“The Child Within Doesn’t Exist”: Deconstructing Analytic Construction

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Abstract

In both psychoanalytic theory and therapy the metaphors and constructions we employ can become reified, concretized, literalized or “frozen,” regressing from the “symbolic representations” prevailing in the depressive position to the “symbolic equations” characterizing the paranoid-schizoid position. When a metaphor such as “the child within” becomes literalized in this way in the thinking of both analyst and analysand there is a need for therapeutic deconstruction if impasse or stalemate are to be avoided.

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Dans la théorie psychanalytique ainsi que dans la thérapie, les métaphores et les constructions que nous employons peuvent devenir réifiées, concrétisées et interprétées textuellement ou “gelées”, régissant des “représentations symboliques” qui prévalent dans la position dépressive aux “équations symboliques” caractérisant la position paranoïde-schizoidé. Quand une métaphore comme “l’enfant intérieur” est interprétée textuellement de cette manière dans la pensée de l’analyste et l’analysant, il y aura besoin de la déconstruction thérapeutique afin d’éviter l’impasse ou le pat.
In “Constructions in Analysis,” Freud (1937) distinguishes interpretations that seek to illuminate some single element of the analysand’s material, for example, a particular association or parapraxis or dream, from constructions that aim at a more comprehensive understanding of, say, central conflicts or traumata and their sequelae. In emphasizing the analyst’s activity in offering such conjectures, Freud at the same time indicates the importance of attending to the analysand’s confirmation or non-confirmation. The analytic process is represented as a dialogue in which a narrative is worked out that is essentially a co-construction.

Without in any way denying the importance in analysis of so constructing a narrative life-history that includes hitherto repressed or incompletely understood elements, it is my experience that sometimes analytic constructions are in urgent need of deconstruction. For, not infrequently, constructions that have served as analytically useful metaphors may over time become concretized, reified, literalized or “frozen” in the minds of both the analyst and analysand (Carveth, 1984; 2001). What was a useful metaphor, vertex or perspective turns into an unquestioned verity, a piece of dogma or “psychobabble,” no longer open to question by the observing ego of either party to the analysis. What I have in mind here is not just a matter of an insight becoming stale and unproductive, but rather of what was a useful way of thinking or manner of speaking becoming unquestioned dogma representing an impediment to analytic progress—a blind spot or, worse, the foundation of an impasse or stalemate.

Before offering a clinical illustration of such concretization or literalization, let me begin by citing an instance of this process in psychoanalytic theory as distinct from therapy. In Aspects of Internalization, Schafer (1968) discussed the concept of internalization as it evolved in the work of Freud, Hartmann and others, viewing it as the process whereby objects in the external world are taken into the internal world of psychic reality and established there as parts of the ego or superego. But only four years later, Schafer (1972) was asking whether internalization is a process or a fantasy. Does “internalizing” something actually involve “taking it in”? If so, taking it in where exactly? Is there really such a thing as an “internal world”? Where is it located? Or, all along, have we really been describing not an actual process but a fantasy? Have we mistaken a fantasy for a psychological process? To what extent have we been building psychoanalytic theory by concretizing fantasies and literalizing metaphors?

Schafer (1992) proceeded to become interested in the narratives, the stories, people inhabit, or that inhabit them, viewing the psychoanalytic process as “retelling a life.” By the time he edited The Contemporary Kleinians of London, Schafer (1997) had practically abandoned ego psychology and converted to Kleinianism—for Kleinian analysts had long understood the human psyche as a phantasy system, a collection of unconscious narratives or stories about the self in relation to others, stories that until they become conscious are lived as if real and, often enough, as self-fulfilling prophecies, made real indeed. Sociologists have long employed the concept of “the definition of the situation” and the related “Thomas Theorem” (Thomas & Thomas, 1928): “situations that are defined as real are real”—a theorem to which I have always appended the implied words “in their consequences for behaviour” for the authors never meant to advance the nihilistic notion that whatever is defined as real is real; they meant only that we act upon our definitions of reality. In Kleinian theory unconscious phantasies condition our definitions of reality to a considerable extent. Psychoanalytic therapy is the
process by which we become acquainted with our phantasies and, in this way, achieve some capacity to differentiate between them and reality. This process of differentiation is one in which concretized constructions are deconstructed and “dead” or literalized metaphors deliteralized.

