Paradox and Process
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A paradox must be accepted on its own terms, without resolution, and, at the same time, valued as a pointer to a new level of comprehension. Many of the phenomena we encounter in our psychoanalytic work have simultaneously a quality of remarkable similarity and radical, even contradictory, dissimilarity. The apparent paradox is ultimately resolvable by an understanding of the process that underlies and therefore relates the phenomena. The twin dangers that inhere in dealing with paradox and process are, first, the inability to accept the paradox, that is, a premature resolution of it, and, second, a clinging to the paradox so as to avoid articulating the process that would allow one to climb into a new grasp of reality. Among the questions touched on in this paper are: How can there both be and not be a baby inside? How can there be both need and no need at the same time? How can there be both destruction and transcendence in the same moment?

The endeavor of science is to resolve ambiguities by making ... critical and decisive tests between alternatives. An experiment to this end is as beautiful as any line of poetry, but it puts its imagination to a different endeavor; unlike poetry, it does not seek to exploit its ambiguities, but to minimize them. This is the paradox of imagination in science, that it has for its aim the impoverishment of imagination. By that outrageous phrase, I mean that the highest flight of scientific imagination is to weed out the...
proliferation of new ideas. In science the grand view is the miserly view, and a rich model of the universe is as poor as possible in hypotheses.

Bronowski, 1971 p. 51

By introducing paradox into the dry sobriety of psychoanalysis, Winnicott made room for spontaneity, ambiguity, illusion, and creativity as features that are essential to real living, despite the lack of a proper place for them in standard metapsychology.

“My contribution,” he (Winnicott, 1971) wrote, “is to ask for a paradox to be accepted and tolerated and respected, and for it not to be resolved. By flight to split-off intellectual functioning it is possible to resolve the paradox, but the price of this is the loss of the value of the paradox itself” (p. xii).

Kumin (1978), in a paper celebrating this germinal contribution of Winnicott, adds that “in the adult, failure to perceive a paradoxical reality is a defensive operation of the ego” (p. 479).

In this paper, by juxtaposing paradox with process, I am suggesting that there is yet another level of paradox to be enjoyed: a paradox may (paradoxically) both be and not be; and, following Winnicott, I ask that this level of paradox also be respected and not resolved. Paradox lives in the world of the aesthetic; it points the way to insight without laying an interpretation upon us. Process, on the other hand, lives in the world of science; it clarifies and then waits for us to grasp at the next mystery, the next paradox. The scientist may say, “There is no such thing as a paradox; all paradoxes represent a confounding of different logical types (Bateson, 1979), or of different referents.” It is precisely here that a study of process comes in; the goal is now to specify the nature of the relation between the contradictory statements, in effect to comprehend and thereby resolve the paradox. In the famous aphorism, “Plus ça change, plus c'est la même chose” (the more it changes, the more it is the same), what changes is different from what remains the same; one refers to phenotype, the other to genotype. The study of the process that connects contradictory elements will lead, ultimately, to a resolution. Paradox, by contrast, owes it value to going beyond the confines of what the mind can readily process with concepts that are already familiar and well

1 Khan (1972) significantly emended Winnicott's meaning by adding an important modifier: “and not resolved precipitately” (p. 272).
integrated. It stretches us, inviting us to transcend the familiar. It expands the purview of awareness and poses a mystery. Its value is heuristic. Clearly, it is not a matter of choosing between paradox and process; both are of great value and bear a complementary and somewhat paradoxical relation to each other.

I will be dealing with a number of interrelated paradoxical issues, riddles, perhaps. Among the questions are: How can there both be and not be a baby inside? How can there be both need and no need at the same time? Or, touching on the question of object use, how can there be both destruction and transcendence in the same moment?

To prepare the way, I would like first to recount a story. It happened once that two gurus were discussing the question of how one becomes enlightened. The first said that it was like traversing a wall, leaving the enclosed room one has always been living in, and entering into another chamber, another domain, another atmosphere. There is a door, but it has no handle, no way of opening it; so one must knock and knock and knock, hour after hour, day after day, year after year until one day, perhaps, when one least expects it, suddenly it opens, and one finds oneself effortlessly translated into another world. The second guru demurred. “No,” he declared, “the truth is there is no door; there never was one. All one need do is walk right through.” Who, then, is right? Both are enlightened beings and in touch with truth. A third guru appears and says, “I've been listening with great interest to your discussion. We have here a paradox. You are both right. The higher truth is, of course, that there is no door. But how does one find out that there is no door? One must knock and knock and knock, hour after hour, day after day, year after year, until one day, perhaps, you look, and to your astonishment, you see that there is no door and realize that there never was one!”

In present-day psychoanalysis, a tension exists between those analysts whose focus is on internal conflict and the analysis of defense, as against those like Balint, Winnicott, Bollas, and, from a different point of view, the self psychologists, whose approach is also more centrally informed by developmental considerations. The “conflict analysts” tend to the position that there is no baby within; there is only the adult in whom one may certainly see ample indications of the residues from childhood. They question the wisdom of engaging a baby inside on the grounds that it could be infantilizing and disempowering of the patient.

An interesting case has been made by Mitchell (1988), in which he
proposed a very engaging image, the “developmental tilt,” to account for the dramatic appearance upon the psychoanalytic stage of the “modern baby,” the preoedipal baby, the baby of object relations theory. It “postulates that Freud was correct in understanding the mind in terms of conflicts among drives and that object relations are also important, but earlier.... [In effect] the traditional model is jacked up and new relational concepts are slid underneath” (pp. 36-37). The thrust of the argument is that the use of the developmental tilt to position “the modern baby beneath Freud's baby” offers the great political advantage of affording theoretical innovation without challenging the basic structure of classical theory. I am in agreement that the focus in Freudian psychoanalysis on the preoedipal baby has contributed to the staying power of classical metapsychology; it has also led to a variety of conceptions like the need for a new beginning (Balint, 1968) and the theory of developmental arrest (Stolorow and Lachmann, 1980, and implied in Kohut, 1977), all of which were proposed as add-ons so as not unduly to perturb classical theory. Even Balint's distinction between benign and malignant regression—about which I will have more to say—is rooted in this effort.

Does, then, the focus on the baby of object relations theory have any intrinsic value, or is it essentially a theoretical makeshift in the interest of political expediency? Is there, then, a baby inside, a baby who is in need of being found?

Let me now return to the story. When the first guru says, “You have to knock and knock,” he means you have to live through what may be a prolonged experience of devoting yourself to what seems to be a senseless, irrational, and illusory task. The second wise man says, “No need; rationality will prevail; use the fresh air of analytic understanding to clear away the underbrush of unconscious conflict and defense, and you will see there is no door, and you will walk through.”

The third guru, knowing that many contradictory issues are not most usefully resolvable into “either/or” but are more fruitfully conjoined with “and,” affirms the validity of both positions and adds, “There is a process involved in this paradox.” However true it is that there is no baby living in the adult patient, and however true that there is continuous construction (Zeanah et al., 1989) of character and of psychopathology, so often it happens that the route to truth is through the intensity of illusion. Is not analysis a veritable playpen for transference and countertransference, and what are these if not vehicles for finding truth by
knocking on the walls of illusion? Are not dreams the quintessential illusions, fictions? Are not most art forms—lines on a flat plane or ambiguous words in blank verse or people playing roles on stage—are not these all built on illusion? And do not all these lead us, through illusion, to encounter a level of truth and reality that is otherwise inaccessible? Yes, there is a baby dwelling inside, and the more authentically we can surrender ourselves to the experience of that baby, the more likely we will discover ultimately that, of course, there is no baby inside; nor are there internal objects and selves inside. These are all fictions, but we need the compelling intensity that accompanies surrender to our inner experience. Through immersing ourselves in the intensity of what we fear and desire, immersing ourselves by engaging the language and imagery that those fears and desires knew in the moments when they were alive with nascent intensity, we may ultimately discover, having found within ourselves our own authentic voice, that, indeed, there is no door, no obstacle after all. Freud created intensity by hewing to sex and aggression; Jung changed the venue but maintained the intensity through mythology and religious passion; and with the object relations theorists the content again changed, this time to the inner world of objects and selves, all of whom had at one time an intense connection with passionate realities.

I hope that the third guru conveys my belief that no one has a lien on ultimate truth. Even as I portray the difference in viewpoints in this paradoxical way, I am aware that further complexities abound. I speak only for myself when I say there is something missing when all is clearly articulable in rational terms. Hence the quest for surrender and for the mystical, so as to make possible a reencounter with the transitional world of semi-illusion, or of creative surrender. I believe that quest is related to the wish to encounter that state of altered consciousness, a self-state that is deeply rooted in a one-person psychology and that, in most of us as adults, is confined to the moment of orgasm. Encountering the infantile in oneself affords another avenue of experiencing this quality of mix between one- and two-person psychologies (see Ghent, 1989).

Beyond this, I believe the patient has a stake in experiencing forbidden needs as infantile, in part because intense longings that have long been suppressed began to take formative shape in infancy or early childhood, so that the symbols used in adulthood to express these longings are affectively connected to these early periods. Second, the very fact that such needs are experienced by the patient as somehow allowable to
infants and children opens a bridge for their reintroduction and reintegration in adulthood, with the goal that they can ultimately find a place in adult living. Of course, we as adults can make the theoretical distinction that such needs and longings are by no means confined to infancy; but this does not mean that we should require this adult rationality of our patient, who needs the bridge of actual experience. And, finally, the focus on the infantile, the body language of breast and penis, and the worldlessness of affect memory all contribute to retaining a modicum of irrationality and the untranslatable, which tend to get lost in the purely interpersonal position. In this regard I was deeply struck by Stern's (1983) drawing attention to how our theory and practice may be quite limiting. He asks: “What happens to affect memories when a language-based code arrives on the scene? … Are they encoded in two parallel systems, a semantic system and an affect system? … [E]ven current affect memories are only roughly translatable into a language code.” He suggests that “our inability to establish greater continuity between pre- and postverbal periods may stem largely from our failures to be imaginative in [psychotherapeutic] technique and from the presence of a discouraging [psychoanalytic] theory” (p. 17).

Perhaps the difference between the two relational positions regarding “the baby inside” resides in the relative emphasis on the view from inside as against the view from outside. From the conflict-relational perspective (Mitchell, 1988), viewing the analysand as child often helps us to organize the pieces and fragments of the analysand's experience into coherent, understandable patterns…. In employing infantilism as a basis for interpretation, we are using our image of the baby as a metaphor. The analysand is not really a baby, but if we think of him in these terms, as wishing, fearing, and experiencing like a baby—we find meaning and patterns in otherwise inchoate fragments of experience [pp. 127-128].

The view here is from the outside; the patient is the object that is being understood. In the other, more developmental-relational approach, the emphasis is on the subjective, the (re)experiencing of fragments of childhood experience, much as experiencing a vivid dream is a most compelling avenue of self-integration. It is not a matter of choosing one over the other; both are important. There will always be differences of
emphasis as functions of the personalities and psychopathology of the analysand and of the analyst and of the stage of the analysis, as well as of the conception of the healing factors in the psychoanalytic process.

An illustration may shed some further light on the question of the baby inside. How is one to deal with a patient's neediness, when the need is “subjectively experienced as identical to that of the hungry infant or that of the clinging toddler” (Mitchell, 1988)? If the analyst understands the problem in terms of the need for unfulfilled infantile dependence (Fairbairn) or symbiotic fusion (Mahler) or mirroring (Kohut), it “makes the analysand's neediness difficult to resolve or work through, because it leads to two equally unappealing options ... an ultimate renunciation of ‘infantile’ wishes ... or an immersion ... in the gratification of those wishes in the analytic relationship” (Mitchell, 1988). The conflict-relational way out of this bind is to look upon the neediness in the adult as an expression not of the baby inside but of perfectly appropriate adult need that has, under the influence of a great deal of anxiety, come to be experienced as “infantile.” The therapeutic thrust, then, would be addressed to understanding the source of the anxiety, with the ultimate goal of being able to integrate current desires and longings.

I believe there is room for an alternative, or at least complementary, relational perspective. In some clinical situations what appears to be neediness may, in fact, be an expression of real need, say an urgent, even desperate need to be “heard,” a need, above all, for presence and reliability, the breach of which leads not to anxiety but to disintegrative panic. In these instances any effort at interpreting in the relational-conflict mode is out of the question.

How, then, to understand the relation between neediness and need, between “bad need” and “good need”? As with most paradoxical and ambiguous situations, our intellect and our scientific imagination wish to choose between alternatives, to come down on one or the other side. It is either this or that. But in real life we are often in an intermediate zone, where ambiguity occupies center stage and requires of the analyst a remarkable capacity for living in uncertainty.

The likelihood is high that in the clinical process, particularly with some patients, both real need is expressed, and along with it, a curious species of camouflage, the blackwashing of need—neediness. The neediness, by being easily confounded with genuine need, is well designed to keep the real need from being known by the analyst, let alone the patient. It is often expressive of true self, whereas neediness, garbed in
protective coloration, is the impersonator. It is the expression of protector self, that aspect of false self that serves simultaneously as usurper of selfhood and protector of the integrity of true self. It is also hinting to us that behind the noisy fiction and the drama of neediness lives a true self whose genuine need is awaiting discovery and response. For those who feel Sullivan's idiom to be more congenial, I would describe the process in the following way: genuine need, however dissociated and relegated to the not-me, is always trying to break through the boundaries of the self-system with the aim of furthering its expansion and enrichment. The self-system, however, the structured residence of good-me and bad-me, has as an essential function, the warding off of the anxiety that this breach would entail. In its efforts to resist expansion, the self-system, being by definition a system with a powerful stake in self-perpetuation, brings into play a particular set of security operations, neediness and demandingness, which, by virtue of their imposturous verisimilitude to genuine need, constitute a remarkably effective and stable defense.

My reason for using the word “paradoxical” here is that two equally valid but contradictory statements apply: There is no need; what looks like need is a manipulative, at times vengeful demandingness, which is, in large measure, an expression of rage at lifelong deprivation of one form or another; far from aiming to secure an appropriate response to real need, it is directed either at obtaining some immediate satisfaction, which, contributing nothing nourishing to the inner feeling of emptiness, amplifies the feeling of deprivation, or at provoking the alienation or empathic remove of the other thereby adding another notch in the tally of deprivations. On the other hand, there is need—genuine longings for human warmth, empathic responsiveness, trust, recognition, faith, playful creativity—all the ingredients we think of when we speak of love. Parenthetically, I would want to make clear that I am by no means suggesting that all of the longings, as they appear in the adult, can be, or should be, directly responded to in the analytic setup.

What so often complicates matters further is that one can often sense both thrusts in operation, oscillating unpredictably in ambiguous and overlapping ways. At any given moment it can be most unclear which is in the foreground. To borrow from the great master of paradox, Heraclitus, “One can never step in the same analysis twice!” Everything is in endless flux.

In the course of analytic work we often find ourselves welcoming the beginning appearance of such dark forces as envy, greed, hatred, especially
as they seem to be heralding the (re)vitalization of some genuine need. We may have to hold for a long period the paradoxical meaning of these intense feelings: in one moment, defensive and constrictive and, in the next, progressive and vital; in one moment, a surface gloss of positive feeling whitewashing unacceptable destructive feelings, and, in the next, storm clouds of aggression blackwashing frightening feelings of an awakening desire to take ownership of one's self or to reach out to another.

Rather than coming down on one side or the other, I believe one has no choice but to live with the paradox, often for long periods of time, and always run the risk that at any moment one may be out of sync with the analytic current. Depending on the personalities of both therapist and patient, there may be a tendency to err in one direction more than the other and so leave plenty of room for empathic failures.

It is difficult to maintain the tension of appropriate response to these opposing expressions of need. One attempts to respond to what one feels is genuine need, especially when one senses the need emerging in forms that the patient is unaware of. I think of this type of response as validation of real need, rather than as “gratification,” which I look upon as belonging more to the area of demand.2

An excerpt from Little's (1985) personal record of her psychoanalytic treatment with Winnicott will convey a clear sense of responding to need where there is rather little indication of ambiguity, although I would not be at all surprised that many analysts would view it as an index of inappropriate countertransferential gratification.

[Winnicott] used the word “holding” both metaphorically and literally. Metaphorically he was “holding the situation,” giving support, keeping contact on every level with whatever was going on, in and around the patient and in the relationship to him. Literally, through many long hours he held my two hands clasped between his, almost like an umbilical cord, while I lay, often hidden beneath the blanket, silent, inert, withdrawn, in panic, rage or tears, asleep and sometimes dreaming. Sometimes he would become drowsy, fall asleep and wake with a jerk, to which I would react with anger, terrified and feeling as if I had been hit [p. 21].

2 I believe I am indebted to Harold Searles for this distinction but am unable to find a reference to this usage in his published works.
In another context:

He was as honest as anyone could be, responding to observations and answering questions truthfully unless there was a need to protect another person, but it was essential to know when his answer was not wholly true, and why.

He would answer questions directly, taking them at face value, and only then considering ... why it was asked? Why then? And what was the unconscious anxiety behind it [p. 23]?

When Khan (1960), in describing a case of a woman in a state of regression to abject dependence, volunteered to return a book that the patient had stolen, I look upon his action as a response to a need that the patient was only dimly aware of, if at all. Indeed, it was his response that brought the full intensity of need for a caring, responsive, and knowing other into consciousness, an important step in the ultimate integration of the need into the self.

Benign and Malignant Regression

Closely related to the ambiguity surrounding need and neediness is the question of benign and malignant regression, as formulated in Balint's (1968) marvelous monograph, The Basic Fault. In the psychoanalytic atmosphere of the 1950s, need was looked upon as an expression of drive. It could be either gratified, a response that was antitherapeutic, or denied gratification. Balint found himself dealing with a paradox: he encountered an area of need that he knew required gratification if therapeutic result was to be obtained. How, then, to resolve this problem? Earlier I stated that in every paradox an underlying process is involved. In my view, Balint understandably, given the psychoanalytic atmosphere of the times, sidestepped an explicit examination of the process involved in this paradox and instead resolved the matter by postulating that two unrelated processes were at work. In one, malignant regression, the patient confronts the analyst with ever increasing demands for gratification. This spiraling of neediness he attributed to the patient's drives. In the other, benign regression, he made a very convincing case for an altogether
different phenomenon, one that has no place in classical metapsychology, the patient's need to be recognized, to be found in his authenticity.

The many analysts (among them, Winnicott, E. Balint, Khan, Little, Milner, and Bollas) whose work reflects similar concerns in the treatment of schizoid disorders all find similar locations to describe what happens in the interaction with the patient under these circumstances of benign regression. All have stressed the attunement with the patient, the listening for the creative moment that spontaneously emerges from the patient, the quality of somewhat altered consciousness that prevails, the urgent importance of not intruding on the patient with interpretations.

With the advantage of 20 or 30 years, I think it is now possible to see the two forms of regression as related in a unifying process, one that has the additional benefit of accounting for why, in many patients, neither form of regression appears in pure culture, but, instead, both often make themselves known in subtle blends, so that in one moment there is malignant need and in the next we may glimpse the benign variety.

Insofar as malignant regression is seen as originating in the instinctual id impulses, it is not hard to see how the therapist can soon find himself helpless, at the mercy of the overpowering id impulses of the patient. If, on the other hand, one views the situation from a totally different perspective, that of a false self desperately trying to retain the status quo under the threat of the availability of a real object who is capable of recognizing and responding to his true self, the malignant regression takes on another cast entirely. It is now seen as a defensive mutant of benign regression, a defense against benign regression. One is no longer dealing with a Pandora's box bursting at the seams under the pressure of id impulses; one is dealing, in relational terms, with a desperate person who is trying to hold himself together with whatever angry demandingness he can muster. If he succeeds in threatening the analyst, he staves off the threat of his true self being reached. Yet only if this happens—a meaningful encounter with the dissociated and exceedingly vulnerable true self—can a “new beginning” come into play.

The suggestion that benign need or regression and malignant need or regression are related by a type of paradoxical process causes me to wonder if this relationship may also be true in other areas. Indeed, I believe it is.

The main thesis of another paper (Ghent, 1990) is that submission and its variant as masochism, in at least some instances, represent a defensively
organized perversion of the longing for surrender. By surrender, I mean not
defeat, but a quality that encompasses the range of experience from “letting
go” to the yearning that might be represented as a wish to dismantle false self.

Submission, losing oneself in the power of the other, becoming
enslaved in one or other way to the master, is the ever available
lookalike to surrender. It holds out the promise, seduces, excites,
enslaves, and in the end, cheats the seeker-turned-victim out of his cherished goal, offering in its place only the security of bondage
and an ever amplified sense of futility. By substituting the
appearance and trappings of surrender for the authentic experience,
an agonizing, though at times temporarily exciting, masquerade of surrender occurs: a self-negating submissive experience in which
the person is enthralled by the other. The intensity of the masochism
is a living testimonial of the urgency with which some buried part of the personality is screaming to be exhumed. This is not to be
minimized as an expression of the longing to be healed, although so often we bear witness to its recurring miscarriage [pp. 115-116].

Viewed in this light, one might consider renaming surrender “benign surrender.” Submission, then, would be “malignant surrender,” whose place in the scheme of things would be as usurper of the territory that, but for dread, belongs to surrender proper, or benign surrender. Here again semblance turns out to be the best cover for reality, the best disguise for truth.

**Illusion**

Another area in which this type of ambiguity can be traced is in relation to narcissistic illusion. Under the vivid metaphor “The Wings of Icarus,” Mitchell ([1988](#)) spells out the two opposing views of narcissistic illusion: (1) illusion as defense, a position shared by Freud through Kernberg in classical thinking, as well as by Sullivan and Fromm, and (2) illusion as

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For purposes of expressive clarity I will at times use the masculine
pronoun generically; it is not intended to convey any gender significance.

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creativity, as reflected in Winnicott and Kohut, among others, each of whom in his own distinctive way "regards infantile narcissism and subsequent narcissistic illusions in later life as the core of the self and the deepest source of creativity … the growing edge of the patient's aborted self" (pp. 187-189).

I reveal my own viewpoint by suggesting that here, too, one might look upon the paradoxical relation between illusion as "bad" and illusion as "good" by exploring the possibility of there being an underlying process at work. Indeed, I would suggest that there is a meaningful analogy with benign and malignant need, such that one could think of benign and malignant narcissistic illusion; the malignant form would be seen as the defensive derivative of benign narcissistic illusion, the result of failure of the process of benign narcissistic illusion. The implication here is that rather than the defensive variety representing a defense against something bad—like the loss of infantile omnipotence (Freud), persecutory anxiety and murderous rage (Klein), aggressive impulse and envy (Kernberg), feelings of insecurity (Sullivan), or alienation from the existential realities of life (Fromm)—it may often be a defensive lookalike of creative illusion, an intruder that has come to poach in the territory left vacant by the failure of the normal processes of creative illusion and play as, for example, the successful negotiation of transitional experience.4

Object Use

I would like now to explore another area that is replete with paradox and process—the concept of object use, one of Winnicott's (1969) most seminal contributions. The focus is on the transition from object relating, a more primitive mode of human connection, where the self as

4 I believe Winnicott (1935) had something like this idea in mind when he said: “Omnipotent control of reality implies fantasy about reality. The individual gets to external reality through the omnipotent fantasies elaborated in the effort to get away from inner reality…. Omnipotent fantasies are not so much the inner reality itself as defense against the acceptance of it” (p. 130). Khan (1975) amplified this statement by adding that “Winnicott considered that fantasying can become an organized way of sustaining the False Self organization in a person” (p. xvi).
isolate relates to the object as subjectively perceived, to object usage where the other is encountered as a true object who can now be used for growth and self-expansion.

In object relating, both self and other are perceived largely through projections and identifications. The self at this stage may be thought of as a “unit self” in that relating can be described in terms of an “isolate,” the individual subject; the object then is the subjectively perceived object. In the use of an object, however, object relating is taken for granted. New features enter that involve the nature and behavior of the object in external reality. “The object, if it is to be used, must necessarily be real in the sense of being part of shared reality, not a bundle of projections” (p. 712). Winnicott offers an almost diagrammatic illustration of the process:

Two babies are feeding at the breast; one is feeding on the self in the form of projections, and the other is feeding on (using) milk from a woman's breast…. The change does not come about automatically, by maturational process alone…. Mothers, like analysts, can be good or not good enough; some can and some cannot carry the baby over from relating to usage. [This transition] is the most difficult thing, perhaps, in human development … [and] the most irksome of all the early failures that come for mending…. The change [from relating to use] means that the subject destroys the object [as subjective object] and the object, if it survives destruction, is now real…. “Hullo object!” “I destroyed you.” “I love you.” “You have value for me because of your survival of my destruction of you” [pp. 712-713].

In effect, destruction has created the reality and placed the object outside the self. The word “destruction” may seem out of place here in what might naively appear to be a piece of straightforward development. Yet it is needed, “not because of the baby's impulse to destroy, but because of the object's liability not to survive” (pp. 714-715). Nonsurvival can take many forms: retaliation, withdrawal, defensiveness in any of its forms, an overall change in attitude in the direction of suspiciousness or diminished receptivity, and finally, a kind of crumbling, in the sense of losing one's capacity to function adequately as mother or, in the analytic setting, as analyst.

One paradox lies in the subject's needing to destroy the object in order
to discover the object that was always there. This paradox is reminiscent of
the paradox of the gurus. You must keep knocking and knocking, trying and
trying, working at penetrating to the other, and, if all goes well, one day you
discover “there was no door”; the object was always there. You have “dis-
covered,” indeed, created a reality—the objective other who was always
there. But was he always there? Not quite. The fantasy of the subjective other
had first to be destroyed for the objective other to be realized. Besides, in this
case, the metaphorical wall, the other, is a live human being and as such can
be destroyed. It can fail to survive the destructive knocking, as, for example,
by retaliating, by withdrawing, by being rendered impotent as facilitator.

While this destruction is, paradoxically, an act of discovery and creation,
the very real liability of the object to failure caused Winnicott to emphasize
the importance that destruction plays in the process. At the same time, he
made it very clear that it had nothing to do with anger; the destruction is
innocent; there is no expectation that the other will not survive, unless by now
the other has already repeatedly not survived.

The next question is, What if the object does fail to survive? As I see it, the
result is not only that the subject remains a self-as-isolate, but, perhaps more
important, he or she has been implicitly defined and labeled as destructive by
the very fact that the object has been destroyed. The triple misfortune is that
the subjective object never becomes real but remains a bundle of projections,
and externality is not discovered; second, the subject is now made to feel that
he or she is, indeed, destructive; and, finally, fear and hatred of the other
develop, and with them, characterological destructiveness may come into
being. In short, we have a setting for development in the direction of sadism,
the need to control the other aggressively. In other words, the stage is now set
for the development of a tendency toward “ab-use” of the object as a
complication of, and defense against, object usage. Object abuse is a state
of affairs akin to Sullivan's (1953) malevolent transformation.

If object abuse has come into play, we are likely to witness in the adult the
overlap of two processes analogous to those we encountered in benign and
malignant need. The analyst will now both observe and become the target of a
complex blend of what might be called (1) benign object use, the continuing
effort to undo earlier failures in the transition from object relating to object
use, and (2) malignant object use—or object abuse—the defensive overlay
that bears testimony to all the prior failures. Just
as with need, regression, and illusion, it may at times be difficult to
disentangle the fluctuations from moment to moment as to which is ascendant.
Here, too, one will find oneself living in ambiguity during much of the
therapeutic work.

The fact that object usage has been referred to under the rubric of
Winnicott's theory of destruction (Benjamin, 1988, p. 40) points to the
necessity of distinguishing between process and goal in the matter of object
use. The process refers to the transition from object relating to object use, the
transition from the more primitive position where the self remains an isolate,
relating to the object as subjectively perceived, to a more advanced position
where the object has been “dis-covered” in external reality and can now be
used. In this sense the use of an object is the goal of the process. The object is
now objectively perceived and is, therefore, now available for use. The
analysand, for example, can now make use of the analyst and be nourished by
his interpretations.

Winnicott leaves ambiguous the relation between the process and the goal.
He says the process involves destruction, in fantasy, of the subjective object.
He implies that while the process is characterized by the impulse to destroy,
the goal is the effort to create reality by probing, attacking, uncovering the
subjective other, so as to be able, ultimately, to use him, to make use of him as
a reality instead of living off illusion. At the same time, Winnicott seems to
refer to the entire phenomenon as “use of the object.” What, then, to call the
process? Calling it “destruction” does not seem satisfactory on several
counts, not the least of which is that it would lead to a logical conundrum
wherein failure of the process of destruction leads to destruction!

As I see it, there is an evolving reciprocity between the process and the
goal of object usage such that I tend to use the term “use of the object” both
for the process, which involves destruction of the subjective object, and for
the goal, namely, the capacity to use the object. A spiraling evolution in the
capacity for object usage is probably never fully complete. If I were to seek a
term that distinguishes between the process and the goal, I think I would
employ the term object probing for the process and object usage for the
capacity, the goal. Probing implies a degree of “penetration” and effort to
reach and recognize, that “use” does not. It carries also the connotation that
there is a possibility that what is being probed, or proved, could break and be
destroyed by the process, hence fail the implied test.

Probing also carries the connotation that if successful, something
new is discovered—in this case the objectively perceived object, which ironically turns out to be none other than a newly encountered other. Here we encounter another area of paradox. Is the newly discovered other an object or another subject or perhaps a transitional entity that is no longer merely an object, yet is not quite a subject; and if the other is a subject, is the process we have been describing actually a representation of the beginnings of intersubjectivity? Benjamin (1988) has focused on exactly this aspect of the process. She directs our attention to the lack, in all versions of psychoanalytic theory so far, of a psychology that views the relation between infant and mother not simply as subject and object, with mother being the object of the infant, but rather as two subjectivities. In effect, psychoanalytic theorists have until now taken for granted the culturally sanctioned role of mother as object, implicitly denying her own subjectivity and desire. Stern's (1985) work on the infant's capacity for intersubjective experience provides the underpinnings in infant research for a significant advance in this area of theory. It is precisely at the point of a successful transition to object usage that a new paradox comes into prominence. Is mother the objectively viewed object or is she now endowed with a subjectivity of her own, which the child is beginning to have the capacity to share? On a different plane one might ask, With successful negotiation of the transition into object usage in the analytic situation, does the analyst become the objectively viewed object, or is he becoming endowed with a subjectivity of his own, which the patient is beginning to have the capacity to share?

Other Polarities

I would like now to extend the motif of benign and malignant modes by touching on a few other areas that we encounter in the clinical situation. Let us look first at the problem of the so-called repetition compulsion. We have all witnessed innumerable examples in which the function of the seemingly endless iterations of an unchanging pattern is clearly defensive, in the sense that an ancient drama is being replayed without any appreciable learning from experience. What is visible is the tenacity with which the person holds to the status quo, so that little appears to change. Mystified by this behavior, we ask ourselves, What is the invisible force, the motor, that is driving the person to keep on trying?
Now and then, for example, we are able to catch a glimpse that what is being sought is a reenactment that is not simply in the spirit of a hurdy-gurdy grinding out the same old tune just because it is so familiar. Instead, we sense a hint that some other goal, perhaps an attempt at self-healing, is being perseverated, as, for example, in the creation of a piece of live theater where the secret goal is, at last, to be able to recognize, “take in” the meaning, the “what's going on here” of the scenario so as to demystify some earlier traumatic set of experiences that could never be integrated. Which of these impulses—the force that is pulling for the status quo or the force that is expressing the yearning—is the one that is responsible for the repetition? Clearly both are. Often, however, we are tempted to throw up our hands in despair at the “malignity” of the repetition, the intransigence that gives little visible indication of what might be called the benign repetition, the roots of which lie in the dissociated area of the personality or, in Winnicott's language, in true self. Yet, just as in the case of benign and malignant need, both are present.

Acting out is a closely related phenomenon where ambiguity again invites attention. Often enough what looks like acting out and would evoke opprobrium, if not outright condemnation, by many analysts is the first sign of the patient's finding his or her independent voice. Here, too, one could usefully think in terms of benign and malignant acting out.

Another such issue is the matter of hope. In this case, however, unlike acting out, hope is ordinarily regarded as “good” rather than “bad.” Nonetheless, the same paradoxical relation prevails between what might be called false hope or malignant hope and benign or true hope. Someone once said I should hang a sign from my door on which would be inscribed, “Abandon hope, all ye who enter these portals.” We had been working on the illusion-tinged, garden-variety version of hope that so often is a species of malignant hope. It tends to proliferate much like malignant need or malignant regression and occupy more and more of the space that one would wish to see filling up with the faith that stems from true self—benign hope. The distinction between benign and malignant hope (or true and false hope) was never as clearly recognized and expressed as when Winnicott's (1960) analysand, “who had had much futile analysis on the basis of False Self, cooperating vigorously with an analyst who thought this was his whole self, said to [Winnicott]: ‘The only time I felt hope was when you told me that you could see no hope,
and you continued with the analysis” (p. 152). As I see it, malignant hope is the defense against the hopelessness of false self. In Bollas's language false hope is a prisoner of fate, in contrast to benign hope, which reflects the strength that inheres in a person's sense of destiny, as rooted in true self. There is an apocryphal story that, having traveled to India and studied with Buddha's disciples, Jesus knew about and believed in reincarnation. On his return, however, he kept it secret and never breathed a word about it in his preaching, because he felt it would simply encourage false hope in people—that in the next lifetime things would be better, so why bother knocking ceaselessly on the door in this lifetime?

All this talk about the benign and the malignant brings me to a metaphor that perhaps sums it all up. While “shit” is ordinarily looked upon with disgust as foul and contaminating—even the word is repugnant and shunned in respectable discourse—we often forget its key place in the cycle of nature, where it becomes the very fertilizer, the life-giver to us all. In the early stages of the new crop, the excrement and the growing nourishment are all mixed together and very difficult to tease apart. We even devise a new word, “manure,” to ensure the split and hide the paradox.

There are other types of paradoxical processes in the psychoanalysis of every day that are of a different type from those we have been discussing. When, for example, is comprehending not understanding? The question sounds like some esoteric, paradoxical riddle. In actuality, the process at issue is quite straightforward, and yet it is often honored in the breach in psychoanalytic work. There are two distinctly different meanings to “understanding.” One is cognitive comprehension; this is understanding from the outside. The other (as, for example, in “I wish you could understand me!”) has to do with being empathized with, having the feeling that one's subjective experience is truly recognized—the view from the inside.

As Kohut (1977) emphasized repeatedly, there is probably no greater precipitant of resistance in analysis than this misunderstanding. If what he spoke of as the first step—empathic understanding—is not integrated, the second step—cognitive understanding, perhaps better known by its official name, interpretation—either falls on deaf ears or, more likely, evokes a storm of resistance or, even worse, elicits obeisant compliance in the form of intellectual assent. If the iatrogenic resistance is fierce and the patient complains in one or another way of not being empathically understood, the analyst is apt to enter into the counterresistance by
thinking or, at times, protesting that he, in fact, is being the more deeply empathic—in touch with a level of the patient's experience that the patient is fiercely resisting knowledge of in himself.

Here again while, for descriptive purposes, I have separated the meanings of understanding, in practice they often blend. If the analyst keeps the two-step process in mind and thereby avoids the potential confusion in the meaning of understanding, I believe he is much more likely to sort out what is called for at any given moment. Unlike many of the processes discussed earlier, this process is, in the normal course of things, sequential in nature. Then there is a quite different type of process, which, to those sophisticated in the vagaries of human development, is clearly not paradoxical. Nonetheless, as it is often encountered in child rearing and also, though more subtly, in the analytic setting, I would like to elaborate on it. I am referring to the confusion that is apt to result when a particular behavior comes into play that has quite different meanings at different developmental stations. Let me use possessiveness as an illustration. At one point in life, the fierce insistence, “It's mine! And you can't have it!” is a vital experience that reflects the child's struggle not only for autonomy but especially for a sense of self-identity. If, at this point, the parent punishes the child and thwarts any such expression of “It's mine!” on the grounds that being possessive is not nice and that “everything should be shared,” we are asking for trouble not only in the child's acquisition of a healthy sense of self, but also by throwing a monkey wrench into the satisfactory integration of a subsequent piece of development, the capacity to share, the capacity to experience the other as another subject. Now the entire sharing experience has come under a cloud; it has become obligatory, a function of false self. In the analytic situation issues similar to this are always around and are usually dealt with under the guise of interpretation. What one chooses to interpret and the way it is interpreted are, in themselves, metacommunications; they inform the patient as to how the analyst is evaluating his behavior. If the analyst interprets a piece of self-involved, possessive behavior as some effort in the direction of discovering and owning a sense of self, a feeling of identity, a very different message will be conveyed than if the analyst interprets it as a piece of spoiled-brat behavior, an unwillingness to share. Both are likely to be true, but focus on the second half of a developmental process without a satisfactory integration of the first half can only compound the difficulties already besetting the patient.
In the early stages of development, the idea that the child splits the object into a loved and hated object seems by now to have almost achieved the status of fact. One way of looking at it is that the child cannot tolerate the paradox of living with both feelings at the same time. In this sense the arrival of the depressive position, signaling the acquisition of the capacity for ambivalence, is of extreme importance, not only as regards the integration of loving and hating impulses, but as regards the beginning of the integration of the function of being able to hold onto the tension of paradox in general, the capacity for multiple perspectives, without having to arrive at a resolution where no true resolution is possible.

