were all at a non-optimal distance to their experience, which seemed to be engendered by the degree to which their bodies 'contained' things their minds could not make sense of. I have argued that such a predicament affects the quality of intrapsychic metaphoric processes, has consequences for the quality of the metaphors we use in communication with others, and shapes the larger-scale metaphors we live by.

So, what do we do with all this metaphor in the clinical context? Bach (1994) describes therapy as a process in which "language, attunement, reconstruction, and interpretation" reawaken affective experiences and memories, which are then put in the context of the here-and-now. He argues that such a new interaction connects the past with the present and serves to integrate feelings and memories, "creating a psychic space in which meaningful interchange is possible" (Bach, 1994, p. 150).

From my perspective, (and I realize I am biased), Bach's description might be interpreted as suggesting that the goal of therapy is to use the evocative

potential of metaphors in such a way that we can help our patients gain a greater capacity to bring their minds and bodies in a kind of alignment that allows them to integrate their experiences, past and present, interpersonal and intrapsychic, into a more cohesive and meaningful sense of 'going-on-being.'

While the treatment approaches chosen because of a particular theoretical orientation or presenting problem may differ, I would argue that a broader conceptualization of, and attention to the quality of the metaphors patients use can go a long way in helping us garner a sense of what is going on as well as a sense of what we might be required to do. In this sense, metaphor in the clinical context is a great equalizer. If we can agree with a conceptualization that rests in part on an intimate link between body, affect, and metaphor, then regardless of the particularities of a theory, metaphors can point us in the direction of a basic 'feel.' While it can be called different names and can manifest in a myriad of ways, it is akin to the 'hunger' which Joe Chaiken tried to get us to sense in order for us to viscerally approximate what lived underneath the various theatrical mechanisms and linguistic twists and turns of

Macbeth.¹⁴² Metaphor almost inevitably provides us with clues to the ways in which another person has come to live how they live - feel how they feel, act how they act, and speak how they speak, which allows us to recognize and assemble patterns we can try to "enter into, generating a co-created discourse, really a kind of dialect" (Ingram, 1996, p. 18) that is indigenous to a patient's particular experience.

If you introduce [theory] too early in the course of the attention you bring to the patient, then you don't listen to what is said. You don't let it sink in" (Horney, 1987, p. 23).

It is likely not surprising that an exploration of metaphor would not lead to any firm and unassailable conclusions, but rather beget further questions. While I certainly hope that the trajectory of this dissertation does not parallel the developmental boomerang I described experiencing with Peter, I nonetheless am, in a sense, back 'where I started' - with questions about metaphor, a desire to let its implications 'sink in,' and to further

¹⁴² Finding resonances within ourselves engenders a way of coming back to the 'text' with a greater range of feeling which in turn can elucidate the author's words; with regard to patients, maybe what resonance does is it creates a kind of internal transitional space where what is 'me' and 'not-me' can mingle and elucidate the patient's story. What we then bring to the therapeutic table might help the patient shape or reshape their metaphors.

define its place in our work with patients. Thus, a la Eliot, this 'end' is indeed another beginning, and it is where I will, once again, 'start from.'

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