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Semiotics as Metapsychology

The Status of Repression*

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Introduction

Among the many replacements offered for Freud's much criticized metapsychology, those based on linguistics are especially popular. But are they adequate to the task? Peterfreund (1971), Ricoeur (1970), Schafer (1976), and many others have agreed in their rejection of Freud's economic point of view. They have disagreed, however, about its replacement. Relative latecomers to the dispute are those who hold that semiotics, or the general theory of sign production, is the theory most likely to succeed Freud's defunct treatises on psychic energy.‡ Among these contemporary authors is Colin Martindale (1975), whose work I shall

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‡ Lacan (1949) remains the most provocative (and obscure) proponent of a semiotic rereading of Freud. See Bär (1975) for a series of critical articles that offers a plausible and unusually clear account of Lacan's argument.

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analyze, not only to underscore its merits and, by extension, those of the semiotic option in general, but also to point out some of its limitations.

Linguistics and semiotics are attractive alternatives to Freud's metapsychology because they appear to offer access to secrets of language and, therefore, to the very core of human existence. One can imagine four powerful motives for the attraction of this alternative. First, language is infinitely variable and plastic. As Freud (1920) notes in his famous account of the child's game of "fort" and "da," language has the magical power of making what was lost reappear. Second, language appears to be one of the distinctive features of humans. Although there are vociferous claims to the contrary, the ruling consensus among experimentalists is that no animals manifest true language capacity. If language is unique to human beings, it follows that a linguistic metapsychology will preserve that uniqueness. Third, discoveries about language may be made through the usually despised mode of introspection. Austin's (1970) contributions to ordinary language philosophy and general semantics are a result of his thought experiments on what a person will say in a particular circumstance. A linguistic metapsychology leaves open the possibility of similar explorations pursued outside both the clinical dyad and the experimental situation. Fourth, because psychoanalysis is in part the talking cure, a linguistic metapsychology has an immediate advantage in explaining how mere words can effect profound changes in human behavior.

However, there are hidden costs that should be examined before agreeing to the wholesale purchase of a linguistic metapsychology. One of these costs is that a linguistic or semiotic metapsychology is unable to account for the central discovery of psychoanalysis—the reality of repression. This deficiency is reflected in Martindale's attempt to forge a beginning semiotic metapsychology.

Martindale's Proposal

Martindale (1975) states, "It is argued that the nature of translation among levels of primary- and secondary-process sign systems itself adequately explains a number of phenomena treated by psychoanalytic theory as due to repression, defense, and unconscious thought processes" (p. 331). This bold statement may advance either of two grand

claims: (1) the concepts of repression, defense, and unconscious are satisfactory for some purposes but have been extended over too large an area, or (2) these concepts are in themselves useless and can be replaced with better ones drawn from a theory of translation levels. The first claim seems valid, and Martindale's suggestions are pertinent to it. The second is invalid, and Martindale's article inadvertently demonstrates its failing.

Psychoanalysis and the Study of Speech

Martindale begins his article with the following assertion:

If we consider the sorts of speech upon which psychoanalytic inferences are based—e.g., free association in psychoanalytic interviews, dreams, slips of the tongue, creative utterances, the speech of schizophrenics—it becomes clear that all are products of altered states of consciousness [p. 331].

This slightly ambiguous claim could mean either that *all* psychoanalytic inferences are based ultimately on the analysis of speech or, more narrowly, that some analytic inferences are based on the analysis of speech that is a product of altered states of consciousness. The first explanation is certainly false. Clinical theory and clinical inference are based on the observation of a patient's behavior, not just on his or her speech. Beginning with Freud's reflection on Charcot and the ubiquitous presence of *le chose sexual*, psychoanalysts have observed behavior as much as they have observed speech. Freud's (1895a) original theory of sexual noxa and his choice of abreaction as a method of treatment manifest his concern with physiological processes, not speech. While he abandoned both this early theory and treatment, he did not alter his essential technique—the naturalistic observation of human behavior—both within the clinic and without.

The narrower explanation is partly true. Freud (1900) devoted *The Interpretation of Dreams* to the analysis of dream reports, which, in turn, refer to mental processes that take place during an altered state of consciousness, sleep. Yet it is incorrect to say that all free associations are the products of any single element because, according to Freud, they are compromise formations, i.e., products of a multiple interaction between conflicting systems (Kanzler 1972). Martindale's thesis is more pertinent to Breuer's early theory of hypnoid states.

Breuer, not Freud, held that neurotic symptoms are formed when normal consciousness is altered and that hysteric ideation, cut off from its usual associative connections, forms a *condition seconde* (Breuer & Freud 1893–95, p. 15). Because this condition was engendered in an altered state of consciousness, it followed that treatment should take place in a similar state, one of light hypnosis induced by the physician. As Rapaport (1957–59) notes, Breuer's technique was basically a refinement of the French theory that overcharged ideas, including sexualized wishes, cannot be accommodated by a mental apparatus that is at low ebb, e.g., in a hypnoid condition. Thus, Breuer viewed therapeutic hypnosis as a way to safely discharge an overwrought emotional capacitor.

Freud, of course, gingerly disengaged himself from Breuer when he confessed that "fresh points of view have forced themselves on my mind" (Breuer & Freud 1893–95, p. 255). Among the views forced upon him were his rejection of the hypnoid thesis, his discovery of the sexual element in the etiology of neuroses, his elaboration of the talking cure, and his rejection of Breuer's claim that retention hysterics were independent clinical entities. Breuer's theory and treatment were physiological; Freud's were psychological or, more exactly, psychoanalytic because he linked motives to a sexual (libidinal) substrate.

I was able as little as anyone else to explain why it is that one person can be hypnotized and another not, and thus I could not adopt a causal method of meeting the difficulty. I noticed, however, that in some patients the obstacle lay still further back: they refused even any *attempt* at hypnosis. The idea then occurred to me one day that the two cases might be identical and that both might signify an unwillingness; that people who were not hypnotizable were people who had a psychical objection to hypnosis, whether their objection was expressed as unwillingness or not [pp. 267–68].

Using only his "pressure technique," Freud found that he could force his patients to recover memories that had been unavailable. Hypnosis was not necessary; his insistence was. From this clinical event came his idea of resistance, and from the idea of resistance came the idea of defense. What characterized these memories was not their genesis in a hypnoid state, but their affective quality; "they were all of a distressing nature, calculated to arouse the affects of shame, or self-reproach and of psychical pain, and the feeling of being harmed; they

were all of a kind one would rather forget" (p. 269). The painfulness of everyday events, an indifferent parent, or a moment of sexual shame marked these memories.

Although the nature of psychic pain is surprisingly obscure, even after eighty years of psychoanalytic theory, its reality is not. Psychic pain, which is one of the central features of neurotic illness, is both the source of later neurotic behavior and the principal target of psychoanalytic therapy. Although related to physical pain, psychic pain has one essential difference—the patient is responsible for its occurrence. The hypnoid state hypothesis dismisses the patient's complicity in his or her pain by saying that symptoms come upon the patient when he or she is in an altered state of consciousness and thus defenseless.

Freud's (1900) psychoanalytic theory says exactly the opposite: the patient is responsible for his or her suffering because, at a more profound level, the patient initiated the sequence of repression, defense, and symptom formation by having a wish that, when fulfilled, "would no longer generate an affect of pleasure but of unpleasure" (p. 604). The general semiotic reading of Freud, including Lacan's (1949) hermetic utterances, tends to glorify the intricacies and charm of unconscious symbolization. This glorification distorts the core concept of defense and fails to address Freud's point that "*transformation of affect . . . constitutes the essence of what we term 'repression' "*" (p. 604). That psychic pain in its myriad forms of shame, guilt, depression, humiliation, anger, jealousy, loss, loneliness, and other forms of suffering is the core problem may be seen in Freud's (Breuer & Freud 1893–95) early comment on hysteria: "The hysterical patient's 'not knowing' was in fact a 'not wanting to know'—a not wanting which might be to a greater or less extent conscious" (pp. 269–70, italics mine). In other words, repression has its genesis in a person's painful memories rather than in an archaic part of the mind, in the "unconscious," or in primitive language use.

Martindale's account of the theory of repression misrepresents Freud's "discovery of a new range of facts" (Klein 1976, p. 239). His account is essentially pre-Freudian; hence, it is compatible with Breuer's hypnoid state theory. Martindale's conception of the unconscious allows for the preservation of the original narcissistic stance because it is not "I" but some other self, an automatism, or some other internal, nonself agent that is responsible for an individual's actions and suffering. Pre-

Freudian dynamic psychiatrists and Jung explain emotional conflict in primary-process terms: two agencies—the good self and the anima—contend with one another for mastery of the body and hence the control of the person's power. Jung's theory of subpersonalities is a modern version of this ancient theory.

Freud cut through this chaotic theory, which multiplies agencies at will, by positing that repression is a process in which the individual distorts access to his or her own memory. Not only does Freud's position shatter the illusion that a person who suffers from neurosis is simply the passive victim of the unconscious, but it also offers the hope that such a person can recover sovereignty over those wishes and hopes that were originally so dangerous.

Repression is, of course, a key part of the psychoanalytic shibboleth. According to orthodox religionists and orthodox materialists, repression is an abomination because—like all central psychoanalytic concepts—it unites antithetical categories of body and mind, energy and language, and knowledge and ignorance. Freud held, however, that there was no need to explain his patients' insights as the products of a "momentarily intensified hypnosis," nor should one explain the original act of repression as the product of an altered state of consciousness. To propose the latter view is to propose a Breuerian, not a Freudian, thesis.

Freud's View of Language and the Unconscious

Martindale (1975) asks a curious question: "Why . . . did psychoanalysis develop into a general theory of behavior rather than what we shall argue that it should be, a grammar of associative or regressed speech" (p. 331)? Since psychoanalysis began as a theory of behavior, the question is slightly misleading. Nevertheless, Martindale's answer is significant. According to Martindale, Freud's notion of unconscious thought processes led him to believe that there were two streams of thought operating at the same time and "that dreams and other primary-process manifestations represent a breakthrough of an ongoing stream of unconscious mentation" (p. 332). Martindale likens this idea to the manifestly absurd position that bilingual persons necessarily speak both languages at the same time whenever they talk, one vocally and the other subvocally. He proposes that the continuum of primary-process and secondary-process functioning be viewed as a continuum

of language. For example, a dream "has the form it has not because of purposeful or motivated defense but because of the language of the level at which it is conceived" (p. 332). This idea becomes plausible only if one recasts the notion of primary process.

Freud's (1895b) first comments about primary process have nothing to do with language or speech; instead, they relate to his larger thesis about the affective basis of all thinking. Primary-process mentation is neither a kind of speech nor a form of linguistic codification; rather, it is an archaic form of cognition. Primary-process thinking occurs when the ego automatically cathects representations of pleasure-giving objects and initiates discharge against that representation as if it were the actual object, e.g., the breast. Martindale claims that Freud "assumed that primary-process thought is continually present in the unconscious" (p. 332). This statement is a plausible summary of one part of Freud's theory, but it distorts his larger thesis because it confuses thought with language and language with representation. As a careful reading of chapter six of *The Interpretation of Dreams* reveals, the theory of primary and secondary processes is intimately tied to the more fundamental theory of the economic point of view, which, in turn, is tied to Freud's recognition of the centrality of psychic pain and to the defense against pain through repression.

Freud (1900) does say that *thinking* may proceed "unobserved by our consciousness" and "that *the most complicated achievements of thought are possible without the assistance of consciousness*" (p. 593). But Freud never says that unconscious mentation is akin to speaking a language. On the contrary, Freud believes that thinking and language use are two entirely distinct operations. Language entails thinking but not vice versa; for example, Einstein and many other creative people describe how they conceived of the most abstract relationships without using any language (Prentky 1980). For Martindale to say that a bilingual Frenchman speaks French as he is speaking English is absurd. However, to say that a bilingual Frenchman conceives his ideas in French or in pictures and describes them or formulates them in English is not absurd. Thought is not identical to language use. Indeed, painting and dancing may be superior to language in their ability to express deeply felt emotions (Arlow 1969).

Martindale is correct in saying that Freud's adherence to an economic point of view prevented him from reducing his metapsychology to a grammar of archaic modes of speech. The theory of primary and

secondary processes is a psychological theory of mentation that has implications for a theory of language but is primarily an account of the control of behavior. Primary-process ideation obeys the pleasure principle; it aims automatically at the hallucinatory revival of the desired object. Secondary-process ideation obeys the reality principle; it requires first the postponement of discharge and then the testing of a highly cathected idea against operations in the real world. Neither of these processes requires the use of language. For example, after a painful encounter with a trap, a speechless wolf may learn to check his initial urge to take the bait. The wolf's thinking is, therefore, in accordance with secondary-process ideation (Gedo 1979). According to Freud, human beings are mammals first, then language users. Psychoanalysis is, in part, a theory of how human beings struggle to adapt themselves to their mammalian heritage and how they fail. Restricting psychoanalysis to the analysis of language emasculates it as a general account of human action and prevents insight into mankind's wolflike nature.

Defense Mechanisms

Martindale argues that "defenses and other phenomena of psychoanalytic interest are seen as occurring only in regressed states. Just as dreams occur only in sleep, a mechanism such as projection may occur only in an altered state of consciousness" (pp. 332-33). The term *altered state of consciousness* is as ambiguous as *healthy* and *normal*. These terms imply a fixed notion of ordinary or normal and, consequently, what is extraordinary and abnormal. Numerous problems arise when any attempt is made to use these concepts in a rigorous way.

Even if one grants Martindale's ambiguous terminology a clinical validity it usually lacks, his argument is faulty. If it is correct, Freud (1900) is wrong both about the nature of free association (which Martindale ascribes to altered states of consciousness) and the nature of "innocent dreams." Kanzer (1972) notes that the concept of free association developed with the concept of the fundamental rule: "The notion that the former is a state of freely wandering thought can be upheld only when the requirement that the patient share these thoughts with the analyst through verbalization is left out of account" (p. 247). As Freud stressed in his papers on technique, Kanzer emphasizes that free association is a skill that must be acquired, often with great effort. The

patient must endure this part of his "training" in order to assume more and more responsibility for his own behavior. Kanzer relates this task to the relatively unexplored superego dimensions of treatment, but it is also rooted in the universal psychoanalytic value of truthfulness.

Martindale's thesis is in part correct. Primary-process ideation does occur frequently in altered states of consciousness. But he is wrong to conflate this fact with the task of free association. Indeed, his entire argument is more appropriate to an explanation of Jung. Jung also radicalized the experiential dichotomy between consciousness—everyday feelings of self and self-responsibility—on the one hand, and uncanny experiences of transport, awe, religious insight, and depersonalization on the other hand. Jung's own life is a paradigm of ego splitting, reification, and intellectual repair. The brilliance with which such people accomplish many of these repairs may be admirable, but it should not be forgotten that this accomplishment requires the everyday ego of ordinary consciousness never to assume a position of autonomy and coherence. The ego is always suspended between the inward nonself entities (the archetypes) and the equally mysterious forces of the outer world. Free association is typically Freudian because it exemplifies Freud's fundamental ethic—seek the truth—and his fundamental goal—enlarge the realm of ego mastery.

Psychoanalytic clinical reconstructions are hypotheses about motivation. In Waelder's (1962) terms, the analysis of motives is part of the clinical theory; it is not derived from the rarified theorems of Freud's metapsychological speculations. The patient and the therapist are responsible for uncovering the set of needs and wishes that gave rise to the patient's symptoms. "The incentives and capacities for recovery may be measured by this assumption of coresponsibility, as are the adaptive potentials of the entire personality" (Kanzer 1972, p. 248).

The work of analysis, like the other kinds of work Freud constantly refers to, is the labor the patient and therapist perform in overcoming the patient's inclination to shift responsibility onto other people, other parts of himself, or other states of consciousness. Since projection, like other defense mechanisms, is a product of the ego's automatic response to psychic pain, it is plausible to say that it occurs unconsciously. But projection does not occur in an altered state of consciousness. During the operation of a successful defense, the individual typically feels quite normal. Although hysterical people may report dreamlike states, obsessive people rarely do. Their more elaborated, ego syntonic defen-

ses, such as reaction formation and idealization, come to characterize normal consciousness. Indeed, one of the goals of the initial treatment is to split the "seamless" consciousness of the obsessive patient and make him aware of the automatisms underlying what are to him his most virtuous characteristics.*

Restricting the notion of the unconscious to a type of consciousness is another version of the topographic theory which does not permit the therapist to analyze the surface phenomena of everyday life, e.g., normal dreams and innocent slips of the tongue. This restriction deeply enervates Freud's conception of the dynamic unconscious by turning it into a postulate about a place, a location, or a realm that is bordered by consciousness. Although Freud's metaphors sometimes suggest this notion, his theory, even chapter seven in *The Interpretation of Dreams*, never does. In his critique of Jung, Glover (1950) argues that Jung replaces Freud's dynamic theory with one of fixed personalities defined by their relationship to consciousness. Glover's critique also pertains to Martindale's thesis. Both Martindale and Jung hold that what is not available to immediate consciousness is necessarily "other-than-self." Because the other-than-self is not part of the self (the willing subject), motivation cannot be ascribed to it. If, in addition, neurotic behavior is explained in terms of this kind of unconscious, it follows that the subpersonalities or the unconscious rather than the self are responsible for errors and faults. Hence, Jung frequently claims that his theory relieves people of the guilty feelings that Freud's theory ascribes to neurotic individuals. Martindale proposes a similar argument when he explains dreams in terms of regressive cognitive functioning: "The dream has the form it has not because of purposeful or motivated defense but because of the 'language of the level' at which it is conceived" (p. 332).

If the concept of defense is reduced to a theory of regressed cognition, then it is impossible to analyze the ego as Freud advanced that task in the last great period of his work. His subtle conception of the ego's mastery of, yet dependence upon, repetition compulsion, his notions of gradation of control and adaptive responses to the drives, and his tragic view of life that grants human beings a measure of responsibility for their fate are all obviated by collapsing the theory of the

* See Freud's (1909) comments on "two kinds of knowledge" (p. 196).

ego into a theory of consciousness. Jung (1951) made this reduction clear when he described the ego as simply that agency whose realm is bounded by consciousness. He (1928) also stated the logical outcome of such a theory: the aim of treatment is "the unconscious development of a transpersonal control-point; a virtual goal, as it were, that expressed itself symbolically in a form which can only be described as a vision of God" (p. 79). Martindale's characterization of the ego could be debated further; however, his major constructive thesis identifies primary-process ideation with a theory of semantic levels.

Defense as Language-Discourse Encoding

Martindale's central thesis is that Freud's concepts of defense (e.g., displacement, condensation, repression) can be replaced systematically with a general theory of the linguistic structure of primary-process ideation. As he notes, linguists and other theoreticians have developed analyses of secondary-process thought; for example, Chomsky's work on grammar is about the generation of well-formed sentences. Employing a general notion of language levels, Martindale seeks to explain apparent "defensive operations":

Suppose a dream is generated on level three [primitive level of semantic differentiation]: the dream consists, e.g., of the image of swallowing inedible objects. In interpreting the dream, a depth psychologist essentially wishes to rewrite it at some higher level. A number of possible rewrites are possible on level five [a higher level of semantic differentiation]—e.g., 'I imitate my mother,' 'I like my mother,' 'I like my father,' 'I swallow feces,' 'I like my possessions' [p. 344].

He concludes that the therapist's knowledge of the dreamer and the dreamer's context will help reduce the number of possible rewrites. His essential claim is that the dream image can be explained without recourse to a defense of theory: "Given that the dreamer dreamed on level three, the *language of the level* constrained the signs employed" (p. 344).

Martindale's point seems true, as did Freud's (1900) similar thesis when he distinguished between "thing presentations" and "word presentations," although Freud lacked a rigorous theory of language. Martindale's suggestions are also supported by Bateson's (1972) discus-

sions of the iconic quality of primitive thought. Indeed, primary-process ideation is essentially prelinguistic. Among the logical operators it lacks are those Freud noted, including tense, voice, and agent. Martindale agrees: "Level three discourse is fundamentally untranslatable; one can only specify what the dreamer *might* have said had he talked on level five rather than dreamed on level three" (p. 344).

However, Martindale's major argument, that linguistic theory can explain what Freud ascribed to repression, is less plausible. Repression, according to this linguistic theory, is simply the result of a failure to translate correctly between levels of representation.

Thus if a patient avoided the conclusion 'I act toward my wife as I acted toward my mother,' he could be on a level where the verb 'act' or the notion of 'similar' are unavailable. In such a regressed state, the patient would be unable to see *any* analogous relations, not only the one specifically avoided. The idea that 'falling apples and the moon both obey the law of gravity' would be just as 'repressed' as the conclusion concerning wife and mother [p. 344].

At first reading, this sentence seems contradictory to Martindale's earlier claims because he speaks here of the patient avoiding insight, which is surely a defense against insight and exactly what Freudians mean by *repression* and *defense* in general. Martindale must mean only that this example is one of the analogous relations the patient cannot conceive because he is in an altered state of consciousness. Thus, Martindale's last point about "repressing" the knowledge of gravity refers to the patient's altered state of consciousness. Is this idea plausible? Can a modified topographic theory replace ego psychology? Only, it would seem, if it can account for crucial facts unearthed in the clinic.

Two such facts are the existence of resistance and parapraxes in normal people. Although it is true that during intense episodes of cognitive regression a patient will not be able to link subtle elements of conceptual differentiation, not all instances of defense are products of massive regression. Chief among them is resistance. A patient or any other person will, Freud discovered, exhibit a *systematic* counterwill or resistance when certain topics arise, e.g., masturbation, homosexuality, or the person's sister's successes.

The whole notion of interpretation, an element of the clinical theory, requires the assumption that such "accidental" occurrences are highly motivated and meaningful. Although a patient may feel a momentary change in mood or "consciousness" when he lets his errant hat knock over his mother-in-law's vase, the feeling of uncanniness (Freud 1919) does not give rise to the action; the altered state of consciousness does not produce the action; instead, the reverse occurs. I could recite examples without end, since they are among the fundamental observations of any analysis.

In the same way, Martindale's theory of altered states of consciousness and massive regression cannot explain a similar, crucial fact of normal behavior—parapraxes. The term *altered state of consciousness* cannot mean something that is simply unavailable to everyday consciousness, since that is what Freud means by the term *unconscious*. How can the sudden appearance of a parapraxis be explained? In the famous example cited by Freud (1916–17) in which the president of the assembly opened a new session by declaring it closed, Martindale would have us conclude that: (1) the president suffered a massive shift in consciousness, (2) his language capacity regressed from level five to three (hence he lost the ability to distinguish negation from affirmation), and (3) he unwittingly uttered the reverse of his intention. Not only are these explanations burdensome, they are impossible as well. If the president had this kind of regression thrust upon him, his entire "language use capacity" would be altered. Just as Martindale explained the iconic quality of the *entire* dream by referring to the grammar of level three discourse, we should expect to find the president's *entire* utterance cast in level three mode, which is not so. To save the theory, we would have to suppose that a "micro altered state of consciousness" affecting only the word *open* caused the president to utter its negation *closed* and then evaporated, leaving him in full use of language five discourse. This explanation is implausible and, when compared to Freud's analysis (that the president *wanted* to close the session), inelegant. There are examples of full-fledged regression that operate in the way Martindale suggests: one is dream imagery; another is psychotic ideation, e.g., Jung's (1961) visions of the spirit guides who visited him in his study. But as Freud and post-Freudian analysts have made clear, these are examples of neither repression nor defense, since the ego is overwhelmed and incapable of defense (Freud 1924a, 1924b).

Martindale cannot account for the appearance of highly organized, well-formed, syntactically valid, and meaningful parapraxes. For example, in a speech to the National Federation of Republican Women on September 28, 1973, John Connally defended Vice President Spiro Agnew against charges of bribery. In passionate tones he said, "I, like you, hope and pray that the facts are such that he's completely exonerated and that he is, indeed, found guilty."* Was Connally in an altered state of consciousness when he dropped the "not" from his text? Viewing the videotape of the speech, one sees no indication of either a change of tone or of mood. Connally was a possible successor to Agnew, should the latter have to resign. Agnew's guilt, then, was something obvious and fortuitous for Connally. His parapraxis was completely intelligible as a barely suppressed wish, not as the product of an altered state of consciousness.

Neither clinical theory, everyday experience, the phenomenology of parapraxes, nor patient reports support Martindale's claim that "Freudian mechanisms" occur only in regressed states of consciousness.

Summary and Conclusion

A purely semiotic metapsychology such as that proposed by Martindale has a number of virtues:

1. If those mechanisms responsible for defense and insight are primarily verbal or structured around verbal processing, then a semiotic metapsychology would account for the success of verbal treatment.
2. It would allow psychoanalysts to employ the insights and techniques of the various linguistic disciplines, e.g., phonology, artificial intelligence, computer simulations.
3. Psychoanalysis would then take its place among the unified sciences of meaning in the university curriculum.
4. It avoids the problems of the mind-body debate, since it situates psychoanalytic practice and science within the realm of language in general.
5. It also reduces irrational elements, like force and desire, to products or by-products of normal functioning. In general, a semiotic meta-

* *New York Times*, September 29, 1973, Section L, p. 14.

psychology, of the type that Martindale, Bruss (1976), and others propose, would tend to demystify both psychoanalytic theory and psychoanalytic practice.

However, the clarity gained must be measured alongside the hidden costs:

1. A purely semiotic metapsychology is unable to account for the nature of motivation ("the drives") and unconscious intentionality.
2. It fails to give a clinically accurate account of the central dynamic mechanism of repression.
3. It cannot account for "ego splits"—a purely semiotic theory cannot explain the existence of neurotic experts, e.g., well-educated psychiatrists who, in the face of their technique and knowledge, remain depressed or even suicidal (Klein 1976).
4. It gives no account of psychic pain, a central feature of neurotic and normal functioning, e.g., although Freud's energy constructs explaining depression may not be satisfactory, he at least places such displeasures within the realm of clinical and metapsychological theories.
5. It reduces the psychoanalytic field to an account of language or languagelike products of human actions and fails to comprehend the possibilities of a psychoanalytic theory of behavior that is not representational.

This fifth point is the most crucial one because semioticians in general tend to conflate psychoanalysis proper with its usual set of interpretation theories.* From a humanist's point of view, psychoanalysis seems to be about nothing other than unconscious ideas, hidden meanings, cryptograms, rebuses, puzzles, and other kinds of rhetorical and linguistic devices.† Because the mysteries of language are, in a sense, the subject matter of the humanities, the attractions exerted by a semiotic metapsychology are powerful. Should we resist them?

Martindale recognizes these problems. He elaborates the notion of levels of discourse in order to account for the depth elements in psychoanalytic interpretation. Yet even that gambit runs into the intrac-

* Cf. Ricoeur (1970) and Habermas (1972).

† Hence, Lacan's advice that young analysts should do crossword puzzles.

table problem of signification. How are we to understand the leap from somatic automatism to linguisticlike representations? To this bona fide problem, many articulate philosophers have given many articulate answers. But what of those forms of human suffering that are not symbolized or presented in language?

Kohut (1977) describes this kind of suffering as a primary dread of the dissolution of the self. His notion of two types of dreams illustrates that accepting or rejecting all of his extensive theory of self is not essential in order to see that many forms of pathology reflect preverbal and even predifferentiation trauma.

Dreams of this second type portray the dreamer's dread vis-à-vis some uncontrollable tension-increase or his dread of the dissolution of the self. The very act of portraying these vicissitudes in the dream constitutes an attempt to deal with the psychological danger by covering frightening, nameless processes with nameable visual imagery [p. 109, italics mine].

Consequently, he claims, one finds that interpretation of such dreams does not yield a secret message. There is no underlying cryptogram, no single sentence (Bruss 1976) which, when deciphered, will yield the key to a dream's meaning.

In reply, a Lacanian could argue that the lack of "depth" elements in these dreams, their obviousness, is just an indication (sign) of a more profound kind of representation—the representation of nothingness, that very form of existence which most terrifies the traumatized narcissist. Kohut (1977) contributes to this argument when he suggests there is a "Rosetta-Stone principle" that "embodies the view that the validity of newly discovered meanings (or their significance) must be established in analogy to the validation procedure employed in the deciphering of hieroglyphics" (p. 144). More so, he goes on to say, "The essential focus of interest of the psychoanalyst . . . concerns the meaning and the significance of the material under scrutiny, rather than causal sequences" (p. 145).

This focus is true in classical analyses of the structural neuroses, especially those most closely linked to oedipal conflicts. But it appears incorrect to say that Kohut's own work with narcissistic characters has this focus. Indeed, Kohut argues that children of psychoanalysts exhibit a particular kind of self-pathology because their sophisticated parents "tended to interfere with the consolidation of the self of these

children" (p. 147). He identifies a causal sequence, as he does in most of his theorems, e.g., "it was a deep fear of the dissolution of the self that had prompted them to wall themselves off against the danger of being understood" (p. 148, italics mine). Indeed, the central argument in both of his major works (1971, 1977) is that there are inborn, species-specific self-nuclei that exist anterior to the development of the libidinal drives and that must be accommodated within an average expectable environment of empathic adult relationships.* These statements are all causal, as are his extensive remarks on narcissistic transferences. Therefore, Kohut must be describing his philosophical and methodological understanding of how theory advances, rather than his metapsychology of the development of human beings. Thus, he notes that his conceptualization of a new self psychology "leads to a psychoanalytic rather than educational approach" (p. 149).

Kohut's work is valuable because it exhibits and articulates new insights about the causes of human behavior. Those insights were not produced out of linguistic reflection or academic debate. A linguistic metapsychology is seductive because it entails the thesis, uttered sotto voce, that the core of human existence is fundamentally knowable and describable because it is fundamentally linguistic. This thesis is not true. The drive theory, with all its awkwardness, does not permit us to escape that unhappy fact.

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* See also Frank (1969).

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