**Conclusion**

Understanding process and paradox presupposes a high degree of maturity. It means that one has transcended in significant measure the need for splitting and other defensive operations; that one can tolerate, if not enjoy, uncertainty; that one can maintain the tension between the need for discovery and the need for closure; that one can live in the flux of subjectivity, one's own and the patient's, while at the same time residing in the externality that affords the perspective of distance. I believe this capacity for tolerating and living with paradox is closely related to what I think of as acceptance. Resignation, by contrast, is the impersonator of acceptance, where the maturity involved in accepting paradox is not well developed. Kumin (1978) notes how

> [e]ven in health, paradox is rigidly defended against. We see signs of this defence in our ubiquitous reliance upon secondary process modes of thought, [in our] ordinary obliviousness to the inevitability of death, and [in] the blind adherence to belief systems. Each individual has experienced sudden moments when certitude has vanished, only to be replaced by the simultaneous equal presence of an antithetical truth. It is a painful experience, dizzying. That it happens so infrequently suggests that even the healthy ego is suave in its successful repression of the nothingness which resides between the poles of paradoxical opposites. Such experience of nothingness is a benign and
transient episode of depersonalization, and may be a preverbal memory of an infantile state which predated personalization [p. 482].

I believe we are witnessing currently an important development in psychoanalysis. Almost since the beginning, our field has been marked by reductionistic dissension of one sort or another: “It's not this; it's that!” As a result there have been innumerable theoretical divergences, dialectical swings. Now, however, I believe there is a chance for a new outlook, one that is built on the capacity for entertaining paradox. I do not mean synthesis, which ultimately attempts to dispel paradox. Likewise, it is not simply a matter of a dialectical process, nor is it a syncretistic effort to combine theories that are based on different premises and are therefore incompatible.

Earlier I referred to Mitchell's (1988) discussion of illusion. His conclusion is that it is not useful to choose and that for most analysts, a delicate balance, a necessary tension, prevails between the positions. His title, “The Wings of Icarus,” elegantly captures this view.

Ogden (1988) conceives of human experience as the outcome of a dialectical relationship between three modes of experience [the autistic-contiguous, the paranoid-schizoid, and the depressive]…. Experience is always generated between the poles represented by the ideal of the pure form of each of these modes…. Psychopathology can be thought of as forms of collapse of the richness of experience generated between the poles [p. 42].

The argument has been made that my usage of paradox and process is really very close to the notion of the dialectic. Insofar as I see paradox pointing the way to a new level of understanding that is as yet unclear, it begs an understanding of the process that relates the apparent opposites. As this understanding comes about, the paradox gradually vanishes, and is often replaced by a new paradox, a new pointer to the as yet not fully understood. From this perspective, the use of paradox is very much like dialectical thinking, where, indeed, there gradually evolves a synthesis between the opposing pulls. However, there is another perspective, one that is rooted in subjective experience. The value of holding on to paradox in the more static sense, the not precipitously seeking after resolution or synthesis, is exactly what Winnicott is emphasizing—that what is so vitally important is being able, subjectively, to hold on to the apparent contradiction, to live with and gradually integrate it, and not to flee it by rushing into a premature intellectual understanding of the process that underlies it.
It seems to me he, too, is speaking here about the necessity of maintaining a continuing tension among the three contestants for one's experience of any situation. I would refer to these modes of experience as paradoxically related rather than dialectical, as there is no synthesis; on the contrary, there is continual flux in health, and pathology is marked by any severe reduction in that flux.

Benjamin (1988), in a major contribution to psychoanalysis and feminism, concludes:

In mutual recognition the subject accepts the premise that others are separate but nonetheless share like feelings and intentions. The subject is compensated for his loss of sovereignty by the pleasure of sharing, the communion with another subject. But for Hegel, as for Freud, the breakdown of essential tension is inevitable. The hypothetical self presented by Hegel and Freud does not want to recognize the other, does not perceive him as a person just like himself [p. 53].

The paradox is that the child not only needs to achieve independence but he must be recognized as independent — by the very people on whom he has been most dependent…. [pp. 52-53]. True independence means sustaining the essential tension of these contradictory impulses, that is, both asserting the self and recognizing the other. Dominance is the consequence of refusing this condition [p. 53].

The issue of surrender as against submission has been of great interest to me; perhaps it has bearing here. Insofar as the need for recognition is enacted in the mode of submission rather than surrender and, conversely, the need for autonomy is enacted as domination in lieu of what I have also been calling surrender, another species of surrender, these two poles remain in opposition. But insofar as they are juxtaposed in the mode of surrender, the twin needs for autonomy and recognition not only are not in conflict but represent a vital complementarity as merely two different expressions of surrender. I find myself asking whether what Benjamin is referring to as “sustaining the essential tension” is what I have been calling the mode of surrender and whether, perhaps, an important ingredient in that mode is the capacity to live in paradox and not have to come down defensively on one side or the other.

Perhaps it is fitting to conclude here by echoing that in many areas of life, true independence or maturity likewise means sustaining the essential
tension of contradictory pulls, the paradoxes that we need both to cherish as paradox and to cherish as process.

I close with a few words from Stephen Jay Gould (1989): “The beauty of nature lies in detail; the message in generality. Optimal appreciation demands both” (p. 13)

References


