

INTERVIEW WITH ANDRÉ GREEN

Lesley Caldwell

LC: At the beginning of your introduction to *On Private Madness*¹ you say that your work, your thinking, and your writing, relate fairly specifically to the general context of French psychoanalysis of the last half century. I wonder what kinds of attributes you associate with that sort of appellation – what's French, really, in the idea of French psychoanalysis in the way you are aligning yourself there?

AG: Of course that is a very summarised statement, a kind of statement of introduction to the new reader. I would not say it in a new book. What is usually thought of as being specific in my work is that I am supposed to be someone who, from the very beginning, has tried to bring together the most essential thinking of French psychoanalysis with that of the English, mainly with Winnicott and Bion. So I am thought of as someone who takes into account what people in other countries have written which seems worth quoting and thinking about. You were asking for the attributes of so-called *French* psychoanalysis, and of course there are quite different views, Sherry Turkle, for instance, has written a book about it. What I am going to say is not exactly the same as that, but I'll give you my personal views.

There are some specificities of the French situation. I can't spend much time on them, but, briefly, there's the fact that the French movement had two births, one when the Paris Society was formed in 1926, which was interrupted by the war, and the second after the war. I'm not saying that the first part of the history has no interest, but the real beginning was after 1945. This is a difference with say, the situation of the United States, because there psychoanalysis continued. Or the Freud-Klein controversies; they were in 1941-45 during the blitz in London. Nobody could imagine such a thing in France. So this is important because it created a new start and there was no real accumulation of experience, tradition, or anything else of that kind. The analysts who tried to settle here in France from central Europe couldn't stay because of the German invasion, so we had no direct pupil of Freud. The only one we did have was Princess Marie Bonaparte ... Loewenstein came but he had to leave after the French defeat in 1940. So, no direct pupil, no transmission of psychoanalytic experience, except by hearsay. And then the very important fact that in France psychoanalysis was accepted and welcomed in literary circles much more than in medical ones; there had been hostility from medicine. I suppose you had that in England too, but here, despite the fact that before the war there were some connections between psychoanalysis and psychiatry, the medical environment was hostile.

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LC: How do you see the set of inheritances from psychiatry coming through? How does that connection, the one between psychiatry and psychoanalysis, come through in the second stage?

AG: Many of them had a psychiatric training and it has always been a tradition in France in psychiatry, probably even before that part of medicine was very active and efficient as far as therapy was concerned. There has always been a tradition of debate, debate about very large topics, the body/mind problem for example. But it isn't only that. Marxism was alive in France at that time, and there was a group of French psychiatrists who were very interested in the social genesis of mental disease, so in that second period psychoanalysis developed within that passionate climate of people around a great psychiatrist, Henri Ey, who was, incidentally, one of Lacan's best friends. So this explains why we are considered as too philosophical. But it is not only this – I mean as time went by, our interests in the theory of psychoanalysis were always linked with other bodies of knowledge, with the work of Lévi-Strauss for instance, or with people coming from phenomenology; this was always the case. Today, I'd say the debate with philosophy has stopped but we still think theoretical work is very important. This makes us very different from our British colleagues.

But to tell you the truth, when I think of my own work, when I think of when I started my analytic training, I know I only realised much later that the year I really became interested in Lacan's theory was also the year I first met my British colleagues with tremendous interest. Of course they were on the other side of the Channel and I couldn't meet them as frequently as I would have wished. But, on the whole, *this* is also a characteristic of French psychoanalysis: the French read a lot, which I am afraid is not the case with our British colleagues, and our British colleagues read only what is in English.

LC: – And here am I in Paris and we are having this interview in English as well –

AG: And if you say 'but the translations are very good', the difference is that French publishers agree to pay high translation costs; the British don't. Just think of my own work. The book you mentioned, *On Private Madness* only came out because three-quarters of it was already published papers, published and translated separately. They were gathered together and the remaining quarter was translated at my own expense. It is true that copies do not sell as well in England as in France, even with the connection with the United States. And there, anyway, we meet another problem, because when you consider the situation in the States and the possibility of diffusion there, you meet another barrier but it is not a language barrier. It is a barrier of thought, of thinking.

LC: You seem to be suggesting that it is a barrier which is also there, if in a different kind of way, in relation to the English. But this is a cultural difference that is not confined to psychoanalysis.

AG: Yes, true, but you also have to take into consideration that, till recently,

American psychoanalysts had to be medically trained. Well, in my opinion, medical training in every country, and I am afraid in America it's not any better, and possibly worse, is the best way to prevent any curious man or woman from thinking. So you see, this question of extending the readership to America, as far as the French are concerned, does not solve the problem because, really, they do not understand what we say, they do not understand what we mean. People will tell you that the situation has improved. But it is improving so slowly that I am afraid we will all be dead before there's a possibility of real change. I am very pessimistic about it.

Just to give an example – you spoke of my work. What you know of my work is two books which have been translated, one of which, a book on tragedy, was not received very well in academic circles. The other one is *On Private Madness*. But I have written ten books, ten, and yet when, finally, there was an interest in translating another book of mine, they chose the oldest one, one written between 1970 and 1973. So it needs more than twenty years! Of course, I have no time to take care of this aspect of the problem. Some of my colleagues succeed much better than I do, but I am not a bookseller – I write books, I do not sell books, it's not my choice to sell books. If people are interested, well I am very pleased; if they are not, I am not going to do anything.

The interest in theory also comes from our belief in Freud. This is another characteristic, our very strong – you could call it fixation – to Freud. We think that the work of Freud is not only a work of imagination, or even of revolution, it is what we call a work of thought, *oeuvre de pensée*. It would be quite possible for psychoanalysis to disappear completely and be replaced by all kinds of new theories, but Freud would still be on the bookshelves, like Shakespeare, Goethe and Dante. Because that's how we feel about it, we can read papers we have read thirty times before and still find something new. What surprises us is that others do not still find something new in reading Freud. Perhaps because of where we are, because we had no one in our environment who had worked with him, we have been compelled to go to the books, to look at the text and there we found how rich, how polysemic, how open the texts are. Though we know that certain ways of thinking Freud used may be very debatable today, and that we may have to change our thinking on particular problems, we can still learn from his way of handling the problem theoretically, and it gives us a lot to think about, even when we reformulate what he says. This is a very important characteristic.

Our clinical conceptions are different too. I was at a lecture in the Paris Society a few days ago, a lecture on the history of psychoanalysis, and you could see that all the debates taking place now were already there in 1924. This question of the exclusive analysis of transference for instance, it was already there as a problem. Or the neglect of the historical viewpoint in an analysis, that's already there too, in 1924. But why is it? We think it is because, though thinking about technique and changes in technique was justified, at that point, at that time, even with such great minds as Ferenczi, people did not really understand what Freud was saying. And that's why we are still working on it.

But we have finished with exegesis, it's not a matter of exegesis any more. There was a period in the past when people were fighting about different interpretations; each one had its own supporters. We struggled against the American conception. The English were not concerned with that debate, because for them the debates were about Melanie Klein and the Kleinians, but we considered that the Freudian view was still in existence. On the other hand, our discovery of Winnicott in the early 1970s was a real event in French psychoanalysis. Winnicott was more famous here than he was in England. Personally, I consider that Winnicott is the greatest mind since Freud.

LC: I am quite interested in how you get to that because, while I absolutely agree with you about the centrality of Winnicott – and perhaps in the British context it hasn't always been registered – I think his relationship to your emphases, your sorts of concerns, is not immediately obvious.

AG: What are you alluding to?

LC: Well, your interest in the drives for instance is something which, in Winnicott, doesn't get elaborated, so that certain things which seem to be central to the Freudian account appear in a very different context in relation to Winnicott. I think one of the interesting things about the French take-up of Winnicott in the 1970s was *how* Winnicott was seen to offer certain sorts of advances which seemed so relevant and appropriate.

AG: Absolutely. Well, yes, how did we get to that? We got to it first after having been brainwashed by Lacan for years. Some, many, of his pupils left him in 1963, because the 1953 split was really Lacan against his opponents. And it is true that Lacan was a man who was immensely more gifted than the others. He was not a very honest man, I could even say worse, but as far as brains were concerned, he really was very high class, even if there was a lot of bluff in his approach. But anyway, I always say that it's thanks to him that we went to work. He made us work. He made us work because, even if we wanted to contradict him, we had to know what he was talking about, and what it was for, because what he considered as a return to Freud proved very quickly to be a one-way ticket to Lacan.

So we had been brainwashed then we found the theory of Winnicott which brought some things which were entirely new. The idea of a transitional field, transitional phenomena, these are metaphorical concepts, because nobody can show you a transitional space, you cannot touch it, you cannot smell it, you can smell and touch transitional objects, not the space, and that's also why the Kleinians were so much against it, because they didn't understand it. It seemed to them that with their ordinary weapons, paranoid-schizoid and depressive, it was quite enough. But, you know, things are always more complicated than one thinks. If we read Winnicott's correspondence there is a beautiful letter that he writes to Bion after a lecture. He is quite impressed, and he says 'You're going

to be the big man in the next years'. Bion also told me that he felt closer to people who were not Kleinian than to people who were Kleinian. He didn't mention any names, maybe it was Winnicott, maybe somebody else, I can't tell, but certainly things are more complicated than that.

So for instance, this idea of Winnicott's that there is a paradox which you cannot solve, which you *must* not try to solve, the paradox between a subjective object and the objectively perceived object. These are the ideas which make our minds greater, we understand that there is something important there and we cannot content ourselves with a pragmatic view of analysis. It isn't us who are removed from experience, it is those who support this pragmatic view who are removed from experience, because their kind of simultaneous translation of what goes on in a clinical practice is a way of not listening to anything, a way of not being clinical, it is really a way, all the time we are faced with the unknown, of bringing the unknown back to what we already know.

I.C: So you are saying that the kind of translation effect in the usage of clinical material is a way of doing away with uncertainty...

A.G: Absolutely. Bion said it's painful to think, but it doesn't seem very painful, not to most of the people who have that sort of clinical approach. You know, that situation is absolutely disastrous, because now you have to face the evolution of the Kleinians and there are very few left from Melanie Klein. I regret the time when my opponents were fanatical Kleinians, because now, what is left is a sort of over-simplification which is really, which comes down finally, to a type of psycho-therapeutic exchange, in which the manifest is interpreted in other manifest terms and no more. And the analyst is supposed to be lagging behind with very complicated thoughts, but when you ask him to tell you what these complicated thoughts are, well the mountain gives birth to a mouse.

This is just a way to say that in France we very much believe in what we call the theoretical-practical gap: there is always a gap between what goes on in clinical practice and what you have to say about it, because there is no direct translation of the experience. Or you do it by bringing to it a kind of over-simplified model – the mother and the baby. And of course when you have your mother and baby, well, it becomes a sort of exercise in which everything is seen from that angle, which is totally non-Freudian. For instance, if you consider the conception of time, for what it is worth, it is a very complicated thing, and it is a thing which is self-contradictory. There are many facets to this conception of time which contradict each other but, because it was too complicated for our poor minds, we took the simplest way of seeing it, the developmental point of view. But with a linear conception of evolution or maturation, we don't know about what we call deferred action any more; we don't know about the contradictions between the repetition compulsion and development; we don't know how to deal with the fact that the unconscious is supposed to ignore time; all these aspects, which are part of Freud's conception

of time, are completely neglected. All go back to this psychological theory of development, but psychological thinking has nothing to do with psychic processes. Moreover, if you think of the evolution of psychoanalysis, you will see that the contribution about space is likely to be much more important than the contribution about time.

LC: One thing that recurs in several of your papers, and I think it does relate to space, at least as regards the clinical setting, is the issue of distance. What kind of distance gets created in the relationship between analyst and patient, and how are we to understand it?

AG: Yes, this is also an idea that we borrowed from Winnicott who thought that the idea of the setting was a very important one. But it was also related to ideas brought from entirely different fields. For instance, in that period, the structuralist period, it was one of the major teachings of Althusser, when he said that the way you 'cut out' an object theoretically, a theoretical object, is of the utmost importance for the result you get, and I, at least, have found that psychoanalysis is a very good application of such a principle. Freud never gave any theory of the setting, never, never, although I have defended the idea that such a theory exists, that it is the model of chapter seven in the *Interpretation of Dreams*. Freud was not aware of it, but that was what he was really doing without knowing. So these are the kinds of problems which are of interest to us, and which are created by this bringing together of ideas which are not exclusively formed on the French soil, but are always informed by the concern that the theory of experience is not obvious. Those things which seem evident to people are, in fact, not really evident, not as evident as they say.

Look at all this fuss that we are having now with baby observation and so on. Everybody knows that the same baby observed by Winnicott, Mrs Bick, Lebovici, Daniel Stern, is an entirely different baby, and everybody behaves as if this was not a problem, but they continue, and they go on and on and on. For me, it isn't enough to say that everyone believes that their theory is the right one. What I would like to hear them discuss are their underlying thoughts. They seem to say, 'Look, here you have a very common, simple object, the baby, you can see it, you don't have to think too much about it, because you see it'. In analysis you do not see anything, you just listen and think, but your results are so different, you have to be aware that your theory comes in massively, even if you don't hold with that when you are supposed just to observe.

LC: I think you are right. There is a sense of a search for a particular kind of certitude governing quite a lot of the sort of work that argues and defends its conclusions by reference to concrete empirical data. It steers away from the kind of psychoanalysis which you are speaking of for instance. More generally though, we are looking at a different way of thinking from the usual Anglo-American.

AG: This is true, but really, we do have something else that is a matter of debate, because here, unlike in England, and I am not saying that they were right, when the French wrote a paper they didn't use much clinical material. Now they do, and you can see the disagreements. In *On Private Madness* I make myself clear in the introduction that I am not giving clinical examples, for reasons which include the fact that, in France, these people, patients, frequently read journals. This is a very difficult situation. I have had these patients, and I restrict myself to the minimum. I don't include anything which would identify, but I don't think I am boasting if I say that my papers, once written, make the reader think of many of his patients.

I think we have to end this comic strip knowledge, because to write a paper today by giving two pages of introduction, seventeen pages of clinical material and three pages of comments and discussion is shameful. Unless the case has something exceptional that you want to emphasize, something which is really quite unheard of but ... even in that case ... Freud's clinical case histories are not the type of thing that we read in journals and in reviews. So I think it is shameful. I think an analyst, in writing a paper, should give a suggestion of the clinical picture to the reader, and it should be a sort of montage, a sort of collage of different patients because we are defending our ideas. We are not dealing with patients, we are giving a view and showing how we understand this or how we understand that. So the question of the reference to the clinical material is not a simple one.

LC: Let me return you to this centrality of the mother/baby model in relation to some of the things you've written about and some things which have been of interest in France though not in England in the same way.

AG: Maybe there has been a change in England. I don't know, but I think people do begin to ask themselves questions...

LC: That's certainly true, but what I wanted to focus on is the kind of general desexualisation of that relationship, of the mother/child relationship.

AG: This is disastrous, absolutely.

LC: I'm thinking of your own work on the sort of erotic madness of the mother. How do you think about its links with the idea of transgenerational transmissions? What do you say about them?

AG: It is the same border, but let me explain what I mean. I took up Winnicott's statement, the baby doesn't exist, there's always something else, a mother's arms, or whatever you like. But then afterwards we go on to say, the mother and the baby don't exist, there is always the father there because you needed the father to have the baby. But there is a problem here; it does not mean that we can get away with trying to persuade people that the father plays a role from the beginning. I think this is trying to force the matter in a way.

What is important is that you cannot, absolutely not, have a full appreciation of what the mother-baby relationship is, without thinking of what the internal relation of the mother to the father is. So the father is there, in the mind of the mother, as a latent structure of course, and this will be an important step for the baby, to come out of that situation of being in the mind of the mother through his own father, and to be in the minds of other people. It is then the baby will be on stage.

But it is impossible to speak of a mother-baby relationship in these terms because you get tied up with observation, and of course you cannot observe what is in the mother's mind. And the great thinkers have been aware of that. When Bion speaks of the capacity for reverie of the mother, there it is, he writes it down, that the mother thinks of the father. And I was reading a passage of a beautiful paper on aggression by Winnicott in one of his posthumous books on delinquency. There is a paper on aggression, where he finally says that the achievement of the separation with the mother can only be accomplished with the influence of the father; it is only at that moment that there really is a true sense of separateness. People have been so caught up with psychology, with observation. I think that they lost their minds at the moment they thought that the clinical situation, the transference in the clinical situation, could sum up all psychic activity. Can you observe a dream? How can you think of a dream exclusively from the angle of the transference? It was at that time that they decided to give up what was called by Freud applied psychoanalysis! So we would have to burn 'Totem and taboo', the paper on Leonardo, the book on jokes and all the non-empirical concepts.

Now, you know, there is this paradoxical situation where people laugh at you if you speak of the death instinct, because of course they do not observe it in their consulting room, in their selection of cases of people who are suitable for analysis. It seems that these people never read newspapers, never watch television, never think about what is going on in the world, whereas the drives are still there. If you don't want to see them in the consulting room and in your self analysis, then they come back from the outside, and they come back outrageously. They don't say a word about that. They are suspended in the air, thinking that they are being more realistic in not using vague concepts such as the death instinct. Of course, we have to reformulate it, but this is a way for me to emphasize again how ruinous it is to restrict our psychoanalytic views to what takes place in the transference and what is observable in the transference, without thinking that, to be consistent, you have to deduce from the situation.

LC: You want to insist upon the separate sphere of psychical reality above and beyond that inter-subjective and intra-psychic meeting that is the clinical session.

AG: Yes, psychic reality is something which is much wider.

LC: As well as being able to be seen in particular manifestations in its clinical forms.

AG: Absolutely, absolutely.

LC: I heard Meltzer give a paper last week in which he said he thought we should do away with the concept of the unconscious, that it was a useless concept.

AG: Yes, people are saying that now.

LC: But this is a very different emphasis from the world associated with French psychoanalysis.

AG: I think it is a very difficult problem, one which has been unsolved up to now, the relationship between psychical features and the unconscious, it is a very important theoretical point.

LC: Well, you suggest somewhere, I don't remember where, it might be that little IPA collection on 'Analysis, terminable and interminable', that if you consider the two different topographical accounts, there isn't necessarily a homology between the idea of the unconscious and the idea of the id, and that we, in somehow putting these together, have lost those developments of Freud that are involved in the shift.

AG: You see the first topographical model was a homogeneous model, it was built around the notion of consciousness. Although there are three parts of the mind, the pre-conscious, the conscious and the unconscious, there was a common nucleus, the reference to consciousness, even in the unconscious, which by definition is removed from the conscious. But there was still that reference to a factor which united them. And what is very important is that the drives were not part of the first topographical model, because Freud says that the drive is neither conscious nor unconscious, it is only its representatives which can be described in this way.

Now if you take the second model, there is no common reference, so the contradiction between the three agencies is heightened, so it can only work badly, it can only work worse than ever, because there is nothing in common between the id, the ego and the superego, three structures which are differently organised. They have links between them of course, and relationships, but this description increases the heterogeneity of the system and also increases the harshness of the conflict. There, the idea of the unconscious -- and I am over-schematising, for Freud was purely psychical -- depended on factors which were not exclusively psychical, factors which were at the border between the psychical and the biological, the drives.

That's why in the beginning of 'the Outline' when he tries to speak of the

drives, he speaks of forces which are endowed with certain forms of energy. Then he turns to the unconscious because this has a psychic quality. So here is something we have to think about, the relationship of force to quality, but it can't help to solve the problems you meet directly. The experience you accumulate from clinical work can help you in trying to see the difference between borderline patients or neurotic or psychotic or psychosomatic patients and this gives you a lot, but not the final answer. But it is as if now, you come to the conclusion that if you have an unconscious you are quite lucky because it isn't sure that everyone has one. I mean our assumptions about the unconscious are not the same with these different types of patients.

And the unconscious itself, which is essentially made up of representations and affects, could also be considered as a kind of representation which may induce us to think that representation is no longer a given, it is produced by psychic work. I think this is very important, to see that something that is not already psychical exists in the background. But, as Freud says, these non-psychical forces play the role of great functions such as binding and unbinding. They deploy amounts of energy which are without comparison with the energy which goes on in, say, the usual defence mechanisms. This is the only satisfactory account I can find for people who have very strong resistances or are subordinated to the repetition compulsion, who take years to move or to change, or who deny change.

