Language and Psychoanalysis

Volume 8, Issue 1, 2019

Scope

The journal of *Language and Psychoanalysis* is a fully peer reviewed online journal that publishes twice a year. It is the only interdisciplinary journal with a strong focus on the qualitative and quantitative analysis of language and psychoanalysis. The journal is also inclusive and not narrowly confined to the Freudian psychoanalytic theory.

We welcome a wide range of original contributions that further the understanding of the interaction between Linguistic Analysis and Theory & Psychoanalytic Theories and Techniques. Any relevant manuscripts with an emphasis on language and psychoanalysis will be considered, including papers on methodology, theory, philosophy, child development, psychopathology, psychotherapy, embodied cognition, cognitive science, applied dynamical system theory, consciousness studies, cross-cultural research, and case studies. The journal also publishes short research reports, book reviews, interviews, obituaries, and readers' comments.

Peer Review Policy

All manuscripts will be peer reviewed by the editors, a member of the editorial advisory board, or another qualified person appointed by the editors.

For Contributors

Manuscript:
- Authors need to confirm with a cover letter that the manuscript has not been published previously and is not being submitted currently to another journal.
- Manuscripts are only published in the English language.

Word limit:
- Submissions for main articles should be approximately 3,000-10,000 words in length and include an abstract of about 200 words and up to seven keywords.
- Short research reports, book reviews, and readers' comments should be approximately 500-2,500 words in length.
- Interviews and obituaries should not exceed 4,000 words in length.

Style:
- Manuscripts should be double-spaced, in Times 12-point font, and in .doc, .docx, or .rtf format.
- Manuscripts should follow the style conventions as outlined by the *Publication Manual of the American Psychological Association*, 5th edition.

Content

Presence and Lingering:
Psychoanalysis in a Mindfulness Frame

Chin Li[1]
Formerly Consultant Clinical Psychologist

Abstract

Nowadays mindfulness has become a constituent element in various forms of psychotherapy, including psychoanalysis. This essay is my attempt to think about psychoanalysis and mindfulness together, from the starting point of Freud's recommendation of "evenly hovering attention" as the essential psychoanalytic stance. I will look at how mindfulness and psychoanalysis could enrich each other, with a view to placing them within a framework of listening practice that might contribute to our understanding of psychotherapy.

Introduction

It is well-known that the phrase "talking cure"[2] has originated from psychoanalysis, and now "talking therapy" is a term widely used in public discourses. In relation to *talking*, mindfulness practice could be characterised as aiming at releasing the practitioner from the bondage of concepts and words, thereby rendering talking unnecessary, whereas psychoanalysis, as the original talking therapy, is "full of words" so to speak. Does that mean they are diametrically opposite? To pursue this question, it is useful to consider the idea of silence and listening in the practice of both disciplines.

Sara Maitland, in her remarkable work *A Book of Silence*, has said the following:

> Psychoanalysts (and other therapists)… create and hold the free silence in which
>
> the subjects of the process may struggle to name themselves... During my brief
>
> brush with psychoanalysis in the 1980s I myself never encountered this *liberating*
>
> *silence*… Despite this caveat, the capacity to create such a *listening silence* is a
>
> strange and beautiful thing. So many people, when I have asked them about

---

[1] Correspondence concerning this article should be addressed to Dr. Chin Li, Email: Chinkeung.Li@gmx.com

[2] This is the phrase that Josef Breuer's patient Anna O (Bertha Pappenheim) had used to describe the therapy Breuer did with her; sometimes she would call it, jokingly, "chimney-sweeping". Breuer has mentioned this in the 1895 text *Studies on Hysteria* he and Freud co-authored.

positive experiences of silence, have mentioned this psychoanalytic silence...

(Maitland, 2008, p. 248, emphasis added)

Maitland describes psychoanalytic silence as a *listening* silence or *liberating* silence. Many analysts would agree that such silence is part of the analytic concept of "evenly hovering attention" which Freud recommends. In the case of mindfulness, silence is central to its practice, as staying in the present with an unoccupied mind requires a wordless listening that encompasses all that there is, leading to an experience of inner liberation.[3] Thus the two disciplines may have an affinity for one another.

"Through silence we speak"[4] — this phrase captures vividly the immense potential of silence in the context of psychotherapy. While it is not my intention to review the literature on silence in psychotherapy,[5] it is useful to mention a classic paper by a colleague of Freud, Theodor Reik (1927/1968), who has discussed the psychological meaning of a patient's silence. To Reik, silences during therapy are emotionally significant and *waiting* in silence is far more important a task for the therapist than filling the session with words.

Silence and the meditative stance enable the therapist to speak, *when appropriate*, from a truly listening frame. Echoing Freud's evenly hovering attention, the British analyst Nina Coltart has described her style of work as follows:

Bare attention has a sort of purity about it... It's that you simply become better, as

any good analyst knows, at concentrating more and more directly, more purely, on

what's going on in a session. You come to concentrate more and more fully on this

person who's with you here and now, and on what it is they experience with you;

---

[3] The most widely taught exercise in contemporary mindfulness training is the 45-minute sitting meditation carried out silently, in private, by the individual practitioner. While such practice may lead to a sense of inner liberation, it is also possible that practitioners encounter (sometimes severe) psychic difficulties during and after meditation. The American neuroscientist and clinical psychologist Willoughby Britton (Brown University) has done a lot of work in this area, and her Clinical and Affective Neuroscience Laboratory offers, online, open-access research papers on "the varieties of contemplative experience". She has written about the importance of "meditation safety" and has uploaded relevant and useful resources on her website: https://www.brown.edu/research/labs/britton/research/varieties-contemplative-experience

[4] In an article focusing on psychotherapy with the indigenous peoples of Canada, Blue, Darou & Ruano (2015) have used this evocative phrase — "Through Silence We Speak" — as the title of their paper.

[5] For a literature review on silence in psychotherapy, see Davies (2007), Lane, Koetting & Bishop (2002) or Warin (2007). Another good paper is Kurtz (1984), which helpfully discusses inflected and uninflected silence.

to the point that many sessions become similar to meditations. (Coltart, 1998, p. 176)

Coltart has described such attention as "uncluttered" — she does not say much but holds her thought processes in suspension while closely attending to the patient. The invocation of *meditation*, without specifically bringing in Buddhist philosophy, is probably what many psychotherapists have been doing for a long time.

In the rest of the paper, I will discuss a number of publications about evenly hovering attention and also about mindfulness, and explore the mutual affinities between the two. While inevitably this will not be an exhaustive review of all the relevant issues, I hope my exploration would provide useful signposts for the interested reader.

Talking and Listening

Talking is essential to the practice of psychotherapy, but it is not simply a matter of words being uttered. Fundamentally, it is a state of *communion* between partners in conversation — it constitutes a *presence* that involves the whole of the participants' being. Bromberg (1994) declares that, in psychoanalysis, speaking is "not simply a process of delivering content. It is also a relational act that shapes the content of what is spoken about" (p. 524). He refers to the imperative attributed to Socrates — "Speak! That I may *see* you!" — as central to psychotherapy. Speaking (and listening) is not information exchange, but a revelation (a *presenting*) of the self.

Consciousness is always a *now* experience, a "this-moment" state of mind. Working within the psychotherapeutic frame entails a *lingering* in the present — to be *here*, and *with* this person. Presence is a quality of being felt by the other, of fully inhabiting this *now* moment, and of showing (*presenting*) the self. Crucially, it gives time to the partner in conversation: a sense of waiting, respecting the rhythm of what is unfolding, with a tentativeness that offers space, both temporal and imaginative, for the emergence of what is important. Speaking does not have to happen continuously — the silence of waiting, as much as words, is part and parcel of presence.

To be open to novel possibilities in this fully present manner requires a depth of listening that the psychotherapist has to *learn* to achieve. But listening has become neglected in healthcare environments where the concept of "managed care" has become hegemonic. Graybar & Leonard (2005) comment that during difficult moments in therapy, it is tempting for all therapists, whether experienced and inexperienced, "to bypass such discomfort by letting go of listening and giving in to the reflex to speak, advise, or lecture" (p. 14).

Graybar and Leonard argue that the ubiquity of drug therapies and the popularity of brief, manualised "empirically-supported treatments" (ESTs) have together subverted the practice of proper listening in mental healthcare. Although the quality of the therapeutic relationship (rather than specific therapy techniques or "ingredients") is

the best predictor of therapy outcomes,[6] managers are convinced that quick (programmed), cost-effective (cheap), technique-oriented (manualised) treatments for psychological distress are the only option, in a cultural context where speed and technology trump everything else. While this trend, which has more to do with "business" than "care", is most dominant in the United States, it is clearly gaining traction in the UK.

Within the "managed care" model, the kind of psychotherapeutic listening, where the therapist's own assumptions are suspended, her attention finely tuned to the patient's (unconscious) narrative, and the latter's (sometimes tortuous) revelation accepted with openness, where the patient's experiences count, and where the therapist is not the "boss" but a fellow-traveller, has often been summarily dismissed as unnecessary luxury.

Free Association and Evenly Hovering Attention

To counter the decline of listening in psychotherapy, it would be instructive to go back to Freud's recommendation of "impartially suspended attention", which he sees as the analytic stance that psychoanalysts should adopt.[7]

Most therapists, even outside of psychoanalysis, know that free association is the fundamental rule for the patient in analysis: she has to say whatever comes to mind without holding back. The other side of the free association coin is evenly hovering attention, which can be characterised as the analyst's free association that enables her to catch the drift of the patient's unconscious.[8] Thus the freely proffered thoughts,

---

[6] There is an ongoing debate within the psychotherapy research community regarding the comparative effectiveness of various forms of psychotherapy. One enduring argument is the proposition that "common factors" (or "non-specific factors") underlying all therapies are much more important than modality-specific elements in producing positive therapeutic outcomes (the "Dodo Bird" verdict). In a 2002 issue of the journal *Clinical Psychology: Science and Practice,* a number of papers from opposite sides of this debate were helpfully published together (Beutler, 2002; Chambless, 2002; Klein, 2002; Luborsky, 2002; Messer, 2002; Rounsaville & Carroll. 2002 and Schneider, 2002). Catty (2004) and McAleavey & Castonguay (2015) have also provided relevant discussions on the debate. Richard Bentall (2009), when commenting on this issue, has concluded that the importance of the quality of the therapeutic relationship is beyond dispute (pp. 244-249).

[7] Freud has used the term *gleichschwebende Aufmerksamkeit* in his writings (variously translated as "evenly hovering attention", "free-floating attention", "evenly suspended attention", or "impartially suspended attention"), and the most quoted is his 1912 paper on treatment techniques for doctors. Here I am using the 2002 "New Penguin Freud" translation (under the general editorship of Adam Phillips), titled "Advice to Doctors on Psychoanalytic Treatment". (In the Strachey Standard Edition, the title is "Recommendations to Physicians Practising Psycho-Analysis".)

[8] *Catching the drift* of the patient's unconscious is a phrase Christopher Bollas (1992, 2009) has used to talk about the importance of the analyst's free association in the analytic process.

gestures, feelings, memories, dreams, questions, tangents, ravings, grimaces, mumblings, etc from the patient are met with a completely open and accepting attitude on the part of the listening analyst. *Analysis*, in the sense of bringing (interpretative) coherence to the patient's story, takes place when the analyst reflects on the session (or on the whole analysis) afterwards. In Freud's own words, psychoanalytic attention "rejects all aids, even note-taking, and consists simply of not focusing on anything in particular, but giving everything the same kind of 'impartially suspended attention'" (Freud, 1912/2002, p. 33).

Mark Epstein (1984) comments that such attention is not passive or allowing the mind to wander, but "to give 'equal notice' to every object of awareness for hours at a time" (p. 195). In his view, "[e]venly suspended attention has received curiously little attention from the analytic community over the years" (p. 197). But in fact there are a number of early psychoanalysts who have discussed the concept at length or made attempt to develop it further. For example, Wilfred Bion (1967), a British psychoanalyst, has formulated the concept of "without memory and desire" as the analytic listening frame (see next section), and Theodor Reik (1948) has developed the idea of *listening with the third ear* as an extension of Freud's analytic attention.[9] The focus of Reik's book *Listening with the Third Ear*[10] is to "investigate the unconscious processes of the psychoanalyst himself" (Reik, 1948, p. x). However, Epstein (1984) disagrees with Reik's "searchlight" metaphor. He comments that this metaphor has the connotation of *selective* attention (searching) which is counter to Freud's evenly hovering attention. To Epstein, Buddhist meditation is closer to what Freud has described.

Another concept, "analytic neutrality" (or the principle of "abstinence"), is also related to the idea of evenly hovering attention. Psychoanalysts have debated about whether neutrality is too passive and therefore off-putting to patients. While cautioning against aloofness, remoteness, blankness and anonymity (likely to be experienced as persecuting), Greenberg (1986) believes that neutrality is "the ideal atmosphere within the context of a particular understanding of the analytic process, one in which *self-knowledg*e is the goal" (p. 81). In this regard, holding evenly hovering attention is an expression of neutrality, and is essential for helping the analysand achieve self-knowledge. However, Greenberg is aware that the analyst adopting a neutral stance does not mean she is *not* influencing the patient.[11] Although he acknowledges that the analyst influencing the analytic process is unavoidable, he argues that neutrality (quiet attentiveness) constitutes a *beneficial* (therefore acceptable) form of influence.

While evenly hovering attention is seen as an attitude expressing openness, receptivity and presence, it is not without its detractors. In Sándor Ferenczi's *Clinical Diary*, his

---

[9] Reik's work is not widely discussed nowadays, see Kyle Arnold (2006), Rajan Gupta (2008) or Jeremy Safran (2011) for helpful reviews on Reik.

[10] The expression "third ear" is made famous by the 19th Century German philosopher Friedrich Nietzsche's lament about the poor literary quality of books written by his compatriots: "What a torment books written in German are for him who has a *third* ear" (Nietzsche, 1886/1973, p. 159).

[11] Not influencing the patient's free association or the course/aim of the analysis is a basic principle within the psychoanalytic framework.

first entry (dated 7 January 1932) contains a strong criticism against the "so-called free-floating attention, which ultimately amounts to no attention at all, and which is certainly inadequate to the highly emotional character of the analysand's communications, often brought out only with the greatest difficulty" (Ferenczi, 1988, p. 1). This was Ferenczi's veiled attack on Freud himself, implying that the latter was an *insensitive* analyst hiding behind the front of free-floating attention.[12]

Despite Ferenczi's criticism, it should not be impossible for a therapist to hold on to a truly receptive listening attitude with sincere and warm engagement with the patient. Such attention does not have to be a passive attitude that conveys indifference, distancing or boredom. The important thing is how to cultivate an honest openness that sustains genuine relating. The work of Peter Lomas (1981, 1994 and 1999) is a good illustration of sensitive analytic practice.

Looking from another angle, evenly suspended psychoanalytic listening is based on what Reik's has described as "social sense" and "rhythmic sensitivity" which jointly determine "the right moment to communicate an interpretation" (Arnold, 2006, p. 755). The German word Reik has used is *Takt* which means both "rhythm" and "social tact". To Reik, *timing* is of crucial importance and he has talked about grasping "the psychological moment" guided by *Takt*. In listening, the psychotherapist has to be *tactful* and be able to *follow the rhythm* of the therapeutic process. In Reik's words, this is listening with the "third ear" — a way of staying in the present, often in silence, and yet closely aligned with psychological time.[13]

The British literary critic James Wood suggests that "novelists and readers must develop their own third ears" and

> read *musically*, testing the precision and rhythm of a sentence, listening for the almost inaudible rustle of historical association clinging to the hems of modern words, attending to patterns, repetitions, echoes, deciding why a metaphor is successful and another is not, judging how the perfect placement of the right verb or adjective seals a sentence with mathematical finality. (Wood, 2008, p. 137-138, emphasis added)

---

[12] The fraught relationship between Freud and Ferenczi (and between Freud and other early analysts such as Jung or Rank) had largely to do with Freud's absolute demand of unquestioning loyalty from his followers. Ever the infallible Father of Psychoanalysis, Freud made it clear that anybody who disagreed with him was unacceptable (in Freud's 2 October 1932 letter to Ferenczi, he accused the latter thus: "you have systematically turned away from me" — quoted in Dupont, 1988, p. xvii).

[13] For an exposition on Reik's idea about rhythm and *Takt*, see Sloma (2010).

Although Wood is talking about literature, I would suggest that this passage can serve as an apposite description of Reik's "third-ear listening" that should underpin psychotherapeutic practice.

Without Memory and Desire

Taking Freud's evenly hovering attention seriously, Bion (1967) famously talked about the need to discard memory and desire when starting each and every analytic session. It is Bion's belief that "[p]sychoanalytic 'observation' is concerned neither with what has happened nor with what is going to happen but with what *is* happening" (Bion, 1967, p. 272). What happens *now* in the session is the focus, and so "[e]very session attended by the psychoanalyst must have no history and no future" (p. 272). This rule of "without memory and desire" will facilitate the evolution of something significant out of the "darkness and formlessness" of the session. Bion's dictum echoes Freud's view that "if you follow your expectations, you run the risk of never finding out anything you do not know already; if you follow your inclinations, then you are bound to distort whatever you perceive" (Freud, 1912/2002, p. 34).

However, keeping a completely *empty* mind is impossible. The issue of memory is not a trivial one. In Freud's *Advice to Doctors on Psychoanalytic Treatment* (1912/2002), he said note-taking should not be carried out during the session (presumably it could be done afterwards); he also cautioned against engaging in "research" or "scientific" work during treatment — such work is only allowed after the *completion* of the case. The analyst should proceed as if she has no plan/agenda in mind. But is this really feasible?

There are two problems here. Freud's "scientific research" consists only of his case studies, and this work represents his theory-building effort. But how are research data to be collected — simply by the analyst's *subsequent* recollection? Is the analyst able to trust her ability to retain *all* the important information without distortion through months (if not years) of therapy? If she does write notes after each session, should she not read them while treatment is ongoing? If the rule is to have no plan (without memory and desire), perhaps the analyst should not write any notes until after the completion of the case? But "completion" probably means the analyst has *already* arrived at a conclusion or formulation about the patient's problem. As Freud has written up his cases in a way that conforms to his ideas, they are "data" that would inevitably confirm his beliefs. Thus his "research" involves a circularity that is not a rigorous testing of his theory

The other problem is, if the analyst does write notes after *each* session, and does read them, is it possible to stop hypotheses from forming in her mind during sessions? Is "without memory and desire" humanly possible? If psychoanalysis has made any contribution to human understanding, it is its focus on the unconscious aspect of mental life.[14] In this regard, the reflexive question is how an analyst could be sure her unconscious has not led her in a particular (perhaps erroneous) direction if she does consult her (subjective) notes before a session.

---

[14] As Otto Kernberg (2014) puts it, "[a] central, unifying concept of all psychoanalytic approaches is the theory of the dynamic unconscious and its influence on conscious life" (p. 11).

It is important to say here that Bion's stipulation of without memory and desire, like Freud's evenly hovering attention, must not become an excuse for *sloppy* work. Hooke (no date) usefully suggests that Bion's rule is *paradoxical* and not literal. It has more to do with the analyst's "complete availability and openness to the patient" (Hooke, n.d., p. 7) rather than abdicating her responsibility to hold things in mind (i.e., to remember).

Both Freud and Bion have remarked that their respective recommendation is distilled from extensive practice. But as Hooke has pointed out, "what happens in the consulting room and what is theorized and gets written is often different" (Hooke, n.d., p. 7). Indeed, reading Freud's cases does not always give the impression of him showing neutrality, openness and receptivity; rather, he always resolutely brings his theory to bear on his patient in the analytic session.[15] Every psychotherapist has to honestly tackle the risk of her preconceived ideas influencing therapy negatively. In doing so, reflexivity and *negative capability* are indispensable.

Negative Capability

While acknowledging the importance of Freud's recommendation, Robert Hobson (1985), a British psychotherapist from the Jungian tradition, has highlighted the importance of *negative capability* that therapists should cultivate. This is a concept borrowed from the poet John Keats, which signifies the capacity to stay with uncertainties, mysteries and doubts without any "irritable reaching for fact or reason". It is plausible to suggest that such openness is the prerequisite for genuine evenly hovering attention. Negative capability is also what Bion has recommended, not only as a discipline for therapeutic listening, but as the analyst's *way of life* (Symington & Symington, 1996, p. 169).

However, negative capability does not mean not working hard. The active nature of evenly hovering attention is clarified in Hobson's (1985) description of how the therapist's attention should be receptive of the "minute particulars" that emerge in the session. Hobson has developed the concept of "aloneness-togetherness" which characterises the clinical encounter as one where the therapist is alone within her own world of reverie but is *at the same time* together with and responsive to the patient.[16]

In a recent article in the British Psychoanalytic Council newsletter, Kernberg (2014) has sounded a warning:

---

[15] Although Freud has said (as quoted above), "if you follow your inclinations, then you are bound to distort whatever you perceive" (1912/2002, p. 34), he often does not follow his own advice and only sees his patients through the lens of his theory.

[16] Hobson (1985) explains his concept of aloneness-togetherness thus: "to know a person is to be alone and yet together; a personal dialogue both expressing and promoting a relationship of aloneness-togetherness... an apprehension of distinction and of mutuality, of autonomy and of reciprocity, of identity and of sharing" (p. 26).

There is a naïve assumption that the analyst listening with evenly suspended

attention, or with an effort to enter each session 'without memory or desire', open

to reverie on the patient's material, will provide the essential and exclusive

precondition on which psychoanalytic understanding and interpretation are based. I

believe that this assumption is a bias derived from a lack of understanding of what

a clear and precise technical approach means. (Kernberg, 2014, p. 11)

What Kernberg is saying here is that maintaining an evenly hovering attention is necessary but not sufficient; there is a need to develop a more sophisticated framework to enhance the *disciplined* skills-training of analysts. Perhaps one useful framework to consider is Patrick Casement's idea of the "internal supervisor" (see, e.g., Casement, 1985), which has the potential of being adopted by, and adapted for, a range of psychotherapeutic approaches.[17]

A Word about Words

Freud has used the metaphor of the analyst as a telephone receiver to describe impartially suspended attention (Freud, 1912/2002, p. 37). This has been criticised by a number of analysts. For example, Filip Geerardyn (2002) has pointed out that telephony involves the encoding of an already fixed message, which is then electrically transmitted, and finally decoded by the telephone receiver according to a set of predetermined parameters, whereas in analysis meaning is fluid, not pre-fixed, but emerges in the context of communication, and more than likely emerging *differently* for the patient and the analyst.

Similarly, Fred Griffin (2016)[18] rejects Freud's telephone receiver metaphor as too passive, and has stated that "psychoanalytic listening involves acts of sensibility, engagement and imagination" (p. 3). He construes the analytic *subject* not as hidden inside the analysand's psyche, but as being constantly created, intersubjectively, within the flux of the transference-countertransference matrix. He believes that analysts tend to resort to "content-driven theoretical models" or "impoverished fictions" in times of clinical impasse or confusion, which lead to reductive interpretations. Griffin suggests that analysts should learn from good literature, particularly the novel, where close reading of the "dimensional universes of human experience" offers the practitioner the much needed *sensibility* training.

The views propounded by Griffin and Geerardyn are more in tune with respect for the *unknowability* of the human person. To ponder further on Griffin's point about "acts of sensibility, engagement and imagination", it is relevant to consider what the Jungian analyst Barry Proner has said in his aptly titled essay "A word about words".

---

[17] Patrick Casement is a British psychoanalyst whose writing has been influential in the broader psychotherapy world, see Casement (1985, 1990, 2002 and 2006).
[18] For a helpful review on Griffin's work, see Sybil Ginsburg (2016).

Proner (2006) presents a view that the active task of evenly hovering attention has to do with listening to *words*, both the patient's and the analyst's own. But it is important to attend to the *vicissitude* of words: "Words both unite and separate. They can be both symbolic and concrete at the same time" (Proner, 2006, p.432). He believes that patients are looking for words to anchor experiences that are often ineffable or inchoate, and thus "giving a *name* to the powerful emotional experience that is not yet mentally represented" (p. 430). This is how Griffin has characterised the *active* nature of evenly hovering attention:

> When I am working well and I am in what Freud called 'evenly hovering attention' and Bion called 'reverie', I can listen most deeply and unconscious meanings are more accessible. *Words can stand out* that in another context or at another time may have no more than ordinary or trivial significance. (Griffin, 2016, p. 426, emphasis added)

In this context, it is puzzling to find theorists who have interpreted Freud's or Bion's recommendation in rather mystifying ways. For example, the Lacanian analyst Bruce Fink (2007) remarks that evenly hovering attention is "to hear without understanding", without doing anything or imposing any meaning to the "ribbon of sound" produced by the patient (p. 12 and p. 21). One wonders how therapy could proceed on the basis of *ribbons of sound?* Such negation of words is unhelpful to say the least.

However, there is one thing I would debate with Griffin. In his paper, he has alluded to the importance of finding the "right word". I am not sure if it is possible, or desirable, to be definitive about what the *right* word is. I would argue it is important always to be tentative: the "right word" might be right one moment, but "not-right" the next. The certainty one achieves today may easily be overturned by what happens tomorrow. Transience or impermanence is a fact of existence. This is the Buddhist insight that psychoanalysis should learn from.

Buddhism and Mindfulness

In its origin, Buddhism was a philosophy of life rather than a religion. As Safran (2003b) has pointed out, metaphysical and cosmological speculations are irrelevant to Buddhist philosophy. It is not an ontological theory; its aim is to relieve human suffering. The Buddhist idea of impermanence (emptiness or nothingness) is about seeing through the transience and changeability of life, not a metaphysical declaration regarding the origin or essence of existence. Thus Buddhist insights are about *how to live*. Whether ontologically there is any substance to anything is not of great concern. Existence as such is phenomenologically accepted, and the task is to "get on with it". In this sense, Buddhism does not reject a realist model of the world. Buddhist ethics has to do with accumulating "virtuous conduct", which entails actions (of goodness) in the real, physical world. This forms the basis for moral virtues such as compassion,

which many contemporary psychotherapists have espoused in their practice, particularly those influenced by Buddhism.

The Buddhist idea of learning to see through the impermanence of all that exists is an important one — it encourages a temperament that is not fixated on "Truth". This is what psychoanalysis should embrace: it is not a matter of the *truth* of analytic interpretations that is important, it is their usefulness (or otherwise) in helping the patient live a good life that counts.[19] Thus, psychoanalysis is an ethical practice, not a "scientific" one as narrowly conceived. In German (Freud's working language), the word for "science" (*Wissenschaft*) is the same as that for "knowledge", with a much wider range of meaning. The Latin root of "science" is *to know* ("scientia"), which is far from the mechanistic, laboratory connotations that the word conjures up in many people's mind in the English-speaking world. An ethical practice has to be based on how and what we *know* about the world (based on "science"), even if such knowledge is incomplete, approximate, tentative or even defective. It is in this wider context of "science" that psychoanalysis might converge with Buddhism.

Understood as a practical philosophy, the conundrums within Buddhist thinking — the idea of "no-self-ness", "emptiness", or the world as illusory — are easier to grasp. Quoting the well-know declaration of Harvard psychotherapist Jack Engler, the Slovenian analyst Borut Škodlar (2016) said "you have to be somebody before you can be nobody" (p. 128). This is one way of resolving the paradox of "no-self-ness". Even though the world is concretely there and suffering is real, we can, and have to, live *as if* they are but empty. This is what Buddha believes to be the basis for transcending suffering. To be "somebody but also nobody" does not remove the person from *participating* in the world. Zen teaching is particularly *this-worldly* and is not trapped in any ontological maze. I believe it is Zen that would most benefit the practice of psychotherapy.[20]

Most readers know that mindfulness practice is a discipline of staying with the present, dwelling in silence, and paying attention to all that there is with curiosity and an open and non-judgemental attitude. The rhythm of breathing is used as an anchor to help the practitioner stay with *now* and let go of thinking. Simply noticing and accepting (even of the practitioner's own wandering mind) is all that is required. This description, though cursory, already suggests an affinity between mindfulness and Freud's evenly hovering attention or Bion's no-memory-no-desire reverie.

Like psychoanalysts, mindfulness practitioners place great emphasis on the idea of neutrality, albeit with a different nuance. In meditation, being neutral and detached means the practice is not about success or failure, or striving to achieve anything, but simply staying with a moment-by-moment awareness. There is no duality of body and

---

[19] The Chicago philosopher and psychoanalyst Jonathan Lear has made a strong case for the view that the practice of psychoanalysis is about how to live a good life (see Lear 1998, 2004, 2014).

[20] Zen is much more than just meditation, even though the Chinese word for Zen (禪) does mean meditation. The practice of Kōan (stories or riddles that have no logical solution) as a way of grasping the paradoxical nature of the human condition, is part and parcel of Zen.

mind (e.g., the physical practice of archery is also a practice of the mind); and no duality between the mind and the world (*I am the arrow*). As such, mindfulness *becomes* second nature: as the stream of my consciousness, as my being. This experience of "now" is an *indwelling* in the world unique to human subjectivity.[21] There are many questions about mindfulness practice still being debated. Is it possible to be "just noticing" and nothing else? What does noticing *mean* anyway? Isn't noticing a form of *thinking*? But isn't there an understanding of meditation as "not-thinking"? How can this paradox be resolved? Is it possible to achieve a completely uncluttered mind? Can we ever suspend judgement totally, or is it not the case that being conscious means making judgement (moral or otherwise) all the time? These questions can also be directed at the psychoanalytic idea of no-memory-no-desire or evenly hovering attention. They reflect a commonality between the two.

Furthermore, there is a paradox about the non-striving attitude of mindfulness: if we stop striving altogether, what does *disciplined* meditative practice entail? Doesn't such practice require effort — a form of striving towards an end? Another paradox: Is mindfulness a language-based practice? Think of what mindfulness teachers are doing when leading a meditative exercise — *words* are used to capture and hold the attention of the practitioners. Would these words trap the mind, thus negating the idea of emptying the mind? These questions are not raised to reject mindfulness, but to widen the horizon for exploration.

It is important to say that neither Buddhism nor mindfulness practice is *anti-rational*. As the Bodhidharma has said, "Many roads lead to the Path, but basically there are only two: reason and practice" (Bodhidharma, 1987, p. 3). Both reason and practice are part of the Buddhist *discipline* of life: "*Buddha* means awareness, the awareness of body and mind that prevent evil from arising in either. And to invoke means to call to mind, to call constantly to mind the rules of discipline and to follow them with all your might" (Bodhidharma, 1987, p. 111). On this basis, it is not unreasonable to say that mindfulness does involve subjectivity (the phenomenal experience of the "I") in the context of striving in a particular direction ("invoking rules of discipline").

What mindfulness can learn from psychoanalysis is the acknowledgement of the unconscious — that the mind has a depth which is more than we are able to fathom.[22] The significance of the unconscious dimension of human experience cannot be ignored. To that extent, to *empty* the mind is not a task that can ever be achieved, and mindful attentiveness is never an act always under the conscious control of the person. Such understanding may help to alleviate a practitioner's sense of failure of not achieving complete blankness of the mind. More importantly, such acknowledgement may also help the mindfulness community learn to tackle some of the meditation-related (sometimes severe) psychic or emotional difficulties that practitioners might encounter.

---

[21] The understanding of mindfulness as an experiential me-in-the-world perspective is rarely commented on; this aspect of mindfulness has, in my view, a strong affinity with the philosophical tradition of phenomenology in terms of the concept of *intentionality*.

[22] Of course the notion of the "mind" is a contested one. I am using it as shorthand for how we experience phenomenal subjectivity (the sense of "I") (See Li, 2018).

One danger, as I see it, is that mindfulness has not only become a popular therapy modality, but also a burgeoning enterprise that has entered into mainstream society, in healthcare, schools, public institutions or the business and management world, almost as a panacea for all ills (e.g., see Crane 2017). It is important to see mindfulness as a reflexive and reflective way of life rather than a technique. When something becomes a therapy technology or a brand of merchandise, and is packaged and put on sale, there is a high probability that it would become corrupted.[23]

The interest psychoanalysts have shown toward Buddhism or meditation is not new. There is a considerable literature which this paper will not have space to address, ranging from Carl Jung's or Erich Fromm's well-known texts (Jung, 1978; Suzuki, Fromm & de Martino, 1960), to more recent studies by various analysts (e.g., Falkenström, 2003; Leone, 1995; Lin & Seiden, 2014; Mace, 2008; Makise, 2017; Moncayo, 2012; Safran, 2003a; Suler, 1995; Young-Eisendrath & Muramoto 2002). Some of these works are not particularly helpful, such as Makise (2017) or Moncayo (2012), with inaccessible theoretical baggage couched in esoteric (Lacanian) language.

In the cognitive-behaviour therapy tradition (CBT), mindfulness has also had great impact, as can be seen in publications ranging from the popular text *Mindfulness-Based Cognitive Therapy for Depression* (Segal, Williams & Teasdale, 2002), to Compassion-Focussed Therapy (e.g., Gilbert, 2009), Dialectical Behaviour Therapy (e.g., Linehan, 1993), or Acceptance and Commitment Therapy (e.g., Hayes, 2002; Hayes et al., 2006). Of course mindfulness has attracted other therapists as well, including the somatic or body-oriented psychotherapies (e.g., Weiss, 2009) and Emotion-Focused Therapy (Geller & Greenberg, 2012).

In this context, Škodlar's question is of interest: "Where in the landscape of psychotherapy would be an appropriate place for mindfulness? Is cognitive-behavior therapy (CBT) really the most suitable area within which to locate a mindfulness-oriented approach?" (Škodlar, 2016, p. 126).

Škodlar's answer is that mindfulness has the most affinity with existentialist or phenomenological psychotherapy. He says, "one cannot think of many more suitable adjectives to add to mindfulness than existential, and it is certainly more appropriate than cognitive, analytic or systemic" (Škodlar, 2016, p. 128). That, unfortunately, runs the risk of turning mindfulness into a specific brand rather than acknowledging it as the fundamental attitude (or way of being) that all psychotherapists should cultivate.

The Tango of Psychoanalysis with Mindfulness

One area of discussion, in terms of the rapprochement between psychoanalysis and mindfulness, is the question of what the "self" is and how Buddhism and psychoanalysis converge or diverge in this respect (see, e.g., Falkenström, 2003 or Sular, 1995). Usually the attempt is to postulate various structures of the self (core self, self-structure, selfobject, the observing self, etc), and compare and contrast how Buddhist ideas and psychoanalytic theories might come together in this respect.

---

[23] One useful review of the ethical problems the burgeoning mindfulness movement faces is Harrington & Dunne (2015).

However, such discussion often gets lost in a theoretical labyrinth that is not helpful to practitioners. Falkenström's (2003) attempt to resolve the contradiction between the psychoanalytic concept of self and the Buddhist idea of "no-self-ness" fails because, in my view, a structural model of the self does not do justice to *lived* experience. To me, the "self" is a way of speaking about the experiencing of subjectivity — it is in the practical living in and amongst people, in interactions and mutual interrogations that the self becomes *meaningful*. To think of the self in terms of the *contents* of the mind (mental representations, hierarchical differentiation within the self-system, etc) reifies the dynamic, phenomenal experiencing of being a (material) subject.

Theorising about the self as a system of mental representations, like what Falkenström has done, does not chime with the Buddhist sense of "no-self-ness", which is pointing to the ineffable, non-structural nature of subjectivity. While Falkenström has expressed doubt about the concept of the "self", he still gets muddled in trying to explain his idea. Just take one of his propositions: "When the individual has identified with part of experience as 'self', there will inevitably be threats to this self…" (Falkenström, 2003, p. 9). One wonders who (or what) the "individual" is, and whether this "individual" already exists *prior* to, and *separately* from the "self" that appears later on in the sentence. Or perhaps Falkenström is saying that "experience" constitutes (becomes) the self which the individual then identifies with? But does this dualism make sense?

Many psychoanalysts are more concerned about the therapeutic aspects of mindfulness than theories about the self. Kathleen Speeth (1982) discusses the importance for the psychotherapist to maintain both focused and panoramic attention "in both direction" (i.e., to herself and to the other person), and refers to meditation techniques of various Eastern traditions, including Zen practice. In her view, Freud's evenly hovering attention represents panoramic attention, which resonates with mindfulness. She has also coined the phrase "witness consciousness" (p. 155) — similar to Casement's (1985) "internal supervisor" — which could be construed as meta-level observation essential for keeping a detached view of the therapeutic process.

While many therapists have espoused mindfulness practice as therapy tool, some go further and commit themselves to a Buddhist way of life — the late Jeremy Safran, a widely respected Canadian-born but New York-based psychoanalyst was one of them.[24] In reviewing Safran's 2012 text *Psychoanalysis and Psychoanalytic Therapies*, British psychotherapist Jeremy Holmes remarks on the importance of Safran's commitment to Buddhism:

> [T]he book is permeated by Safran's Buddhist background. He discusses the
>
> tension between the meliorist American dream of unlimited possibility of psychic

---

[24] Clinical psychologist and relational psychoanalyst Jeremy Safran has produced important work about the dialogue between Buddhism and psychoanalysis (e.g., Safran, 2003a). His recent tragic death is a great loss to psychotherapy — see https://tricycle.org/trikedaily/remembering-buddhist-psychoanalyst-jeremy-safran/

change and unbounded optimism, with Freud's rational pessimism and stoicism.

From a Buddhist perspective, the paradox is that the more one can come to accept

oneself and the world as it is, the more one is in a position to change both. (Holmes,

2013, p. 103)

Pessimism and stoicism are seen here as conducive to the development of resilience, and this echoes what Lin & Seiden (2014) say about psychoanalysis and Buddhist mindfulness philosophy as "the *turning toward* distress rather than turning away from it" (p. 4). That is, both perspectives are regarded as being honest in their acceptance of the reality of suffering in the world. The Buddhist practice of "no-self-ness" is what analysts like Safran believe to be an effective means for coping with inevitable suffering. This is not a denial of existence, but a way of grasping its transience. As van Waning (2002) has said: "The Buddha did not say, 'You don't exist,' but rather, 'You have no self.' His point was not to deny or reject the self, but to recognize the self-representation as *representation,* as a concept without existence of its own". (p. 93)

To embrace the paradox of transience, it would be incumbent on us to acknowledge that *we know, and yet we know we don't know*. This is radical openness (similar to *negative capability* discussed above). It is a paradoxicality that sets us free. To quote Safran:

In Buddhist constructivism, the primary thrust is to cultivate a radical sense of

openness. The belief is that concepts enslave us and that the tendency toward

reification creates suffering. The emphasis is not on constructing adaptive

narratives but rather on the radical deconstruction of all narratives. It is interesting

to note that this emphasis on radical openness is similar in some respects to the

growing awareness in analytic thinking of the importance of the analyst's openness

and tolerance of ambiguity. (Safran, 2003b, p. 22)

Perhaps Freud was enslaved by his *craving* to be right, and this had blinkered him. Within the Buddhist perspective, craving is the source of suffering as it leads to illusions. What psychoanalysts can learn from Buddhism or mindfulness practice is, as Safran has suggested, to give up such craving and embrace radical openness. Letting go of concepts that shackle intelligence, theories that diminish horizon and fixed self-identifies that restrict imagination may yet provide psychoanalysis with an opportunity for renewal. Embracing impermanence and emptiness — this will be psychoanalysis in a mindfulness frame.

Mindfulness, Psychoanalysis and Mentalisation

It is not uncommon to find inexperienced therapists confusing mindfulness with *mentalisation*. The latter is a relatively recent development within the psychodynamic tradition, originally with a specific focus on working with people struggling with borderline personality difficulties. Anthony Bateman and Peter Fonagy (2004, 2006), two London-based psychoanalytically trained psychotherapists, have pioneered this approach. At the beginning, Bateman and Fonagy said mentalisation is "a *focus* for therapy rather than a specific therapy in itself" (2006, p.159) — it is what all good therapy should be like. Sadly, like much else in the psychotherapy world, mentalisation has now become packaged and widely advertised in the therapy "market-place".

This is not an appropriate place to go into a lengthy exposition of the mentalisation perspective; suffice it to say it is a therapeutic framework based on the concept of "mind-mindedness". Or, to put it simply, it is a style of working that constantly attends to what is happening in a person's mind.[25] The therapist is not only focusing on understanding the thinking, reasoning or feeling of the patient, but most importantly, on how the latter attributes motives or intention to *other* people's actions. Furthermore, the therapist is trying to foster the same *reflective capacity* in the patient so that the latter can gradually learn to grasp the mind of others (hence "mind-mindedness").

Thus mentalisation is about "keeping mind in mind" (own mind and others' minds), not making up the mind too quickly (keeping an open mind or "not knowing" stance), and being *curious* about the mind, in order to understand what is going on in one's own mind and in the minds of other people. To be able to mentalise is to be able to use language effectively: to move from the concrete (language as literal representation) to the symbolic (language as metaphorical), thus moving from (impulsive, physical) action to (discursive) *articulation,* i.e., to be able to *talk* (e.g., about a problem) rather than act blindly (e.g., hitting out to solve a dispute). Mentalisation is about intersubjectivity, about relating to another person as a *thinking* and *speaking* subject. Although it is not a form of psychoanalysis, mentalisation does have roots in the analytic tradition. The capacity for mentalising is likely to help sustain an analyst's evenly hovering attention.

Inspired by the seminal work of Hans Loewald (1960), Jonathan Lear (2003) has written an essay about "objectivity"[26], by which he does not mean the kind of positivist, reductionistic, "the world is what it is" realism that places unquestioning faith on quantitative measurements. Rather, he talks about the "subjective sense of objectivity" (Lear, 2003, p. 49) which entails a recognition that the world is made up of other *subjects* whose subjectivity one has to reckon with and try to understand (although they seem like "objects" out there). Such acknowledgement of intersubjectivity constitutes true objectivity, as Lear understands it. To me, the idea of the "subjective sense of objectivity" is another way of describing a person's capacity for mentalisation.

---

[25] Conceptually, it is similar to the idea of "theory of mind" in the field of autistic spectrum disorder studies.
[26] Chapter 2 "Subjectivity, Objectivity, and Irony" in Lear (2003).

There are important differences between mindfulness and mentalisation — emptying the mind *vs* knowing the mind; detachment *vs* balanced attachment; absence of goals *vs* relationality and intentionality — but they do share similar concerns. *Presence* is indispensable to both; and both are respectful of and curious about the mind. Falkenström (2012) has made an attempt to bring mindfulness, mentalisation and psychological mindedness under the rubric of *self-observation*. This highlights the subjective grasp of phenomenal experiencing as central to both mindfulness and mentalisation (despite the paradoxical Buddhist idea of "no-self-ness").

While acknowledging the differences between mentalisation and mindfulness, Chris Mace (2008) has commented on the advantage of bringing them together:

> [M]entalization, a capacity that enhances what Fonagy has termed 'reflective self function' through an articulated appreciation of minds (our own and those of others) as the locus of personal history, affect, thought and action, is quite orthogonal to the pre-reflective capacity that is mindful awareness. In practice, development of the two functions can be therapeutically synergistic" (p. 126).

The idea of synergy suggested by Mace points to the possibility of alliance that would benefit both. However, it is important to bear in mind that mindfulness and mentalisation are not so much theory as practice. Any theorising of either must be a reflection of the experience of mindfulness or mentalisation in *reflexive* practice, where the process, rather than content, is the focus.

Performativity

Psychoanalysis, mindfulness and mentalisation share the commonality of openness towards the phenomenal experience of subjectivity (the "I" experience). At its best, such openness signifies an honest seeking of understanding of subjectivity, notwithstanding the fact that full understanding is impossible. In this regard, the practice of subjectivity could be profitably explored in terms of the concept of *performativity*.

Witness a mindfulness teacher in action: he shows the earnestness of an evangelical preacher, with beguiling intonation, inflection of voice, and subtle or not so subtle gestures, even the expression in his face (albeit with eyes closed) — coaxing the participants to follow the meditative exercise. Knowingly or unknowingly, he is *performing* to an audience, even though most of the participants have kept their eyes shut.

Nowadays, most therapists are keen to point out that they have embraced mindfulness not as religion (Buddhism), but as a mental discipline beneficial to therapy work. Nevertheless, there is often a touch of liturgy in the gatherings of mindfulness practitioners, such as beginning and ending with group meditative practice, not dissimilar to prayers in a religious meeting, even if the mindfulness event is a research

or academic seminar. I bring this up not as criticism, but to highlight *performativity* within the "mindfulness community".

While performativity is a modern concept, the phenomenon it seeks to describe is not new. The performative has always been an important element of the cultural history of the human species, most noticeably in religious practices and the dramatic art. In the contemporary art scene, performance art is becoming a highly visible practice.[27] According to Fischer-Lichte (2004/2008), one major aspect of the performative can be described as *how to do things with words*. (The emphasis here is "to *do* things".) Two important qualities of the performative are *embodiment* of the dramatic ("materializing of possibilities") and independence from pre-existing categories or essence (the "non-referential" nature of performative acts). As such, the performative is "of crucial importance in constituting bodily as well as social identity" (Fischer-Lichte, 2004/2008, p. 27). Religious rituals or liturgies are performative in that they constitute identities and realities.[28] The practice of mindfulness, like prayers, can be performed publicly or in private. In both situations, it is constitutive of the identity of the practitioner(s).

Drawing from Shakespeare's work, Cox and Theilgaard (1987) suggest that silence in psychotherapy is not always evidence of resistance, as it is a recurrent feature in the unfolding of the human story within therapeutic space, and the precise meaning of the silence "only emerges in performance" (p. 3 – 4). In this regard, the reticence of the analyst can be seen as part and parcel of a performative set-up. Freud has indicated that he "cannot bear to be stared at for eight hours a day or longer" (Freud, 1913/2002, p. 55) and has laid down a rule about the analyst sitting behind the patient (who is lying on the couch).[29] This requirement has then become *theoretically* justified. Such a seating arrangement resembles the director sitting behind the camera, controlling the performance of the actors and film crew.

It is possible to view free association as the performance the analysand has to deliver: a creative and improvised act, through which a narrative, even if incoherent, emerges. However, no matter how "free" the patient's associations seem to be, they are of necessity contextual, motivated, sometimes rhetorical, always for a purpose, with or without the patient's awareness. It is often the case that patients conform to the analyst's theory when "performing" free association, as if following the analyst's (invisible) script. This is not to say the patient's account is fictitious. Its performativity resides in the quasi-liturgical function it fulfils, whether seen as Catholic confessional or other forms of religious/dramatic catharsis. This performativity is crucial in constituting the analysand within the analytic frame.

To think about psychoanalysis and mindfulness as performative does not detract from their therapeutic possibilities. Rituals, religious or otherwise, are essential for the re-enchantment of subjectivity (the "I" experience) and of the world, as they are

---

[27] See, e.g., Marina Abramović's work: https://mai.art

[28] For example, the Eucharist (the "Lord's Supper") is, in Catholicism, a performative act that becomes the *literal reality* of Christ's body and blood (the doctrine of transubstantiation).

[29] Freud explicitly said this was his "personal motive" for using the couch — but the personal whim of the founding father *has escaped analysis.*

generative of meanings and identities. Rituals can be curative, even if their truth-value is impossible to ascertain.

Freud's Performative Act

If performativity constitutes identity, there is no doubt that Freud's status as the infallible Founding Father of psychoanalysis is underpinned by his performative act.

"Long experience had taught me, as it might anyone else…" (Freud, 2002, p. 3); "Experience tells us…" (p. 24); "Analysis has shown…" (p. 26); "Experience has taught us…" (p. 173). You can almost see Freud say all this with a flourish — his waving of the hand confirming the truth of what he is going to say. His way of talking (and writing) undergirds the truth of his ideas, the basis of which lies in what he himself has done and experienced. His performative act is declarative. It is the performativity of Freud's work that has generated the whole edifice of psychoanalysis.

In the words of Adam Phillips:

> Freud was always puzzled about what he was writing about when he was writing
>
> about psychoanalysis. His writing — in which he can be so apparently lucid and
>
> fair in describing the obscurity and the derangement of what he calls the
>
> unconscious — is a *performing* of this puzzle. There is far more speculation and
>
> conjecture in his writing, more theory-making and *story-telling*, than instruction or
>
> even guidelines about the actual practice of psychoanalysis (and his case histories
>
> are nothing if not tributes to *the cult of his personality*; they are not easily
>
> replicable or imitable experiments). (Phillips, 2002, p. x, emphasis added)

It is the story-telling nature of Freud's work that is so interesting, particularly from the vantage point of performativity, even though, as Phillips has pointed out in the above passage, Freud's performative act sometimes reflects his own contradiction. Of course Freud's patients are not his *fictional* invention; the point is, the psychological world in which Freud has situated his patients is very much *his creation*. His (written) cases always develop in such a way as to confirm his theories, even if the therapy itself fails to cure the patient.

Adam Phillips has suggested that: "If Freud had died, at the age of forty-nine, having completed these five books,[30] psychoanalysis would have been very different, but it

---

[30] The five books are: *The Interpretation of Dreams* (1900), *The Psychopathology of Everyday Life* (1904), *Three Essays on the Theory of Sexuality* (1905), *Jokes and*

would have been sufficiently complete" (Phillips 2014, p. 145). He does not think Freud's later work (structural theory of the mind, concept of death drive, or writings on religion and cultural issues) is important to the *essence* of psychoanalysis. The "early Freud" is risk-taking, speculative, bold and more open to possibilities, whereas the *established* Freud has become a structure, a grand theory, an institution (in both senses of the word). If he had died in 1905/1906, there might not be a psychoanalytic empire or a founding deity. To me, the "mature" Freud has taken on a different performativity, one which has restricted the horizon of psychoanalysis. In this context, it is plausible to suggest that both the performative and the improvisational could, if practised with an open mind, extend the horizon and bring the imaginative to bear on the ordinary, thus generating realms of meanings hitherto unexplored.

The challenge is how not to turn Freud into a god. Psychoanalysis can be radical, as Safran has remarked:

> We have seen how both Buddhism and psychoanalysis have struggled over time
> with the tension between the poles of agnosticism or atheism versus faith and
> commitment. Within psychoanalysis the tendency to deify Freud and to treat his
> words as gospel can be seen as another form of the return of the repressed. (Safran,
> 2003b, p. 21)

Identity and Performativity

According to Jonathan Lear, the commitment to becoming a psychoanalyst is a foundational performative act:

> "[A]s psychoanalysts, we are constantly in the process of shaping ourselves as
> psychoanalysts… We strive to shape ourselves into people who can listen well…
> This is a process of becoming a certain kind of a person… Being a psychoanalyst
> is in part a never-ending task of bringing oneself back to the activity of being a
> psychoanalyst… To put it paradoxically: to *be* an analyst one must ever be in the
> process of *becoming* an analyst. (Lear, 2003, p. 32)

To Lear, the commitment of an analyst to psychoanalysis must be total — it is not a one-off exercise limited in scope and in time; instead, it should permeate the whole of the analyst's life. As Lear sees it, however, to be a psychoanalyst is not a matter of

---

their Relation to the Unconscious (1905)*,* and *Fragment of an Analysis of a Case of Hysteria (Dora)* (1905).

following Freud (or any of the other early analysts),[31] or of choosing a career; it is a specific project of being/becoming a person, and thus a life-long moral practice. Similarly, Bion has suggested that negative capability should become a way of life for the analyst, and mindfulness teachers always say, unequivocally, that meditation is not a therapy technique but an indwelling in a particular form of being. Here, no doubt, is where psychoanalysis and mindfulness converge.

Concluding Remarks

Words and silence are both essential to psychotherapy, as they embody the performative in the intersubjective world of the therapeutic space. As Cox and Theilgaard (1987) have said, psychotherapy is concerned with "the significance of the changing eloquence of silence" (p.3), and, I would add, with the *vicissitude* of words. How a psychotherapist manages to balance between silences and words is a continuing learning process. While bearing in mind all the caveats discussed in this essay, it is perhaps not unreasonable to say that "evenly suspended attention", within a mindfulness frame and maintaining full respect towards "other minds" — or, the mindfulness stance with a deep awareness of the unconscious dimension of subjectivity — constitutes a crucial starting point in this learning process. It is, ultimately, a matter of learning to listen, and learning to speak *from* listening.

A human story "performed" within therapeutic space always starts from an arbitrary point in time. The story often goes round in circles and criss-crosses different worlds in a zigzagging, meandering way, getting entangled with seemingly irrelevant details and detours, sometimes in a direction that may surprise one or both participants. There is a lot of to-ing and fro-ing, of mixing and blending, of veering on a tangent, but the repeated play is *not* repetitive, as consciousness is never linear or neat and tidy, but full of random and messy bits and pieces, repetitions, diversions and cul-de-sacs. When all the strands eventually come together — if they do come together (as they might not) — the experience may be like what T. S. Eliot has famously said, *We shall not cease from exploration/And the end of all our exploring/Will be to arrive where we started/And know the place for the first time*.[32]

Rowan Williams, former Archbishop of Canterbury, was in New York on 11th September 2001, a few streets away from the World Trade Centre. He was in a church meeting when the world was shattered by the unimaginably brutal terrorist acts perpetrated on the twin towers. In 2002, he published a pamphlet, just over 80 pocket-sized pages long, of his reflections on the cataclysmic event of 9/11. In this piece of writing, Williams talks about his experience of an "empty space":

In that time, there is no possibility of thinking, of explanations, of resolutions. I

can't remember much sense of panic, much feeling about the agony going on a

---

[31] This is how Lear (2014) puts it: "... if psychoanalysis is to live up to its promise of being a moral psychology — one which contributes as it comes to understand what it is to lead a full, rich, meaningful human life — it must find ways to mourn Freud's legacy, and move on." (p. 480).

[32] From T. S. Eliot's 1942 poem *Little Gidding*, in Quartet No 4 of *Four Quartets,* Faber & Faber 2001 paperback edition

couple of hundred yards away, let alone much desire for justice or vengeance. It

was an *empty space*…. But somehow the emptiness 'resources' us. (Williams,

2002, p. 10-11, emphasis added)[33]

Of course the terror of 9/11 is of a different order compared to the pain and suffering of patients that most psychotherapists encounter in their day-to-day work. Nevertheless, the "empty space" (silence and stillness) that Williams has described resonates with both the psychoanalytic silence of evenly hovering attention as well as the fully present awareness of the mindfulness perspective. It is in such silence and stillness that true listening occurs. And then words of healing might return.

Authors' Biographical Note

Chin Li was formerly consultant clinical psychologist with Greater Glasgow & Clyde Health Board in Scotland and psychology professional lead for Renfrewshire & Inverclyde Sector. He retired from the NHS in 2015, and is now devoting his time to writing.

Acknowledgment

References

Arnold, K. (2006). Reik's theory of psychoanalytic listening. *Psychoanalytic Psychology*, *23*, 754-765.

Bateman, A., & Fonagy, P. (2004). *Psychotherapy for borderline personality disorder: Mentalization-based treatment.* Oxford, UK: Oxford University Press.

Bateman, A., & Fonagy, P. (2006). *Mentalization-based treatment for borderline personality disorder: A practical guide.* Oxford, UK: Oxford University Press.

Bentall, R. P. (2009). *Doctoring the mind: Why psychiatric treatments fail.* London, UK: Allen Lane (2009)

Beutler, L. E. (2002). The Dodo bird is extinct. *Clinical Psychology: Science and Practice, 9,* 30–34.

Bion, W. R. (1967). Notes on memory and desire. *The Psychoanalytic Forum*, *2*, 272-273.

Blue, A. W., Darou, W. G., & Ruano, C. (2015). Through silence we speak: Approaches to counselling and psychotherapy with Canadian First Nation clients. *Online Readings in Psychology and Culture, 10*. Retrieved from https://doi.org/10.9707/2307-0919.1095

Bodhidharma (1987). *The Zen teaching of Bodhidharma.* Port Townsend, WA: Empty Bowl.

---

[33] I have written elsewhere about how the work of Rowan Williams has influenced my thinking about psychotherapy, see Li (2010).

Bollas, C. (1992). *Being a character: Psychoanalysis and self experience*. London, UK: Routledge.

Bollas, C. (2009). *The infinite question*. Hove, UK: Routledge.

Bromberg, P. M. (1994). "Speak! That I may see you!": Some reflections on dissociation, reality, and psychoanalytic listening. *Psychoanalytic Dialogues, 4*, 517-547.

Casement, P. (1985). *On learning from the patient*. London, UK: Tavistock.

Casement, P. (1990). *Further learning from the patient: The analytic space and process*. London, UK: Routledge.

Casement, P. (2002). *Learning from our mistakes: Beyond dogma in psychoanalysis and psychotherapy*. Hove, UK: Brunner-Routledge.

Casement, P. (2006). *Learning from life: Becoming a psychoanalyst*. Hove, UK: Routledge.

Catty, J. (2004). 'The vehicle of success': Theoretical and empirical perspectives on the therapeutic alliance in psychotherapy and psychiatry. *Psychology and Psychotherapy: Theory, Research and Practice, 77,* 255-272.

Chambless, D. L. (2002). Beware the Dodo bird: The dangers of overgeneralization. *Clinical Psychology: Science and Practice 9*, 13-16.

Coltart, N. (1998) Slouching towards Buddhism: in conversation with Anthony Molino. In A. Molino (Ed.), *The Couch and the Tree* (pp. 176-193). New York, NY: North Point Press.

Cox, M., & Theilgaard, A. (1987). Mutative metaphors in psychotherapy: The Aeolian Mode. London, UK: Tavistock.

Crane, R. S. (2017). Implementing mindfulness in the mainstream: Making the path by walking it. *Mindfulness*, *8*, 585-594.

Davies, A. (2007). *Contemplating Silence: A review of understandings and clinical handling of patient silence in psychoanalytic psychotherapy*. Unpublished dissertation, Auckland University of Technology, New Zealand. Retrieved from https://core.ac.uk/download/pdf/56361462.pdf

Dupont, J. (1988). Introduction. In S. Ferenczi (edited by J. Dupont). *The clinical diary of Sándor Ferenczi* (pp. xi-xxvii). Cambridge, MA: Harvard University Press.

Epstein, M. D. (1984). On the neglect of evenly suspended attention. *The Journal of Transpersonal Psychology, 16*, 193-205.

Falkenström, F. (2003). A Buddhist contribution to the psychoanalytic psychology of Self. *The International Journal Psychoanalysis*, *84*, 1551-1568.

Falkenström, F. (2012). *The Capacity for Self-Observation in Psychotherapy*. Unpublished dissertation, Linköping University, Sweden.

Ferenczi, S. (1988). *The clinical diary of Sándor Ferenczi* (edited by J. Dupont and translated by M. Balint & N. Z. Jackson). Cambridge, MA: Harvard University Press.

Fink, B. (2007). *Fundamentals of psychoanalytic technique: A Lacanian approach for practitioners*. New York, NY: Norton & Co.

Fischer-Lichte, E. (2004/2008). *The transformative of performance: A new aesthetics*. Abingdon, UK: Routledge.

Freud, S. (2002). Advice to doctors on psychoanalytic In *Sigmund Freud: Wild analysis* (pp. 31-41). London, UK: Penguin Books. (Original work 1912)

Freud, S. (2002). On initiating treatment. In *Sigmund Freud: Wild analysis* (pp. 31-41) London, UK: Penguin Books. (original work published 1913)

Freud, S. (1985). *The complete letters of Sigmund Freud to Wilhelm Fliess 1887-1904*. Cambridge, MA: Harvard University Press.

Freud, S. (2002). *Sigmund Freud: Wild analysis*. London, UK: Penguin Books.

Geerardyn, F. (2002). Unconscious communication and the resistance of the psychoanalyst. *Psychoanalytische Perspectieven, 20,* 591-601.

Geller, S. M., & Greenberg, L. S. (2012). *Therapeutic presence: A mindful to effective therapy.* Washington, DC: American Psychological Association.

Gilbert, P. (2009). *The compassionate mind*. London, UK: Constable.

Ginsburg, S. A. (2017). Book review of *Creative listening and the psychoanalytic process: Sensibility, engagement and envisioning* by F. L. Griffin. *The Psychoanalytic Quarterly, LXXXVI, Number 3,* 731-737.

Graybar, S. R., & Leonard, L. M. (2005). In defense of listening. *American Journal of Psychotherapy, 59,* 1-18.

Greenberg, J. R. (1986). The problem of analytic neutrality. *Contemporary Psychoanalysis, 22,* 76-86.

Griffin, F. L. (2016). *Creative listening and the psychoanalytic process: Sensibility, engagement and envisioning*. Abington, UK: Routledge.

Gupta, R. (2008). *To the analyzing instrument and beyond: Reconstructing evenly hovering attention.* Unpublished Masters dissertation, Auckland University of Technology.

Harrington, A., & Dunne, J. D. (2015). When mindfulness is therapy: Ethical qualms, historical perspectives. *American Psychologist, 70,* 621-631.

Hayes, S. C. (2002). Acceptance, mindfulness, and science. *Clinical Psychology: Science and Practice, 9,* 101-106.

Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, process and outcomes. *Behaviour Research and Therapy, 44,* 1-25.

Hobson, R. F. (1985). *Forms of feeling: The heart of psychotherapy*. London, UK: Tavistock.

Holmes, J. (2013). Book review of *Psychoanalysis and psychoanalytic therapies* by Jeremy D. Safran. *Psychoanalytic Psychology, 30,* 102-104.

Hooke, M. T. S. (nd). *The internal attitude of the analyst at work: From Freud's free floating attention to Bion's reverie.* Retrieved from www.doppio-sogno.it/numero13/ing/1.pdf

Jung, C. G. (1978). *Psychology and the East*. Princeton, NJ: Princeton University Press.

Kernberg, O. (2014). Innovation in psychoanalytic education. *New Associations* (British Psychoanalytic Council Newsletter), *16,* 9-11.

Klein, D. F. (2002). Dodo deliberations. *Clinical Psychology: Science and Practice, 9,* 28-29.

Kurtz, S. A. (1984). On silence. *Psychoanalytic Review, 71,* 227-246.

Lane, R. C., Koetting, M. G., & Bishop, J. (2002). Silence as communication in psychodynamic psychotherapy. *Clinical Psychology Review, 22,* 1091-1104.

Lear, J. (1998). *Open minded: Working out the logic of the soul*. Cambridge, MA: Harvard University Press.

Lear, J. (2003). *Therapeutic action: An earnest plea for irony*. London, UK: Karnac.

Lear, J. (2004). Psychoanalysis and the idea of a moral psychology: memorial to Bernard Williams' philosophy. *Inquiry, 47,* 515-522.

Lear, J. (2014). Mourning and moral psychology. *Psychoanalytic Psychology, 31,* 470-481.

Leone, G. (1995). Zen meditation: A psychoanalytic conceptualization. *The Journal of Transpersonal Psychology, 27*, 87-94.

Li, C. (2010). When time stood still... Rowan Williams, waiting and psychotherapy. *The Journal of Critical Psychology, Counselling and Psychotherapy, 10,* 146-153.

Li, C. (2018). Where words trap the mind: The bewitchment of psychotherapy. *Language and Psychoanalysis*, *7*, 84-105.

Lin, P., & Seiden, H. M. (2014). Mindfulness and psychoanalytic psychotherapy: A clinical convergence. *Psychoanalytic Psychology*. Retrieved from http://dx.doi.org/10.1037/a0038170

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.

Loewald, H. W. (1960). On the therapeutic action of psycho-analysis. *International Journal of Psycho-Analysis*, *41*, 16-33.

Lomas, P. (1981). *The case for a personal psychotherapy.* Oxford, UK: Oxford University Press.

Lomas, P. (1994). *Cultivating intuition: An introduction to psychotherapy.* London, UK: Penguin.

Lomas, P. (1999). *Doing good? Psychotherapy out of its depth.* Oxford, UK: Oxford University Press.

Luborsky, L. (2002). The Dodo bird verdict is alive and well ─ mostly. *Clinical Psychology: Science and Practice 9*, 2–12.

Mace, C. (2008). Mindfulness and the future of psychotherapy. *European Psychotherapy*, *8*, 123-139.

Maitland, S. (2008). *A book of silence*. London, UK: Granta.

Makise, H. (2017). Lacanian psychoanalysis and Japanese Zen (Hakuin Zen): The relation between 'the impossible thing', drawings, and topology. *Annual Review of Critical Psychology*, *13*, 1-15 (Page numbers pertain to this paper only, not the entire journal issue). Retrieved from https://discourseunit.com/annual-review/arcp-13-discourse-unit-global-seminar-2017/

McAleavey, A. A., & Castonguay, L. G. (2015). The process of change in psychotherapy: Common and unique factors. In O. C. G. Gelo, A. Pritz, & B. Rieken (Eds), *Psychotherapy research: Foundations, process, and outcome* (pp. 293-310). New York, NY: Springer.

Messer, S. B. (2002). Let's face facts: Common factors are more potent than specific therapy ingredients. *Clinical Psychology: Science and Practice, 9,* 21-25.

Moncayo, P. (2012). *The signifier pointing at the moon: Psychoanalysis and Zen Buddhism*. London, UK: Karnac.

Nietzsche, F. (1973). *Beyond good and evil: Prelude to a philosophy of the future*. Harmondsworth, UK: Penguin Books. (Original work published 1886)

Phillips, A. (2002). Introduction. In *Sigmund Freud: Wild analysis* (pp. vii–xxv). London, UK: Penguin Books.

Phillips, A. (2014) *Becoming Freud: the making of a psychoanalyst*. New Haven, CT: Yale University Press.

Proner, B. D. (2006). A word about words. *Journal of Analytical Psychology, 51,* 423-435.

Reik, T. (1927/1968). The psychological meaning of silence. *Psychoanalytic Review*, *55*, 172-186.

Reik, T. (1948). Listening with the third ear: The inner experience of a psychoanalyst. New York, NY: Farrar, Straus & Co.

Rounsaville, B. J., & Carroll, K. M. (2002). Commentary on Dodo bird revisited: Why aren't we Dodos yet? *Clinical Psychology: Science and Practice 9*, 17-20.

Safran, J. D. (Ed.) (2003a). *Psychoanalysis and Buddhism: An unfolding dialogue.* Somerville, MA: Wisdom Publications.

Safran, J. D. (2003b). Introduction: Psychoanalysis and Buddhism as cultural Institutions. In J. D. Safran (Ed.) *Psychoanalysis and Buddhism: An unfolding dialogue* (pp. 1-34). Somerville, MA: Wisdom Publications.

Safran, J. D. (2011). Theodor Reik's *Listening with the Third Ear* and the role of self-analysis in contemporary psychoanalytic thinking. *Psychoanalytic Review, 98,* 205-216.

Schneider, K. J. (2002). The Dodo bird: Less a verdict than an opportunity. *Clinical Psychology: Science and Practice 9*, 26-27.

Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression.* New York, NY: Guilford Press.

Škodlar, B. (2016). Applications of mindfulness in psychotherapy ― Contemporary dilemmas. *Asian Studies IV (XX), 2*, 123-138.

Sloma, J. T. (2010). *Rhythms of psychoanalysis and counterpoints of therapeutic spontaneity.* Paper presented at the Annual Meeting of the International Forum for Psychoanalytic Education Nashville, Tennessee, October 29, 2010. Retrieved from https://ifpe.files.wordpress.com/2011/04/rhythms-of-psychoanalysis1.pdf

Speeth, K. R. (1982). On psychotherapeutic attention. *The Journal of Transpersonal Psychology, 14,* 141-160.

Suler, J. (1995). In search of the self: Zen Buddhism and psychoanalysis. *Psychoanalytic Review, 82*, 407-426.

Suzuki, D. T., Fromm, E., & de Martino, R. (1960). *Zen Buddhism and psychoanalysis.* London, UK: Allen & Unwin.

Symington, J., & Symington, N. (1996). *The clinical thinking of Wilfred Bion.* London, UK: Routledge.

van Waning, A. (2002). A mindful self and beyond: Sharing in the ongoing dialogue of Buddhism and psychoanalysis. In P. Young-Eisendrath, & S. Muramoto (Eds.), *Awakening and insight Zen Buddhism and psychotherapy* (pp. 91-102). Hove East, UK: Brunner-Routledge.

Warin, T. (2007). *Silence in psychotherapy: Therapists' difficulties in using silence as a therapeutic technique.* Unpublished dissertation, Auckland University of Technology, New Zealand. Retrieved from https://aut.researchgateway.ac.nz/bitstream/handle/10292/9545/WarinT.pdf?sequence=1&isAllowed=y

Weiss, H. (2009). The use of mindfulness in psychodynamic and body oriented psychotherapy. *Body, Movement and Dance in Psychotherapy*, *4*, 5-16.

Williams, R. (2002). *Writing in the dust: Reflections on 11th September and its aftermath.* London, UK: Hodder & Stoughton.

Wood, J. (2008). *How fiction works.* London, UK: Vintage Books.

Young-Eisendrath, P., & Muramoto, S. (Eds.) (2002). *Awakening and insight Zen Buddhism and psychotherapy.* Hove East Essex, UK: Brunner-Routledge.

Group Art Therapy, Aesthetic Experiences of Difference and Belonging

Sally Schofield[1]
University of Manchester

Abstract

This paper comes from a qualitative doctoral study which explored the impact of group art therapy on people affected by Parkinson's. It specifically addresses the research question: How might participating in art therapy groups support wellbeing and better functioning for people affected by Parkinson's? Art therapy is not a widely applied therapeutic intervention for this client population. The study was undertaken at the Catalan Parkinson's Association which has a long-standing art therapy service integrated into the therapeutic rehabilitation programme. The language-based data gathered for analysis was from four focus group encounters with people affected by Parkinson's (who had directly experienced group art therapy), family members and professionals from the multidisciplinary team working alongside the art therapist. A thematic network analysis (Attride-Stirling, 2001) was undertaken producing six global themes in response to the research question: self-construction; material action; an aesthetic group movement; new perspectives; artwork as legacy; physical transformation as a relational aesthetic experience. I first describe how the research participants joined the study, the rationale for the focus groups and their composition; followed by a detailed exploration of the six themes, relating them to wider literature and a discussion of their implications for practice.

Introduction

This paper comes from a qualitative doctoral study which explored the impact of group art therapy on people affected by Parkinson's. It examines their experience of self through active engagement with art materials and the group environment in the space of group art therapy sessions. It further draws on the opinions of family caregivers and members of the multidisciplinary team, who have not directly experienced group art therapy, but have indirect experience being exposed to art therapy through either contact with the art therapist or the experience a person with Parkinson's has shared with them. I have specifically chosen to use the term Parkinson's instead of Parkinson's disease in an attempt to move away from thinking about the term as solely a medical pathology. However, in some instances I have used the full terminology to avoid confusion. The original study draws on three data-sets: 1) four focus groups; 2) ten individual interviews; 3) nine group art therapy session recordings. Each data-set addresses a specific research question which move from general to specific aspects of art therapy with this client group. This article is a response to the first research question: How might participating in art therapy groups support wellbeing and better functioning for people affected by Parkinson's? The rationale for taking this angle is that the findings, although derived from the focus group material, were pertinent across the datasets. I used thematic network analysis to

---

[1] Correspondence concerning this article should be addressed to Dr. Sally Schofield. Email: sallyjschofield@gmail.com

approach the material producing six global or main themes. The six themes were consolidated by triangulating the three datasets.

Parkinson's and Art Therapy

When asked to explain what Parkinson's is I would typically reiterate the definition from the Catalan Parkinson's Association's website. It describes Parkinson's as a neurodegenerative illness that is chronic and progressive. The condition affects the central nervous system, more specifically the cerebral structures which control and coordinate movements, and maintain muscle tone and posture. The presence of dopamine in these cerebral structures or 'substantia nigra' is vital for the regulation of movement, keeping it agile, effective and harmonious. A lack of dopamine in the substantia nigra leads to the main symptoms which are related to motor control: tremors, muscular rigidity, slow movement, postural anomalies, dragging feet or short steps, freezing and problems related to balance. (CPA, n.d., la Malaltia de Parkinson).

However, it does not adequately describe the day-to-day experience of Parkinson's for the individual affected. Parkinson's is a condition which affects more than 160,000 people in Spain, one in five of whom are under 50 (Peñas Domingo, 2015). The condition not only impacts the person physically but the diagnosis brings with it a number of socio-political and economic repercussions.

There are a number of studies in the field of nursing which explore the experience of living with Parkinson's disease (Habermann, 1996; Hermanns, 2013; Kang & Ellis-Hill, 2015). These studies emphasise that while the medical field treats Parkinson's symptoms, the condition affects the person as a whole. Hermanns (2013) highlights a changing sense of self in relation to living with Parkinson's, due to the perceived or real social stigma attached to having a chronic condition with visible symptoms. These imply a direct link between the symptom alleviation focus of the medical approach and the rupture people affected by Parkinson may experience with their sense of self. Kang & Ellis-Hill (2015) argue for the need to consider the subjective experience of Parkinson's in order to help people affected adjust to their particular life changes.

The medication for Parkinson's has to be taken a number of times a day following a strict timetable and although it relieves motor symptoms for short periods, it has a number of side effects which, over time, can become serious. For example the group of dopamine agonists, most frequently administered to young people with early onset Parkinson's, are known to be associated with obsessive-compulsive behaviour (Peñas Domingo, 2015). Long term Levadopa treatment is frequently accompanied by the "on-off" phenomena, sudden fluctuations between "on" to "off" which incapacitate the patient from one moment to the next (Kulisevsky, 2004). A further side effect of the medication can be the development of dyskinesia, involuntary movements, appearing as the medication peaks (Kulisevsky, 2004). For all patients taking medication for Parkinson's there is a possibility of developing hallucinations and psychosis, but those who have developed some cognitive impairment are more prone to this (Kulisevsky, 2004).

Approaches to Parkinson's are changing today with more professional interest in ways people affected can self-manage their illness by, for example, altering their diet (Barichella et al., 2017; Shah & Duda, 2015). However, there is conflicting evidence

from such nonpharmacological approaches in that benefit tends only to show in patient-reported outcomes (Bloem et al., 2015); in practice the patient perceives the benefit and feels their personal needs are being addressed but this cannot be proved through conventional scientific measures.

Through the present study I have come to question how the experience of Parkinson's is constructed. I have found the field of critical psychology that works to offer a critique of psychology as a discipline, a useful literature base. One area of study is related to how ideas and theories from psychology have become mainstream and have been adopted by other academics and professionals to justify "their own programmes of normalisation and pathologisation" (Parker, 2007, p. 2). This works on the basis that the source of our problems are individualised and lie within us creating "forms of surveillance and self-regulation in everyday life" (Parker, 2007, p. 3). This perspective has helped me look with fresh eyes at the belief system which is underlying the experience of a condition such as Parkinson's and encouraged me to envisage alternative understandings.

A critique of most health research is that it does not account for embodied experiences of the condition it is studying, in other words tangible experiences of the body. Ellingson (2006) points out that most areas of health research "involve embodied actors caring for (or encouraging others to care for) their own and others' bodies in highly specific ways, yet there is little embodiment in the accounts of research" (p. 301). Ellingson (2006) theorises that the tradition of disembodied academic writing, using the passive voice, has perpetuated and been perpetuated by the western mind-body split; the mind being linked to fact or a rational proactive self, and the body as a producer of fictions, also being perceived as troublesome. This alignment has led to disembodied knowledge. Producing embodied accounts of research is a significant challenge, but the endeavour to use the body as a site for knowledge production puts the complexities of research in the foreground instead of producing "deceptively tidy accounts of research" (Ellingson, 2006, p. 299) typical in much medical and social science research.

There are few empirical studies on art therapy for people affected by Parkinson's. Strand and Waller (2010) used a narrative and discourse analytic approach in a pilot study of the benefit of individual art therapy over a 24 week period to people affected by Parkinson's and their caregivers. Their study touches on the impact of the medical discourse locating Parkinson's as a solely physical condition, considering this and the social stigma linked to psychological distress to be reasons why psychological support is seldom offered to, or sought by, those affected. They report art therapy as a satisfying approach for this client group as it "offers the potential creation of an active self in the therapy, as well as the reflective self, which more conventional talking therapies can offer" (p. 89), but they do not explore further the social and cultural implications of the Parkinson's diagnosis. They dismissed the possibility of group art therapy in their study on the perceived grounds of people with Parkinson's concerns over how their physical impairment might impact others. This view, however, could have the effect of reinforcing social isolation in this client group legitimating these fears.

Elkis-Abuhoff, Goldblatt, Gaydos and Corrato (2013) carried out a mixed methods study to determine "whether patients diagnosed with Parkinson's disease would be

able to experience a decrease in the somatic and emotional symptoms of the disease by engaging in the manipulation of clay" (p. 123). They involved caregivers and non-caregivers in the control group and discovered that the caregivers could also benefit from emotional support through art therapy. Although not explicitly acknowledged in this study, this supports the idea that Parkinson's is a socially and culturally embedded condition, not only affecting the individual; those closest to them may also be prone to mental health problems due to the social burdens of the caregiver role.

Hoffmann (2011) conducted a single-subject case study to examine the effects of art therapy on cognitive impairment associated with Parkinson's disease. There was a pre/post battery of tests and the client and his primary caregiver were asked to rate specific symptoms (depression, dementia and psychosis) weekly during the six-week intervention. While this study aimed at "strengthening the client's sense of self-identity" (Hoffman, 2011, p. 5) by improving self-esteem and memory recall through art therapy directives, the study is embedded in an individualised treatment model and does not contemplate the wider social context.

Carr (2014) describes, beyond a condition itself, how the impact on patients of the diagnosis and treatment of chronic and life-threatening illnesses "disrupted their sense of self-identity" (p. 54). Her study using portraiture in art therapy supports the view of art therapy as being helpful in ameliorating this self-perception by working with the person as expert in their lived experience. There is a slightly broader literature base related to art therapy and cancer care (Bradt & Goodill, 2013; Feen-Calligan, 2008; Puetz, Morley & Herring, 2013; Wood, Molassiotis & Payne, 2011), which could be relevant for art therapy with people affected by Parkinson's and other chronic conditions. However, there continues to be a predominant focus on symptom management through empirical studies. In a systematic review of this literature base Wood et al. (2011) did acknowledge that in the qualitative studies "a line of argument emerged […] around the defence and development of selfhood; where cancer threatens to disrupt the survivor's identity, art therapy can be used to counter the challenge." (p. 143) The present study aims to both consider how the impact of the Parkinson's diagnosis might affect a person's sense of self and draw on the research participants' experience of art therapy to outline mechanisms of art therapy practice that might be of help to a person affected by Parkinson's.

The development of artistic skills after a diagnosis of Parkinson's has been explored in the field of neurology. The literature observes how the artistic production can increase and become more expressive and emotional after the diagnosis of Parkinson's (Canesi, Rusconi, Isaias & Pezzoli, 2012; Chatterjee, Hamilton & Amorapanth, 2006; Inzelberg, 2013; Kulisevsky, Pagonabarraga, Martinez-Corral, 2009) and raises the question as to whether this is due to the dopaminergic medication or an innate artistic ability which was dormant before the onset of Parkinson's. Chatterjee et al. (2006) noted the fluid movement and motor control during art-making. Studies in this field do not however contemplate art therapy as a potential complementary therapy. Feen-Calligan (2008) suggests that medical professionals are not as knowledgeable about art therapy as they are about other disciplines, meaning potential participants are not referred, and notes the lack of studies describing the mechanisms of art therapy.

Method

This site-specific case study took place at the Catalan Parkinson's Association (CPA). Art Therapy is recognised as beneficial for people with Parkinson's (Cossio, 2002; Elkis-Abuhoff et al., 2013; Strand & Waller, 2011; Tingey, 2002, 2004; Wadeson, 2003;) however it is not a widely used therapeutic intervention for this client population. The research site was chosen for its singularity in having an art therapy service of long standing, integrated in the therapeutic rehabilitation programme for people with Parkinson's. The main inclusion principle for the study was that all participants had had experience of group art therapy as a treatment modality for people with Parkinson's at the CPA, through participating either in an art therapy group, or in multidisciplinary teamwork with art therapy, or through being a family caregiver of an art therapy group member.

Table 1

Summary of research methods and participant involvement

Method	Participants	Sampling strategy	Data analysis[2]
4 focus group one-off sessions, audio-recorded and transcribed: 1. multidisciplinary team members 2. family members 3. former art therapy group members 4. art therapists	9 members of the multidisciplinary team (1 representative each discipline plus 3 art therapists); 6 former art therapy group members; 5 family	Strategic and convenience sampling.	In-depth thematic network analysis.
Individual interviews with artwork carried out by author. Audio recording and transcription.	10 current art therapy group members	Convenience sampling – current art Therapy group members were offered an interview	Thematic analysis of interviews. Analysis of the performative roles of the artwork present in the interview.
Audio recordings and transcription of sessions and photographic documentation of artwork produced in each session	22 current art therapy group members	Convenience sampling – all current art therapy group members were invited to participate.	Thematic analysis of the verbal content. Discourse analysis of the transitions between speech and art-making

The study had a total of 41 participants, 27 of whom were people affected by Parkinson's. Most of the participants were born and had lived in Cataluña throughout

---

[2] Researcher kept visual and written researcher diaries throughout the research process and made response art after each focus group session / individual interview / session recording as a reflective tool in the analytic process.

their lives. Despite this for some of them Catalan was not their first language. Four participants moved to Cataluña in adult life from another region of Spain, Peru, Venezuela, and Mexico. For these four Spanish was their first language. Data was collected in Spanish and Catalan, and the thesis was written in English. Translation between languages: spoken, visual and written, was central in the thesis and came to be considered a method in the analytic process (Schofield, 2018).

Ethics

Following the criteria of the Manchester University Research Governance and Integrity (UREC) the study proposal was presented to UREC as high-risk, given the involvement of what was classed as a 'vulnerable' population. Careful consideration was given to obtaining informed consent; protecting the anonymity of the research participants; minimising the disruption of the art therapy sessions and avoiding the study impinging on the art therapists' routine practice. Another important feature was ensuring the study could be of direct benefit to all involved during and after the research process.

Other ethical dilemmas related to the fact that I was researcher-near (Mannay, 2010) as I had formed part of the multidisciplinary team at the site for 10 years.[3] It was therefore important to make sure the information I provided about the study and ways of approaching potential participants, avoided any form of coercion. There were disadvantages but also advantages to my position. Assuming a privileged knowledge as an insider could effectively "silence[s] the multifaceted nature of identities, lifestyles and perspectives" (Mannay, 2010, p. 92) of the population. On the other hand, my position as therapist and member of the multidisciplinary team who had worked closely with people with Parkinson's gave me a greater understanding of the site and access to a participant-pool that a person new to the field would not have. I also gave careful consideration to the power dynamics, aiming to deconstruct everyday naturalised power relations (Mattos, 2015).[4]

Focus Groups

The overall study involved three datasets (as indicated in Table 1), for the purpose of this paper I am going to present the results of the thematic network analysis which was based on the focus group material and verified through the triangulation with thematic analyses of the other two datasets. The present in-depth thematic analysis formed the basis of the results for the study. The original thesis develops on these themes presenting an analysis of the performative roles of the artwork in the individual interviews and an exploration of the effects of the art-making and artwork on the transitions that occur in art therapy sessions with the Parkinson's client group. These will be the topics of future papers.

The focus group method was specifically chosen with an aim of actively encouraging consensus through co-construction of meaning to enable a group perspective. More

---

[3] Two art therapists joined the team and continued to run the art therapy service as I joined the PhD programme. This was a year before data collection took place.
[4] For a more detailed discussion of these issues see Chapter 2 in Schofield (2018).

than a collection of individual viewpoints, each voice influences and appropriates the ideas of other participants, constructing a group narrative particular to that encounter. Foulkes (1975/1986) highlights the group conductor is highly influential in determining the group culture.

My position as focus group conductor was multifaceted. I was known by the research participants as an art therapist and less so as a researcher and these positions influenced the course of the dialogue. For example in the former patient group all the participants knew me as their art therapist. This will be the subject of another paper but coming from a feminist post-structuralist epistemological standpoint it is important to reflect on the position of the researcher (gender, class, race) and how this might influence the material being produced. Talwar (2010) "calls for an examination of identity and difference from a sociocultural perspective in art therapy theory and practice" (p. 11) arguing that social positions cannot be considered in isolation but are intersectional, bringing into the foreground issues of power and privilege related to race, class, gender and sexuality.

Table 2

Summary of focus group participation

Focus group (FG)	Participants (pseudonyms)	Gender	Connection to Parkinson's
Professional team (FG1)	Alba Alicia Carmen Inés Tamara *Inma*	F F F F F *F*	Physiotherapist Speech therapist Music therapist Neuropsychologist Social-worker *Psychologist (written response to interview questions)*
Family members (FG2)	Amelia Mercè Miquel Maria Luz Nuria	F F M F F	Spouse of person affected by Parkinson's
Former Patients (FG3)	Eduard* Eric Jorge Martí Oscar Salvador	M M M M M M	*Current art therapy group member[5] Former art therapy group members

---

[5] The research participants who were affected by Parkinson's were divided into two participant pools, the former art therapy group members and the current art therapy group members. The former art therapy group members participated in the focus group and the current members were present in the session recordings

Art therapists FG(4)	Elisabet*	F	*Art therapist who had collaborated with the CPA before the study
	Marisol	F	Current art therapists working at the CPA
	Marianne	F	

Table 2 summarises the distribution of participants in the four focus group meetings. There was no physical artwork involved, however a video of a former group participant's artwork, with a voice-over of his description of his experience, was shown in FG1, the multidisciplinary team, and FG2, the family caregivers. The video was originally made as an end of therapy review, a visual testimony for the client to keep and look back on after finishing therapy. I made these testimonies for each of the group members, this client's was the first to be completed and he was very satisfied with the result. He had already agreed to the use of the video for educational purposes and I asked for his permission to use it in this research as a visual aid in the focus groups FG1 and FG2.

The video functioned as a prompt for discussion for the research participants who did not have direct experience of art therapy. For the other two focus groups FG3, with former art therapy group members and FG4, with art therapists, this prompt was not considered appropriate given their personal experience with art therapy. In all the groups the idea of artwork and the creative process became a focus for discussion.

Approach Analysis

My position as artist-therapist-researcher brings a particular analytical lens to the material collected. The analytic process was undertaken paying careful attention to my researcher template (Goodley, 1999). This comprised a practice-based understanding of art therapy with this client group, an understanding of illness as being socially constructed (beyond its bio-medical definition) and a view of therapy as an intersubjective, relational process working with the experience of personal agency in order to illuminate "the distinctive structure of meanings that connects the different parts of the individual's world into an intelligible whole" (Atwood & Stolorow, 1984, p. 5).

I approached the focus group material using thematic networks analysis (Attride-Stirling, 2001). It is a flexible approach that can be applied to different conceptual frameworks and I found it particularly appropriate for the present research with its focus on group interaction. This form of analysis offers a structured way of exploring the negotiation of meaning by drawing on "connections between explicit statements and the implicit meaning in people's discourse" (p. 387). The aim was to explore how understandings of an idea or issue were constructed as opposed to reconciling different definitions.

The first part of analysis was broken down into three stages:
1. Coding the material – devising a coding framework (theoretical interests guided by the research question or salient issues in the text or both) and beginning to highlight sections of text according to this framework

---

and were invited for individual interviews. Eduard was the only one who participated in all three of these activities.

2. Identifying themes – creating initial themes from the coded segments and refining them.
3. Constructing thematic networks – process of naming basic ideas in the coded segments to create sub-themes. The sub-themes were grouped to form what appeared to be the main assumptions of a broader claim in the data, a main theme. These main themes convey an overall idea interpreted in the transcript addressing the initial research question.

This is a simplified description of a back and forth messy process. I constantly referred back to the research question and the interview schedules in order to verify the relevance of the themes. I used NVivo to organise the transcripts in a database, reading each through in turn. I worked with the transcripts in the language spoken by the research participant (Spanish or Catalan) but created the themes in English as the thesis was to be written in English. Working across three languages meant I was constantly reflecting on the meaning being conveyed. My researcher template determined a particular interest in exploring how the focus group participants responded to the artistic component of group art therapy. However, I tried to keep the initial coding as inductive as possible, basing the codes on the content of the dialogue. I intended to form a rich description that is faithful to the overall content of the material I was analysing (Braun & Clarke, 2006) as opposed to limiting it to specific aspects.

As coding progressed I looked beyond the semantic meaning of content to develop "latent or interpretative themes" (Braun &Clarke, 2006, p. 84). This means I have interpreted underlying ideas and theorised on the themes in relation to concepts from both group art therapy (Skaife & Huet, 1998; Waller, 1993), group analysis (Foulkes, 1975/1986; Nitsun, 1996, 2006), feminist critical theory (Butler 2006/1990; Haraway, 1988), and disability studies literature (Clare, 2001; Goodley, 1999, 2001, 2005, 2011; Goodley & Runswick-Cole, 2012; Greenstein, 2013, 2014; Reeve, 2002). I was not only interested in the themes and how they developed across the groups, but also in the differences between them, the themes that were given space in some groups but not addressed in others. I used the images from my visual researcher diaries made at the time of the focus group meetings and the four images I made as creative responses to the focus group encounter to deepen and enhance my researcher reflexivity.

The main themes were:
1.   Self-construction
2.   Material action
3.   An aesthetic group movement
4.   New Perspectives
5.   Artwork as legacy
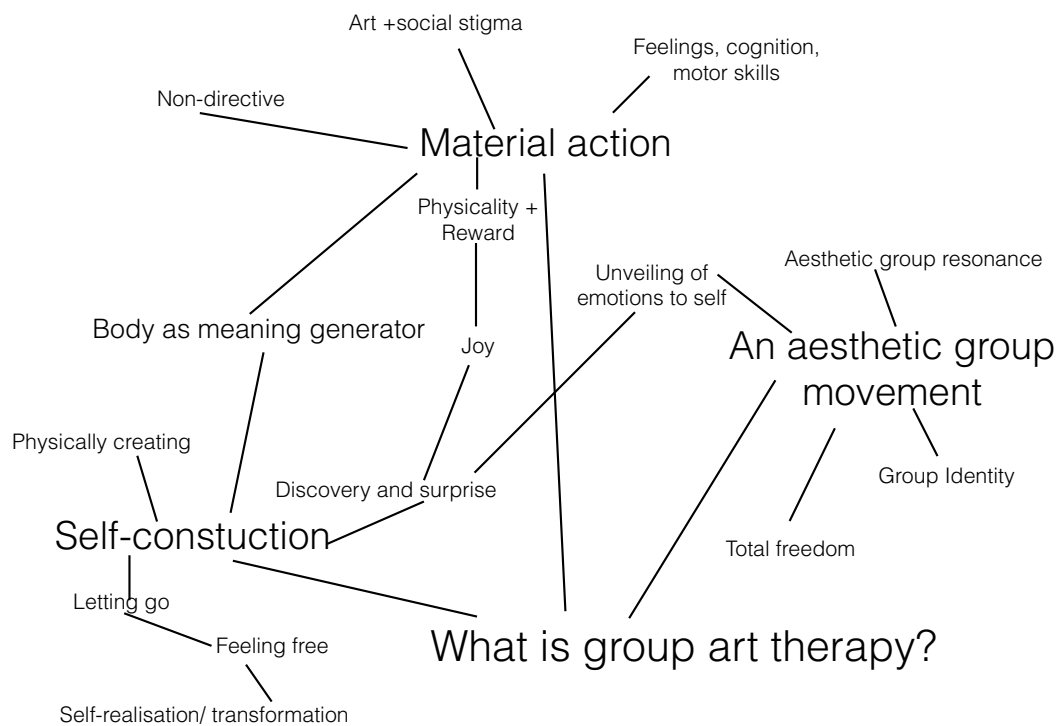6.   Physical transformation as a relational aesthetic experience

Art +social stigma

Feelings, cognition, motor skills

Non-directive

Material action

Physicality + Reward

Unveiling of emotions to self

Aesthetic group resonance

Body as meaning generator

Joy

An aesthetic group movement

Physically creating

Discovery and surprise

Group Identity

Self-constuction

Total freedom

Letting go

Feeling free

What is group art therapy?

Self-realisation/ transformation

Figure 1

Thematic network 'What is group art therapy?'

Figure 1 is an example of a thematic network which I used as a visual aid, helping me organise the main themes and sub-themes at different levels and explore the connections between them. For example 'body [as a] meaning generator' I found as a sub-theme of 'self-construction' and of 'material action'. Post data analysis, I rendered hand-drawn thematic networks of the six main themes instead of representing them in digitally constructed diagrams. This process acted as a form of researcher-memoing. I am using the word render (inspired by A/r/tography) to convey the transformation which takes place when ideas are translated into graphic representations or renderings. I intended to illustrate the contents of each main theme in a way that would be congruent with the rest of the project, however these images came to act as both visual reminders and help me develop my understanding of the themes.

A/r/tography as a methodology is considered to be a line of enquiry "in the world through a process of art-making and writing" (Springgay, Irwin & Kind, 2005, p. 899). This line of thought interrogates experience through art and words, not viewing them as different discourses reinterpreting each other, but asking what is enacted in the space of their relationship. By rendering the thematic networks graphically, I was introducing metaphor, colour, line and handwriting to my thematic network. These compositions helped me explore the construction of the global theme from an expressive, tactile perspective.
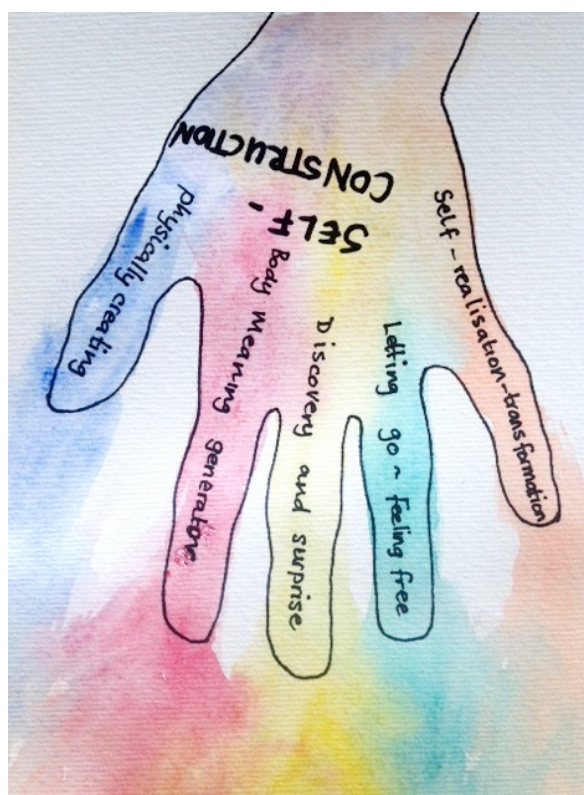
Results

Self-Construction

Figure 2

Thematic network 'self-construction'

The theme 'self-construction' (see Figure 2) alludes to a metaphorical rebuilding of the self, the person's sense of who they are, facilitated by their hands-on experience of physically creating and reflecting on the artwork, offering the possibility of increasing self-awareness and (re)discovering parts of themselves in a playful and satisfying way. This first theme also highlights the potential for self-transformation through the externalisation of issues and active engagement of physical manipulation allowing the person to challenge internalised beliefs.

This theme was composed of five sub-themes, the first being 'physically creating' (see thumb in Figure 2). FG1, with the professional team and FG4, the art therapists, put emphasis on art as an alternative mode of expression through physical construction. The professionals from the multidisciplinary team considered self-expression (here understood as self-construction) through physically creating to compensate for a loss of the ability to use conventional verbal language to the same end. The discovery of a new, less conventional medium also leads to the discovery of new capacities. For example, in FG1, Tamara, a social worker, reflected on the expression of feelings:

> Tamara: *Sometimes it is complicated expressing (.) in words or finding the right words because well, that's it, sometimes there aren't any words for those feelings (.) "X" right? And so it is easier through art (.) well, to let these expressions flow, right? I mean, well, through the creation, well, of (.) figures or of artwork, than directly confronting yourself and saying what you are carrying inside, right?*

In this extract there is a discourse that feelings are not adequately expressed in words, however physically creating allows them to flow. Tamara was a dominant voice in FG1 describing the task in art therapy in terms of the emotional, the physical and the social, suggesting these aspects are entangled.

All four focus groups linked self-construction to an element of discovery and surprise (see middle finger in Figure 2). Elisabet, FG4, builds on this discourse of art therapy triggering a hidden characteristic that the person may not have been aware of before:

> Elisabet: *This makes me think that we have had various patients that:: art therapy [laughs] has been the trigger that they discovered something, a talent that they thought that they didn't have, right? Or the fact that losing a more conventional language has made them (.) em:: discover a less conventional language.*

Again the "talent" is not something an other teaches the person, but something that the action of using the materials spontaneously has facilitated. Similarly Carmen, the music therapist in FG1, also emphasised a return to the person through art and the possibility of rediscovering parts of themselves. Here self-construction is a process by which the person reconstructs the self in unexpected ways.

> Carmen: *Through well art they rediscover in themselves things that maybe they had put to one side and not even they themselves knew, right, so you find lots of surprises.*

In the family members focus group, FG2, when asked to describe art therapy in their own words they described the challenge of letting go (see fourth sub-theme in Figure 2), which they saw as a desired state to facilitate creativity and the art therapeutic process. However some family members, for example Mercè, felt that their partners typically focused on the end result which involved control and frustration of expectations. Mercè, FG2, had been struggling to understand what art therapy was and how it might benefit her husband since he had expressed indifference about it. In the following exchange with Maria Luz she appropriates an understanding of art therapy that is constructed in this focus group:

> Maria Luz: *Art therapy I think is like:: (.) like a therapy (.) where you let go of emotions, not so much words, I mean like (.) through something that you do not know exactly what is going to come out, you express something you perhaps had hidden. In the case of Ignaci that is what he always stresses, that art therapy, has helped him (.) to get things out that he did not even want to admit to himself and that putting them on paper and seeing them after (.) "gosh, today I'm a little sad, no? I have done everything very dark" (.) and perhaps he didn't want to admit it at first [.....]*
> Mercè: *Yes:: it's well, I think this is a another medium for communication (.) as they already find it difficult to communicate well, Alfredo has well, he's been*

pretty closed (.) and:: yes, the aiming for a result (.) so, that's wrong, I now see that, well (.) help him focus, well, that is not what is going to bring (.) satisfaction, but the ability to express, as he does with music (.) you have given me a good idea good because he is not perfect at music either.

Maria Luz uses a discourse of a psychological unconscious in self-construction, reinforcing the idea that the process of expressing affect (manifestation of bodily feelings and verbalisation of emotions) is neither readily comprehensible nor rational. Becoming aware of these manifestations therefore involves discovery and surprise. In the previous excerpt Mercè makes an important connection, as she comes to understand the aim of art therapy she associates the practice of art-making with something that is familiar for her husband, something he enjoys, which in turn could make the art-making process less threatening. In contrast to the other focus groups, the angle the former patients, FG3, take on self-construction is linked to freedom (see third finger Figure 2) and being sincere with themselves and the group. They emphasised the need for a safe other to facilitate self-construction, the other could be the artwork or the group. There was an emphasis on sharing and the role of the group as facilitator. The discussion developed around the importance of doing art in a group context, with the group widening the possibilities for art-making and how reciprocally the art-making helped reinforce a sense of group.

Jorge: *Well in some way it lets you express yourself (.) um:: I don't know like:: when we are in group with more security, than no::*
Salvador: *Feel you are free.*
Jorge: *Yes yes feel you are free to express what (.) comes out of us at that moment (.) I think it contributes to:: that in some way well we empathise or (.) we show our (.) /*
Salvador: *Worries.*
Jorge: *Worries, our opinions without, without knowing we are (.) neither that we are owners of the truth nor that:: nor that anyone is going to judge us because:: because we are all there for that.*

Salvador spontaneously fills in the gaps for Jorge, which Jorge incorporates into his narrative. Jorge reinforces an idea that certain conditions are needed to be able to express their worries and opinions freely, with "more security", with out being judged. These relate directly to desirable therapeutic boundaries which are promoted in group psychotherapy (Yalom & Leszcz, 2005) in order to create a potential space (Winnicott, 1971/2005) in which the participants feel safe to explore.

Eduard: *Art therapy is a ganzúa [picklock/skeleton key] (.) it is a kind of tin opener (.) that allows that which is closed with a key and we don't know how to open (.) to open (.) it is a-a trick (.) it is a pathway*
Salvador: *It opens your spirit*
Eduard: *Exactly*
Jorge: *I see it as a form of escaping (.) unconsciously from many things (.) and that you end up expressing them in (.) in something that could be a drawing or a-a painting (.) or something like that*
Salvador: *A figure, something, an object*
Sally: *What did you say about the spirit Salvador?*
Salvador: *That your spirit is freed*

Sally: *Uh-huh uh-hum*
Salvador: *It opens up your spirit (.) it makes you be sincere with your companions (.) sin-sincere with them about your doubts, your fears, your shadows (.) and and esc- they are reflected in an object that can be a figure, or a drawing (.) a watercolour or a painting or as [xxxxx] of these*

For the former art therapy group members feeling free was accompanied by a sense of art therapy being the key to unleash a part of themselves that is well hidden. Eduard compares art therapy to a ganzúa which translates as a tool to pick a lock in the absence of a key (RAE, 1992) or, as Eduard continues, a tin opener. The use of these metaphors stood out to me, on the one hand the idea of there being parts of Eduard hidden from himself and on the other the risk of the contents over-flowing, the way a tin needs to be opened carefully. The ambiguity of the metaphor holds a tension that in my experience can be extremely unsettling for the art therapy client, the desire to discover their 'true' feelings but the fear of facing internal chaos or being out of control, a turmoil the person has locked away. All the sub-themes described above (see the five fingers on the hand in figure 2) are linked, the process of making the art object takes an active part in the generation of meaning. Marisol, art therapist in FG4, made the distinction between art therapy and other physical therapies focusing on "motivation" over "recovery", suggesting the process of discovery through their body as something that has potential for self-realisation, as opposed to being a body that is faulty and needs rehabilitating. Marisol explains:

Marisol: *Art therapy can lead them to discover (.) other abilities (.) that do not have anything to do with the the, the fact that the illness is eating away at them. [....] that the:: that the motivation comes from elsewhere that it is motivation and not recovery as could be in physio or speech therapy.*
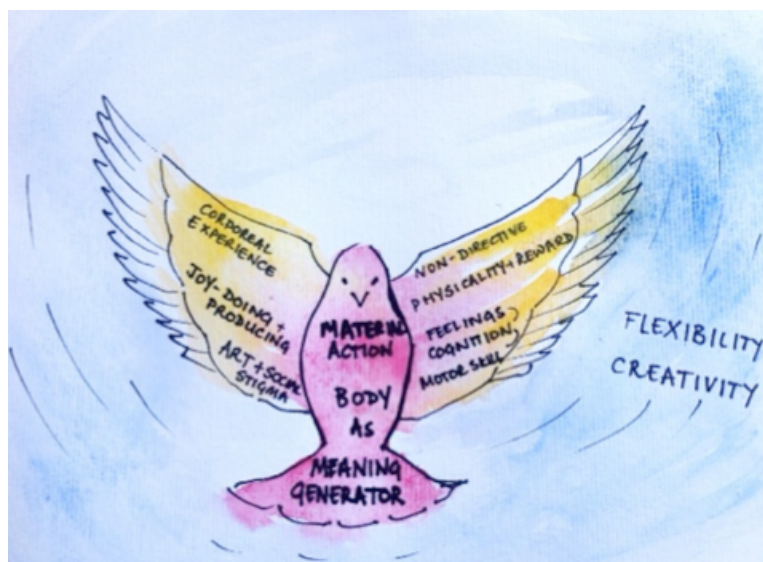
Material Action

Figure 3

Thematic network 'material action'

The second theme, 'material action' builds on an embodied engagement with the here and now in the art-making process enabling a tangible experience for self- reflection. In FG2, with the family members, Maria Luz was the youngest member by about 30 years. In the following excerpt she describes the physicality of the experience as becoming an effort as the illness progresses. The discourse of effort and reward infers that, handled correctly, this experience can have a positive impact on the person affected by Parkinson's helping them to adapt to uncertainty and a lack of control. In this example the unpredictability of drawing becomes exciting.

> Marisol: *As Parkinson's advances it [art therapy] transforms for them into a therapy that requires a:: (.) something physical and requires them to make an effort. This can motivate or demotivate them, it could put some people off or it could make some, well, think that it is not going to beat me and:: (.) I'm going to do the drawing I wanted to. It might be for others that it even helps them, as "I can't do something linear I'm going to let go and I'm going to do er the sketches/ marks that come out of me.*

In FG1, the members from the professional team mentioned the positive impact the creative use of materials would have on fine motor skills and cognitive functions, but in the discussion this remained separate from the emphasis they put on the importance of the emotional response. The neuropsychologist, Inés, highlighted the potential for cognitive rehabilitation from the use of the art materials, directly linking creativity with flexibility:

> Inés: *Working with art mm on a cognitive level wakes up loads of functions (.) in fact from in fact creativity can be understood as in a more cognitive language as flexibility, right? Which in fact in the process of Parkinson's disease there are (.) there are many people who loose that flexibility to find other ways, right, to get to the same point and I think it is one of the key things that is worked with this through creativity, right, having tools and having to (.) plan as well as organise yourself er (.) focus attention right?*

Inés further talks about the benefit of sensory stimulation for those who were suffering dementia, in more advanced stage of Parkinson's. The dominant discourse is psychological related to individual cognitive capacities. Inma, also a psychologist, on the other hand finds the physicality of working with materials as an experience which offers visual perspective and understanding.

> Inma: *[…] that the manual work, non-verbal enabled him to acquire a clearer view and take perspective about the process he was living with the illness.*

Here a bridge is formed between the physical experience, the cognitive processes and the emotional. This could be understood in terms of the physical action of making offering a corporeal experience that can be translated into the construction of personal meaning for the maker, the body as meaning-generator.

> Oscar: *This idea is because:: Art Therapy has has has:: woken in me th- this instinct to do things.*

Oscar, a former patient, brought examples of his illustrated poetry to FG3. He periodically got it out and tried to share it with the focus group. At the time I was worried about us wandering from the task, however for him this was a result of art therapy. In 2010 he began with fortnightly individual art therapy sessions before joining an art therapy group. He was not dealing well with the diagnosis and was quite overwhelmed by his emotions. To help contain this and promote continuity I encouraged him to reflect and write something down between sessions. To this day he tells me that art therapy was how he discovered poetry; however it was poetry that discovered him. Over the eight years he wrote more than 500 illustrated poems that narrate his everyday experiences. Through the action of writing Oscar aesthetically transformed his experiences and they him.

In the FG4, the art therapists group, there was an emphasis on making connections between the use of materials and helping the maker to reflect on here and now experience. Marianne said:

> Marianne: *The umbilical cord between what we live and (.) experience and how we ourselves combine the materials.*

In the following extract Elisabet mixes the different personal pronouns as she speaks: 'you' as a person choosing materials to create with your therapy; then 'you' as art therapist showing 'them' materials; 'we' as art therapists who limit the materials; provision of non-art materials related to a specific profession for 'them' and finally for 'him' to handle or manipulate. This movement conveys dilemmas I believe art therapists need to be aware of in their position of power in the therapeutic relationship. The aim is that the person is free to choose which materials they use but this is necessarily influenced by the choices of material the art therapist provides.

> Elizabet: *It depends on on:: the moment:: in which you are (.) you choose one [material] or you choose another, right? The more you have shown them and the more comfortable they feel, they themselves will have more options to choose from, right? (.) And I have been thinking, going over and over what we are leaving out (.) that we should not limit ourselves to showing them materials related to the artistic language. We can provide the opportunity that they work in art therapy with materials with which:: they feel more comfortable. If a mechanic arrives for therapy (.) why not have screws and rubber gloves and oil on the table if it is necessary? Things that make them feel comfortable because (.) it is close to what he had been, or if she happened to be a pastry chef, why not? (.) materials, flour and tools that remind she because in the end its about handling /manipulating.*

The extract also leads me to think about an ideology of art as separate from the everyday. If art is to reflect social tendency surely art should be accessible to everyone, not just an elite few who are considered to be educated enough to understand. Across all four focus groups the discourse of "artistic" was linked to a minority with talent. Even the art therapists made a distinction between creating as a means of expression and an imaginary art-world as though the two were separate entities.

All the former art therapy group members spoke about stumbling upon art therapy by chance, it was not something they were looking for rather something that was

suggested to them. The members of the professional team considered this lack of awareness of art therapy as a discipline to be an obstacle for the service:

> Tamara: *It is the lack of awareness and fear, ok? More than anything because in our day-to-day, or anyone's, we are not used to valuing art so much, right? The idea is that you have to have a predisposition or you do not dare because it is what we already said right, you have this idea or label that "I'm not going to do it well, right?*

However it is not only a lack of awareness of others it is the belief system embedded in the discourse of the professionals making the referrals. The ideal art therapy group member, beyond other criteria, is conveyed as needing an "emotional vein" or "sensitivity to express or connect" that, according to Tamara, not everyone has. In the underlying discourse here, artistic expression is something innate or a predisposition, not something that can be acquired. This limits both the profile of potential participants who would benefit from art therapy and of individuals who might become art therapists.

So to do art therapy (as a professional or a client) do you need an artistic predisposition, or simply need to be brave enough to "dare" yourself to do it? The discourse of art as an unfamiliar seemed to elicit fear. Here this is not just with reference to people affected by Parkinson's but society in general. In theory art therapy is understood but in practice it takes a lot of encouragement to try it. In FG3 the former patient, Salvador, talked about the reactions of new people joining their art therapy group:

> Salvador: *In a way when someone new comes (.) they always think with a different mind-set (.) that it is a little painting course or something like that. When they realize that it is free-expression of your feelings, expressing them through other medium other than talking (.) well the people see it as a little shocking. There are those who like it and those who don't.*

Similar discourses continue framing art therapy as "shocking" and unexpected, in addition to the fact that it is considered to be not for everyone, but in this extract it is free-expression that people are said to find shocking. Elisabet, in the therapists group FG4, talked about the terms "ART" and "THERAPY" being deterrents.

An Aesthetic Group Movement

Figure 4

Thematic network an 'aesthetic group movement'

> Enric: *Being in a group (.) allowed me to do things in a less inhibited way (.) without instructions (.) er:: fundamentally if there was total freedom (.) and even more if at some point we do some a piece of work together (.) the famous murals (.) which at the beginning we did because it seemed that the group was frightened of expressing itself (.) however every time we did a mural together (.) coordinating (.) well I saw, saw and observed that everyone really enjoyed it (.) not because I was doing it but because we were all doing it together.*

The third theme 'an aesthetic group movement' describes the importance of the group in the participant's experience of art therapy. In the above excerpt Enric, former art therapy group member, explained the freedom participants could feel as a combination of the non-directive approach to the art therapy space, and participation of the group as a whole. As he described, this group made a number of large murals together, an initiative that was begun by them and repeated periodically. Enric depicted the impulse of the group to create together as very important and motivating for him and the other former art therapy group members. 'Aesthetic group movement' describes the unique relational aspects of creating artwork together (individually in the same room or creating a group piece) and how this experience enhances group cohesion.

The group allowing a loss of inhibitions was repeated a number of times in the former patient group. Loss of inhibitions I had previously viewed as something undesirable, influenced by team discussions of a patient's socially inappropriate behaviour, considered to be a negative side effect of the dopaminergic drug treatment. The former group members' use of the term was clearly positive and drew my attention to

me automatically medicalising the term. The loss of inhibitions in this focus group seemed to link to the desired sense of letting go that the family members and the art therapists highlighted; or as the professional team described the idea art allowing expression to flow in a way that verbal language does not.

The importance of the group in the art therapeutic intervention was recognised in all the focus group discussions. In FG3 with former patients Enric used the discourse of union and belonging, emphasising the members' ownership of the group space, attributing these characteristics to art therapy as an entity or whole experience in itself. This coincides with my experience as a group conductor in latter stages of groups as they became increasingly autonomous in their group culture. I often felt placed in the position of a privileged observer, sometimes to the point of playing such an insignificant role that I doubted the need for my presence.

> Enric: *One of the virtues of (.) in this case was precisely (.) the union (.) the typical thing that says that union gives strength in this case it was confirmed (.) yes the people felt that they formed part of a group (.) and whenever you form part of a group and you are more or less conscious of forming part (.) then it brings you many more benefits and many fruits [idiom] er:: than doing things on your own and without a leader or someone instructing you, the group forms the guidelines and I think in this case art therapy curiously offered these characteristics which made the group stronger.*

Eduard, an art therapy group member, positions group interaction as less threatening than one-to-one interaction; using the example of talking with "the wife". Using a definite article with wife, in Spanish, could infer he was speaking about wives in general but it could also have been extended to the female population commenting on gender differences. The focus group was all male and from this extract, I wonder what difficult topics may have remained unspoken due to my position as a female art therapist/focus group conductor. Difficulties were absent from this focus group discussion as were any explicit negative experiences of groups.

> Eduard: *[....] a conversation for example with the wife, sometimes it is difficult to talk about certain topics (.) what you are suffering or what you are going through (.) Because it is difficult to speak with just one person (.) but then in the group (.) one says one thing, the other another and things start coming out more softly*

In this instance translating to English felt particularly unsatisfactory, not fully conveying either the description in Spanish which conjures the idea of the speakers in the group not having control over the content of the dialogue – "things" came out of their own accord or the idea that Eduard does not feel under scrutiny in the group.
The multidisciplinary team focus group FG1 also emphasised the group as central to the art therapy experience, bringing the individuals "out of themselves", allowing the expression of worries and fears, both through the act of creating and verbally sharing difficult experiences. Inés explains:

> Inés: *"Doing group therapy one starts and they start motivating each other and they see that they can do it and that it starts coming out and they get inspired (.) and they start adding colour and the start explaining and as well they start bringing out (.) their internal self and the worries and fears, right?"*

In the family caregiver focus group (FG2) however, they put the role of the "teacher" or professional in the foreground as a force of power which has the ability to see inside the art therapy group members, in a way that is denied to family members. Nuria, for example does not consider art therapy or the creative-act as having a positive effect on her husband, in her view the group depends on the all-seeing eye of the professional.

> Nuria: "*And also expressing emotions I think, that, in our case is the:: the most positive (.) that he expresses his emotions, because at least, the teachers, always say to him what he expresses and a::always /*
> Amelia: *Of course, but that he has to learn, right? It could be in person that it is more /*
> Nuria: *He doesn't know, he doesn't draw, he doesn't like it /*
> Amelia: No but:: knowing how to communicate.
> Nuria: *But as they tell him he communicates emotions. He always talks to me about the word emotions, to me/*
> Maria Luz: *That's good.*
> Sally: *Uh hum.*
> Nuria: *I mean that, as a preference or to have a good time or at home, no:: no::*
> Group: (laughter)
> Nuria: */ No no no no because no, thinking about drawing makes him feel bad, he has never liked it. And at home he does not distract himself drawing or anything.*
> Sally: *No. However in the session he does feel, right? Well that:: /*
> Nuria: *(switches to Spanish) It is the only place, the group, where the group is they express, and perhaps they do it to, even if it is due to the praise of the teacher (.) who knows, right? their:: what they think inside.*

In this extract Nuria's repeated "no" shows a strong resistance to the value of the artistic or creative components of art therapy. It is as if the art therapist/ teacher is creating the connection between art-making and emotional response. Amelia and Maria Luz try to encourage a more flexible outlook, Amelia refers to the possibility of "learning" how to express, implying it is not something innate and Maria Luz gives agency back to Nuria's husband "it's good" that he talks about emotions. When Nuria continues to insist that he does not draw through preference the group laughs, introducing humour, serving to alleviate the tension of Nuria's fixed viewpoint. I also colluded with Amelia and Maria Luz attempting to bring Nuria back to a positive experience of art therapy sessions. Here Nuria changes language (literally Catalan to Spanish) to say that the group sessions are the only place they (plural, not just her husband) DO express.

The belief that thoughts and feelings need to be unveiled and expressed in order to support well-being and better functioning for this client group prevailed in all the focus groups. Also, the power to achieve this was placed in an other (the family assuming it to be the work of the therapist; the multidisciplinary team constructing the artwork as a revealing other and the former art therapy group members making the group itself the powerful other). In all instances the individual alone is constructed as not capable of understanding him or herself alone. This is related to the nuances of the reflexive verbs in their translation from Spanish/ Catalan to English as something being done to the subject, but for this very reason it is important to highlight.

New Perspectives

Figure 5

Thematic network 'new perspectives'

There were a number of comments in the four focus groups that related to seeing a situation from 'new perspectives', theme four, be that the Parkinson's condition, their outlook on life or a personal situation. The art-making in art therapy offers the opportunity for participants to use an alternative form of expression, a material medium which gives the issue a malleable physical form. In FG3, art therapy group member, Eduard makes a comparison between psychotherapy and art therapy, observing that psychotherapy can feel a little invasive sometimes. In contrast, in the following excerpt, Eduard constructs a possible reason for talking in art therapy feeling "more natural", given that the process of drawing makes you single out one aspect. This creates a starting point for the construction of a personal narrative; the action of making organises and helps the person reflect before putting experience into words.

> Eduard: *[Art therapy] allows you to open up (.) things you think start coming out more naturally because (.) when you draw (.) you concentrate on one particular aspect, maybe you forget a little about the rest [...].*

Salvador, in the same focus group talks about the art therapy group helping him feel "mentally much better" and "more open to more possibilities". Here the group is constituted as an opportunity to relate to others, to see commonalities and avoid the pull towards isolation.

> Salvador: *[....] You would give your self a shell and you would shut yourself in there, you would retreat like a snail (.) and art therapy allows you to understand people, that you are not the only one (.) there are others that are like you, that go through the same problems and the same ailments and the same beliefs and the*

same difficulties and they make you feel a little more free, a little more (.) more er more more, better (.) mentally you feel much better. More open to more possibilities, because it changes the way you see life."

In FG1, the professional team group, the video elicited discussion of self-expression as a way of dealing with the diagnosis, while in FG2, the family member group, it elicited a dialogue about feeling fulfilled.

Miquel: *Hell, the main thing is he accepts what he has got /*
Maria Luz: *Yes, um.*
Miquel: *Eh? He even accepts that he is altering, he is changing, because the difficulty, I have not achieved it, is that she accepts it, because each time she can't do something because she drops it, she does not have the strength to work.*

Miquel interprets from the video that the former group member it features has accepted Parkinson's and his situation. In this extract Miquel compares this notion and even mixes it ambiguously with his own narration of his wife's experience. He says he has not achieved this acceptance, suggesting acceptance is a goal and either that he, as the informal caregiver, is somehow responsible for the process, or that he himself has not accepted his wife's diagnosis. The dialogue between the caregivers develops with them debating acceptance.

Amelia, a family member in FG2, appropriates an idea from the video narrative to share with her husband:

Amelia: *This idea I, I don't know, to talk to Julio, because we had not focused on that, [....] to say well m:: everything starts one way and we end up another way, well we are beginning a new opportunity because it is a different life, but one we can also enjoy.*

In the FG4, the art therapist group, there was an interesting development related to ideas about art therapy for different client groups. They questioned the categorization of groups according to stages of the illness and the possibilities of grouping clients in different ways other than focusing on pathology.

Elisabet: *[....] for me it was not so important what it was they were suffering, it was more about what they needed and what they were looking for, right?*

Marianne: *[....] for me it has been important to be there for the person, not the Parkinson's sufferer but an intervention directed towards the person (.) right? And towards their potential.*

Both art therapists describe a shift in focus, putting the person before the illness. This shift is subtle but significant, moving away from labelling and categorisation to a collective in which difference can co-exist.
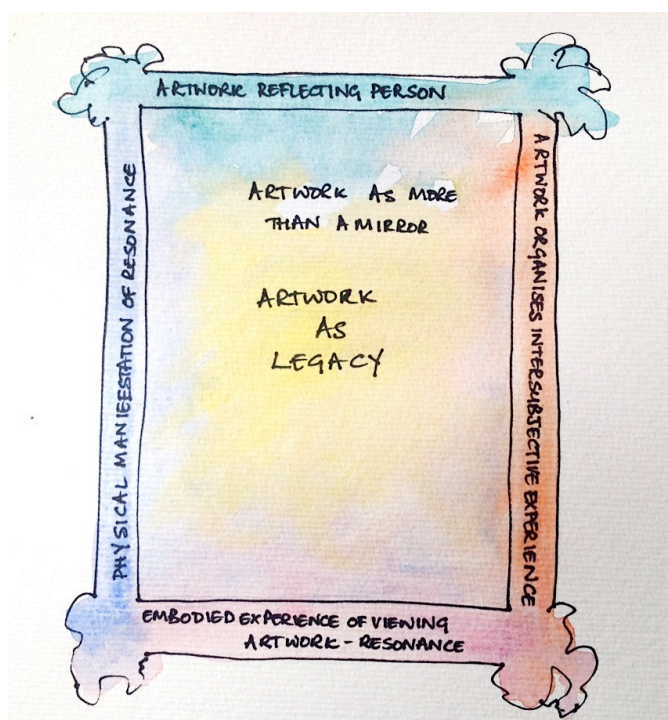
Artwork as Legacy

Figure 6

Thematic network 'artwork as legacy'

The theme 'artwork as legacy' (see figure 6) is derived from the artwork reflecting aspects of the person or their situation, which was identified in all four focus groups. However, as I will later discuss, the artwork is not a simple flat mirror of its maker. The function of the group as multiple mirrors was particularly emphasised by the art therapists (FG4) and the professionals (FG1) from the multidisciplinary team.

> Marianne: *[....] in the group we are multiple mirrors, right? So we reflect ourselves in one another and and:: we can feel comfort too, right? From from the point of view that (.) that here I can relax as well with what I have and I do not have to (.) keep up appearances, right?*

In Marianne's discourse there is an allusion to psychodynamic processes of projection and identification between group members. However she directly includes herself using the pronouns "we" and "I" when she is narrating feelings conjured in the group experience. Here she portrays a positive experience of universality (Yalom & Leszcz, 2005) and introduces the idea of revealing a "true" self, from behind a facade that the person maintains outside the group. This constitutes the art therapy group as a safe place, which facilitates self-revelation. Inma (FG1) highlighted the potential in the group to influence the actual construction of the artwork and what is reflected back to the creator:

Inma: *In a group process there is an interaction and reciprocal influence in the constructive process of the artwork, widening the vision of the individual and at the same time as functioning as their mirror.*

Salvador (FG3) refers to the artwork as both instigator and receiver of the individual and group material. His words could be understood as the active role of the artwork either in making the person be sincere with the group or in making the content (doubts, fears, shadows) visible to the group. Salvador described:

Salvador: *It [art therapy] opens up your spirit (.) it makes you be sincere with your companions (.) sin-sincere with them about your doubts, your fears, your shadows (.) and and esc- they are reflected in an object that can be a figure, or a drawing (.) a watercolour or a painting or as [xxxxx] of these.*

Physical Transformation—As a Relational Aesthetic Experience

Figure 7

Thematic network 'physical transformation - as a relational aesthetic experience'

The final theme 'physical transformation' describes the aesthetic experience of creating an artwork in a group in an art therapeutic setting. The artwork becomes a meaning-generator which performs many functions. These include offering visual metaphors, holding the projection of difficult emotions and triggering personal memories. Creating holds the potential for taking an idea and giving it a tangible form. The materialisation of this idea is a transformation and the result is external, concrete and more often than not quite different from the original idea, heavily

influenced by the context within which it is made. Inma, FG1, describes this process of transformation:

> Inma: *I also consider it to be a discipline that without judging the person's production [artwork] it favours a change in their outlook, externalising and transforming difficult aspects or problems into creations… I mean, it can help a person materialise the changes on a tangible level, not just in thought.*

The creative process is not an idyllic experience; both tangible and non-tangible, it is a process which involves chaos and frustration as well as gratification. The creative process offers group participants an opportunity to observe themselves in action and how they deal with the feelings and emotions the process elicits. Inés, in FG1, described such a learning experience as transferrable to dealing with situations in everyday life. The professionals in FG1 emphasised the potential for learning from observing other group members. Creating and reflecting on the resulting artwork in a group psychotherapeutic environment offers the opportunity to observe, reflect on and learn from other group members' viewpoints and life experiences.

The creator leads in the creative process. For people whose autonomy has been limited as can happen to those affected by Parkinson, the creative process offers them a sense of agency over what they are doing.

Discussion

I conclude by reflecting on each of the themes that emerged through the thematic analysis and relating them to relevant literature.

Theme 1 – Self-construction

When each focus group was asked to define art therapy in their own words and the verb "express oneself" was repeated in all four focus groups, using a psychological discourse to define a process in which the person (re)discovers parts of themselves. They described discovering abilities, feelings, motivation to do things or the artwork becoming a mirror which reflects parts of the artist. Based on the idea that through language we construct ourselves and our experiences (Burr, 2002), I deliberately substituted the word 'expression' for 'construction', questioning an underlying notion that a person has a fixed sense of 'self' waiting to be expressed. I believe we are continually self-constructing and thus art therapy groups are a potential space for these processes to be explored and reflected on. However, I acknowledge this might sit awkwardly with the psychological discourse of a true internal self, waiting to be discovered below the layers of social duties, that seemed to be present in the research participant's discussion.

The focus on action and developing an awareness of emotional responses in the body that occur while making the artwork in the excerpts relates to Haraway's (1988) feminist thinking, looking to the body as an agent in meaning production. Haraway suggests a theoretical category in feminist theory "the apparatus of bodily production" (p. 595) which is dedicated to "understanding the generation – the actual production and reproduction – of bodies and other objects of value in scientific knowledge projects." (p. 595). Tamara, the social worker in FG1, suggested that art therapy works on two levels, individual and group, the individual level she describes as:

> Tamara: *The individual works with themself when they express something and when (.) well the moment the feeling that they are living like (.) like expressing it not with words but with facts.*

Tamara views the production of an artwork as a 'factual' representation of emotions, implying that the artwork is a 'more faithful' representation than words. Haraway (1988) invites us to consider "the object of knowledge as an active, meaning-generating part of apparatus of bodily production" (p.595). In the case of art therapy this conceptualises the art object not as a source of truer knowledge, but acknowledges its presence as an independent actor, active in the process of meaning production (see the second sub-theme represented by the first finger in Figure 2). In other words, an artwork does not merely passively nor neutrally, transmit the intentions of the artist.

Intuitive action in the creative process can lead to the externalisation of unconscious material, which then can be seen by the creator. From this point the creator becomes more in tune with his emotions and bodily expressions leading to affect consciousness as a therapeutic outcome in art therapy (Holmqvist et al., 2017).

Dealing with the unconscious or unknown is threatening, taking people out of their comfort zone. Art was perceived to be threatening for people who do not have that "special sensibility", described in FG1. As humans we all have a personal history with art, a bank of positive and negative experiences, from school and home life. It only takes one negative experience to break the enjoyment of doing art as a child and from that point instilling the belief that you are not 'artistic'. Returning to art materials as adults can elicit these memories and, if not addressed, asking someone to express themselves without giving any kind of direction could cause high levels of anxiety (Huet, 2016). So in theory telling someone to "let go" may seem like the key to engage with art therapy, but in practice it can be an obstacle.

Holmqvist, Roxberg, Larsson & Lundqvist-Persson (2017) explore the ways inner change may appear in art therapy, and their theme "Creating comprised playful experimentation and exploration" (p. 48, italics in the original) seems pertinent to the element of discovery and surprise in self-construction. The client opens up through the creative process, becoming more comfortable and confident with the art materials and able to play freely. The authors relate the playful experimentation to the theory of Winnicott (1971/2005) postulating the importance of creativity for human development. Here I would like to emphasise the word process in relation to art-making, it involves the action of using art materials, getting to know the art therapy space and being in the moment of exploration, gradually allowing the end result to be a surprise as opposed to something that may not meet with the artist's initial expectations.

The participants' emphasis on the need to let go leading to feeling free in group art therapy may suggest feeling constricted in other areas of life. It could also refer to the experience of fully engaging with and enjoying the creative process in the form of transcendence (Gerber et al., 2012). "Pleasure and play" is theorised by Gabel & Robb (2017) to be a particular therapeutic factor in group art therapy, describing the sensory enjoyment of using and mastering art materials through play.

The distinction that the art therapist Marisol, FG4, made between the emphasis on motivation in art therapy and the rehabilitation focus of other therapies conforms with what the literature on art therapy and Parkinson's, which suggests art as a source of purposeful motivation, about the person not the illness. Art enables a focus on ability instead of a person's limitations (Cossio, 2002; Tingey, 2002, 2004; Wadeson, 2003). I would go further and suggest that this change of focus happens not as a simple change of attitude but through bodily experience.

Reeve (2002) describes the psycho-emotional dimensions of disablism as related to the body, arguing that the medical model uses the clinical gaze to identify pathology, how the body deviates from the norm, which in turn constitutes the subject as "patient". This gaze exercises power over people with disabilities in everyday life, lending influence to stereotyping and social prejudice, inducing shame, feelings of vulnerability and invalidation in the recipient. Reeve's ideas are based on Foucault's concept of power, the 'gaze' being a technology of power. She uses Foucault's understanding of subjectivity "the manner in which identity emerges from the interactions of discourses, ideologies and institutional practices rather than being a product of the self-governing conscious self" (Reeve, 2002, p. 503) and how technologies of the self describe ways of self-transformation implying an active as opposed to passive subject. Through technologies of self a person can challenge any stereotypes of their disability they have internalised. Keeling and Bermudez (2006) report client experience of regaining a feeling of agency over their problems through the process of making and reflecting on an art object. The study described a directive externalisation approach as a tool in narrative therapy. In contrast, in the current study the creative process is considered as much more nuanced and not simply an externalisation technique. The group member's process of (re)discovering positive active capacities through their creative-process is here is motivational and opens the grounds for Reeve's self-realisations and transformations (see the little finger in Figure 2, a guiding finger that I imagine to be reached through the other fingers).

Theme 2 – Material Action

The second theme 'material action' is very much linked to the first, building on 'body as a meaning generator'. The visual metaphor of a bird in flight is my attempt to show the link between action and creative freedom. The wings contain the sub-themes or components the focus group participants explored in relation to the act of engaging with the art materials. The role of embodied action involved in the art process significantly differentiates group art psychotherapy from verbal group psychotherapies (Holmqvist et al., 2017). At the CPA the accompanying group conductor uses a non-directive approach, encouraging free exploration of the art materials without imposing a specific theme or direction on the group (McNeilly, 1983, 2006). Part of the role of the art therapist/conductor is to draw the group participant's attention to the process of art-making, facilitating an understanding of the creative process as a mode of self-expression with the potential to create new relationships and ways of being (Case & Dalley, 2006). In this section I am going to address two issues related to the use of art materials: the potential of the creative process as embodied action and the difficulty of engaging in 'artistic' endeavours due to an elitist view of art.

The here and now in material action I have spoken about to clients as an art therapist. Through verbal language we construct a vision of ourselves that can be very different

from the way we react to stimulus in our environment. The creative process allows us to observe our own reactions and see ourselves from a different perspective. However, we first have to tune into the possibility of observation of oneself in action. Elisabet (art therapist FG4) emphasised the importance of the client having access to a wide range of materials and shared her thoughts about broadening the spectrum beyond those that are classic art materials by including materials specifically related to a new client's background, not being bound by set ideas of the 'artistic'.

Moon (2011) challenges the missed potential in the art therapy world of engaging more with the contemporary art scene, observing that the boundaries of what is art and what is not are now merging. Moon postulates that art tendencies are no more than direct reflections of social tendencies, deconstructing the common belief that art requires talent to produce and a special intellect to understand it. Often the success of art therapy can be seen to pivot on the quality of the art materials provided. If they are of good quality the person will have the potential to do things they would not be capable of with materials of lesser quality. Such materials may, however, be felt as threatening. Alternatively, if perceived as poor quality the person might be restricted by a lack of, or child-like, quality, associated with the materials. Either way the materials may be positioned as having an active role in the way a person responds to art therapy.

I have battled with my own fragile conviction that art as a medium can be made accessible to people with no artistic experience, what's more, bring them therapeutic benefits based on the discourses of art and therapy, both reinforcing contradictory connotations: art being for children or an elite group of gifted adults; therapy remaining deeply embedded in psychological discourses which lead it to be stigmatised as a service for the mentally unstable or sick who can not cope alone (Goffman, 1963/1990; Strand & Waller, 2010).

Spaniol (2005) challenges these discourses through a participatory art research project advocating art-making as a common language to share ideas between disparate groups as equals. Art allowed the participants in this study (group members and art therapists) to challenge discourses related to mental health and art therapy services creating new terms that reflected their interconnection instead of binary positions of service user and professional. In order to make use of a new creative language, the language first needs to be made accessible. In group art therapy this is where both the art therapist and the group itself play key roles. In FG2 with family members, four of five participants made references to their spouse not being creative or artistic. Two members of the former patient focus group also referred to themselves as not being creative or imaginative but still advocated benefits.

For Butler (1990/2006), subjectivity is an act of doing, a verb in this sense it is action that produces subject recognition not the subject doing the action. This links to Haraway's theory of body as an agent (1988), it is bodily performance or action that generates insights. This material action allows the body to become a meaning generator and the wings are filled with the sub-themes that reflect challenges in this process. I saw the air movement around the bird, generated by the flapping wings, as being creativity and synonymous to flexibility in thought and action.

Theme 3 – An Aesthetic Group Movement

By organising the themes separately I risked creating the illusion of finite separate categories. On the contrary, I want to emphasise the constructive nature of interdependent themes with permeable boundaries and their inseparability from an experience as a whole (Brinkmann, 2014) and I refer the reader back to Figure 1 which shows how the themes related to each other in linear form. As I made the illustrations of each global thematic network I also found myself linking the sub-themes from different main themes. In Figure 4, an aesthetic group movement is represented by a circle which contains the group experience while the sub-themes flow around it, leading into each other. In each illustrations I found myself instinctively connecting all the images using the same colour for sub-themes that seemed to interlink from each main theme. For example, blue in Figure 2 for 'physically creating', in Figure 3 for the act of creating or 'creativity' (the moving air around the bird) and in Figure 4 in relation to 'total freedom' a feeling experienced through the creative act. 'An aesthetic group movement' conveys the importance of the group experience as key for art therapy.

Flow as an experience of the ideal level of attention and engagement in an activity such as art-making has been connected to creativity and well-being, making it an area of interest for art therapy research (Chilton, 2013). Chilton summarises the characteristics of flow as being manifested by:

(a) intense and focused concentration, (b) merger of action and awareness, (c) loss of self-consciousness, (d) increased sense of control, (e) changed phenomenological experience of time and a sense of speeding up time in particular, and (f) autotelic experience, which is the sense that the activity is intrinsically rewarding or worthwhile in its own right. (2013, p. 64)

We can speculate that Enric's (former art therapy group member FG3) feeling of freedom was a result of flow and the group being a key component for generating that flow. The emphasis on the group as central reinforced the idea that it is not an experience that can be forced but one process naturally leads to the next. This component could be a manifestation of what Foulkes (1971) described as group resonance, an empathic group response to nonverbal subconscious communication that becomes active in the interpersonal space. The process further relates to the scapegoating of difficult experiences in the artwork (Schaverien, 1999), which they can then face together.

Making a creative response whilst listening to the recording of each focus group encounter was very helpful as away of dealing with the contrast between the flatness of the transcriptions and the multilayering in the experience of the focus group, especially with the former art therapy group members (FG3).

Figure 8

Researcher creative response to FG3

The material I chose was watercolour ink, which I had fun applying because it is quite unruly and very vibrant. This is coherent with my experience of conducting this particular focus group. Looking at the image I still see the intensity of my personal experience: of my worrying about their physical vulnerability; worrying about the discussion topic (and perhaps even art therapy itself) being a triviality in comparison to their difficult life situations; a contrasting strength and vibrancy that developed in the jovial group interaction. Palpable feelings of passion, rage, vulnerability and masculine sexuality were all on the cusp of breaking through the harsh reality of the progression of Parkinson's, some members being markedly more affected by the condition than when they last saw each other.

Theme 4 – New perspectives

The process of homing in on one aspect at a time in the drawing process was key when developing the theme of 'new perspectives' (see Figure 5) leading me to use the visual metaphor of a magnifying glass. Further, its form is similar to the circle in the previous theme, conveying the way the components nourish one another and are not mutually exclusive.

The sense of group and art making in a group were of vital importance to the generation of new perspectives. Group members compared and contrasted experiences coming to understand their individuality as well as nurturing a sense of belonging. Salvador talked of the draw towards social isolation which he was able to overcome with the positive art therapy group experience. Art therapy offers a group retreat where the person finds comfort and strength in universality (Yalom & Leszcz, 2005), realising his problems are not individual but collective.

The family members emphasised how group art therapy had helped with acceptance. We could question what a person with Parkinson's is being expected to accept? The label of having a Parkinson's diagnosis and the prognosis that they have a progressive incurable illness is accompanied by a change in social position. Defining this change as pathological is accompanied by social stigma. I am not questioning the benefit of

using medication to alleviate symptoms but do want to raise awareness of the social stigma the medical discourse brings with it. Change is an intrinsic part of the human condition, however medicine marks change brought on by illness as pathological. Critical psychology (Parker et al., 1995), Disability studies (Goodley, 2011; Reeve, 2002) and Queer theory (Butler, 1990/2006; Clare, 2001), highlight that the medical discourse places the origin of illness in the individual, creating a form of social oppression that lead to chronic illness such as Parkinson's and the visible physical deviation it may cause in the body. This type of change is internalised as a problem to be assumed and dealt with by the individual. Clare (2001) advocates that challenging the belief that deviation or difference is undesirable is the first step toward changing social perspectives. Understanding and accepting difference as part of life offers new perspectives and creative ways of dealing with an uncertain future.

Theme 5 – Artwork as Legacy

Traditionally the images created in psychodynamic art therapy have been considered to reflect the inner world of the client; however, although similar to simple mirror reflections these images are also quite distinct from them (Schaverien, 1995). The mirror as metaphor has also been used widely in group analysis (Nitsun, 1996; Pines, 1984). Schermer (2010) critiques the mirror as a metaphor for human experience in psychoanalysis and group analysis, first exploring what a mirror is and does. Schermer highlights that a mirror is a real surface that reflects a virtual reality and allows the observer to see themselves outside of themselves in the virtual space. However he contends that, unlike the photograph, film or painting, a mirror is limited to providing an immediate, simultaneous reflection of the observer: "A mirror has no memory or representational-interpretive capability" (Schermer, 2010, p. 217), meaning that as a metaphor it does not portray the complexity of the experience in social interactions. He does, however, suggest that a painting can do this. Thinking in these terms has led me to propose the metaphor of the artwork as 'legacy', "something that is a part of your history or that remains from an earlier time" (Cambridge English Dictionary, 2018).

The emotional embodied experience of viewing a painting has parallels with the group-analytic concept of resonance (Foulkes, 1971). McNeilly (1984) discusses resonance in relation to art psychotherapy groups and the potential for artwork to express the collective unconscious in the manifestation of collective imagery spontaneously occurring without allying to intellectualisation as often happens with words, however he does not explore how the artwork might do this. In FG3 (former group members) they did not use the metaphor of mirror, however they did describe the inter-subjective relations in terms equating to resonance. Eduard's description of art therapy as ganzúa earlier in this paper led the former patient group to construct the experience of feeling free, which related to a group resonance in which the artwork was key. The artwork became a physical manifestation of resonance.

The therapeutic outcome of bringing the creation of artwork into a group therapy setting seem to come through in Salvador's discourse in psychological terms as broadening the potential for inter-subjective learning through identification, projection and individuation (Atwood & Stolorow, 1984). These processes are worked through with the art objects and the other group members. The physicality of the work with art materials and the art production offers a sensory experience that holds the events of the session in a way that is not possible with words alone. For a

person with Parkinson's not being able to concentrate is a common complaint, art therapy can offer them a way to organise their experiences in a tangible way that can then be complemented by words. I will explore this idea further in the following section.

A family member of one of the four research participants who died during this study told me that they had chosen a picture from his folder to frame and hang in her home - another form of legacy. This relates to the resonance present in the artwork, it is a physical object unique to the artist and a manifestation of the slice of time when they made it. The content of the resonance for the family member is likely to be different from the resonance experienced by the group. However, the artwork is similarly imbued with attributes of the maker as well as being the receiver of the feelings the observer attaches symbolically to the object. In this way attributes of self and other coexist in the artwork. Together these come to represent the aspects of the intersubjective relationship between artist and observer. I want to highlight two uses of artwork as legacy, one being at the service of the creator, becoming a testimony of their experience; and the second artwork as legacy for those the artist leaves behind. Artwork as legacy in both senses has been observed in other studies, especially related to art therapy for older people (Johnson & Sullivan-Marx, 2006) and people affected by a terminal condition (Carr, 2014).

Theme 6 – Physical Transformation as a Relational Aesthetic Experience

The psychologist, Inma's words excited me as she explicitly keyed into an idea that, as an art therapist, has helped me counterbalance the feeling of hopelessness at not being able to take the illness away from people with Parkinson's. The physical transformation of a feeling or a thought offers the person some agency over a situation they can feel dominated by (Keeling & Bermudez, 2006). I propose that the gratification to be found in the creative process of art therapy lies in the opportunity to face an issue head on, create a little distance to see it as separate and then create something new out of that same issue. Reynolds and Prior (2003) found creating art to fulfil the role of "increasing control and choice – challenging victim status" (p. 788) for women living with disabling chronic illness. In the thematic illustration agency (Figure 7) is the central ramification and most prominent. The physical transformation in art seemed to be a catalyst for personal transformation.

These ideas correspond with the concept of 'relational aesthetics' describing "the overlapping triangular relationship between group members, artworks, and leaders in which the art serves as a medium for visual/nonverbal and verbal feedback" (Gabel & Robb, 2017, p. 129). Relational aesthetics is one of five therapeutic factors the authors deem as unique to group art therapy. Combining 'relational' and 'aesthetic' captures a central component of group art therapy; the opportunity to become aware of embodied intersubjective experience of oneself in relationship with an other (art materials, group situation and group members). This is learning from experience at its essence, words become superfluous.

The tree in figure 7 helped me imagine physical transformation as organic growth that is hard to perceive when the person is in the process of making but on reflection can reveal a multifaceted experience. In this illustration the green in the roots was inspired

by the green in the first global theme which I related to 'letting go-feeling free' (see Figure 2). This was deemed essential for engaging in art-making. Looking at my drawing of the tree the black line delineates the bottom section containing the green colour, I find myself associating this with the difficulty of letting go, a reminder that it is not an automatic process for everyone.

Conclusion, Limitations and Future Studies

The first three main themes: 'self-construction', 'material action' and 'an aesthetic group movement' create a definition of group art therapy for people with Parkinson's. The art-making process becomes a tangible means of expression involving discovery and surprise and the resulting artwork becoming an actor helping the group members to understand their experience. The three themes are interdependent and remain consistent with what has been previously reflected in the literature on group art therapy or art as therapy for people with Parkinson's (Cossio, 2002; Tingey, 2002, 2004; Wadeson, 2003).

The art therapists at Catalan Parkinson's Association, including myself, all trained on the same programme and the basic principles for the model of art therapy they offered comes from a non-directive psychodynamic approach to group art therapy. This approach is historically tied to an individualistic psychological discourse aiming to uncover deep unconscious meaning (Hogan, 2017). This component in the practice under-study here, although latent for the family members, was not valued as much as the relational aspects of the experience between the person, the art materials and the group. By the end of my doctoral journey I found myself aligning with critical psychology's refusal of a defined psychological model of the person (Parker, 2013) opening up to social psychology (Burr, 2002) and community psychology (Prilleltensky, 2001) perspectives which shift the focus from the individual psyche to wider social and collective constructs of the individual. I was thus exploring how art therapy practice at this research site had come to be understood and its function within this community of people affected by Parkinson's.

My position as artist-therapist-researcher put the artistic component at the forefront and I found myself looking for therapeutic factors that could be considered unique to art therapy. Themes four to six are directly linked to features of group art therapy that were prominent for this client group. Theme four the generation of 'new perspectives' refers to specific ways that physically creating, combined with self- and group-reflection, establishes a distance to allow the ordering and exploration of personal experience, as well as issues related to difference to be addressed. Theme five 'artwork as legacy' described the role of the artwork as more than a simple reflection of aspects of the individual person, embodying group resonance and intersubjective learning. For practice this encourages a focus on relational aspects of making and viewing the artwork, acknowledging the active role of the artwork in shaping the group members' experience. The sixth 'physical transformation as a relational aesthetic experience' emphasises the embodied learning experience in art therapy, from the physical shaping of an idea to regaining some agency over the person with Parkinson's situation through the process of symbolic representation, physical manipulation and shared non-verbal group resonance. The action-based learning gained through using the art-making process seemed to offer a tangible experience accompanied by and providing containment for a range of emotions for the

participants. These findings can contribute to theories of body and affect conveying the potential for the conceptualisation of relational learning processes in which the body and interaction with material reality are the focus.

My dual position as researcher and former art-therapist at the CPA could be considered a limitation encouraging the research participants to only focus on the positive aspects of the therapeutic modality. I made a point of asking about negative experiences but this was met with much resistance especially in the former patient focus group. Having a familiar relationship with the research patients did however promote a relaxed atmosphere and favoured in-depth exploration of their experience with art therapy. In the focus group with family members there were some doubts and insecurity about the efficacy of art therapy, but the focus group discussion helped clarify the purpose of the art therapy groups between the family members in the exchange.

The themes describe the basis for a model of group art therapy for people with Parkinson's which focuses on a therapeutic space for exploring relational aspects of experience between the group members and their artwork, instead of breaking down the approach into individual objectives directed towards the alleviation of specific motor and non-motor symptoms. The focus groups unanimously positioned the roles of the group and art-making as interwoven and central to the therapeutic process, contrary to suggestions from earlier research that individual art therapy might be more useful to people with Parkinson's than a group approach (Strand & Waller, 2010).

The move away from an emphasis on symptom alleviation challenges traditional cognitive therapeutic approaches to go beyond the individual to consider relational aspects of experience which are embedded in a social context. The focus on the person affected as a whole and their experience as situated in a social context is an important contribution of this study to the field of Parkinson's and people affected by other long-term life changing conditions.

The analysis has highlighted other factors needed to allow people affected by Parkinson's to engage fully in group art therapy. Personal believes of a lack of creative ability (Huet, 2016) can be a serious obstacle, creating resistance to the idea of art-making and preventing full engagement. Group art therapy also challenges social preconceptions of art as being a product of special talent. Art is a new unpredictable language, and the group forms important support for learning and navigating the space together. Relational aesthetics (Gabel & Robb, 2017) was a particularly important therapeutic factor. It conceptualises the positive impact of the creative activity and presence of the artwork on group cohesion which was a prominent feature evident in this study and warrants further research.

The focus group method was successful in the present study. All four focus groups reported their positive interpersonal learning experience through comparing and contrasting ideas and experiences facilitated. For the multidisciplinary team it reinforced the importance of communication between team members, the desire for interdisciplinary exchanges and the possibility of trying art therapy workshops as a team-building exercise. The family caregiver participants appreciated having a space for exchange that allowed them to discuss and understand art therapy as an approach for this client group in addition to sharing personal experiences. The art therapists

enjoyed a space to think critically about their own practice. The former art therapy group members enjoyed the opportunity to reconnect with each other and it revalidated their experience in art therapy and what aspects remained significant to them. The focus group encounter had direct impact on the participants, highlighting how the process of carrying out research modifies reality at the research site (Lather, 1986) meaning the benefit for those involved should be carefully scrutinised.

It could be considered a limitation that the focus groups were one off encounters and a series of follow-up sessions could offer a more in-depth engagement with the research topic. In the current study the present analysis of the focus group data was triangulated with individual interviews and an analysis of transcripts and images from nine group art therapy sessions. A possibility for further study could be to create art-based workshops with a group discussion to engage all research participants with the direct experience of art-making. Exploring experiential aspects would further understanding of art therapy principles in ways that are not reached on a purely intellectual level.

The present research has led to establishing contact between group art therapy programmes for people with Parkinson's across the world. An image exchange and series of exhibitions began in 2016 between "Painting with Parkinson's" Canberra, Australia and the programme under study here. This has led to more groups being set up and offers the potential for further empirical comparative studies to examine the impact of intersectional aspects such as culture, class and gender, both on the experience of Parkinson's and group art therapy practice. To conclude, the results of this study may not be generalisable in positivist terms, however there is great potential for extrapolating the findings and exploring them in relation to other chronic life-changing conditions.

References

Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. *Qualitative Research*, *1*, 385-405.

Atwood, G., & Stolorow, R. (1984) *Structures of subjectivity: Explorations in psychoanalytic phenomenology.* New Jersey, NJ: Analytic Press

Barichella, M., Cereda, E., Cassani, E., Pinelli, G., Iorio, L., Ferri, V., & Pezzoli, G. (2017). Dietary habits and neurological features of Parkinson's disease patients: Implications for practice. *Clinical Nutrition*, *36*, 1054-1061.

Bloem, B. R., de Vries, N. M., & Ebersbach, G. (2015). Nonpharmacological treatments for patients with Parkinson's disease. *Movement Disorders*, *30*, 1504-1520.

Bradt, J., & Goodill, S. (2013). Creative arts therapies defined: comment on "effects of creative arts therapies on psychological symptoms and quality of life in patients with cancer". *JAMA Internal Medicine*, *173*, 969-969.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77-101.

Burman, E., & Parker, I. (Eds.) (2016). *Discourse analytic research: repertoires and readings of texts in action.* London, UK: Routledge

Burr, V. (2002). *The person in social psychology.* New York, NY: Taylor and Francis

Butler, J. (2006). *Gender trouble.* New York, NY: Routledge. (Original work published in 1990)

Cambridge English Dictionary. (2018). Retrieved from
    https://dictionary.cambridge.org/dictionary/english/

Carr, S. M. D. (2014). Revisioning self-identity: The role of portraits, neuroscience
    and the art therapist's "third hand". *International Journal of Art Therapy*, *19*,
    54-70.

Canesi, M., Rusconi, M. L., Isaias, I. U., & Pezzoli, G. (2012). Artistic productivity
    and creative thinking in Parkinson's disease. *European Journal of Neurology :*
    The Official Journal of the European Federation of Neurological Societies, *19*,
    468-472.

Case, C., & Dalley, T. (2006). *The Handbook of art therapy*. London, UK: Routledge.

Chatterjee, A., Hamilton, R. H., & Amorapanth, P. X. (2006). Art produced by a
    patient with Parkinson's disease. *Behavioural Neurology*, *17*, 105-108.

Chilton, G. (2013). Art therapy and flow: A review of the literature and applications.
    Art Therapy, *30*, 64-70.

Clare, E. (2001). Stolen bodies, reclaimed bodies: Disability and queerness. *Public*
    Culture,13, 359–365.

CPA [Catalan Parkinson's Association]. (n.d.) La Malatia de Parkinson. *Assocació*
    Catalana per al Parkinson. Retrieved from
    http://www.catparkinson.org/parkinson

Cossio, A. (2002). Art therapy in the treatment of chronic invalidating conditions:
    from Parkinson's to Alzheimer's. In D. Waller (Ed.), *Arts therapies and*
    progressive illness: nameless dread (pp.47-55). New York, NY: Brunner-
    Routledge

Elkis-Abuhoff, D. L., Goldblatt, R. B., Gaydos, M., Ma, S. C., & Corrato, S. (2013).
    Effects of clay manipulation on somatic dysfunction and emotional distress in
    patients with Parkinson's disease. *Journal of American Art Therapy*, (February),
    37-41.

Ellingson, L. L. (2006). Embodied knowledge: Writing researchers' bodies into
    qualitative health research. *Qualitative Health Research*. *16*, 298-310.

Feen-Calligan, H. (2008). How do we care for people? Introducing a special issue on
    art therapy in palliative care. *Art Therapy*, *25*, 106-107.

Foulkes, S. H. (1971). Access to unconscious processes in the group analytic group.
    Group Analysis, *4*, 4-14.

Foulkes, S. H. (1986). *Group analytic psychotherapy: Method and principles*.
    London, UK: Karnac Books. (Original work published in 1975)

Gabel, A., & Robb, M. (2017). (Re)considering psychological constructs: A thematic
    synthesis defining five therapeutic factors in group art therapy. *Arts in*
    Psychotherapy. *55* (2017), 126-135.

Gerber, N., Templeton, E., & Chilton, G. (2012). Art-based research as a pedagogical
    approach to studying intersubjectivity in the creative arts therapies. *JAAH*
    Intellect Limited Journal of Applied Arts & Health, *3*, 39-48.

Goodley, D. (1999). Disability research and the "researcher template": Reflections on
    grounded subjectivity in ethnographic research. *Qualitative inquiry*, *5*, 24-46.

Goodley, D. (2005). Empowerment, self-advocacy and resilience. *Journal of*
    Intellectual Disabilities, *9*, 333-343.

Goodley, D. (2001). "Learning difficulties", the social model of disability and
    impairment: Challenging epistemologies. *Disability & Society*, *16*, 207-231.

Goodley, D. (2011). Social psychoanalytic disability studies. *Disability & Society*, *26*,
    715-728.

Goodley, D., & Lawthom, R. (2005). Epistemological journeys in participatory action research: alliances between community psychology and disability studies. *Disability & Society*, *20*, 135-151.

Greenstein, A. (2013). *Radical inclusive pedagogy: Connecting disability, education and activism*. Manchester Metropolitan University.

Greenstein, A. (2014). Today's learning objective is to have a party: playing research with students in a secondary school special needs unit. *Journal of research in special educational needs*, *14*, 71-81.

Habermann, B. (1996). Day-to-day demands of Parkinson's disease. *Western Journal of Nursing Research*, *18*, 397-413.

Haraway, D. (1988). Situated knowledges: The science question in feminism and the privilege of partial perspective. *Feminist Studies*, *14*, 575-599.

Hermanns, M. (2013). The invisible and visible stigmatization of Parkinson's disease. *Journal of the American Association of Nurse Practitioners 25* (2013), 563-566.

Hoffmann, N. (2011). *Using Art to address cognitive symptoms of Parkinson's disease* (M.Sc. Thesis). The Florida State University.

Holmqvist, G., Roxberg, Å., Larsson, I., & Lundqvist-Persson, C. (2017). What art therapists consider to be patient's inner change and how it may appear during art therapy. *The Arts in Psychotherapy*, *56*, 45-52.

Huet, V. (2016, September) *Charla sobre Supervisión* Unpublished Seminar by la Asociación Española Profesional de Arteterapeutas. Barcelona, Spain.

Inzelberg, R. (2013). The awakening of artistic creativity and Parkinson's disease. *Behavioral Neuroscience, 127*, 256-261.

Johnson, C. M., & Sullivan-Marx, E. M. (2006). Art therapy: Using the creative process for healing and hope among African American older adults. *Geriatric Nursing, 27*, 309-316.

Kang, M.Y., & Ellis-Hill, C. (2015). How do people live life successfully with Parkinson's disease? *Journal of Clinical Nursing*, *24*, 2314-2322.

Keeling, M. L., & Bermudez, M. (2006). Externalising problems through art and writing: experience of process and helpfulness. *Journal of Marital and Family Therapy*, *32*, 405-419.

Kulisevsky, J. (2004). Guía terapéutica de la Sociedad Catalana de Neurología. *Fundación de La Sociedad Catalana de Neurología*, 1-38. Retrieved from http://www.sld.cu/galerias/pdf/sitios/rehabilitacion/enfermedad_de_parkinson.pdf

Kulisevsky, J., Pagonabarraga, J., & Martinez-Corral, M. (2009). Changes in artistic style and behaviour in Parkinson's disease: dopamine and creativity. *Journal of Neurology*, *256*, 816-819.

Malchiodi, C. (1998). *The Art therapy sourcebook.* New York, NY: Guilford Press

Mannay, D. (2010). Making the familiar strange: can visual research methods render the familiar setting more perceptible? *Qualitative Research*, *10*, 91-111.

McNeilly, G. (1983). Directive and non-directive approaches in art therapy. *The Arts in Psychotherapy*, *10*, 211-219.

McNeilly, G. (1984). Group-analytic art therapy. *Group Analysis*, *XVIII*(3), 204-210.

McNeilly, G. (2006). *Group analytic art therapy*. Philadelphia, PA: Jessica Kingsley Publishers.

Moon C.H. (Ed.) (2011). *Materials and media in art therapy: Critical understandings of diverse artistic vocabularies*. London, UK: Routledge.