In “The Analyst’s Metaphors: A Deconstructionist Perspective” (Carveth, 1984, 2001), I provided a number of examples of “dead” metaphors in psychoanalytic theory and their necessary “resurrection,” such as the following: “If, in their metapsychological writings at least, Freud and his followers have frequently appeared to be in the grip of a metaphor of the mind as a steam engine or an electrical apparatus of some sort, Kohut and his students sometimes seem to regard ‘the self’—with its qualities of cohesiveness or vulnerability to fragmentation or disintegration under various circumstances—as something resembling a delicate ceramic artefact which may well have failed to harden properly in the kiln constituted by the early selfobjects. Such divergent guiding metaphors, particularly when literalized, are bound to significantly influence our ways of approaching our patients: one may occasionally take a hammer to a machine, but seldom to a piece of fine china, particularly if it is already cracked” (pp. 502-503).

Stolorow (2002), writing of intersubjective conjunction and disjunction (the latter occurring “when empathy is replaced by misunderstanding”) notes that interferences in the course of treatment, sometimes to the point of impasse, may arise from either situation, “most notably when they [intersubjective conjunctions and disjunctions] remain outside the domain of the therapist’s reflective awareness” (p. 331). In our dialogue with our patients we often pick up on and work with metaphors they introduce and, sometimes, we introduce metaphors and constructions that they find useful and work with. I am concerned here with situations of problematic intersubjective conjunction in which analyst and analysand are in agreement regarding a particular construction or metaphor. The problematic situation I have in mind does not arise because the construction—say, the metaphor of “the child within”—lies entirely outside the domain of the patient’s or the therapist’s reflective awareness, at least not in the sense that either party is unconscious of the conjunction. They are both consciously aware of their shared use of a particular construction or metaphor, in this case that of “the child within the adult.” But one might say the degree of their “reflective awareness” is limited. They are aware of the construction, but not sufficiently aware that it is indeed a construction; they are aware of the metaphor they are sharing, but insufficiently aware that it is indeed a metaphor. That is, their shared construction or metaphor has become concretized, reified, or literalized and, in the process, lost the “as if” (Vaihinger, 1922) element.

The patient is an adult; it is only as if there is a child within; but in the, not uncommon, situation I am addressing both patient and analyst have come to feel they are sharing a truth, not a hypothetical construct or metaphor—just as Schafer originally felt “internalization” was a real process, not merely a fantasy or metaphorical construct. In this situation deconstruction is essential if psychoanalysis, as distinct from induction of a shared ideology, however comforting (or terrifying), is to occur. I find that attempts at such deconstruction often encounter strong resistance from both parties to the therapy. Therapists will often speak of different “parts” of the patient, a child part and an adult part, and of therapy as a process of “integrating” these disparate parts. But do people really come in parts? Sometimes therapists will say it is as if the
patient had different parts. That way of speaking would not be problematic except for the fact that this reference to the as if often seems to amount to lip service, a kind of bone thrown to the reality principle while primary process thinking continues to be indulged and rationalized as valid psychoanalytic thinking. Of course, in objecting to therapeutic work on this level I am indicating a commitment to psychoanalysis as a process of enlightenment, a truth therapy promoting higher levels of self-knowledge, not merely a process of pacification, adaptation, support or symptom alleviation. What the patient needs is not “integration” of his or her allegedly disparate parts, but emancipation from the delusion that he or she is in parts.

It needs to be understood here that I am speaking of such enlightenment as the ultimate goal of psychoanalytic treatment. There may be phases, even years of therapeutic work in which such metaphors and constructs are usefully employed without the emphasis I am placing upon their deconstruction. I consider their use in these ways as constituting a “parameter” (Eissler, 1953) that is destined to be withdrawn, analyzed and understood as a somewhat regressive means to an ultimately analytic end. But even while employing such means during the building of the therapeutic alliance and during the period when the patient may not yet be ready for analysis (as distinct from therapy), I believe the analyst should be as aware as possible of the “make believe” he is indulging in even while indulging in it. At times he will forget, in which case it is best he remember as quickly as possible. Here we are in the domain of work on the countertransference, including our theories as they inform it, especially when they are composed of fictions we tend to take literally, in this way mirroring the pathology we encounter in our patients.

