

## Identifications Annealed, Adhesive and Political: Commentary on Paper by Nina Farhi

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Farhi's fascinating paper pays tribute to and extends those segments of Milner's clinical work that Milner hesitated to theorize explicitly herself. Seeking to understand the latter, I trace psychoanalytic politics in general and the history of Milner's relationships with Winnicott, Klein, and Riviere in particular to explore how her dutiful compliance to the rigid taxonomy of psychoanalytic power of her time bore on the trajectory of her becoming an analyst with a mind of her own. It is in accounting for how she struggled to disentangle herself from that web, that we discover how Milner was able to creatively refashion her work with her patient Susan, a process by which Susan was greatly impacted.

Following the trail of Farhi's ideas around this process and considering her thoughts around their psychic meanings for both analyst and patient, I explore their clinical implications. I focus on the transference iterations of these dynamics to consider Farhi's suggestion that an annealed bond needs to be established in the treatment of patients who have, early in life, failed to develop annealed identifications. This opens up questions around how such bonds can malignantly colonize the analyst's mind and psychic reality, raises questions of self-care in the analyst and contributes to prognostically anticipating certain sets of enactments in the course of long-term psychoanalyses.

### Introduction

... we must not forget that during its intra-uterine life the mother was not an object for the foetus, and that at that time there were no objects at all. (Freud, 1926, p. 138)

### STORY-TELLING

What do our clinical stories, the ones we tell ourselves about our patients, the ones we share with our colleagues, *really* mean? I read through *The Hands of the Living God* and I know that my Susan is different from Milner's or Farhi's, that she is not Susan's Susan either. These Susans, theirs, yours, mine, are all real inasmuch as they are also intersubjectively constructed. As analysts we struggle daily with questions about who our patients are and what their treatments mean to them. In Susan's case such questions become especially important because following an analysis that is by all reports presumed to have been successful, Susan phoned Milner a few weeks before Milner died to say to her, "Winnicott failed you and you failed me" (Sayers, 2002, p. 118).

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What should we make of this call which colonized Milner's mind to the very eve of her death (Farhi, this issue; Sayers, 2002)? Nothing else is known about what prompted Susan's communication or what else was said during their conversation. Had Susan been aware that Milner had entered analysis with Winnicott soon after their work had begun? That when he unilaterally decided on termination a few months later, Milner had burst into tears? That his response had been to say, "I didn't know you cared that much" (Sayers, 2002, p. 116)?

What about Susan's own analytic experience? In what way had she felt failed by her analyst? Was that the overall sense that she was left with from her treatment, or was the call made at a time of psychic pressure? Had there been others? Discovering this piece of biographical information on a late evening when I was finishing up my discussion of Farhi's paper troubled my reading of Susan's treatment. Uncertain as to what meaning to make of it, I too became preoccupied with it. Why *had* Susan called? I want to ask that you hold this in mind; we will be later returning to this question and to the way it consumed Milner.

### **FARHI'S WORK**

Reading Farhi's work (2003, 2008, this issue) is like observing someone visiting your town for the first time. As she delights over things you take for granted and notices others you've never registered, you too come to see it differently. Through this interpersonal process, the familiar becomes unfamiliar. Farhi's delight in having found a theoretical playground for intersubjectivity, evokes a similar feeling. Intellectually isolated because of her medical illness,<sup>1</sup> Farhi was excited to discover an analytic world that "echoed the vocabulary of my own imagination," which became "a source of inspiration for writing once again" (Farhi, 2008, p. 3).

Her excitement has a bittersweet quality. When Farhi<sup>2</sup> writes about Milner's regret in having been treated before psychoanalysis had much to say about how subjectivity is constituted through an other, I get the impression that the regret is not Milner's alone. Sadness reverberates throughout Farhi's paper. It is this sadness together with Farhi's having been asked by an aging Milner to further her work (White, 2009), that compelled as much as it qualified Farhi to write about Susan and of a treatment conducted at intersubjectivity's margin. By marrying the interpersonal focus on where subject meets subject with British psychoanalytic ideas on the boundary between subject and object, Farhi proposed a fresh, relational read of Milner's work.

### **PSYCHOANALYTIC POLITICS AND MILNER'S LEGACY**

Susan's treatment is often read as the analysis of a psychotic woman who needed, but vehemently resisted, a Winnicottian regression to dependence; the interpretive work and provision of corrective emotional experience are seen as the curative factors (Abrams, 2000; Killick, 2003; Sayers, 2002). Farhi has a different read, one that derives from an idea that Milner herself hesitated to say except in the most understated way—that subjectivity's trail runs all the way back to intra-uterine life.

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<sup>1</sup> Farhi was afflicted from, and lived with, lupus from the early 1980s until her recent death in March 2009 (White, 2009).

<sup>2</sup> Unless otherwise noted, references to Farhi heretofore are to the paper under discussion. References to Milner, unless otherwise noted, pertain to *The Hands of the Living God* (1969).



Farhi attributes Milner's reluctance to openly discuss her ideas to the “internecine battles of the 1940s and 1950s” (p.), psychoanalysis' own World War, which stifled analytic creativity by demanding strict adherence to Kleinian or Freudian models of the mind (**Grosskurth, 1984; King & Steiner, 1992**). The eminent Kleinian analyst Joan Rivière, for instance, is reputed to have told Milner when supervising her, “[i]f you don't do what I say, what's the point in coming to me?” (**Parsons, 2001**, p. 610). It is not surprising, thus, that Milner had “misgivings” about expressing ideas “about memories of feelings she [Susan] could have had when still in the womb; I thought it ... *safer theoretically* ... [to speak of a] *fantasy* of being in the womb” (p. 79, italics added). Milner was frightened of the risks that positing an intra-uterine psychic life would pose to her professional life. Farhi also knew that this would be a controversial position to take and a hard one to theorize, which is, perhaps, why she needed a decade after Milner's death to write about it.

Farhi starts by directing our attention to the biological fact that rather than cooperative interaction, pregnancy is fraught with biological conflict. Mother and fetus compete for nutrients, blood supply, and control of hormone levels. Most often the fight is lost; 78% of pregnancies end in spontaneous abortions (**Haig, 1993**, p. 507). The pregnancies that survive, are salvaged through a process that Farhi terms *annealed identification*; mother and infant “anneal themselves together to ensure the survival of both” (p.). This psycho-physical bond combats bilateral attacks on the placental level,<sup>3</sup> giving rise to “a common sea of experience where the ordinary boundaries between one person's private experience and another's don't function”<sup>4</sup> (Milner, p. 323).

Recalling Laplanche's (1999) ideas of how maternal affect is unconsciously implanted and interpreted by the infant, Farhi suggests that Susan's mother's hostile intent towards her fetus (the attempt to abort her) becomes traumatic. This trauma *disrupts* the establishment of an annealed identification. As such, mother's containment of Susan's primitive affects and unintegrated early somatic experiences, which is predicated on an annealed bond, fails. Without a psychic skin to serve as a container holding together parts of the personality, to help emotional and bodily experience cohere, the infant experiences herself as *leaking* out into limitless space, as dissolving into nothingness (**Bick, 1968**). Without a psychic skin, ego boundaries are never established (**Tustin, 1992**). Self and others are experienced as lacking interiority and, thus, subjectivity; the infant relates to objects and experiences the self as a flat, two-dimensional surface that is unable to hold affects, memory, and experience (Tustin, 1999).

When Susan came to Milner, she was indeed unable to relate to her as a separate person, could not rely on her memory,<sup>5</sup> had no sense of internal space; she felt empty and was devoid of any desire to engage with others. Supervised by Klein early in the work, Milner initially treated her by interpreting instinctual wishes and early aggression. This approach did not “stimulate any process of growth” (p. 29), leading, rather, to a 10-year-long impasse.

An “inordinate amount of time” had to pass (**Farhi, 1996**), before Susan read Milner's *On Not Being Able to Paint*. Inspired by it, Susan began to produce her own art, bringing hundreds of drawings to the treatment. Milner drew heavily on this material to further her understanding of her patient. She reproduced much of Susan's artwork in her 1969 volume, analyzing it concurrently with the verbal material. Rather than an act of creative expression, however, Farhi believes that Susan's

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<sup>3</sup> **Haig (1993)** suggested that gestational diabetes and preeclampsia can both

be construed as attempts to manipulate maternal physiology for fetal benefit.

<sup>4</sup> It is a variant of an annealed bond, Farhi further posits, that underlies analysts' endurance in their commitment to doing challenging clinical work.

<sup>5</sup> This is further complicated by her electroconvulsive therapy treatments.

drawings were the medium to an annealed identification. By adopting Milner's interest in free drawing, Susan “adhered” to her analyst establishing a symbolic placental link through which emotional nourishment became possible. This adhesive identification (**Meltzer, 1975**) was predicated on acts of mimicry (**Gaddini, 1992**), which allowed Susan to feel fused with Milner, creating a post-uterine variant of the annealed state.

Any evidence of Milner's separateness at this point in the treatment (e.g., through interpretation) interfered with Susan's progress. For her to improve, mimetic acts needed to not only be allowed, but the space for Susan to “stick” to her (**Meltzer, 1975**) had to be fiercely protected. Milner addressed the psychic dangers inhering in disrupting this annealment process when she wrote that if Susan were to face her separateness, she would be “drive[n] to either suicide or to an attempted murder of me” (p. 258). For Farhi, Milner's ability to tolerate and work within the annealed state, to allow her patient to feel merged with her rather than push for an awareness of separateness or treat fusion as a regressive phenomenon, was crucial. For Farhi, a move towards differentiation for Susan could only be possible after a very primitive kind of identification, an annealed bond, could be established.

## FROM ANNEALED TO SEPARATE

How is it that this state of undifferentiation gradually permits the emergence of a separate sense of self? Farhi views Milner's personal development as an analyst to be crucial to this process. Having thrown out the Kleinian book Milner was able to create “her own analytic space, a space unique to her” (Farhi, this issue, p. 490) and to become increasingly able to rely on her own judgment as to how to treat Susan. The analyst's interrupting her *own* acts of mimicry, opened up “a wider and freer range of possibilities through which the analyst might begin to engage aspects of the patient” (**Bass, 2003**, pp. 95–96). Farhi, however, does not tell us much about the psychic mechanics of why this newfound internal space held such therapeutic potential for her patient (see also Slochower, 2008). It is to this question that I want to now turn.

Milner's struggle towards an analytic mind of her own extended beyond the political climate of the time or the influence of strong-minded supervisors. Finding her voice had been a long-term challenge for Milner on a deeply personal level; her early books were published under a pseudonym—Joanna Fields; the titles of her first two books were styled off of others<sup>6</sup> (**Parsons, 2001**). Nowhere, however, is this captured as powerfully as in her art, where the battle to shed the ‘intellectuality [sic] that lay behind the years of painting’ (Farhi, p.) to reveal a more spontaneous and authentic expression to her artistic inclinations, raged for years. Milner provided an account of these struggles and of her process of overcoming them in *On Not Being Able to Paint*, a volume that describes her personal transformation from dutiful art student to creative, free-drawing artist.

Milner's analytic work underwent a similar transformation; after years of acquiescing to supervisory advice, she eventually came to believe that “It is the analyst's own inner struggles with the world of theoretical concepts—testing them, doubting them, refining them, rejecting them, using them, that must determine what one does with what the patient gives” (p. 239). Creating an inner space wherein her own ideas about psychic life and its uterine precursors, ideas “of almost unimaginable radicalism at the time” (Farhi, this issue, p. 490) could survive in the midst of a political climate that actively discouraged analytic creativity and dampened new ideas, required a safely insulated internal space.

<sup>6</sup> Milner's (1938) *The Human Problem in Schools* echoes her mentor's *The Human Problems of an Industrial Civilization* (Mayo, 1933); Milner's (1934) *A Life of One's Own* recalls Virginia Woolf's (1929) *A Room of One's Own*.

- 513 -

Susan must have sensed the tremendous changes in her analyst. Her experience of reading *On Not Being Able to Paint* as well as her own observations of Milner developing into an analyst with a mind of her own, must have been especially resonant to this patient whose troubles revolved around lack of interiority in herself and others. Milner's personal journey became Susan's opportunity to move from unintegration to being able to distinguish between inner and outer, and eventually differentiate self and other. 'I am in the world for the first time' Susan writes in her journal seventeen years into the treatment.

How is it then that decades after such a deeply meaningful, intersubjective process, Susan called Milner to say she had failed her? We look to the countertransference to make meaning of clinical phenomena that exceed our capacity to think. In this case, Milner's mind having been so powerfully annexed by Susan during the last days of her life seems especially important. Is it possible that Susan had become aware of Milner's declining health? If so, we could hypothesize that under the pressure of her analyst's impending death, annealing might have regressively, malignantly even, returned to seize Milner's mind. For patients like Susan, for whom relational trauma starts with being hated before they are even born, are annealed attachments ever fully worked through?

## **THOUGHTS AND CLINICAL MATERIAL**

I would like to offer a brief clinical illustration of how Farhi's ideas helped me clarify some diagnostic issues early on in a consultation with a severely ill man. Roger was referred to me in a crisis after the dissolution of a brief relationship. His family was deeply worried because of his history of highly lethal suicidal attempts following romantic breakups. Several years ago when Amanda had left him, Roger placed himself in a bathtub and stabbed his body dozens of times. The hot water accelerated the hemorrhaging and he was found unconscious, floating in his own blood.

When he came to my office, Roger was similarly leaking out. A medically unexplained, prolonged bout of diarrhea and an inability to keep food down left him so thin, he looked almost completely flat. As he sat down for our first appointment, his first ever with a female analyst, he described a dream from the night before; he and Amanda were completely "at one, totally connected." He was ecstatic to have recovered that feeling of "oneness" that he hadn't felt since they'd been together a decade ago.

Roger had been in treatment for many years and could talk intelligently about his "merger fantasies." He "knew" that his troubles lay in his inability to separate but readily admitted that, "all I want is to be one with my girlfriend." Much like his starved and drained body, this statement felt flat and two-dimensional, a matter of fact that did not require further understanding. The lack of interiority it implied and the intensity with which Roger seemed to pursue experiences of merger, brought Milner and Farhi to mind. As I inquired further, I learned that Roger bore the scars of his mother's intra-uterine aggressions. The product of an affair, he had been an unwanted pregnancy that his mother had tried to terminate. When she failed, she decided to carry her baby to term, placing him with another family as soon as he was born.

Through the prism of Farhi's work, I began to reflect on Roger's problems in self-other differentiation; the dream that had preceded our initial session, the leaking out of his body, the spectacularly violent way his suicide attempt compromised the boundary between inner and outer. Rather than derivatives of a drive to fusion or evidence of the lack of having achieved self-other boundaries, I considered them to be attempts, desperate as they were aggressive, to establish an annealed identification. The implications for an



analysis were significant; to work with him I would have to be able to

- 514 -

tolerate a prolonged and painful erosion of ego boundaries that he would need in order to achieve an annealed bond. Even if that process were to be successful however, I would be signing up for a likely life-long relationship with Roger where self-other boundaries could be only precariously achieved and where inability to tolerate psychic pain could regressively precipitate a malignant annexing of *my* mind, through any means necessary. His history made that thought truly frightening.

Deciding whether to work with patients thus traumatized requires that we reflect on what our analytic responsibilities are and on where it is that a line has to be drawn. How do we care for ourselves and in that, care for our patients? It also begs another sort of question; what is it that drives us to work with patients who have the potential to malignantly colonize our minds, who need to invade us in emotionally violent ways? For Farhi, it was the annealed bond and the complicated relational processes that made it possible and which, hopefully, eventually led to its dissolution that formed the analytic glue holding the clinical dyad together.

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- 515 -

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