Nitsun, M. (2006). *The group as an object of desire. The group as an object of desire: Exploring sexuality in group therapy*. London, UK: Routledge.

Nitsun, M. (1996). *The anti-group destructive forces in the group and their creative potential*. London, UK: Routledge.

Parker, I., Georgaca, E., Harper, D., McLaughlin, T., & Stowell-Smith, M. (1995). *Deconstructing psychopathology*. London, UK: Sage.

Parker, I. (2007). Critical Psychology: What It Is and What It Is Not. *Social and Personality Psychology Compass*, *1* 1-15.

Parker, I. (2013). Qualitative research in psychology discourse analysis : Dimensions of critique in psychology discourse analysis : Dimensions. *Qualitative Research in Psychology*, *10*, 223-239.

Peñas Domingo, E. (2015). *El Libro Blanco de Parkinson en España: Aproximación Análisis y Propuesta de Futuro*. Federación Española de Parkinson

Powles, W. E. (2007). Reflections on "what is a group ?" *International Journal of Group Psychotherapy*, *5*, 105-114.

Prilleltensky, I. (2001). Value-based praxis in community psychology: Moving toward social justice and social action. *American Journal of Community Psychology*, *29*, 747-778.

Puetz, T. W., Morley, C. a, & Herring, M. P. (2013). Effects of creative arts therapies on psychological symptoms and quality of life in patients with cancer. *JAMA Internal Medicine*, *173*, 960-969.

Real Academia Española [Tomo I.] (1992) *Diccionario de la Lengua Española a-g*, Madrid, Spain: Edotorial Espasa Calpe.

Reeve, D. (2002). Negotiating psycho-emotional dimensions of disability and their influence on identity constructions. *Disability & Society*, *17*, 493-508.

Reynolds, F., & Prior, S. (2003). "A lifestyle coat-hanger": A phenomenological study of the meanings of artwork for women coping with chronic illness and disability. *Disability and Rehabilitation*. *25*, 785-794

Schaverien, J. (1999). Art within analysis: scapegoat, transference and transformation. *Journal of Analytical Psychology*, *44*, 479-510.

Schermer, V. L. (2010). Reflections on "reflections on mirroring". *Group Analysis*, *43*, 214-227.

Schofield, S. (2018). *Group art therapy for people with Parkinson's, a qualitative study* (Doctoral Thesis). Retrieved from https://www.research.manchester.ac.uk/portal/en/theses/group-art-therapy-for-people-with-parkinsons-a-qualitative-study(1e37dc4c-34cd-4636-b324-6f5d563e95f8).html

Shah, S. P., & Duda, J. E. (2015). Dietary modifications in Parkinson's disease: A neuroprotective intervention? *Medical Hypotheses*, *8,* 1002-1005. http://doi.org/10.1016/j.mehy.2015.08.018

Skaife, S., & Huet, V. (Eds.). (1998). *Art psychotherapy groups: Between pictures and words*. London, UK: Routledge.

Springgay, S., Irwin, R. L., & Kind, S. W. (2005). A/r/tography as living inquiry through art and text. *Qualitative Inquiry*, *11*, 897-912.

Strand, S., & Waller, D. (2010). The experience of Parkinson's: Words and images through art therapy—a pilot research study. *International Journal of Art Therapy*, *15*, 84-93.

Talwar, S. M. (2010). An intersectional framework for race, class, gender, and sexuality in art therapy. *Journal of the American Art Therapy Association*, *27*, 11-17.

Tingey, N. (2002). Art therapy as a therapy for Parkinson's. In D. Waller (Ed.) *Arts therapies and progressive illness: nameless dread* (pp.145-164). New York, NY: Brunner-Routledge

Tingey, N. (2004). Art for Parkinson's. *Catalyst*, (*summer)*, 4-5.

Wadeson, H. (2003). Art as therapy for Parkinson's disease. *Art Therapy*, *20*, 35-38.

Waller, D. (1993). *Group interactive art therapy: Its use in training and treatment*. London, UK: Routledge.

Winnicott, D.W (2005*) Playing and reality.* London, UK: Routledge. (Original work published in 1971)

Wood, M. J. M., Molassiotis, A., & Payne, S. (2011). What research evidence is there for the use of art therapy in the management of symptoms in adults with cancer? A systematic review. *Psycho-Oncology, 20*, 135-145

Yalom, I. D., & Leszcz, M. (2005). *Theory and practice of group psychotherapy*. New York, NY: Basic Books.

"Before the Door that Opens on my Story": Samuel Beckett and Narrative as Detritus

Arka Chattopadhyay[1]
IIT Gandhinagar

Abstract

The article weaves Lacanian psychoanalysis with narratology. It explores the Beckettian *logic* of narrative detritus in *The Trilogy* by examining stories, progressively "worsened" with every act of narration. Reading these obsessive-compulsive moments of narrative as failure, it sheds light on the various techniques and implications of this experiment that range from freezing a narrative into stasis to pushing it toward the limits of speculation and from forcing the narrative to revolve around its exterior to underlining its artifice through narratorial intrusions. The article focuses on the vestigial story-function to underscore the paradoxical status of Beckett's narrative impulse and demonstrates how the drift of these narrations relocates storytelling from the subjective pole of the "I" to the opacity of language as a field of the Other and finally into the originary and the terminal silence that conditions narrative. The article reads Beckett's assaults on the realistic narrative logic of the novel in tandem with an aporetic narrative logic that emerges from Lacanian psychoanalysis with its emphasis on the Real, as opposed to realism.

Introduction

This paper is an attempt to discuss the narrative act that connects psychoanalysis with literature. Both in the clinic and in the novel, we have someone telling the story of their life. The life-narrative we find on the couch as well as on the page is anything but linear and simple. The holes in clinical narratives often mark the *traumatisme* or the singular symptomatology of the particular analysand's subjective history. Thus an analyst has to pay attention to the failures in narration (slips, hesitations, digressions, stutters) on the couch that are an integral part of the emerging narrative. In Samuel Beckett's literary works, there is both a compulsion and a failure of telling stories. This double-bind becomes a fruitful place to think through narrative and narratology from a psychoanalytic vantage. As we shall see, the act of narrating one's life and associated lives of others, involves many enigmatic narrative gaps, dead-ends and a complex power dynamic. Situating the question in Beckett's mid-20th century trilogy of novels, *Molloy*, *Malone Dies* and *The Unnamable*, I will trace the ways in which Beckett enacts the multi-dimensional failure of simple storytelling. I will connect these problems with a Lacanian psychoanalytic understanding of how narrating a life encounters difficulties of subject-formation and stumbles into the unspeakable and the impossible-to-narrate. This is where we will come to locate narrative as *detritus* or waste in Beckett and in Lacan, thus in both literature and psychoanalysis.

---

[1] Correspondence concerning this article should be addressed to Prof. Arka Chattopadhyay, Assistant Professor, Humanities and Social Sciences, Office—4/333a, IIT Gandhinagar, Gujarat, India. Email: arka.chattopadhyay@iitgn.ac.in

In the past few years, we have noticed a newfound interest in Lacanian approaches to Beckett. Llewellyn Brown has written on voice and gaze in Beckett following Lacan's leads on the two topics.[2] I have interpreted Beckett's use of mathematical formalization through later-Lacan's investment in mathematical discourse in relation to the unspeakable and impossible Real.[3] Slavoj Žižek has drawn our attention to the importance of a writer like Beckett for Lacan's psychoanalytic project, in spite of Lacan's relative silence on Beckett, compared to his strong engagement with one of Beckett's mentors, the great Irish Modernist writer, James Joyce (see Žižek, 2009, n.p.). For example, Zizek has highlighted the importance of cut and rupture in Beckett and how this endears him to Lacan. He has also dealt at length with the drive and its compulsive aspect in Beckett—all relevant for our following discussion.

Beckett's Molloy articulates: "What I need now is stories, it took me a long time to know that, and I'm not sure of it" (p. 9). Moran responds to this when he says: "Stories, stories. I have not been able to tell them. I shall not be able to tell this one" (p. 132). In the space between these two statements or the cleft between the need for stories and the failure to tell them, Beckett preserves the minimal remains of a narrative. His work foregrounds a narrative arc which performs failure of representation and narration. Brian Richardson calls this "denarration" or narrative negation (168). Beckett negates the opening statements of Moran's narrative in *Molloy* with the novel's ending: "Then I went back into the house and wrote, It's midnight. The rain is beating on the windows. It was not midnight. It was not raining" (p. 170). As Debra Malina has shown in her study of narrative metalepsis in Beckett (see Malina, 2002, 25-62), it erases differences, not only between the intra-textual narrative layers but also between the textual and the extra-textual reality. Not to overemphasize narrative negation, let me say that it is only one of the two mechanisms in a narrative dialectic in which both construction and negation are significant. In Beckett's narrative dialectic, construction through negation and vice versa is not synthetic but prosthetic. An aporetic and unknowable impasse replaces narrative closure. I will return to this impasse through a Lacanian logic of the Real. In what Malina calls Beckett's "construction compulsion" (2002, p. 25), negation and construction are complementary and the narrative is precisely what remains at the terminus when the dialectical tension of negation and construction produces narrative detritus. Lacan's definition of language in *Seminar XX* as "knowledge's hare-brained lucubration" (p. 139) on *lalangue* implies that *lalangue* is what remains of language when knowledge is separated from it: "the water of language happens to leave something behind as it passes, some *detritus* […]" (Lacan, 1975, p. 16; emphasis added). I would argue that this minimal narrative remainder is marked by the Real antinomy of the letter (a tension or even a contradiction between the semantic level of the word, i.e., the signifier and the material and syntactic level of the word in the letter which marks the unspeakable Real), which installs an impasse to narrative signification.

Narrative Closure and Signification
Peter Brooks constructs an interface of narratology and Freudian psychoanalysis in terms of narrative *as* desire. In this spectrum, the end of a narrative finally produces

---

[2] See Brown's books, *Beckett, Lacan and the Voice* and *Beckett, Lacan and the Gaze.*

[3] See my book, *Beckett, Lacan and the Mathematical Writing of the Real.*

readerly gratification by offering an object which either fulfils or betrays narrative expectations. For Brooks, the end of a narrative retroactively gives it full significance, like the period that completes the sense of a sentence: "If the motor of narrative is desire, totalizing, building ever-larger units of meaning, the ultimate determinants of meaning lie *at the end*, and narrative desire is ultimately, inexplicably, desire *for* the end" (p. 52; emphases in the original).

As opposed to Brooks's thesis that narrative end is signifying, I would argue that narrative end in Beckett hardly offers a closure. Narrative jettisons itself into a terminality that does not signify the narrative but installs itself as a non-signifying Real. The end of a narrative activates Beckettian "metalepsis" (a narratological technique to mark the breakdown of difference between multiple layers of a narrative wherein material from one discrete layer intrudes the other) and produces a jettisoning effect, turning the end into an impasse and not a retrospective generator of signification. Highlighting this substitution of a signifying narrative closure with a non-signifying narrative impasse and the implications it could have for a psychoanalytic narrative logic, I will turn, not to the Beckettian narrative as a (w)hole but to the tiny "ill-said" stories within *The Trilogy* that persist as bristling remainders in Beckett's narrative dialectic. These meta-diegetic stories are told in increasingly worsening ways: "I tell this story worse and worse" (Beckett, 2003, p. 102).

Self-reflexively tedious repetitions, ludicrous compressions and tangential narrative doors characterize these vestigial stories. In this narrative experiment, techniques range from freezing narrative motion into ambivalent stasis to pushing it towards the furthest limits of speculation, from forcing the narrative to revolve around its exterior to disclosing its constructedness through narratorial intrusions. I would argue that these stories sabotage assumptions of narrative reality ` replace it with a logic of the Real, defined as the impossible by Lacan: "this impossibility by which a real is defined" (Lacan, 1998b, p. 144). They enact the paradoxical status of Beckett's narrative impulse where the *nothingness* of stories meets the *necessity* of storytelling. They shift the emphasis of narration from the subjective locus of the "I" to the enigma of language as the order of the Other and finally into the originary as well as the terminal silence that monitors narrative. In a psychoanalytic understanding, narrative becomes a linguistic and discursive site in which the subject's desire is alienated in the desires of significant Others. The narrative act exposes this dialectical oscillation of power between the subject and the linguistic field of the Other.

Narrative Detritus in 'The Trilogy'
Storytelling, Non-Relation and Death
The first failed narrative in *The Trilogy* concerns Molloy's early effort to envisage an encounter between A and C, the two wayfarers from vast distance in a gradually forming valley as they fleetingly meet one another, soon to go their separate ways. The fragmented narrative act indicates a writer's first attempt to enform a stillborn story. The alphabetical names and the anonymous setting slowly start acquiring local colors and yet the generic narrative never flourishes. The metonymic accumulation of realistic details and the possibilities of narrative expansion remain futile as A and C, instead of initiating a conversation as a form of *relationality* that could extend into a story, halt "face to face" and "breast to breast" (p. 5). From the narrator's distant presence, it is impossible to understand whether they know each other and stop to

share mutual greetings or simply pause at the sight of a fellow human being. As this false start dissipates, the narrator becomes increasingly unsure about who A and C are and the last we hear of them is the announcement of greater uncertainty as the narrator expresses his doubts about recognizing them in the future. This narrative remains inanimate and fleeting, but what fails it is the narrator's *ignorance* and his absolute inability to reach and read his characters. This aspect of not knowing which leads to narrative failure is important.

Malone's sickbed narratives to pass time as his time passes into death, dramatize another storytelling act in *The Trilogy*. At the outset, Malone promises to tell himself four discrete stories: "one about a man, another about a woman, a third about a thing and finally one about an animal, a bird probably" (p. 175). When he starts telling them, the stories inter-contaminate one another. The story of the first boy-man, Saposcat merges with the story of the "bird". The bird is not only a literal presence with horses and hens in his friend's family but a symbolic presence as well. At a certain point, his story suddenly mutates into the story of Macmann and his experience in the mental asylum where he has a bizarre affair with his attendant Moll. It is in this story that we have the most important function of "a thing", i.e., the Christ-shaped solitary tooth that sparkles inside Moll's bare mouth. This is how the four different stories overlap one another. This metaleptic collapse of meta-diegetic levels (discrete layers framed by the narrative, each of which nestles a story in itself), reaches a climax when the novel ends *inside* Macmann's asylum story. Malone dies *inside* his story. We never return to the frame-narrative, i.e., his sickbed act of telling stories about human beings, animals and inanimate objects to himself. The last sentence of the novel, devoid of punctuation mark, hovers on the tipping point with the repeated alternations of "or". The sentence *corporeally* sinks into the narrative silence of death as Beckett flips the horizontal arrangement into the vertical:

> or with it or with his hammer or with his stick or with his fist or in thought in dream I mean never he will never
>
> or with his pencil or with his stick or
>
> or light light I mean
>
> never there he will never
>
> never anything
>
> there
>
> any more (p. 281)

As Malone's death is conflated with the death of his stories, the narrative end, instead of embodying a closure, creates a collapse where the storytelling subject is internalized in his own narrative and his death is also encapsulated by it. This end does not give meaning to Malone's narrative life but, like death, it becomes a figure of the unknowable, slotted in the undecidable breach between the frame-narrative and the meta-diegetic narratives. The reference to Malone's pencil and stick in the quote

above signals narrative metalepsis by bridging the gap between Malone's frame narrative and the meta-narrative about Macmann.

Let us look at the Saposcat story to trace its narrative impasse. The Sapo story is consistently interrupted by comic narratorial intrusions that expose its fictional status: "What tedium" (p. 181), "Sapo had no friends—no, that won't do" (p. 183) and "This is awful" (p. 185). Apart from these self-disparaging remarks about the narrative, Malone expresses his anxieties about losing his *epistemic* grasp over the story: "Already I forget what I have said. [...] Soon I shall not know where Sapo comes from, nor what he hopes" (p. 183). The storyteller's ignorance about the shape of his stories and the life of the others within them is fundamental to this narrative impasse. Malone is aware that leaving a little door for darkness to seep into his story can ring its death-knell:

> For I want as little as possible of darkness in his story. A little darkness, in itself, at
>
> the time, is nothing. You think no more about it and you go on. But I know what
>
> darkness is, it accumulates, thickens, then suddenly bursts and drowns everything.
>
> (p. 184)

Just as Sapo's teachers cannot get anything into his head, the storyteller cannot *read* his protagonist. For Malone, Sapo remains opaque. This opacity of the material is a room for narrative failure. The analogy between the teacher and the storyteller is important because as we shall see, Beckett keeps returning to this pedagogic regime of storytelling. Martha Nussbaum has foregrounded this aspect in her reading of *The Trilogy*. Both teaching and storytelling are in shambles in Beckett. The more Sapo reads, the worse his results get and he becomes increasingly unreadable for the narrator. Sapo's strange walk with halts and sudden starts, resembles the movement of the narrative as it oscillates between motion and stasis.

Sapo's stay at the neighborhood of the Lamberts—fellow farmers with horses, mules and hens around their house, introduces another failure of the story to take off. He goes and sits in the kitchen of the Lamberts. When they busy themselves in the day's labours, Sapo is alone in the kitchen as light fades in and out of the room. In the darkening room, rays of light keep entering through the narrow slits, only to die their little deaths there. This darkening room in which silent Sapo sits alone, encapsulates a narrative darkness where the story, bereft of all possible dialogues and encounters, fails to launch itself. *Non-relation* is heightened as a grey hen habitually comes into Sapo's kitchen penumbra. It is sensitive to Sapo's presence and remains suspended between movement and stillness in a blinking state of anxiety. Yet both Sapo and the hen—and sometimes more than one hen—exchange gazes that meet but do not usher into any symbolic exchange. The failed communication between the boy and the animal marks another narrative impasse here. The narrator restores the question of ignorance with a speculation: if it is "a" grey hen or "the" grey hen and the ways of determining the precise number of grey hen or hens in the Lamberts' possession. As the kitchen abruptly sinks into a glistening dark, Sapo gets up and leaves the Lamberts' house without a word and disappears. When the narrator follows this up

with the episode of Mr. Saposcat, Sapo's father bringing him a new fountain pen with a *bird* designed on its lid, it extends Malone's promised theme of a bird by substituting the flesh-and-blood hen with the inanimate fakery of a bird. The animal mutates into a thing here as Malone's narrative themes weave into one another. This metamorphosis of the animal into an object marks a symbolic or narrative death. The bird-pen cannot improve Sapo's performance in school-exams. It ends up being the cause of a fight between his parents. This narrative thing *kills* the bird by transfixing it into an inanimate object that fails to improve Sapo's academic performance.

This symbolic death of the bird is immediately followed, in the Lamberts' narrative, by the actual death of Old Lambert's mule. Sapo watches its burial. This animal death could be seen as homology for a dying narrative. The mule's corpse is as contorted and immovable as the story itself: "The forelegs were stretched out straight and rigid, the hind drawn up under the belly. The yawning jaws, the wreathed lips, the enormous teeth, the bulging eyes, composed a striking death's head (p. 205)".

This "death's head" will soon be followed up by its Latin "caput mortuum" in *Texts for Nothing*. Alchemically speaking, "caput mortuum" is the leftover of a chemical operation and the expression is not without its Lacanian echoes. For Lacan, it relates to the constitution of dead letters in the Real (Lacan, 2006, p. 38) and in these instances, we are looking at a range of narrative deaths that metaphorise "the essentially localized structure of the signifier" (Lacan, 2006, p. 418) as a Lacanian *letter*. In Beckett, the *caput mortuum* of the narrative is that which *remains* after the dialectic yields its residue in the form of a *detritus*. Animal deaths proliferate as Old Lambert becomes resigned about his old mules in the slaughter-house and Mrs. Lambert returns in the evening to Sapo's darkening kitchen with a white rabbit to follow up on the black mule. When the Lamberts get ready for their rabbit dinner, Sapo is on his way back home. As Mrs. Lambert returns with the dead rabbit and Old Lambert decides to kill Whitey, the partner of the dead mule, the day after, Sapo tells Mrs. Lambert that he would never return to the farm. The Lamberts-episode and Sapo's story end with a portrait of Mrs. Lambert, feeling through the inert objects in the enigmatically darkening kitchen with her fretful family thoughts. Her daughter tells her that Sapo has quit them. This irreversibility of Sapo's departure is articulated through another figure of death:

Then as people do, when someone insignificant dies, they summoned up such

memories, as he had left them, helping one another trying to agree. But we all

know that little flame and its flickerings in the wild shadows. And agreement only

comes a little later, with the forgetting. (p. 211)

This final trope of Sapo's metaphorical death for the Lamberts acts like a signature for the death of Sapo's story. After an extended digression and interruption due to loss of consciousness and the pencil slipping from Malone's hand, when he returns to his story, he cannot call his character Sapo anymore and decides to name him Macmann. This is a transformative point. The narrative trope of death finishes off young Sapo and substitutes him with the old Macmann. Sapo's decision not to return to the

Lamberts could be seen as his reaction against their violence to animals. This is implied by the narrator's reflective detour on the varying tenacity of hens, rabbits and, pigeons facing a deadly blow. If it is Sapo's story and not the Lamberts', why does Sapo's permanent exit from the Lamberts' farm become the death-knell for Sapo's story? Given that Sapo is the protagonist, his decision not to return to the Lamberts could have marked the end of the Lamberts episode. But it becomes a collapsing point for the whole story, which shows how Sapo's story had already become the Lamberts' story. This narrative fluctuation is symptomatic of decentering and alienation. This is how narrative act itself becomes a tool of alienation for the subject. When we tell our stories in which Others creep in, on occasions, these stories pull the rug under our own feet as they become stories of Others. We become alienated in our own stories. It is in this way that Sapo's story turns Lamberts'. Narrative impasse is caused by the inversion of protagonicity as a narrative principle, the trope of death and its literalization. It is also prompted by the subjective solitude of figures in the narrative who cannot establish any relationality. This is a world of non-communication and inertia that does not allow a story to expand. It contracts the story into a minimal remainder like the fleeting memory of the dead, as in the aforementioned passage.

Other's Narration, Power, and Pedagogy

In *The Unnamable*, story-function shifts toward alterity. The stories told by the unnamable are filtered and circulated through Basil and Mahood—figures of non-self—in relation to whom, he struggles to define his selfhood. The unnamable narrator admits that he is framed by these words of the Other. This signals that he is alienated from himself in and through these stories: "Having nothing to say, no words but the words of others, I have to speak" (p. 308), or "[…] I'm in words, made of words, other's words […]" (p. 379). These are not his stories but Basil's or Mahood's. When they are his, insofar as they delineate him, they are mediated by the Other's words that make him an Other in these narratives. The self is alienated into the Other through the storytelling function in *The Unnamable*. In the acute linguistic consciousness of the Beckettian subject, speech in a Lacanian way, registers the locus of the Other. For the unnamable, the regime of words introduces a tormenting *teaching* where speech is imposed on the subject: "It's a poor trick that consists in ramming a set of words down your gullet on the principle that you can't bring them up without being branded as belonging to their breed" (p. 318). Story function is subsumed in this *disciplining* regime of speech which not only works as an Other but dominates the subject when the unnamable tries to put an end to speech and fall headlong into a silence that would not pause speech but get rid of it altogether.

This desired silence is not interruptive to speech but external to the Symbolic. The unnamable's search for this narrative end is the novel's compulsive drive. Though this seems to echo Peter Brooks's narrative desire, the silence that envelopes this narrative end never arrives. The end of the novel gestures toward this silence axiomatically but it remains a tangent to the narrative. The terminal antinomy of *The Unnamable* is "you must go on, I can't go on, I'll go on" (p. 407). It points to an impossibility of closure as the narrative infinitely involutes between the negation of "no" and the continuity of "on". The elusive silence at the end is still a matter of future. This future is ambiguously divided by the present: "[…] it *will* be the silence, where I *am*, I don't know, I'll never know, […]" (p. 407; emphases added). Let us note the use of two tenses in the same sentence. Because this silence lies outside knowledge, there is no knowing if one is or isn't in the silence. It frames the narrative as a liminal point. This

strictly unreachable silence that all speech and stories come from and vanish into, is impossible to incorporate in a narrative; and yet the Beckettian narrative is obsessed with circulating this silence like a potter constitutes the void at the centre of his pot, to use Lacan's example from *Seminar VII*. The potter constitutes the rim around the void, giving shape to the void that remains both inside and outside, i.e., within the pot as well as outside it (Lacan, 1992, p. 121).

This silence is Real inasmuch as it resists Symbolization in language and yet it is that which propels the Symbolic act. Lacan uses the neologism "extimate" to mark the internally excluded nature of this Real (Lacan, 1992, p. 139). It is inside as well as outside. The inside-outside distinction collapses in the face of this unsymbolizable Real. Instead of attaining it, the narrative revolves around the Real, like psychoanalytic drives that go round and round their object. When the subject finally thinks he is in this silence but cannot know, the Real becomes *extimate* in relation to the narrative. The Real Silence is both reached and not reached and the Real is antinomically inscribed in this present, invading the future where the future wrenches itself away from the present. This is the impossible logic of the Real that frames the Beckettian narrative. When Lacan, in his supplementary modal logic, adds the fourth figure of the "impossible" to the Aristotelian triad of the "necessary", the "contingent" and the "possible", it takes contradiction out by incorporating it within the logical square. This is how, for Lacan, logic passes into what he calls the "science of the Real". In the eighth session of *Seminar XXI*, following Freud that the logic of the unconscious does not know the principle of contradiction, Lacan reflects that the unconscious prefers a "both and" over an "either or" logic in the formation of the impossible as the Real:

> And this indeed is why what I marked about the impossible, namely, what separates, but otherwise than is done by the possible, it is not an either-or, it is a both-and. In other words, that it should be at the same time *p* and *non-p* is impossible, *it is precisely what you reject in the principle of contradiction.*
>
> (*Seminar XXI*, session of 19.2.1974, emphasis added)

With this installation of the impossible, narrative stops *and* continues. The Real makes narrative closure impossible. In Lacan's orthographic schema, it is a writing that "doesn't stop not being written" (Lacan, 1998b, p. 94). For Lacan, the Real is a narrative in which the negation of narrative never stops being written; this negation is written again and again *ad infinitum* and, hence, Beckett would say, "you must go on, I can't go on, I'll go on".

Let me explore some vestigial narratives in *The Unnamable* to illustrate this logic of the Real that insists on narrative limit and the impossibility of knowing the narrative from the storyteller's perspective. This Real non-knowledge collapses narrative closure. The first sustained narrative act in *The Unnamable* concerns the story of his "world tour" spanning multiple centuries at the end of which, he returns to the remains of his devastated family, perished from sausage-poisoning. The unnamable

tells this story only because it is a task imposed on him. He hopes to walk out of stories and speaking by finishing this telling. This is a story in which he mistakes himself for Mahood, thus, characterizing the narrative as a performance in self-alienation (Beckett, 2006, p. 311). When the unnamable, lacking a leg and an arm and having just enough armpits to carry a crutch, wheels around his family, the members anxiously see him from a distance. By the time he reaches home, they are all dead and the place is full of stench and rotten body parts. The story ensures that there is no room for narrative relationality and no communication between the unnamable and his family members. While this story is obsessed with death and biological *detritus*, the story itself gestures toward a narrative *detritus* when the unnamable narrator crosses out the entire story:

> But enough of this nonsense. I was never anywhere but here, no one ever got me
>
> out of here. Enough of acting the infant who has been told so often how he was
>
> found under a cabbage that in the end he remembers the exact spot in the garden
>
> and the kind of life he led there before joining the family circle. (pp. 317-318)

The story is easy to falsify because it comes from the Other as a narrative imposition. It subjects the subject to the Other's conception of his subjectivity. The narrative negation here is imbued with an element of dissidence as the subject denies fictional demand for identification through narrative pedagogy. In this narrative dialectic of construction through negation, the prosthesis is not only the unnamable's crutch but also the narrative detritus, produced by the subject's non-coincidence with the Other's fiction. The subject does not know and cannot verify the story. The narrative act is halted by this ignorance. It tips the story onto the side of the unspeakable Real but there is no proof to demonstrate the falsity of the narrative. The fact that the unnamable does not remember cannot be an evidence, owing to the inevitability of human forgetting. It is an impossible and unknowable juncture in the narrative where it can neither go on nor stop for good and therefore it must *mutate* into another story. By virtue of the Real, these stories *do not stop not being written*, as narrative negation never produces a void. Something remains, be it Lacan's double-negation ("doesn't stop not being written") that cannot be neutralized into an affirmation or Beckett's ambivalence where the subject denies the Other's fable of himself but can neither prove nor disprove it. In this impasse lies the impossibility of a logic that passes into the Real by evoking *antinomies*.

The next story of Mahood, thrust upon the unnamable, produces a narrative mutation. It is about the unnamable's stay in a glass jar at the meatshop. The shop is owned by a woman who not only uses his skull as an object of display and advertisement for the chop-house but also cares for it with an occasional "maternal instinct" (p. 323). Though this is a story about the unnamable, it mediates through Mahood as the Other and alienates his subjectivity by itemizing his skull as an object for the Other's gaze. In this story, the unnamable experiences, though does not fully understand "the boon of tears" (p. 322) as they flow from his eyes unceasingly when the proprietress covers his jar with a tarpaulin on winter evenings. He speculates if tears signify his gratitude towards the lady. But he cannot be sure because he acknowledges this care to be

cover for a simple logic of "capital". After all, the unnamable serves the best and the most memorable "landmark" and "advertisement" for her shop (pp. 322-23). Non-communication rules when the unnamable, bereft of speech, props his head out of the jar and tries to communicate to his proprietress that he feels cold and wants to be shrouded. She fails to read his signs and things do not change: "[…] we made balls of it between us, I with my signs and she with her reading of them" (p. 323). The unnamable almost identifies with this story but he also remarks how the Others often stop stories at one point, just when he is beginning to invest in them subjectively and resume them at a different point. This confuses him and gives him an illusion of intermittent relief and freedom. Narrative resumptions are therefore part of the Other's strategies. These are mutations and not resumptions. The mutation from one story to another is not consistent because they resume the fiction of the subject at a radically different and unrecognizable juncture: "[…] I mean instead of resuming me at the point where I was left off, they pick me up at a much later stage […]" (p. 324).

In what remains of this story, the unnamable starts to shrink inside the jar, as if to protest his objectification. This irritates the woman. She raises him by filling the bottom of the jar with sawdust. But with every passing day, he becomes so miniscule that she can hardly see or *use* him. This is where the story disintegrates with the subject on the brink of complete disappearance, contracted into an immovable detritus: eyes, ears, and a head—a minimal narrative remainder. Almost immediately after the story's dissipation, the narrator marks the logic of the Real: "[…] being admitted to that peace where he neither is, nor is not, and where the language dies that permits of such expressions" (p. 328). This indeed is Beckett's own articulation of a Lacanian Real logic where the axiom of the inexpressible constitutes the expressive act. In the impossible antinomy of the "is and the is not" lies the Real. As the unnamable reflects, "it's a lot to expect of one creature" (Beckett, 2006, p. 328) to reach that Real. As Lacan in *Seminar XI* formulates, it can be axiomatically *touched* by an encounter. This is what *The Unnamable* sets out to inscribe. In the fifth session of *Seminar XI*, Lacan discusses the difference between Aristotle's terms, *tuché* and *automaton* to observe that the Real is not a matter of deterministic *fortune* but a question of *chance*. The Real for Lacan is an impossible *encounter* (1998a, p. 53-64). It is an inscribed encounter and, in Beckett's work, this Godot-like "missed encounter" becomes an irreducible signature of the Real.