In the course of the analysis of a middle-aged woman a series of dreams were reported in which the figure of a frightened, withdrawn, silent, waif-like young girl repeatedly appeared. The analyst and analysand came to refer to this figure as “the lost little girl” and to regard her as a centrally important self-representation that embodied aspects of the patient’s terror, helplessness and confusion resulting from traumatic and possibly abusive childhood experiences. A good deal of the patient’s pathology came to be understood as resulting from schizoid and manic defences against such terror and confusion. Reconstruction of the trauma and analysis of these defences, their manifestation both in the transference and in all of the patient’s relationships, occupied a central place in the analysis over a period of years.

Gradually both the analyst and analysand began to feel the analysis was in something of a rut; the same material was being gone over again and again and no substantial forward movement seemed to be occurring. Although the patient’s adjustment had greatly improved, at least insofar as her work life was concerned, her capacity for intimate relatedness outside of the analysis remained impaired. Gradually, the analyst came to feel that both he and his patient had become fixated on “the lost little girl.” With the help of a supervisor the analyst came to understand that a once useful metaphor had been concretized and what amounted to a fantasy was being taken for a reality. For the truth was that, “once upon a time” his patient had been a lost, confused and traumatized little girl, but now a good deal of the time she was an effective, intelligent and highly competent middle-aged professional—except when she identified with “the lost little girl” and acted out this fantasy.

The supervisor advised the analyst to bluntly confront the patient: “But the lost little girl doesn’t exist!” This challenge to the hitherto shared ideology was, of course, initially felt as apostasy, sacrilege, betrayal, an irreverent assault upon a sacred faith. Just try telling many of
our colleagues that there is no such thing as “the child within.” But in this case the working alliance proved strong enough to endure the disjunction. Working-through amounted to progressive dis-identification from the pathological identification with “the lost little girl” as the patient came increasingly to recognize and hold on to the reality of her real condition. In retrospect it appeared the patient had essentially been suffering from a delusion, one that through the dialogue, her analyst had come to share, but which he had managed, with help, to recognize as such and to overcome and then to help his patient do the same.

I think it is not at all rare for analysts to be pulled into their patients’ delusions. Since Shengold (1995) reminded us of the Delusions of Everyday Life we no longer view them as characterizing only the clinically psychotic. All of us oscillate between the paranoid-schizoid, essentially psychotic, position where Hanna Segal’s (1957) “symbolic equation” (“dead” or concretized metaphor) prevails and the depressive or reparative position where her “symbolic representation” (“live,” deliteralized or deconstructed) metaphor emerges and where reality-testing is enhanced. In “The Analyst’s Metaphors” (Carveth, 1984, 2001) I pointed out that “dead” or literalized metaphor is paralleled by “dead” or literalized contrast or antithesis. Psychopathology is as much composed of excessive splitting or attacks on linking (Bion, 1959) as of excessive linking or identification and attacks on separating or distinguishing. For it is only as if two things can be one, or absolutely antithetical having no similarities whatsoever.

Whether in the form of excessive linking or splitting, paranoid-schizoid regression is facilitated by congruence between the analyst’s favoured theory and the patient’s central fantasy. A self-psychologist believing in the existence of “fragmentation-prone” selves is likely to buy into a patient’s narrative of fragmentation and fear of “falling to pieces.” A drive theorist believing that Homo homini lupus est or in the death instinct might well come to share a patient’s deep fear of his or her supposed murderousness. I leave it to my colleagues to extend this list of illustrations of potential clinical regressions facilitated by congruences between our theoretical commitments and our patient’s regressive fantasies. As James Grotstein remarked at a conference I once attended: “The trouble with us analysts is that we tend to believe our patients.” Of course, we can’t afford to disbelieve them either since sometimes they tell the truth. I think it may have been at that same conference where Grotstein made another memorable remark: “We Kleinians go down deeper, stay down longer, and come up dirtier than other analysts.” Whether or not that is really the case—and it was my impression that in saying so Grotstein had his tongue planted firmly in his cheek—while regression performs an inevitable and necessary therapeutic function, in the final analysis what is truly essential is that we manage to come back up and, hopefully, bring our patients with us.

References

Melnick, B.A. & N.N. Holland (Eds.), *Metaphor and Psychoanalysis*. Retrieved online here:


