Subterranean Essays on Psychoanalysis

Reflections on Practice and the Arts

By

Charles Turk

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Preface

I first knew Charles Turk as a colleague attending seminars in Lacanian psychoanalysis offered by GIFRIC (Groupe interdisciplinaire freudien de recherché et d'intervention clinique and culturelle) in Quebec City, Canada in 2002. During twelve years of working together in the summer seminars, I began to slowly appreciate his clinical acumen and his unwavering belief that his patients could find their way when he listened to them. I especially enjoyed working on clinical cases together, puzzling and raising questions, finding new ways to approach the problematic of the position of the analyst as an ethical position. My appreciation of Charles found a new form as we began to write letters to one another about our lives, experiences, and interests. Recently I have been going through old papers under the eaves of our house, finding things I didn't know I had, including some letters from Charles. They read like the chapters in this book, in a distinctive voice and writing style inclusive of the mundane, the literary, the psychoanalytic, the stuff of dreams and art, always returning to stories of the clinic arranged as if we were going somewhere logically together, while we were in fact getting lost in many unexpected tangents.

When I first knew Charles, I realized that he spoke in circles and I was frustrated that he seldom seemed to get to the point. It took a few years for me to see that his style of speaking showed me his thoughts unfolding, something most people have learned to cover over. It took me longer to see that as he listened, he might look dazed, but that far-away look was gathering everything into a fine net. Perhaps emblematic of who Charles is as a thinker, analyst and writer, I learned that he liked to walk the hills and city streets of Quebec on a diagonal. I asked him once what this was about, and he replied, "It is simply more efficient to walk this way." I was skeptical. He explained, "It is a matter of following the hypotenuse of a right triangle – if A, B, and

C define the points of the triangle, then going from A to C is quicker." Here is a man who has a point in mind, and he walks it; here is a man who circles all around the point he is making in speech in an entirely inefficient way. I believe this basic contradiction in Charles is crucial to the way he works and writes.

Later still (and only through my own research), I learned that Charles Turk received an Exemplary Psychiatrist award in 2002 from NAMI (National Alliance on Mental Illness) for his work with severely ill patients in a public partial hospitalization program. From the *International Federation for Psychoanalytic Education* in 2004, in recognition of his educational contributions — specifically, presentations on psychoanalytic work with psychotic patients—Charles was offered a Local Educator award. He did his psychoanalytic training at the Center for Psychoanalytic Study, Chicago and joined the faculty of the Chicago Center for Psychoanalysis, where he continues to work as a mentor for the next generation. He is a founding member of the Chicago Circle of the Ecole Freudienne du Quebec and has become an analyst of that School. He joined their Clinical Direction as a representative of the several Circles that now exist in the USA. I count Charles as a friend, someone I do not always agree with, but one who is remarkably and entirely himself, while also being an analyst who works with lost cases and refuses to give up on patients others would not even consider taking on.

In this book, written late in his life, Charles returns to the touchstones of his work, centrally his encounters in the clinic from his first patient to his most recent patient. Crucially, he practices the ethics of the analyst who wants to know the experience of the patient as a unique subject with a particular history. Charles revives his "nemesis" figure here, a senior colleague who thought he was wasting his time with hopeless cases, to enliven what Charles resists consistently: snap conclusions about people who are suffering incomprehensibly

and any foregone conclusion about the impossibility of that person getting better, yes, even much better. And they did.

As you read this book, I hope you will enjoy each chapter as though they were letters addressed to you, to whatever you find in them. Mostly, I trust that it will become evident that Charles has created psychoanalytic treatment as an invention with his patients, and that for each one, it was a specific invention with far reaching consequences.

Annie G. Rogers, Ph.D.

Amherst, Massachusetts

Introduction

During over fifty years of clinical practice, I had accumulated a body of written texts. Having become an advanced octogenarian, I was moved to consider the fate of what I had written. This book contains a series of my writings, mostly unpublished, one awaiting publication, but most intended as presentations to various groups and organizations I have long worked with. I thought to have them assembled in one place, for others to benefit from in honor of the hopes of two of my patients.

I also considered what my own fate might be. Such a question does not ordinarily occur to someone younger, unless that person happens to be a "psychotic" – for want of a better word. And treating "psychotics" had occupied the greater part of my clinical life. As Annie Rogers noted in the Preface, one patient we discussed materialized in the first chapter: "The Place of Aesthetics in the Treatment of a Psychotic Woman" and the last we discussed became the subject of the second chapter: "A Lacanian Perspective on the Resolution of an Impasse."

There follow three chapters dedicated to treatment. The section on reflections opens with Fantasy Illustrated, a response to an invitation where I propose a Theseus Complex alternative to the Oedipus. While working to create a novel treatment program for psychotics an unfortunate incident occurred and several chapters deal with the consequences of that. Next is a work on Mary Shelly and Frankenstein. Then several poems are included. Lastly, in another life, I might have been a musician; this evolved into a chapter entitled Clariola. The discussion with Annie Rogers about my emancipation found substance in the chapter entitled: "The History of my Movement into Psychoanalysis."

When I began writing I had a psychotic(like?) experience of my own that I became absorbed in. And so, I'm aware of a sequence. First, I experience "madness" directly and then I reflect upon it. These are two entirely different states, each one necessary in my aim to produce a Savoir. This Savoir is initially for myself, but then I want to share it – hopefully for our mutual betterment. To write a book to place in a niche in a library accessible to all. Check it out!!

Now you see why I found it necessary to let you know of my own psychotic-like experience. My very occupation with this led me to discover "Le 388," a psychoanalytic treatment program for psychotic young adults developed by GIFRIC[1]. For two and a half decades I have been involved with GIFRIC's Freudian School of Quebec. "Subterranean," the first word of my book's title occurred to me because GIFRIC's Lacanian analysts, Willy Apollon, Danielle Bergeron and Lucie Cantin spoke about what is effaced in the human. The censored human remains "subterranean."

Fortuitously, during my own training as a resident in psychiatry, I discovered that the analyst who conducted the Freud seminar rejected what all psychoanalytic institutes state - that attempting to psychoanalyze a psychotic is at best unproductive and at worst dangerous. This analyst told me how he cured a case of psychosis by carefully screening out and not reporting any such evidence to his control analyst. And so, I too I came to engage in 'the subterranean' – and now I want to write about all this – hence this book.

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[1] GIFRIC – Groupe Interdisciplinaire Freudienne pour Recherche dans Interventions Clinique et Cultural – translated as: Interdisciplinary Freudian Group for Research into Clinical and Cultural Intervention – was founded in 1982 in Quebec City by three Lacanian analysts: Willy Apollon, Danielle Bergeron and Lucie Cantin. GIFRIC developed 388, the street address of a large mansion in A bit of an active lower middle-class neighborhood, where a psychoanalytic treatment program for psychotic young adults operates. Additionally, GIFRIC developed "The Freudian School of Quebec" – L'ecole freudienne du Quebec (EfQ).

When I set aside time to write, it is as if I am two people. One tells the other to write. The other holding pen in hand does not have any notion about what to write. The first is like a teacher instructing a grade schooler to compose an essay on a provided topic. The second is me the octogenarian. The octogenarian awakens to the sound of music. It spills into my ear -and fills my soul. A flow of ideas surges into an empty space. Where does it come from – what is its source? One can liken it to confronting the Oracle at Delphi. This points to a myth that has existed for millennia. Who would plumb this active source?

I would become the plumber. But as a writer do I want to be known - and if so - by whom? I answer myself, "Yes and no – depending upon the Other." Let's look at the "Not wanting to be known." As a pubertal boy, I recall my having "forgotten" to sign my name on a well-drawn representation of a Southwest Asian God that was prominently displayed at the Art Institute of Chicago, the "forgetting" targeted my father's desire. Its success drew a reaction from my father that humiliated me. "Once again I did it wrong."

I can now write, knowing that being "wrong" was simply what accompanied my experience of regret at my father exploding, "Why didn't you sign it?" I do not intend to blame him – I'm past that now – having accumulated an understanding of his desires from my work as a psychoanalyst. I now see an act of benevolence when he acted to help me "catch up" to my peers who were older by a year and taller by several inches. This had occurred because I had been advanced by my teacher from kindergarten to first grade at a "superior" school he had found to enroll me in.

But the form it took had the effect of excommunicating me from my peers.

The 40-minute drive to get to the "superior" school was a separation, marked by the rise of the highway and its descent down a small hill.

It had the effect of slamming the door that separated us from home where my mother remained. She was all alone – and this posed a risk – for she was diabetic, and she could slip into a coma if she did not precisely regulate the balance between insulin and blood sugar.

At this point you may infer that this had much to do with my career choice. To learn the details of this you may turn to the chapter entitled, "The History of my Movement into Psychoanalysis."

I'll end here – thank you for attention.

Section 1

Subterranean Cases

Chapter 1

The Place of Aesthetics in the Psychoanalytic Treatment of a Psychotic Woman

Preface

When I was a young psychiatrist just starting out in my practice, I found myself beset with three "patients from hell." One was suicidal, the second I was convinced would kill me and the third had repeated brief psychotic episodes. This third individual named, Karen – a pseudonym sufficiently close to her actual name as to resonate with her sister's taunt, "Kari Kari coo coo," establishes, as well, how disturbed she was during her childhood. I am moved to add that my choice of that name was overdetermined, as Karen was also the name of a childhood playmate who died when we were six. My fantasy life implicates me in her death.

Karen, as kindergarten teacher in her twenties, had her first psychotic crisis under the self-imposed burden of trying to know everything about each of her sixty students while she also supervised student teachers. Karen was also an accomplished pianist and a fine artist, and her aesthetic talent became instrumental in her confrontation with what she called "The Terror." I had treated Karen for 28 years until her death 20 years ago. At her memorial service her husband, Philip, said, "With the help of a dedicated doctor Karen won her fight against mental illness, but lost her battle against cancer." Who better to testify to the outcome of the treatment than the one closest to her?

On a pedestal next to the lectern from which he spoke, sat a small sculpture Karen had made of a woman seated in repose. After the service Philip gave it to me and said, "Here, I want you to have this; I'd often ask Karen, 'what did you and Dr. Turk do in the session'. She'd reply, 'Oh, we sat on the floor."

Later Philip gave me a large box that contained some 40 notebooks that constituted a diary she had written during her treatment. He said, "Here I'd like you to have these notes. Perhaps they might be of importance, and of use in helping other patients."

And so now years later, with Karen's identity protected by the passage of years and geographical distance, I can write about her in that same spirit of hope that her husband expressed: that you might find something useful herein. Almost fifty years ago, she had written in her journal, "Did Dr. Turk know what he was getting into when he took me on?" Though written as if she were speaking to me back then, it had the uncanny effect of her addressing me in the present as I write my text. It is as if I'm engaging in a task like that of Freud writing about the Schreber case. Let us now turn to the aesthetic – that she well rendered in that finely made sculpture of repose, that Philip gave me.

My text is about everything that happened before she sat on the floor. During our sessions, she also produced over 200 sketches. Several served as a design for a second crude sculpture that represents a split sphere held together by abstract arms – her depiction of having felt well contained.

Figure 1 *Woman in Repose*

The details of her case will serve to frame certain meta-psychological concepts developed to enable the psychoanalytic treatment of psychotics. These were the result of three analysts at GIFRIC [1], who founded a treatment program for psychotic young adults known as "Le 388" – the street address of a large mansion in a vibrant lower-middle-class community in Quebec City that houses the program.

[1] Willy Apollon, Danielle Bergeron and Lucie Cantin – three Lacanian analysts who founded GIFRIC – French acronym for Group Interdisciplinaire Freudienne pour Recherche et Interventions Clinique et Cultural – translated as: Interdisciplinary Freudian Group for Cultural and Clinical Intervention.

Introduction

I was introduced to Karen by her psychiatrist, whom we both came to refer to as "DG." He had asked me to cover for him while he had to be away for some time. DG escorted me into a seclusion room on the psychiatric ward of a hospital in a major medical center in Chicago. Karen was leaning against the wall, her legs spread apart, smashing her fists into her face screaming, "Rats – rats – rats." He knelt down, took her hands and began speaking to her as if she were a frightened infant, "Baby Karen, baby Karen …."

I looked down on the scene with some disdain as she appeared not to be so much a frightened infant, but an adult subjected to terrifying hallucinations. At that time, I was a bit impetuous – rather full of myself – and on his return from vacation, I gave him a long discourse on what I thought of her situation. He seemed appreciative of what he said felt like a supervisory session. I am moved to add that DG was essentially a kind and decent man who had deeply dedicated himself to Karen's care.

Some months later when DG moved away from Chicago, he referred her to me to continue her treatment. She had spent half of the previous two years hospitalized – four times, each for a 3-month period. I vowed I'd be damned if she would ever return to the hospital; and she never did. But now it became my turn to manage her regressions into psychotic states.

I soon found out that when DG had escorted me in to meet her for the first time, Karen felt that her body had split open and the mess of decaying, contaminated radioactive garbage that filled it spilled out. Then, rats swarmed around to gobble it up. Once when I was trying to get her to free-associate, I said to her, "That thought that is scurrying along the wall over there – tell it to me." She – by then able to share the humor of the moment – nonetheless, cautioned me, "Dr. Turk don't – don't say that." I complied.

We note that the very first expression a patient makes is most important. Here the scene in the "quiet room" prefigured everything that was to emerge within the treatment. Many of these elements I will lay out. I initially thought to name this presentation "Rat Man," as if to locate my role in the work. However, Freud had already co-opted it. Whereas in Freud's case the rat represented an orally intrusive force; in Karen's case I identified myself as the rat –as the one who assimilates and must contain the "garbage." In so stating I have already identified two fundamental tasks of the analyst – to take in what is addressed to him in the listening process – and to contain its affective resonances and evocations. I also had to manage certain of her potentially dangerous behaviors.

Karen's treatment ended just after I was being introduced to GIFRIC's revised metapsychology – so that at the start of her treatment, I didn't know anything about 388, which was yet to be invented. At that point the difficulties she presented moved me to obtain consultation from an analyst ,[2] who advocated the psychoanalytic treatment of psychotics on the couch without parameters. He introduced me to the works of Winnicott and of Searles – with each of whom he had a personal relationship. My Bible became the collected works of Harold Searles, and I came to elevate Winnicott's concepts of the holding environment and the transitional space into technical principles. I have since had to reconsider these notions. Hopefully this text will have the same effect upon you, as well.

To begin with, the foundation of the revised metapsychology that informs treatment at "Le 388" rests upon the principle that psychosis is a structure and not an illness. What manifests itself as the illness whose florid symptoms we are all quite familiar with, is the result of

[2] Dr. Peter L. Giovacchini without whose help I could not have managed Karen's treatment. I am indebted to this man who followed his own direction in treating psychotics psychoanalytically and became my mentor for several decades until his death.

the failure of that structure to contend with the exigencies of the social structure: what we call "reality." To maintain this perspective in work with the psychotic shifts away from treating a patient for a presumed neurophysiological dysfunction and trying to improve "inappropriate" behavior. One no longer regards the psychotic as an object of care, a patient. Instead, he is first and foremost accepted as a speaking human subject, and this, opens the way towards a potential cure.

Many years of experience treating psychotics at "Le 388" revealed that they undergo four predictable crises. They are evoked during psychoanalytic treatment and are contained within the milieu of the program, which includes provision for 24-hour care for periods of time, generally found to be brief, simply because of the personal attention available to them.

These four crises are manifestations of the psychosis that is already unceasingly at work in the individual – psychosis takes no vacation. The first, the crisis of inscription, is anticipated and is welcomed. As the psychotic speaks of his situation, the psychosis is re-mobilized and the psychotic is truly written into the treatment – the psychotic becomes known to the clinicians in a new way.

The second crisis is called the crisis of re-edition. The psychotic has had the experience of being accompanied through a decompensation and for that reason is now better armed to confront it. The psychotic has already relived it with others and has learned more about what is identified as "my illness."

The third crisis is an ethical crisis – in the sense that he now has an ethical choice to make. Will he continue to live within a delusional framework or live within the community? Heretofore reliance upon the certitude of a delusional system provided a way of dealing with the world. But as the analytic transference evolved, the psychotic also builds up a novel self-representation out of elements related from

personal history – very likely told to another for the first time. The program also proposes a project drawn from the psychotic's own interests and inclinations. As this project is pursued, engagement with the social community previously rejected takes place. Now the psychotic risks to live on in the certainty of delusion or to engage in a newly constructed reality that has no guarantees.

This melds with the fourth crisis – the crisis of engagement – the psychotic who has wanted nothing to do with the social order must create a niche within the social link now newly occupied. It is as if the psychotic steps off a cliff.

Karen's treatment recapitulated these crises. From the start, she had frequent dissociative states that mobilized her into various actions. And these I was compelled to deal with as I shall describe. I have extracted from her extensive diary certain passages that will give you a picture of her and of what constituted her first two crises. In the third year of our work together, she entered the "crisis of inscription," confronting what she called, "The Terror." She became hopeless and questioned whether she had a right to live or had ever been truly alive. "It is too late for me," she wrote.

Then during the fifth and sixth years of treatment, she entered the crisis of the re-edition of the psychosis. However, having negotiated the first crisis, where she learned the value of verbal expression, she now confronted the "out-of-language." She could not speak of what she needed to express and indicated by gesture that if she could draw what she imagined, she could convey it to me. It was here that we can see the value of the aesthetic in furthering the treatment.

Finally, she negotiated the ethical crisis and chose to live within a newfound sense of herself. She made use of it to create a niche where her own aesthetic experience unfolded. This continued on through her final illness until her demise.

Case material: The beginning

When Karen entered my office for the first time, she looked about for a place to sit. She noticed my couch and asked if she might lie down upon it. I said she could and asked why she preferred that. "If I lie on the couch, I won't have to look at you." Two reasons for this gradually emerged. First, her gaze would not harm me and second, she would not develop a mental image of me that might be lost. Years later she looked at me – gazing in awe – and in the following session asked, "Dr. Turk, do you have a moustache?"

However, I was immediately pleased that she chose to lie on the couch, as it conformed with approach that my mentor advocated. This, of course, went contrary to the generally held opinion within our field. Psychoanalysis is not only contradicted in the treatment of the psychotic, but is instead harmful. As noted, that" harm" is the evocation of those predictable crises already noted.

But it would now fall to me to manage Karen when she dissociated in my office. It became a problem, one cannot allow a patient to dive out the twentieth-floor window of a tall office building, to wander out in the hall, to bang her head against the wall, punch herself or scratch her wrists until they bleed. So, it was necessary to intervene, and I did this by restraining her physically. This action, that I would not advocate as "good technique," felt natural for two reasons: my medical training and my engagement in athletics. In high school I played football and wrestled and continued wrestling in college. I excelled in wrestling until my third year when I got pinned in thirty seconds by an Olympic hopeful. That gave me a fill of athletics and coincided with my decision to enter medicine where one must touch patients to examine them. Hence, it felt natural and easy to restrain Karen. Furthermore, I had a theoretical reference point where Donald Winnicott wrote about having held Margaret Little's hands during her psychotic states.

Karen stated what would transpire:

"All hell broke loose – "me" – I wound up on the floor." I was soon to find that these episodes were brief, as she emerged partly in response to my demanding that she tell me what was going on. She would wonder in the aftermath, "Does Dr. Turk despise 'me' – does 'me' make him sick to his stomach? Does he think 'me' is a fool? I remember feeling angry, but I don't know why, I wasn't angry before the session. So frequently, I'm exhausted after sessions. How can I even 'think' that I could be worth something? Am I at all important? Do I have a right for 'me' to live?"

Her reference to "me" deserves elaboration. She introduced it by writing, "Strange feeling there is someone inside me called 'Terror – ???' – I've had glimpses of it a couple of times – however, I think it hs been inside me for a very long time." Dr. Turk – How did you find 'me'? How did you even know there was 'me'"? This evidences that the psychotic process has a life of its own. Initially the individual may have but partial awareness of it – or none at all.

This prefaced her description of her pubertal experience. I include it here because it gives content to what she called "me." She spoke of her menarche as follows: "My mother called the bleeding 'the curse'. First time, I needed to give testimonial at Christian Science Church. I didn't have any supplies – so I used toilet paper rolled up – strong odor – no pain. The second time I bled was on Christmas Day – I opened gifts – then went up to bed sobbing and crying because of pain – terrible pain. I didn't know how to dispose of menstrual pads – so I wrapped them in toilet paper and put them in my closet. My mother found them and told me they would get worms – and to put them in garbage. So, I wrapped them in toilet paper and then in newspaper so no one would know what they were – and I put them way down in the garbage.

"Another incident occurred around eight or nine years of age – I had one pair of underpants - yellow cotton. –One time those yellow underpants were in the wash and my mother and father, and I were in the basement. My mother picked up the underpants and there was a feces stain on the pants (my mother seemed oblivious to this type of thing – this can happen to anyone – but I didn't realize it then). My mother told me in anger, "Never let your underpants get this dirty again!" She showed them to my father – I felt like dying of embarrassment Another difficulty I have with my period besides bleeding is difficulty eating, frequently throwing up and then passing out.

"In the sixth grade I started perspiring – and I mean really perspiring – soaking wet. I was so embarrassed by this – and I didn't know why it started. Hair grew in my armpits – you were supposed to shave it off. Why? – Shave legs – why? My mother told me to use a deodorant – but I didn't know why. One day after church (Christian Science) my mother said, "You stink." The word, "stink" was a word, we children were not allowed to use. After she said that, I put deodorant on regularly."

Karen described these experiences further:

"You would think there would be a chemical explosion in me due to chemical reactions taking place with the decay and infectious stuff – the mess inside." And then, she made a discovery that surprised her that linked to her having risked speaking, "Funny, I didn't react to Dr. Turk having a cold. I think, formerly I would have found some way to blame his cold on me. I am a different person in his office than anywhere else – I feel different. I don't censor or hide – I'm more able to really say anything I think of – and be 'me.' I originally approached him the same way I approached everyone – tried to please – but with him it didn't work, and it wasn't easy for me – didn't know what to do or how to change. I didn't have to prove anything to him – he seemed to accept me as I am. No one else has done this."

She proceeds to 'forbidden' topics – how she felt herself to be a "bad" person," when she dissociated in my presence. "Dr Turk said I am that way in his office at times. When it occurs, he realizes that he is just going to have to wait it out, until I am able to get back to "me" – inside to "me."

The crisis of inscription

Having ventured thus far she began to truly "inscribe herself" into the treatment. She questioned:

"Am I a part of this world – or am I "apart?" Why is it that I sometimes start crying for no reason at all – seems like overwhelming sadness. Hopelessness. I don't feel like trying anymore. I mourn for DG – cry, feel deep sadness, the way I did for my grandmother. These are the only two people about whom I have felt this way in my life. I deeply loved my grandmother, and I guess I loved DG.

"There was guilt involved with DG – he let me touch him and he let me hold his hand. – I know it wasn't a proper "doctor-patient" relationship – but it was so important to me. He loved me in a way, letting me touch him – not as a mature adult – but as a child who desperately needed that type of love. I will always mourn for DG – the way I do for my grandmother. At least I had DG for a while – and he gave me all the love, patience and understanding that anyone could possibly give. DG has been the only person in my life to show love to "me" to accept "me" to be willing to let "me" touch him, and for him to touch "me." I yearn and long for it – yet I know it will never happen again – I feel very sad. Sometimes I feel like screaming."

And then she was able to access her violent feelings, "I feel very angry at Dr. Turk – I feel I would like to beat him up. Is it Dr. Turk or Philip

or DG? What would Dr. Turk do if I beat him up? I know he doesn't like physical reactions from patients.

She then blames me for her plight, "He was the one who did this to me – I wasn't this way before I began seeing him. What is he doing to me? I came so close to dying – dying without it being my fault – why did I have to live? Winter is coming – the season of "Death."

She accessed erotic feelings, "I told Dr. Turk that Mrs. S—had sexual thoughts about him. I can't deal with or handle both her life and mine."

That is, she cannot relate simultaneously to the persona who engages the social link and the other one – that "me" – who experiences deeper and forbidden feelings.

"Does Dr. Turk regard "me" as repulsive – react negatively to my saying that "Mrs. S" had had sexual thoughts about him?" And she concludes the experience stating that, "I felt a great deal of emotional relief after today's session especially after having talked about anger and DG (love, family, etc.) I talked about feelings that I had never recognized or expressed before. Relief of tension – sort of getting my feelings and anger out of my system."

But this proved transitory – she is still in the grip of hopelessness, "I'm afraid of growing old. I don't want illness or pain – I want to die before that! Sometimes I think I'll go batty if I take one more pill. Why has my attitude towards medicine changed so much. Am I more tense now – or is it instead that I recognize how tense, nervous, and desperate I really am?

"Dr. Turk said it would even get worse – I can't stand it now – how am I going to be able to stand it if it does get worse? I don't want to tell him these things because I'm afraid he'll put me in the hospital. Ask for more medicine??? Angry at Dr. Turk – emotional health – and Dr. B----- physical health. Neither is concerned with both – Dr.

Turk doesn't 'know' or 'care' about my physical health and Dr. B----- doesn't 'understand' or 'know' about my emotional health. I feel as though I'm caught between the devil and the deep blue sea – I want them to talk to each other."

But she is determined to forge on despite her hopelessness.

"I've got to eat – I have to – no matter how hard it is. Does Dr Turk realize how terrified I am about what is happening to me? Can I, could I go back? Do I want to? If he knew, would he make me go to the hospital – I couldn't handle that. What is real? – unreal? Who is real? And who isn't real? Why do I bleed?

"Sitting on the floor hiding, not looking at people for fear they would see "me", confusion – attitude towards authority – similar to a child's fear of asking for things, fear of saying, "No", always doing the child-like "supposed to", always trying to please. Saying, "Sir" – too old now but it was too well driven in.

She gradually began to emerge from the crisis of inscription – in part for having risked saying forbidden things to me for which she expected to be condemned.

"Dr. Turk and the office the only place "me" can be now. He is the only one or who has a place – the office, where "me" can say anything "me" wants to. "Me" is not accepted in society. Dr Turk is the only one with whom "me" has taken the risk to be – to talk – the only place and person in – and whom "me" has been able to talk and tell that I want to be there and be with him. I've never before placed myself in such a vulnerable position – or revealed that I "want" something that someone else like Dr. Turk controls. It is taking strong risk." It seems as though his office is the only place 'me' has the right to be. Dr. Turk has given me this right – the feeling that I have this right – other places

"me" is only vomit. 'Me' has no right to even be buried beside my grandmother. She belongs to my father."

"I remember going to my mother two times. A very serious ear infection – it had almost perforated and a very serious toothache – swollen cheek – went to the dentist the next morning and he pulled the tooth out – it was impacted. Why did I have to wait until I couldn't stand the pain? I knew something was wrong in both cases long before I told her. I think it was "Terror" that prevented my telling my mother about my earache and toothache. Perhaps it was "Terror" that prevented me from telling my mother about my first menstrual period. I think "Terror" has been living inside me all my life – or practically all my life. I just recognized it this week. I don't think "Terror" is male or female – I don't think it has any sexual identity. I feel shame, weakness, and embarrassment when I express my longing for love – at my age. Question of my vomit rotated to my feelings – are my feelings nothing more than vomit – are my feelings worth only vomit. Do I express my feeling with vomit? The Rorschach picture of my insides – was that vomit???

"Now my headache is gone. Is the desire for the love of a 'mommy' weak and shameful at my age? Is there any way my touch and longing desire can be for non-sexual love. Is such involvement possible?"

This enlightenment produced what we might think of as a "panoramic dream" – that is a dream that depicts a broad view of our psychic state at a particularly telling moment. She describes, "a dream – different this time. We were moving to a new house – a larger house with many rooms. I hadn't yet seen all the rooms and didn't know how to get to all of them. As in other dreams there was a room way out and over – a rather mysterious room – yet pleasantly mysterious – surprising, perhaps similar to the surprises in another room – as it seemed to be my grandmother's – and there was a slight feeling it would be mine – yet we were not supposed to go there.

My father was wandering up and down the halls crying. He was dressed in socks with garters, boxer shorts and a white dress shirt. He had to go on a trip for some reason. I had Saturday morning appointments with DG. Two times I just didn't go and now because of this airplane trip, I couldn't go – I tried desperately to call DG – to explain why I wasn't there and to ask him to save the time for me – I couldn't reach him because of my father. He was crying because he had to go into a psychiatric hospital."

We take note of her entering a new space – one that could be hers – pleasant and filled with surprises – that she links to her grandmother as representative of comforting, non-sexual contact. It speaks to what she is to discover about herself regarding her terror. Finally, she references her father as unavailable and ill.

The crisis of the re-evocation of madness

At "Le 388" the crisis of inscription is negotiated both with the analyst and with the clinicians in the milieu. In Karen's situation I served two functions – an analyst who can receive her address and also an "intervenant" who must contain the excesses that are actions mobilized by the "out of language." To be precise these two functions cannot be conducted by the same person, as it impinges upon the analysis by drawing the analyst into a position beyond simply listening to the analysand's speech. On the other hand, I had to deal with what I was presented with – it was not ideal and had to do the best I could.

But for now, having moved through this phase prepared Karen for the next, it occurred two years later during the fifth and sixth years of the analysis. It was essentially the mobilization of the unspeakable aspects of the "Terror." We may think of it as having been a lived experience that was inscribed within her long before she had access to language and at a time when her capacity to create representations

was rudimentary. In her journal she wrote, "Dr. Turk wants me to tell him about what happens when it explodes – but I don't have any words for it."

During a session when I again insisted on her speaking, she looked frustrated, shook her head and then held up her hand, gesturing as if she were drawing with a pencil. I quickly provided her with a pen and an 8x10 pad of paper and she began to draw a sketch depicting what she was imagining. For years she continued doing this, copiously producing 202 such pages. Many are accompanied by crudely lettered words that she almost carved into the paper, using the pen as if it were a dagger as she expressed her fury.

It is here that the aesthetic comes to play a role – and it was basically at her instigation – which is to say that the creative urge arose within her. It exists in all of us, and we have come to think of it as "the feminine." Again, having Winnicott in mind when she gestured her request to draw, I followed what she spoke of as she traced it out with the pen. Having rendered a sketch of "Me" – she wanted to demonstrate how fragmented "Me" is. She requested a pair of scissors. I provided them and she began to cut apart this first sketch that included areas upon which she had written "me" and "me to be." These fragmented pieces she wanted to toss away, but I saved and reassembled them. My preserving what she tries to rid herself of is emblematic of the analytic work itself, exemplifying "containment."

She works on all this – posing questions to herself, "What now? I must stop needing and wanting Dr. Turk – and build a relationship with Philip. But I want and need pain and hurt – they build up and overwhelm. How do you control them – and channel the feelings safely? As I'm drawing my feelings and writing words on paper – the feelings diminished in strength – I have no explanation for that.