The final narrative remnant in *The Unnamable* is evoked in a pedagogic context, with an instrumental lesson in emotions, especially that of love. The unnamable repeats this story from the Other with ironic compression:

> They love each other, marry, in order to love each other better, more conveniently,
>
> he goes to the wars, he dies at the wars, she weeps, with emotion, at having loved
>
> him, at having lost him, yep, marries again, in order to love again, more
>
> conveniently again, they love each other, you love as many times as necessary, as
>
> necessary in order to be happy, he comes back, the other comes back, from the
>
> wars, he didn't die at the wars after all, she goes to the station, to meet him, he dies

in the train, of emotion, at the thought of seeing her again, having her again, she

weeps again, with emotion again, at having lost again, yep, goes back to the house,

he's dead, the other is dead, the mother-in-law takes him down, he hanged himself,

with emotion, at the thought of losing her, she weeps, weeps louder, at having lost

him, at having lost him, there's a story for you, that was to teach me the nature of

emotion, […] (p. 399)

In this parody of conventional novelistic narrative, Beckett compresses a realistic sentimental novel in less than two hundred words. This story leads to a *question* or a *hypothesis*. It jettisons closure and asks an unanswerable question in the spirit of the Real. Lacan defines the Real not only as impossibility and unknowability but also as "an impasse of formalization" (Lacan, 1998b, p. 93). The narrative form here stumbles against a Real impasse. Following the story, the unnamable interrogates its narrative logic by asking a question that emerges from the demand of the realism, that shapes its conventional and contrived plot:

[…] that must be the mother-in-law, I don't know, it must be her son, since she

cries, and the door, the house-door is bolted, when she got back from the station

she found the house-door bolted, who bolted it, he the better to hang himself, or the

mother-in-law the better to take him down, or to prevent her daughter-in-law from

re-entering the premises, there's a story for you, it must be the daughter-in-law, it

isn't the son-in-law and the daughter, it's the daughter-in-law and the son, how I

reason this evening, it was to teach me how to reason […] (p. 400)

The unnamable exercises the reasoning, taught through this narrative but it produces an *aporia*. It is not known who bolted the door. In this typical melodramatic situation, one would hardly care to answer a question about such an insignificant detail. The question falls within realism because it concerns the metonymic accumulation of details in a realistic text, keen on maintaining its logical consistency. This realistic question exposes the realistic narrative to a point of ignorance where the narrative *mutates* into hypothetical speculation, marking its tangential exterior: "[…] who bolted the door, and for what purpose, I'll never know, there's a story for you […]" (p. 400). This question about the door activates the Real and bores a hole into the epistemic narrative foundation. The story does not have the question in it. The question, like the Real letter, is subjective. The unnamable sabotages the story with this question. This is a *singular* act of subjective subversion. The question is a Real *detritus* that mutates the "door" from a signifier to a letter.

After this story, the unnamable returns to the "door" in an abstract context. The wooden door is abstracted into a narrative door on the brink of the Real silence. This transformation resembles the mutation of the real bird into the bird-pen in *Malone Dies*. As the door becomes a *word* from a wooden thing, it is rendered into the Real *letter* of the subject's final question. This question does not come from the Other but constitutes his *singularity* in *lalangue*. This door is located at the terminal cusp of narrative and silence: "[…] perhaps it's the door, perhaps I'm at the door […] it's I now at the door, what door, what's a door doing here, it's the last words, the true last […]" (p. 407). Here the narrator brings back the important distinction between a lasting silence which he calls an unreachable "dream of a silence" (p. 407) and another silence which does not last. I would characterize the first as a Real silence, outside of the Symbolic, while the latter is a Symbolic silence that pauses speech-acts and itself speaks. The silence, which does not symbolize anything, is the unbreakable silence of the Real. The door is the margin of this Real silence. It can open out into the Real or open inward into the story. But, like the wooden door, this Real "door" punches a hole in knowledge by not opening at all: "[…] perhaps they have said me already, perhaps they have carried me to the threshold of my story, before the door that opens on my story, that would surprise me, if it opens […] (p. 407)".

The "they" here refers both to the words as well as the Others who have introduced the story-function into the subject. These words and Others or these words *as* Others have "said" the unnamable throughout. Though this would give an impression of complete capitulation, I have marked how the said subject has also subverted the regime of the Other's narrative by asking questions and failing their narrative lessons. The narrative act may constitute its own hegemony of power by alienating the narrative subject in the story of Other(s). But neither Beckett's nor Lacan's work upholds this politics of mastery. If at all, they both resist the narrative politics of masterfulness by underlining narrative failure. The only category of master Lacan identifies himself with, is the Zen Buddhist master. As he clarifies in the overture to his first seminar:

> That is how a buddhist master conducts his search for meaning, according to the
>
> technique of *zen*. It behoves the students to find out for themselves the answer to
>
> their own questions. The master does not teach *ex cathedra* a ready made science;
>
> he supplies an answer when the students are on the verge of finding it. This kind
>
> of teaching is a refusal of any system. It uncovers a thought in motion—
>
> nonetheless vulnerable to systematisation, since it necessarily possesses a dogmatic
>
> aspect. (Lacan, 1991, p. 1)

In the above passage, Lacan connects Buddhist pedagogy with Freud's teachings and underscores how both are anti-dogmatic and resist any authoritarian or dictatorial mastery. The master in the Lacanian tradition allows the analysand to find their answers, rather than dictating their own to those on the couch. In the pedagogic

moments, studied in Beckett, we have seen an intense problematization of this trope of masterful omnipotence vis-à-vis narrative.

To return to *The Unnamable*, the hypothetical opening of the door would open the ambivalent future of entering the Real silence where the subject would finally be at one with his self-articulation in the "I". But this future, driven by the present, as we have seen above, is only an undecidable Real tangent. In the tripartite Lacanian subject, this "signifying cut" of the Symbolic order where the subject *speaks* and is *spoken* by language, points to the Real of the subject. This Real can only be registered as an impasse, a rift or a discontinuity: "The cut made by the signifying chain is the only cut that verifies the structure of the subject as a discontinuity in the real" (Lacan, 2006, p. 678). The Real subject, like the Real silence outside language, remains a hole which the narrative constitutes as a *detritus* after the exhaustive dialectic of construction through negation and vice versa finishes its work. This remainder is a Real crack that punches a gaping hole in the signifying apparatus of language and its narrative constructions.

Fundamentally speaking, psychoanalysis can never entirely do without narrative because the analysands always constitute their clinical history through free-association. In spite of assaults, there is still narrative in Beckett, reduced to the mathematical and corporeal dimension of the letter. The analysand's speech similarly signs narrative in the letter of a detritus. This cannot be a linear and expansive realistic narrative. In Beckettian terms, if the unnamable is in the analysand's position, Lacan does not want to become his master like Basil or Mahood by imposing a narrative on him. This is precisely the tradition of ego-psychology that Lacan resisted. For him, psychoanalysis is about the analysand. The analyst's mastery is supposed be trashed by the end of analysis. The Lacanian analyst is not a master. They have no messianic secret to cure the analysand with. On the contrary, the Lacanian trajectory of analysis lies in trashing the transferential mastery of the analyst as a "subject supposed to know"—Lacan's formula for transference. This jettisoning of the analyst as a locus of supposed epistemic mastery exposes the fact the analyst does not know anything other than what the analysand speaks on the couch. Lacan does not want to use narrative as a form of power and domination. It is at this point that his work resonates with Beckett who not only exposes narrative linearity of realism as a form of epistemic power but also punches a hole in that epistemic narrative power with the logic of the Real by insisting on ignorance and impasse. In Beckett, what remains after the exhaustive narrative dialectic of constructive negation and negative construction is a narrative detritus in which realism is subverted by the Real.

References

Beckett, S. (1995). *The complete shorter prose: 1929-1989*. New York, NY: Grove.
Beckett, S. (2003). *The complete dramatic works*. London, UK: Faber.
Beckett, S. (2006). *The grove centenary edition volume II: Novels*. New York, NY: Grove.
Beckett, S. (2009). *Company, ill seen ill said, Worstward Ho, stirrings still*. London, UK: Faber.
Brooks, R. (1992). *Reading for the plot: Design and intention in narrative*. Cambridge, UK: Harvard University Press.

Brown, L. (2016). *Beckett, Lacan and the voice*. Stuttgart, Germany: Ibidem-Verlag.

Brown, L. (2019). *Beckett, Lacan and the gaze*. Stuttgart, Germany: Ibidem-Verlag.

Chattopadhyay, A. (2019). *Beckett, Lacan and the mathematical writing of the real*. London, UK: Bloomsbury.

Lacan, J. (2006). *Écrits*. (B. Fink, H. Fink, & R. Grigg, Trans.). London, UK: Norton.

Lacan, J. (1991). *The seminar Of Jacques Lacan*: *Book I: Freud's papers on technique 1953-1954. (*J. Forrester, Trans.). New York, NY: Norton.

Lacan, J. (1992). *Book VII: The ethics of psychoanalysis 1959-1960*. (Dennis Porter, Trans.). New York, NY: Norton.

Lacan, J. (1998a). *The four fundamental concepts of psychoanalysis*. (A. Sheridan, Trans.). New York, NY: Norton.

Lacan, J. (1998b). *The seminar Of Jacques Lacan*: *Book XX: On feminine sexuality: The limits of love and knowledge, 1972-73*. (B. Fink, Trans.). New York, NY: Norton.

Lacan, J. (1974). The seminar of Jacques Lacan: Book XXI; The names of the father. (C. Gallagher, Trans.). Retrieved from http://www.lacaninireland.com/web/translations/seminars/

Lacan, J. (1989). Geneva lecture on the symptom: 1975. (R. Grigg, Trans). *Analysis 1. Melbourne, Australia: Centre for Psychoanalytic Research*, 7-26.

Malina, D. (2002). *Breaking the frame: Metalepsis and construction of the subject*. Columbus, OH: The Ohio State University Press.

Nussbaum, M. C. (1990). Narrative emotions: Beckett's genealogy of love. In *Love's knowledge: Essays on philosophy and literature* (pp. 286-313). Oxford, UK: Oxford University Press.

Richardson, B. (2001). Denarration in fiction: Erasing the story in Beckett and others. *Narrative: Contemporary Narratology*, *9*, 168-175.

Žižek, S. (2009). Beckett with Lacan. *Lacanian Ink*. Retrieved from http://www.lacan.com/article/?page_id=78

Sociality and Magical Language: Nietzsche and Psychoanalysis

Jeffrey Jackson[1]
University of Houston-Downtown

Abstract

On a certain reading, the respective theories of Freud and Nietzsche might be described as exploring the suffered relational histories of the subject, who is driven by *need*; these histories might also be understood as histories of *language*. This suggests a view of language as a complicated mode of *identifying-with*, which obliges linguistic subjects to identify the non-identical, but also enables them to simultaneously identify with each other in the psychoanalytic sense. This ambivalent space of psychoanalytic identification would be conditioned by relational histories. On one hand, this might lead to conformity within a system of language as a shared, obligatory compromise formation that would defend against the non-identical; magical language, typified in Freud's critique of animism and in Nietzsche's critique of "free will" guided by absolute normative signifiers ("Good" and "Evil"), would be symptomatic of this sort of defense. On the other hand, given other relational histories, it may produce the possibility for more transitional modes of identification, and thereby modes of language that can bear its suffered histories, and lead to proliferation of singular compromise formations. It is suggested that while the former is historically dominant, Nietzsche and various psychoanalytic thinkers contribute to conceiving of the possibility of working ourselves towards the latter.

Introduction

The kinship between certain non-metaphysical aspects of Nietzsche's thinking and that of Freud has been discussed by many commentators.[2] Derrida, for example, sees both thinkers as precursors to Heidegger in their criticisms of self-certainty, based on the motif of différance.[3] Such critics have found richer modes of thinking and writing than is evident from simplistic, metaphysical portrayals of libido theory or *Will to Power*, for example. Nonetheless, much of that body of commentary seems to implicitly presuppose some form of animistic agency within Freudian and Nietzschean subjectivities that would lead toward freedom despite the weight of history.[4] Thinking

---

[1] Correspondence concerning this article should be addressed to Prof. Jeffrey Jackson, Department of History, Humanities, and Languages, University of Houston-Downtown, Email: Jacksonjef@uhd.edu

[2] See, for example, Derrida (1986) and Assoun (1998). Other commentators include Marx, along with Freud and Nietzsche, in the group. See, for example, Foucault (1990), Kofman (1998), and Ricoeur (1970).

[3] See Derrida (1986), p. 409.

[4] For example, in discussions of Freud and Nietzsche, Kofman (p. 45) attributes metaphysics to a "a certain kind of mind"; Ricoeur (p. 34) attributes it to "false consciousness" that can be countered with "suspicion"; Foucault (p. 62) suggests that they offer a new form of reflection that critiques the idea of depth. Despite the brilliance of these respective analyses, they seem open to the charge of

(including suspicion, the eschewing of faith in metaphysics, etc.) or other form of subjective action may be *symptomatic of* psychoanalytic defence, but they are not the same thing. The latter is a mode of negotiating relational constellations, which reproduce and are reproduced by forms of language.

The following line of discussion suggests that Freud and Nietzsche might be described as exploring the suffered relational histories of the subject, who is driven by *need*; these histories might also be understood as histories of *language*. Nietzsche's more explicit emphasis on the sociality of language provides a provocative context within which to read the Freudian conception of modernity in his emphasis on the ubiquity of animistic magic and the conception of *identification* as the basis of relationships. Although Freud was primarily concerned with the intra-psychic, there are elements in the metapsychological and cultural texts that point toward the more relational perspective taken up later by object relations psychoanalysis.[5] This constellation of concepts suggests a view of language as a social organization of the primary process. The contestation of the conservative character of this organization would *not* take the form of a *subjective* act, trait, or posture—which would simply reproduce the symptomatic appeal to magic. Rather, it would entail the creation of modes of sociality and language, which might sustain the mourning implicit in the depressive position, where the interruption of the compulsion to narcissistically project ourselves into the object might be borne and socially facilitated.[6]

This would assume a sort of materialist view of language as an expression of affective social relations that condition subjectivity—both its limits and liberation. Nietzsche and Freud would then share a similar view of the socio-historical, materiality of language; consciousness—which is structured by language—is not separate from matter, but is rather ineluctably embedded in embodied history.[7] To be clear, this

---

presupposing a type of animism that Freud finds in the philosophy of his time. Psychoanalysis—as a mode of contesting neurotic fixation—offers a variety of alternatives to this in concepts such as mournful working-through, integration, containment of fragments, etc. A Nietzschean alternative might be found in his concept of convalescence; see Jackson (2017). In this context, metaphysics might be conceived as a symptom of socially-conditioned *need*, rather than merely a pernicious type of *thought*.

[5] See Jackson (2013), pp. 13-47.

[6] Mourning, of course, is much more than the physical absence of the object. Even in Freud, the ordeal that comes in the wake of loss is symptomatic of the complexity of identification which constitutes the self from the start (already split, outside of ourselves, ex-static, etc.). For Klein, the ability to hold the depressive position and avoid regression to the paranoid-schizoid position is indicative of this insubstantiality.

[7] Marx shares a similar view. In *The German Ideology* (2004), he writes: From the start the 'spirit' is afflicted with the curse of being burdened with matter, which here makes its appearance in the form of agitated layers of air, sounds, in short, of language. Language is as old as consciousness, language is practical consciousness that exists also for other men, and for that reason alone it really exists for me personally as well; language, like consciousness, only arises from the need, the necessity, of intercourse with other men (p. 158).

assumes a rather unconventional view of libido as accounting for the embeddedness of the subject within social history. For example, while acknowledging the need to provide phenomenological clarification of Freud's concepts, Maurice Merleau-Ponty (1962) writes:

> the libido is not an instinct, that is, an activity naturally directed towards definite
>
> ends, it is the general power, which the psychosomatic subject enjoys, of taking
>
> root in different settings, of establishing himself through different experiences, of
>
> gaining structures of conduct. It is what causes man to have a history. (p. 158)

For Nietzsche, language is a symptom of the suffered social need to identify through signs; for Freud, language partially mediates the reality principle, but as such carries the marks of the pleasure principle which operates uneasily within linguistic and conceptual compromises with the demands of social history.[8]

One might read the argument running through Freud's cultural works as implying that psychoanalysis—operating within the scientific (*wissenschaftliche*) *Weltanschauung*—is a mode of working ourselves out of this historical legacy. It is the form of reflection that purports to be able to trace and grapple with reflection's history. If we follow this connection with Nietzsche on the idea that consciousness and language are co-original, one might then rephrase this characterization of psychoanalysis, insofar as it would be the mode of language that enables us to work ourselves out of our own regressive, animistic tendencies to endow language with magical—i.e., separate, supernatural, ahistorical—force. [9] Psychoanalysis would thereby take the form of both a tracing of that history of language (both social and developmental) and a performative ordeal of working-through-of (and freeing-from) the narcissistic need for animistic speech (both magical and social).

---

[8] One might derive a similar position from the work of Klein, who suggests that the depressive position is not a replacement of the paranoid-schizoid position, but is rather built upon the latter. She (1935) writes: "I must again make clear that in my view the depressive state is based on the paranoid state and genetically derived from it. I consider the depressive state as being the result of a mixture of paranoid anxiety and of those anxiety-contents, distressed feelings and defences which are connected with the impending loss of the whole love object…" (p. 159)

[9] Nietzsche (2001), for example, writes: "we could think, feel, remember, and also 'act' in every sense of the term, and yet none of all this would have to 'enter our consciousness'…man, like every living creature, is constantly thinking but does not know it; the thinking which becomes conscious is only the smallest part of it, let's say the shallowest, worst part—for only that conscious thinking takes place in words, that is, in communication symbols…the development of language and the development of consciousness…go hand in hand…The sign-inventing person is also the one who becomes ever more acutely conscious of himself…" (pp. 212-213).

Language as Identifying-with

It is hard to imagine that Freud was not profoundly influenced by Nietzsche's work, especially *On the Genealogy of Morality*. The parallels—albeit not exact parallels—between bad conscience and *Überich*, ascetic ideal and the death drive, masochism and *ressentiment*, etc. seem undeniable. As with Nietzsche, Freud's theory is not simply concerned with the individual or culture, but of the suffered nexus between the two; and both thinkers focus on the role of language within suffered social history. Freud tracks the imbrication of language and primary process in a variety of ways, in dreams, parapraxes, jokes, literature, etc. From the mundane through more refined levels of cultural discourse, Freud suggests that everyday animisms—as the legacy of our social histories and infancy—are infused within our thinking and language, and in this sense he was a descendent of Nietzsche who was also concerned with this sort of magic built into language and grammar.[10]

Reading Nietzsche and Freud together enables a provocative, complicated view of language as a form of *identifying-with*. Language reproduces conformity in a complicated way. On one hand, it obliges us to signify in the same way—use the same signifiers, in the same ways, with the same tempo, inflection, etc. It involves us in an obligatory mimicry. On the other hand, it provides a structure that facilitates our *identification with each other* in the Freudian sense. It does not make us exactly the same, but rather creates a space for the ambivalent processes of projection and introjection.

One might consider two important moments in Nietzsche's reflection on language. First, in several earlier works, he describes language as responding to a need to equate the unequal, identify the non-identical. Second, in *On the Genealogy of Morality*, he suggests that the use of basic normative language takes different forms that are symptomatic of a social history—paradigmatically in the difference between "Good and Evil", on one hand, and "good and bad" on the other. The former entails the positing of a magical "free will" which would override the suffered history that is its condition of possibility. Taken together, these moments imply a view of language as a system of identities which operates in different ways, depending on the suffered social histories of the subjects who inhabit it.

In "On Truth and Lying in a Non-Moral Sense", and elsewhere, Nietzsche (1999) suggests that language works by equalizing the unequal, by positing obligatory identities in the form of words that enable signalling between those within the same system—"herd" signalling.[11] He writes: "Every concept comes into being by making

---

[10] One other example of the protopsychoanalytical character of Nietzsche's thinking can be found in the section titled "The Four Great Errors" in *Twilight of the Idols* (2005). Here, Nietzsche discusses the compulsion to posit magical causality; although classified as "errors", they can be read as conceptual and linguistic *symptoms* of suffered social history.

[11] In *The Gay Science*, Nietzsche writes: "...all our actions are incomparably and utterly personal, unique, and boundlessly individual...but as soon as we translate them into consciousness, they no longer seem to be...everything which enters consciousness thereby *becomes* shallow, thin, relatively stupid, general, a sign, a herd-mark...all becoming conscious involves a vast and thorough corruption,

equivalent that which is non-equivalent. Just as it is certain that no leaf is ever exactly the same as any other leaf, it is equally certain that the concept 'leaf' is formed by dropping these individual differences arbitrarily, by forgetting those features which differentiate one thing from another…" (p. 145). Here, the main point is that human consciousness arises from this *need* to communicate, which entails the *need* to identify. Conceptualization depends on the existence of the shared system of identities. However, Nietzsche's account seems to beg the question of how the nonidentical gives rise to the need for identity. Nietzsche's schematic in these early texts does not seem to sufficiently explain how language mediates between the identical and the nonidentical—that which precedes identity. Who is *the herd* who buys into this delusional fantasy of identifying the nonidentical? In so doing, they would not magically become identical to each other, but nonetheless *identify with* each other as a group of those who accept social cues to regress in a certain way. In other words, the nonidentical would shape the basis from which the identical, in the form of the concept and word, operates. On one hand, the identifying concept is subject to the function of *negation*, which generates its difference from other concepts; on the other, the shared performative use of the concept creates an ambivalent site of sociality, devoid of negation, as in the Freudian primary process. As Adorno (1966) insists, the nonidentical conditions identification (p. 174).

Freud's predominantly intra-psychic view suggests that this is done by organizing the primary process; one is allowed regression at the cost of conforming, i.e., one regresses in a socially-regulated way. There is then at least a dual meaning in the function of language as enabling us to *identify with* each other. On one hand, as Nietzsche explains, we are obliged to use the same signifiers, which act as a sort of organization of fetishes; we project identity onto the nonidentical together, as a more or less obligatory social practice. On the other hand, language creates an ambivalent, uneasy relational space of identification in the psychoanalytic sense, structured by projection and introjection. Freud (2001b) writes:

Identification, in fact, is ambivalent from the very first; it can turn into an expression of tenderness as easily as into a wish for someone's removal. It behaves like a derivative of the first, oral phase of the organization of the libido, in which the object that we long for and prize is assimilated by eating and is in that way annihilated as such…identification is the original form of emotional tie with an object; secondly, in a regressive way it becomes a substitute for a libidinal object-tie, as it were by means of introjection of the object into the ego; and thirdly, it may arise with any new perception of a common quality shared with some other person…we already begin to divine that the mutual tie between members of a group

falsification, superficialisation, and generalization..." (Nietzsche, 2001, pp. 213-214).

is in the nature of an identification of this kind, based upon an important emotional

common quality… (pp. 105-108)

In this way, one might say that language provides a shared social *cover* for the diversity of primary process, which preserves singular narcissisms in a communal way.[12] This is one possible interpretation of Nietzsche's claim that language as "lie" is *needed*, rather than chosen, accepted, rejected, etc. In Winnicott's terms, one might say that because of lack of good environment, this type of cover is needed for stability for selves that fail in negotiation with the alterity of objects. There would then be a relational history which conditions how language operates as a site of identifying-with: as either cover for subjects for whom integration is unbearable, or as a transitional object for subjects who are able to playfully identify and differentiate themselves (Winnicott, 1971).

In Freud's early, topographical, model of the psyche, the action of the reality principle does not simply lead to repression, but to the formation of compromises that allow the primary process its satisfaction in distorted ways.[13] Jokes, parapraxes, and other symptoms as compromise formations, are not merely *special* cases but examples of the ubiquity of the compromise between primary and secondary processes.[14] It might be said that language operates as an organization of compromise formations. The reality principle (and its basis in the principle of noncontradiction that grounds logical, discursive speech) *has a history*. It has conditions of possibility in the loss of infancy,

---

[12] "Cover" here is meant in Winnicott's sense. In one type of group, well-integrated individuals—able to provide their own cover—enrich each other; in the other, the group provides cover for relatively unintegrated individuals, providing a shared defence based on compliance (1965, pp. 149-150).

[13] Freud (2001g) writes: "It has been worth while to enter in some detail into the explanation of dreams, since analytic work has shown that the dynamics of the formation of dreams are the same as those of the formation of symptoms. In both cases we find a struggle between two trends, of which one is unconscious and ordinarily repressed and strives toward satisfaction—that is, wish fulfilment— while the other, belonging probably to the conscious ego, is disapproving and repressive. The outcome of this conflict is a compromise-formation (the dream or the symptom) in which both trends have found an incomplete expression. The theoretical importance of this conformity between dreams and symptoms is illuminating. Since dreams are not pathological phenomena, the fact shows that the mental mechanisms which produce the symptoms of illness are equally present in normal mental life, that the same uniform law embraces both the normal and the abnormal and that the findings or research into neurotics or psychotics cannot be without significance for our understanding of the healthy mind" (p. 242).

[14] Freud (2001a) says that "the substitution of the reality principle for the pleasure principle implies no deposing of the pleasure principle, but only a safeguarding it. A momentary pleasure, uncertain of its results, is given up, but only in order to gain along the new path an assured pleasure at a later time" (p. 223).

and that loss—as the history of the socially and relationally-mediated negotiation between need and external reality—conditions the symptomatic form that the self takes. Under the pressure of reality, as a compromise, language organizes the regressions to the primary process; it does not obliterate them, but gives them a social form. It *socializes* the operation of the primary process, which as Freud says is devoid of negation and continues the primitive equating of thought and reality, and speech and reality.[15] This would suggest a non-mechanistic account of the workings of the unconscious, which focuses on the status quo, and how the status quo reproduces itself as a compromise organization of unconscious compulsion.

The resistance to history, the inability to bear and negotiate it—characteristic of the primary process—is registered at the heart of language. Freud often emphasizes the fixated, conservative character of the psyche. In his early essay, "Formulations on the Two Principles of Mental Functioning", he remarks that "A general tendency of our mental apparatus, which can be traced back to the economic principle of saving expenditure [of energy], seems to find expression in the tenacity with which we hold on to the sources of pleasure at our disposal, and in the difficulty with which we renounce them" (2001a, p. 222). In *Mourning and Melancholia*, he says that the human "never willingly abandons a libido-position…" (2001d, pp. 244-245). In *Beyond the Pleasure Principle*, this element is linked to the nature of the instinct, "*an urge inherent in organic life to restore an earlier state of things...*" (2001g, p. 36). This conservative element can be read as the inevitable symptomatic regression to the primary process. It is not simply periodic—for example, at night in dreams, as periodic return of the repressed—but rather continual integration of the primary and secondary processes within ubiquitous compromise configurations—as the *form* of the more or less fixated status quo.

According to Freud (2001e), judgement is itself a sort of compromise:

Judging is a continuation, along the lines of expediency, of the original process by which the ego took things into itself or expelled them from itself, according to the pleasure principle…the performance of the function of judgement is not made possible until the creation of the symbol of negation has endowed thinking with a first measure of freedom from the consequences of repression and, with it, from the compulsion of the pleasure principle (p. 239).

---

[15] Freud (2001a) writes: "The strangest characteristic of the unconscious (repressed) processes, to which no investigator can become accustomed without the exercise of great self-discipline, is due to the entire disregard of reality-testing; they equate reality of thought with external actuality, and wishes with their fulfilment—with the event—just as happens automatically under the dominance of the ancient pleasure principle" (p. 225).

On this view, logical fallacies are not simply abnormalities of otherwise sound deductive practices, but rather ubiquitous symptoms of the primary process. If the basis of logic is the principle of non-contradiction, in his short essay "Negation", Freud might be said to trace the primary process into the heart of logic in so far as negation is said to often take the form of an intellectual and linguistic substitute for repression. In this sense, to negate is to assert that one has repressed and would rather it be the case that the thought in question not be true. Negation is the nodal part of the ambivalence of identification; I adopt that part of you, but reject that part. But, as later thinkers point out, that rejection is also complex, since it may mark the disavowal of that which I wish was not a part of me, as in *projective identification*.

For example, in the famous joke discussed by Freud, the absurdity of the excuses related to the damaged, borrowed kettle may perhaps be seen as a model of *normal*, albeit fallacious, human reasoning (2001c, p. 62).[16] The contradictory justifications offered by the narrator might be read as symptoms of unintegrated desire attaching itself to this and to that signifier—not as a "mistake" of an otherwise logical subject, but as expressions of the primary process tied to the structure of language, which yields pleasure in nonsense. The denials are forms of negation (e.g., "I didn't damage the kettle", etc.) that would then express that I have repressed that idea and could not bear that it could be true, because it would disrupt the primary process. For Freud (2001e), "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'" (p. 237). In this way, "To negate something in a judgement is, at bottom, to say: 'This is something which I should prefer to repress!' A negative judgement is the intellectual substitute for repression... thinking frees itself from the restrictions of repression and enriches itself with material that is indispensable for its proper functioning" (2001e, p. 236). The repression is pleasurably lifted—the repressed thought is expressed, albeit in a symptomatic way that preserves the functioning of the primary process.

This seems to suggest that negation might be imbricated with lying in Nietzsche's sense: "…the obligation to lie in accordance with firmly established convention…unconsciously…and in accordance with centuries-old habits—and precisely because of this unconsciousness…they arrive at the feeling of truth" (Nietzsche, 1999, p. 146). In other words, negation as an intellectual function depends on conformity to customary language use; such conformity provides a release from the *affective* consequences of the repression, and allows the repressed thought to be expressed in a symptomatic—albeit socially-shared or *fetishised*—way. One lies socially to preserve release of the primary process; this release is enabled by language as an organization of compromise formations that allow a sort of socially-shared manner of enjoying the primary process. The fetish produces a "feeling of truth".

The virtues of *valid* reasoning—which assumes norms that preserve the *formal* coherence of negation—would also presuppose either a real or idealized community that fetishises it. In other words, despite the value of the principle of non-contradiction, valid argumentation is also a sort of compromise formation. To see negation as a function of logic as a purely formal system that can be *taught* to rational subjects would be to abstract from the suffered social history—the inseparable condition of

---

[16] See also Žižek (2005).

possibility—of language. Even the most refined logicians are subject to the same socio-historically conditioned need to preserve narcissism. Again, though, in addition to organizing opportunities for pleasure within a social context, one might also see language as organizing regression to *identification*, as the earliest form of social bond—which is marked by ambivalence of wanting to be and wanting to replace, of projection and introjection. Socio-linguistic compromise formations organize pleasure by facilitating regressive forms of affective bonds. From this perspective, valid and fallacious reasoning are not errors, but symptoms of *forms of love.*

The freedom from the *affective consequences* of repression—a freedom enabled by conformity with the fetishised system of signs—is experienced as pleasurable. But, as Freud insists, this common, limited freedom is not yet freedom from repression. In other words, it remains an animistic, magical freedom that is somehow imbued with a "feeling of truth", acting as a defence mechanism. On this reading, the freedom from affect (enabled by conformity to a fetishised system of language) valorised by "higher" forms of culture which depend on the symbolization and sanctification of negation—philosophy, social sciences, law, journalism, politics, etc.—is nonetheless symptomatic of the narcissistic need *to defend* oneself from suffered social history. This freedom is in effect a sort of compromise formation of the primary process, and is symptomatic of its own unbearable histories which are calcified within discursive subjects. The animism which would endow subjects with magical power over material history might be seen in the self-conception of reasoning as ahistorical. In other words, there is a fine line between science and superstition. Researchers in the hardest of sciences, using the most abstract language, would be susceptible to the narcissism which facilitates *identification-with*, which may for example generate the positing of magical, fetishised models of causation. Language both enables science and enables foreseeable regressive identification.

Magic and Bipolarity in Language

One might read Freud's diagnosis of *philosophy* as a form of animism within this framework, in so far as one of the most culturally-advanced forms of discourse is diagnosed as a compromise formation.[17] From the ubiquity of compromise formations in dreams, jokes, parapraxes, and everyday neurotic symptoms to the heart of judgement and philosophy, one might say that Freud finds the primary process within even the most "spiritual" of human activities. Freud (2001f) suggests that

> many of the utterances of animism have persisted until this day…you will scarcely
>
> be able to reject a judgement that the philosophy of today has retained some
>
> essential features of the animistic mode of thought—the overvaluation of the magic
>
> of words and the belief that the real events in the world take the course which our
>
> thinking seeks to impose on them…On the other hand, we may suppose that even in

---

[17] It is significant that this critique of philosophy is first articulated in his essay "On Narcissism", where Freud (2001d) links philosophy to the ego ideal, which is formed as a way to preserve narcissism. See also Jackson (2013, pp. 117-122).

those days there were ethics of some sort, precepts upon the mutual relations of

men; but nothing suggests that they had any intimate connections with animistic

beliefs. They were probably the direct expression of men's relative powers and of

their practical needs. (pp. 165-166)

There are two main points here. First, as with Nietzsche, Freud eschews views of a separated mind or spirit which would magically have power over matter by way of language. Moreover, such an insistence on magic would be symptom of a history—both singular and social—which cannot be borne. In other words, magical language and thought respond to an overwhelming, seemingly uncontrollable world as a sort of defence of a narcissistic position. As in Freud's account of the intellectual operation of negation, the magic provides an abstract way to lift the repression—of the desire for freedom in a world which precludes it—while *maintaining* it. The second main point in this quotation is that Freud affirms the effect of suffered social reality beyond and below this symptom of animism. There is a suffered socio-historical order that precedes and conditions animistic speech, which is a symptom of that order rather than its cause.

This diagnosis has a surprising resonance with the argument laid out in the first essay of Nietzsche's *On the Genealogy of Morality* (1997), which discusses the way that normative language is conditioned by suffered social histories. Here, language initially appeared among the master class, which has the privilege to engage in intellectual labour, which entails the privilege to speak and name. Here, normative language would reflect class differences, where the "good" and related terms are linked with the characteristics and ways of life of the dominant class; "bad" signifies the characteristics and ways of life of the dominated class of slaves. When the priestly class comes into conflict with the master class, it breaks free and forms a new alliance with the slaves; this suffered history conditions the history of language. Subsequently, language as naïve expression of domination comes to manifest the new possibility of becoming a fixated symptom of "slaves' morality". Here, the history and relativity of concepts are emphatically denied by a normativity built on the purportedly absolute opposition of "Good" and "Evil", such that the denial is transparently symptomatic. For Nietzsche, as in Freud's discussion of negation, the emphatic denial of history and the repudiation of "Evil" take the form of an imagined wish-fulfilment which cannot bear the suffered social history from which it arises—what Nietzsche calls *"ressentiment"*.

There is a striking similarity with Freud, insofar as *ressentiment* can be seen as a symptom—within subjectivity—of that conservative, reactive element which reproduces the status quo. For Nietzsche, *ressentiment* is primarily expressed through the positing of a "free will" which would magically override history. Nietzsche (1997) writes of the weak, that "This type of human being needs to believe in an unbiased 'subject' with freedom of choice, because he has an instinct of self-preservation and self-affirmation in which every lie is sanctified" (p. 27). Freud's insistence on the persistence of animism—and therefore the primary process—throughout history and within higher forms of civilization coincides with Nietzsche's diagnosis of freedom of

the will as a symptom of the persistence of a pathological form of sociality. For Freud, this pathology is constituted by a narcissistic pleasure typical of infancy in which the distinctions between thought, word, and reality were not needed, given implicit parental care. Similarly, for Nietzsche, the need for the concept of "free will" is symptomatic of communities of the powerless who have been denied the possibility of negotiating reality, or for whom such negotiation would be traumatic. In both cases, the belief in a magical, dissociated (i.e., "free") subjectivity is symptomatic of a defence against suffered social history which cannot be worked-through and integrated. It thereby tries to preserve a regressive form of narcissism.

This possibility is perhaps contained in Freud's abovementioned claim that identification as the earliest form of love entails the ingestion of the object as well as its repudiation and murder. *Ressentiment* might be understood as the attempt to repudiate that which one has internalized, to deny that which is constitutive. From the Kleinian perspective, this might be read through a fixation of the splitting of the object into both good and bad that originates in the paranoid-schizoid position (Klein, 1935). The experience of the same world as both Good and Evil would reflect both a floating schizoid formation, but also a paranoid defence against the integration of the *whole* object.[18] *Ressentiment* might be seen as the counter-concept to the gratitude that is typical of the depressive position. However, for Nietzsche, this takes on a fixated social form, expressed in language. There is a socio-linguistic form of splitting, which organizes the primary process, absorbs subjects and is reproduced by them.

As suggested above, language is a compromise formation that is socially-shared: on one hand, mediating reality; on the other, facilitating regressive pleasure. Language facilitates a conformity—within a compromise between reality and the primary process—prior to social contract; from this perspective, language is unconsciously co-originary with the institution of society. The normative opposition between Good and Evil is a paradigmatic form of such a compromise formation, offering an obligatory form of identification—which both compels conformity of signification, but also offers a structured space of regressive relationships. Within this context, one might say that this bipolarity of language *organizes partiality*. It thereby provides a cover for regressive subjects who cannot bear the loss of partiality, and who *need* the libidinal charge of the fetishised signifier.

The linguistic template implicit with this paradigm of Good vs. Evil might then be understood as providing socially shared structure of ambivalence. Within it, we negate—disavow, projectively identify, etc.—together; that which we cannot bear within ourselves is relocated within the "Evil" other group, and we bond with each other in so far as we share in the language game symptomatic of the respective, fetishised form of projective identification. Again, the seal on the purportedly absolute character of this game is the faith in a "free will" which provides magical immunity from that which is disavowed. It marks the supremacy of the naïve faith in consciousness that psychoanalysis aims to displace.

Freud suggests that psychoanalysis offers a separate model of language use that would facilitate a *working-through* of history. In the language of object relations theory, this work would imply an effort to hold or contain that ambivalent fragmentation within

---

[18] See Jackson (2017, pp. 146-160)

the self. This would include not merely a *conception* of the historical conditions of reflection and language, but also the ordeal of bearing the loss of our need for magic. For Nietzsche, the linguistic structure of slaves' morality is simply *one* paradigmatic form—albeit, for him, the dominant form in modern society—of historically-conditioned language. There would therefore be a possibility of language—a possibility sought by Nietzsche's own writing—which would undergo the ordeal of a genealogy of the need for language.

There may be a parallel between Nietzsche's analysis of Good and Evil as fetishised nodes of magical signification and Klein's distinction between good and bad objects as affective, embodied bipolarity within the paranoid-schizoid position. One might read Klein's sense of the "depressive" position, as implying that the wholeness of the object and the self would work to break our fixation to its parts, either good or bad. For Nietzsche, living *beyond Good and Evil* would represent the ability to hold a space between poles, dangerously outside of the obligatory organization of the primary process, without the cover. Writing and speaking here would not imply occupying some sort of absolutely non-magical space, but—in a piecemeal fashion—to interminably trace the feeling of the need for magic, for the socially-fetishised mark, and to bear its loss, bit by bit. But, as Nietzsche insistently asks: who has the courage to transcend this more or less obligatory fetishisation of parts and fragments, and even for a moment embrace the wholeness of objects and consequently the loss of our libidinally-infused partiality—to embrace the ambivalent, risky, uncertain, potentially overwhelming, uncontrollable, character of objects and ourselves (Nietzsche, 2002, pp. 5-6)?

Histories of Magical Language

In his essay on fascism and Freud's *Group Psychology and the Analysis of the Ego*, Adorno (1982) suggests that tendencies toward fascism permeate the democratic form of mass society. The obliterated consciousness produced by poorly-organized society—vulnerable to the strategies of advertising and the culture industry more broadly—is equally vulnerable to modes of political seduction. Adorno finds symptoms of this obliteration in the subjectivization of social crisis in mundane social life, as well as in the language of the dominant philosophical theories of his time. One might say that on the above reading of Freud and Nietzsche, language as it operates in mass society carries the possibility for regressive populism. The conservative character of the status quo might at least partially be understood as an expression of what Nietzsche calls the "feeling of truth" produced by a need to believe in freedom of the will. In Freud, the dominant form of compromise formations that constitute the status quo might be understood as being grounded in confusing its own apparent separation from the affective consequences of the repression—a freedom enabled by conformity with fetishised language—with freedom from socially-reproduced repression. This would amount to a magical effect of language which reproduces a maniacal culture which cannot bear its own suffered social history. This can also be read through Freud's account of the history of civilization insofar as religion, as a mechanism of mass illusion which has no future, enabled past forms of culture to survive. The regressive form of fetishised identification—which Nietzsche links with slaves' morality and *ressentiment*—may have been suitable for premodern cultures, which tended to be more homogenous; in modern multicultural societies, this

reproduces acute crisis. Language is imbricated with the weight of this inherited history, and would therefore find itself within the same transition.

If language has socio-material conditions of possibility, it would not be the basis of sociality, but rather sociality and need would also condition language. There would not be an animating subjective power that would control history, but rather a social organization of need that language expresses and helps to reproduce. There is a continuity in Freud's early descriptions of the primary process, his later accounts of animism in philosophy and religion, and his account of the superego in mass culture. Dominant modes of mass culture—inclusive of religion, art, philosophy, etc.—would be shared, organized modes of the primary process, where thinking, word, and event are not distinguished. These idealist aspects of contemporary civilization often naively believe that they are operating totally within the reality principle, but this is merely a ruse of the repression, which remains. Within our own feeling of truth, we seem surprised and upset when confronted with certain symptomatic regressions to magical language in the public sphere, as if it were new to live in a world without *truth*. If there are fascist elements in contemporary discourse—where wish, word and event cannot be distinguished—following Freud, we might see its roots in ourselves, despite the confidence we all have in the veracity of our own judgment.

As there is a suffered social prehistory of the subject which finds its own history more or less unbearable, this same history shapes symptomatic language and reproduces itself in *scenes* of speech and writing, where magic and its social consequences may be interrupted if such an interruption—and the suffered ordeal that ensues—can be borne. On the one hand, language is a field which offers social cover to those who need it, providing formal social cohesion, which covers and protects an inability to negotiate alterity. The bipolar normative language of "Good" and "Evil", for example, is symptomatic of a defense against the other that preserves a variety of regressions under the umbrella of conformity to convention. On the other hand, if we can bear life without this defense, language might provide flexibility to our values and support an interminable motility through our relational histories. This can be seen in the emphasis of object relations psychoanalysis on the environment, which may take a form that would nurture the ability to negotiate the margins of obligatory signification, and to bear the ambivalence of objects. One's ability to avoid socially-sanctioned modes of regression, and sustain something akin to the Kleinian depressive position, shapes the ways in which one *needs* language: on one hand, as socially-shared compromise formation which provides pathways for temporary maniacal freedom from the affective consequences of repression; on the other as a sort of differential architecture to sustain the salutary ordeal of the loss of magic and the negotiation of the nonidentical. There are therefore socio-historical conditions of possibility for the work of salutary poetic language, through which language would embrace its history and finitude and open up possibilities for proliferations of singular compromise formations.

References

Adorno, T. (1966). *Negative dialektik*. Frankfurt am Main, Germany: Suhrkamp Verlag.

Adorno, T. (1982). Freudian theory and the pattern of fascist propaganda. In A. Arato and E. Gephardt (Eds.), *The Frankfurt school reader* (pp. 118-137). London, UK: Continuum.

Assoun, P.-L. (1998). *Freud et Nietzsche*. Paris: Press Universitaires de France.

Derrida, J. (1986). Différance. In M. Taylor (Ed.), *Deconstruction in Context* (pp. 396-420). Chicago, IL: University of Chicago Press.

Foucault, M. (1977). Nietzsche, Genealogy, History. In Bouchard, D.F. (Ed.), *Language, counter-memory, practice: Selected essays and interviews*. Ithaca, NY: Cornell University Press.

Foucault, M. (1990). Nietzsche, Freud, Marx. In Ormiston and Shrift (Eds.), *Transforming the Hermeneutic Context* (pp.59-67). Albany, NY: SUNY Press.

Freud, S. (2001a). Formulations on the two principles of mental functioning. In *The standard edition of the complete psychological works of Sigmund Freud*, Volume 12, Strachey, J. (Trans.). London, UK: Vintage. (Original work published 1911)

Freud, S. (2001b). Group psychology and the analysis of the ego. In *The standard edition of the complete psychological works of Sigmund Freud*, Volume 18, Strachey, J. (Trans.). London, UK: Vintage. (Original work published in 1921)

Freud, S. (2001c). Jokes and their relation to the unconscious. In *The standard edition of the complete psychological work of Sigmund Freud*, Volume 8, Strachey, J. (Trans.). London, UK: Vintage. (Original work published in 1905)

Freud, S. (2001d). Mourning and melancholia. In *The standard edition of the complete psychological work of Sigmund Freud*, Volume 14, Strachey, J. (Trans.). London, UK: Vintage. (Original work published in 1917)

Freud, S. (2001e). Negation. In *The standard edition of the complete psychological work of Sigmund Freud*, Volume 19, Strachey, J. (Trans.). London, UK: Vintage. (Original work published in 1925)

Freud, S. (2001f). New introductory lectures on psychoanalysis. *The standard edition of the complete psychological work of Sigmund Freud*, Volume 22, Strachey, J. (Trans.). London, UK: Vintage. (Original work published in 1933)

Freud, S. (2001g). *The standard edition of the complete psychological works of Sigmund Freud*, Volume 18, Strachey, J. (Trans.). London, UK: Vintage.

Jackson, J. (2013). *Philosophy and working-through the past: A psychoanalytic approach to social pathologies*. Lanham, MD: Lexington Books.

Jackson, J. (2017). *Nietzsche and suffered social hstories: Genealogy and convalescence*. New York. NY: Palgrave Macmillan.

Klein, M. (1935). A cContribution to the psychogenesis of manic-depressive states. *International Journal of Psycho-Analysis* 16, 145-174.

Kofman, S. (1998). *Camera obscura of ideology*. New York, NY: Cornell Press.

Marx, K. (2004). *The german ideology*. New York, NY: International Publishers. (Original work published 1932)

Merleau-Ponty, Maurice (1962). *Phenomenology of perception*. London, UK: Routledge. (Original work published 1945)

Nietzsche, F. (1997). *On the genealogy of morality*. Cambridge, UK: Cambridge University Press. (Original work published 1887)

Nietzsche, F. (1999). *The birth of tragedy and other writings*. Cambridge, UK: Cambridge University Press. (Original work published 1886)

Nietzsche, F. (2001). *The gay science*. Cambridge, UK: Cambridge University Press. (Original work published 1882)

Nietzsche, F. (2002). *Beyond good and evil*. Cambridge: Cambridge University Press. (Original work published 1886)

Nietzsche, F. (2005). *The anti-Christ, ecce homo, twilight of the idols, and other writings*. Cambridge, UK: Cambridge University Press. (Original work published 1895)

Ricoeur, P. (1970). *Freud and philosophy: An assay on interpretation*. New Haven, CT: Yale University Press.

Winnicott, D.W. (1965). "Group influences and the maladjusted child: The school aspect", *The Family and Individual Development*. London, UK: Tavistock.

Winnicott, D. W. (1971). *Playing and reality*. London, UK: Routledge.

Žižek, S. (2005). *Iraq and the borrowed kettle*. New York, NY: Verso.

Paul's own work with Gina also illustrates the relationship many analyst's have to supervision, and, to the psychoanalytic institutes through which they are trained. Paul's resentment towards Gina, but his transferential "love" for her which brings him back to her after all of these years, articulates the intense relationships analyst's have to those who supervise, or control their cases.

Beyond the relationship the viewer sees played out between Gina and Paul, is Paul's own transference to his patients, and in a Lacanian vein, their transference to him as the "subject supposed to know". The patients all initially place Paul in the position of the one who is supposed to know the cause of their suffering, their symptoms, and why they are compelled to keep certain appointments with a suffering they can neither understand nor shake. It is perhaps this transferential love—what Freud called a "false connection" and what Lacan would later formulate with his notion of the "subject supposed to know"—that drives the engine of this series forward, and makes it compelling viewing not only for analysts, but for a general audience as well.

The second season picks up with Paul having relocated to Brooklyn, New York, following his divorce, and it is here the viewer finds Paul continuing his practice with a new set of patients, while returning to some of the dynamics which animated the first season. The move to Brooklyn, and the closing of his Baltimore practice, coincides with the death of Paul's father, an event which haunts Paul throughout the season. Paul seeks out a new supervisor/analyst in Gina's absence, and the viewer is introduced to a new set of patients, each placing their own unique demands on Paul.

I will reserve my more critical comments for Paul's relationship to his patients, and the somewhat unrealistic (though dramatically necessary) ways in which Paul oversteps the traditional analytic frame. Paul's willingness to answer the demands of his patients, to disclose details of his own personal life, and to, at times, abandon the analytic frame entirely, may strike some analytic viewers as a distortion of clinical practice. Yet it is precisely these departures which serve to dramatize the tensions inherent in the transference and counter-transference, and which make the series compelling as drama, if not always as an accurate representation of analytic technique.

Paul left the institute abruptly after this incident, presumably to continue his formation elsewhere and begin his own private practice. Paul and Gina's relationship remains undefined throughout much of the show. Is he seeking a friend? A confidant? A mentor? Or to be in treatment himself? There is transference from Paul to Gina, from the moment he comes to her seeking knowledge he himself does not believe he is in possession of. From a Lacanian reading of In Treatment, this supposition of knowledge firmly establishes Paul's transference with Gina. In this way Gina, acting as the semblant of Paul's analyst, frustrates Paul's demands. Many analysts of various schools frustrate this demand (and, we could say all demands are a demand for love) via the practice of abstinence in the psychoanalytic treatment. Ironically, the cases Paul brings to Gina concern abstinence; what he feels are his own mistakes in the treatment, some of which he begins control analysis quite in the dark about-exhibiting the powerful neurotic desire not to know. Gina could be said to represent a more orthodox reading of Freud; and it precisely this reading Freud that Lacan returned to in his seminars, beginning in 1952. Paul is more eclectic, supposedly more contemporary; yet is Gina's more orthodoxly Freudian advice he seeks in order to resolve his own issues, and those of his cases. In this way, we can view their dialogue as one that continues today, in our own psychoanalytic institutes, forums, and societies. Therein lies one of the great questions facing psychoanalysis and psychoanalytic psychotherapies today: can you, should you, answer the patient's demand for love, for relation, for meaning? For Lacanian psychoanalysts, the answer is no. For many others schools of Freudian thought, it remains an open question. While no mention is made of Lacan, or his school of thought throughout the series (perhaps unsurprising given his nom de rien in the larger United States), the questions he posed about love and transference loom large in Paul and Gina's dialogue.

In Seminar XI, the Four Fundamental Concepts of Psychoanalysis, Lacan delivered to us that "to love is, essentially, to wish to be loved". Paul, through his "control analysis" with Gina, is able to realize that in the demands of his patients, and his difficulty in not acceding to this demand, lies a kernel of his own unanalyzed symptom, and that, to act on this demand with any of his patient's would not be about their own treatment, but would be about his own wishes and fantasies. This speaks powerfully to the need for analysts, of any orientation, to continue to supervise and control cases with another analyst-not only throughout their own formation, but even after their own self authorization as a psychoanalyst. Throughout Season 1; some of Paul's cases are handled well; and some poorly. Without spoilers, Paul chooses to answer some demands, and frustrate others-this inconsistency proves to be costly, for both Paul and his patients. Despite personal and clinical setbacks, Paul continues his control analysis with Gina throughout the second season, in order to deal with the events that continue to plague him. Freud called psychoanalysis an impossible profession, and there are many who would reach the same conclusion about this impossibility in viewing Paul's struggles throughout the first two seasons of *In Treatment*. In the third season (which, while continuing in the nightly format, switches to four "sessions" a week), Paul returns to his own treatment, in earnest, with a younger therapist, Adele, (Amy Ryan). Paul continues to work through his own symptoms, but, most importantly, he begins to put into question everything he is doing, or has done as a therapist. I believe this is truly the effect of psychoanalysis; when the patient begins to put identifications into question; and perhaps, finally, shyly, to listen to their desire, as Paul does.

In Treatment offers both psychoanalysts and the lay viewer a superbly acted series of clinical vignettes that should resonate with anyone who has ever felt the stirrings of love. Lacan, in his Seminar XX, Encore, posited that "the only thing we do in analytic discourse is speak about love". Indeed, Paul, his patients, and Gina-all are concerned precisely with the idea of love, and the beautiful misunderstandings that result therein. There is both happiness and unhappiness, laughter and sorrow in *In Treatment*, as well as everything in between that can occur in the treatment, and outside of it. In Treatment is not so much a show about therapy, but about love; that which is spoken and misspoken, heard fondly and painfully, time and again.

Book Review

Review of *La Psychanalyse, Otage de ses Organisations?: Du Contre-Transfert au Désir D'Analyste*. By Robert Samacher. Paris, France: MJW, 2018, 299 pages, ISBN: 979-1090590625.

Reviewed by David F. Allen[1]
Psychoanalyst, Private Practice, Paris, France

"It's none the less around this lack, this initial empty space, that all the splits and misunderstanding in the psychoanalytic movement take place" Solange Faladé, Autour de la Chose (Around the question of the Thing) (2012)

This well written research by Robert Samacher has several important functions: It shows how and why so many well-meaning post-Freudians strayed away from Freud and fell for simplification. This turning away from Freud (ego-psychology) explains Lacan's return to Freud. *La Psychanalyse, Otage de ses Organisations?: Du Contre-Transfert au Désir D'Analyste* is organized as follows: Part 1—The transmission of psychoanalysis in analytic institutions from Freud to today—includes four chapters. Chapter 1 is entitled *The Birth of the Freudian Movement*. Chapter 2 is called *Psychoanalytic organizations and institutions in France after 1945* and it includes a detailed study of the École Freudienne founded by Solange Faladé. Chapter 3 focuses on *Training analysis and the Pass*, and Chapter 4 *Cartels* deals with the problem of identification in institutions, the question of the Plus ONE and Solange Faladé's place in the wake of Lacan.

Part 2 deals with the historical origins of counter-transference, the end of analysis for Freud and Lacan, and closes with a clear study of Anglo-American analysts. It is divided into three chapters as follows: Chapter 1 deals with transference, the discovery of counter-transference and closes with the quest for the lost object. Freud and Ferenczi are shown to be worlds apart as Ferenczi believed in the object that protects from lack, he thought therapy might somehow repair people by making them complete whereas Freud theorized castration and the acceptance of loss, which means that the object is lost forever. Notably, Ferenczi had a lasting influence on psychoanalysis in North America. Chapter 2 opens with the end of Freud's analysis and closes with the question of Lacan's understanding of the end of an analysis. Chapter 3 examines British and American post-Freudians and underlines the fact that Freud was not treated well by those who sought to transform and simplify Freud's work by, for example, concentrating on defense mechanisms or working on the basis of "ego to ego", Samacher insists, quite rightly in my experience, on the idea there can be absolutely no symmetry whatsoever in the relationship between the analysand and the analyst. The relationship can only exist on the basis of asymmetry, any other construct may be called advice, counselling, therapy and what have you but not analysis.

---

[1] Correspondence concerning this article should be addressed to Dr. David Frank Allen, Psychoanalyst, 12 Rue Du Hainaut, 75019, Paris, France. Email: david.allen@uhb.fr

Part 3 opens with Lacan's comments on counter-transference, identification to signifiers, acting-out, and the complex question of interpretation. The key to any understanding of Samacher's position lies in the role of key signifiers and their relationship to the unconscious logic of the analysant. This will be discussed in the final paragraphs below. Part 4 moves from Lucia Tower's work to the question of the analyst's desire.

The recent history of psychoanalysis in France can be understood only if two key factors are considered. The first is WWII: Some Jewish analysts fled to the UK or the USA, others were sent to concentration camps. Research was halted for obvious reasons. This leads Robert Samacher to the idea that "God died at Auschwitz" (p. 26). Even in hell, he argues, the desire to live is still to be found: The movement towards life is presented at several levels. First, we learn that the author's father survived, came back alive from a concentration camp—an extreme illustration of the idea that the desire for life sometimes triumphs over death (p. 22). This brings us to the question of the analyst's desire, why indeed do we wait for patients who are late or "forget" their session or worry about the person who cuts her body with a sharp knife when she feels unloved. Part, not all, of the answer resides within the drive towards life and the casting away of repetition, the point at which patients stop "always crashing the same car". This theme runs parallel to the long-standing controversy regarding counter-transference which is dealt with in more detail below.

The second key factor is Lacan's exclusion from the International Psychoanalytic Asssociation which led to a rift that became a split. The split later led to other rifts and divisions: if one considers the main Lacanian groups in a rough and ready way the land lies as follows—The ALI (Association Lacanienne Internationale), the ECF, run by Lacan's son in law, the Forum of the Freudian field, which is mainly a breakaway group from the ECF, the Ecole Lacanienne headed by Jean Allouch and last but not least the Ecole Freudienne established in 1983 by Solange Faladé. The author, analyst, hospital psychologist and lecturer replaced Dr Faladé (+) as director of l'École Freudienne. His aims in this remarkable study can be listed as follows: It is a history of this analytic group which underlines the theoretical importance of the void which is the centre of the Thing (das Ding). This question, a central part of Solange Faladé's teaching, raises the question of what analysis is and what analytic institutions are and should be. Indeed Robert Samacher "puts his feet in the main dish" as the French say and raises the question of the opposition between the discourse of the Master and the discourse of the Analyst. When we read between the lines we understand that analytic organizations favour the discourse of the Master and in fact work against the discourse of the Analyst! This also means the I of imaginary triumphs over the S of the symbolic, narcissism leads analysts away from what they know.

The book is well written with a natural flow that suggests years of research and clinical work. I will conclude with an overview of the question of counter-transference because this question might help those who cannot read French come to terms with some of the clinical points that my colleagues over here insist on, for example counter-transference exists as something that gets in the way of analysis and should be dealt with through supervision, as opposed to say telling a patient what you think of them. The open-minded nature of this research that allows the author to promote Lucia Tower as a kind of referee in the counter-transference debate. This

because she accepts her feelings about her job, deals with them and keeps her place as analyst realizing that counter-transference gets in the way if it is not seen for what it is!

Samacher concludes as follows:

"As history shows analytic organizations can themselves fade and disappear because of theoretical and practical dissent, narcissistic conflicts, inertia or ethical failings that bring people to prolong institutions so as to keep power and the perks that go with it. To prevent psychoanalysis becoming a hostage taken over by administrative forces it must avoid any quest for ideals: It must not be mesmerized by a fixed block of knowledge and surely it must not believe in a Superman who will solve all problems. Psychoanalysis must consider as a given—and repeat as often as possible—the fact that its very basis is the recognition of an original primordial empty space, a want-to-be situated in the very heart of the subject. The recognition of the lost object is the very condition on which Freud's discovery can be kept alive. It allows analysts to remain faithful to him in a historical period defined by a tendency to stuff up cracks and lacks, deny frustration, a tendency which in the clinical field leads to "quick-fix" therapy. In the social field this trend manifests itself in barbaric practices, destruction, the death of both o (a) and O (A), this in the name of a political or religious ideal." (p. 289)

In conclusion, language and psychoanalysis, what is a session? What is the analysant looking for? If the function of analysis is to allow unconscious material to become conscious then we must ask the question "how is this to be done?". Should we work with the idea that a session works like a parking meter? When so much time has gone by the session "expires". Many colleagues would argue that this is counter-productive—but why? Because obsessional persons would go round and round the roundabouts of doubt whilst waiting for the bell to toll. Psychotic patients more feel that there is too much of the Other and feel persecuted. Hysterical persons might fill the time with endless complaints about being unloved, hard done by and so on.

Samacher and thousands of colleagues feel that a session is not to be defined by parking meter logic! "What logic should be used?" you say. The answer is the logic of the signifier, the signifier that relates the subject to her or his own unconscious truth. I

will try and conclude with some clinical examples taken from some thirty years of praxis.

An artist of some 50 years of age complains intensely about the success of Others and thus explains what he sees as his own failings. In a dream he sees artists more famous than he is and a CD. I asked who Dee was—one of his first loves was the reply. This shows that in dream work the sound is sometimes more important than the formal nature of the signified. Part of the dream contradicts his conscious idea of life as a valley of failures. The equivocation and its interpretation closes the session, the patient carries the work away with him, it continues between sessions.

Sally is a competent teacher and mother of three children she raised alone. She dreamt of a vast house with people coming and going looking for a room to rent. There arises a question about which of the tenants should clean the house. The analysant is supposed to be in charge of cleaning. She washes the stove plates with the wrong product. The boss is called, he says the job requires CIF—a popular French cleaning product—he adds that the job should be done be those who have the know-how. "Tell me everything about CIF", I said "Contrat Individuel de Formation" came the answer, this French acronym refers to a system of professional training available to adults who already have some years of work experience, the dream underlines the fact that Sally was able to save her family from ruin by training for another job in difficult circumstances. The equivocation, between cleaning agent and salvation, brings the session towards a natural end. The logic of the signifier is not really compatible with parking meter logic as the reader can see.

Rosemary is now nearly thirty years old, a single mother with a daughter nearly twelve years old. Her parents divorced when she was eight years old, her mother committed suicide ten years later. She has attempted to commit suicide three times and has been hospitalized twice in psychiatric wards. On one occasion I threatened to kidnap her and imprison her because she wished to take her own life. I have chosen some elements from recent sessions so as to illustrate the debate between parking meter logic and the logic of the signifier. Rosemary sees he father, and men in general, as unreliable and unwilling to commit to a relationship. For years her psychotherapy focused on the dead mother and the lively daughter, some months ago she opted for analysis and expressed a wish to consider her relationship with men. She hates free-association and sometimes accuses me of wanting things for her. Despite or because of her anger with the analytic setting she was able to "remember" much forgotten material: When she was five or six years old her father had left a pornographic cassette in the video player—this shocked her because of the noises and the violence of penetration.

She also remembered a feeling of disgust upon seeing her father in his underpants with an erection around the same time. During a holiday abroad with her father she remembered thinking that the cabin crew must think that she was he father's mistress. This was the natural place to end the session, this was an idea she had been fighting for years. This oedipal fantasy was confirmed by the following daydream: "Sometimes I ask myself if I would sleep with my father to save my daughter".

The last example concerns a man in his forties who began drinking very heavily after the death of his wife. Sometimes he drank spirits before breakfast, sometimes he

drank from the afternoon onwards. At one point he stated that he'd begun to drink Perrier. "Le Père y est" came the reply. Phonetically Perrier, in French, sounds like 'The Father is …'

If the cutting edge of psychoanalysis is equivocation, quibble and witz then the logic of the signifier is clearly the compass of those who seek to allow the subject to arise where the id once was.