For me, these are the real problems; for me they are clinical and theoretical as well, and I make no difference. I cannot do my work if I do not think. The great French mathematician René Thom says that ideas are like human beings, they fight to survive, they make war, they resist in order to survive; it's not only the people, it's the ideas. Unfortunately theoretical debate is very difficult in psychoanalysis, because we can feel involved personally with the ideas. It may happen in other fields of knowledge but when you give an accurate criticism of somebody's ideas on psychoanalysis, he often has the feeling that you are making a fool of him.

LC: What about the question of affects which is one of the things you are known for? We've seen a little bit in relation to Winnicott, but perhaps you'd like to say something more direct.

AG: There is a great misunderstanding about the problem of affects. I wrote my book on affects in order to reply to Lacan who banned affects from his theory, so I wanted to show that no theory could be consistent if you remove affects from it. But I am not the psychoanalytic herald of the affects cause. I spend a lot of time trying to explain that I am not the man to be labelled in this way. I am trying to give a consistent and clear picture of what I think the mind is.

LC: And I was going to say I would relate it, in your work, to your concern with the general Freudian schema.

AG: Yes, that's where we're going to find our way. In my opinion, I even think that the use of 'affect' becomes an abuse because now we fall into the trap of posing the cognitive and the affective, and then the cognitive psychologists say, we'll leave the affects to you and we'll take the cognitive. I don't agree, because I think the real unity is the drive, which combines the representation of the affect. This is the psychic, what can be observed psychically from the work of the drives. I think that the reference to the drives is really a very important safeguard so as not to fall into the psychological conception which is the bent which is followed by many, many people at the moment, among whom are some of my British colleagues.

LC: But I think that the psychologizing of the drives actually relates to the way 'drive theory' is conceived as an entity, something that is then put on one side, because it's past its prime.

AG: Yes, because when Winnicott speaks of emotional development he is speaking far beyond the so called affects, he is speaking of the overall structure. I think too, when Melanie Klein tries to state what she does, she speaks of memories in feeling. This is something much more interesting than to label it affect, because of course, she was forced to face the contradiction, memories and feelings. That's why I have some reservations with the work of Daniel Stern; there are a lot of contradictions there. Stern is really embarrassed about what his conceptual tool is going to be. He seems lost; he says, well it's not symbolic, it's before the symbolic and it's not behaviour, but what is it? We are really in the dark there. If you separate affect from representation without finding what their common root is, or their original matrix, I believe you are psychologizing something. The great danger with affect, and it's all that discussion about unconscious affect which comes up here, is that, step by step and without noticing it, it becomes phenomenology, it becomes introspection, and this is the type of danger which we have to be aware of. For me, affect is something with which you think.

LC: Which relates to the representation of affect that's also required.

AG: Yes, 'The Representation of Affect' is the paper I gave for the *Festschrift* for Joe Sandler. You know, this is not only an idea of mine, and it has taken me a long time to understand it: thinking starts with drives.

LC: An idea that ties up with Bion doesn't it?

AG: Yes, and affect is of course a transformation of this work. One of the ancient Greek poets said 'you are only a mortal' so you are only able to think of two things at the same time. What I mean here is when we speak of affect we have to raise the question of the relationship to representation. This is a very important debate; the idea, which is supposed to be the content of the representation, the idea or the ideational can't be dissociated from the drive, more specifically from the

psychological representative of the drive, which must not be confused with the ideational, both are as if they are absolutely inseparable. This is a specificity of psychoanalytic thinking. The main difference between the philosophical conception of representation and the psychoanalytic one is that philosophy always deals with static representation. We deal with representations which are never separated from their dynamic quality. The affect can represent itself, it can acquire a quality in the conscious, and this is important, but even more important for our work are the dynamics which carry the affects. You know I think that you can pinpoint very precisely the date everything changed. It's in Marjorie Brierley's paper, 'Affects in Psychoanalytic Theory and Practice', first published in 1937 and then in *Trends in Psychoanalysis*, published by the Hogarth Press in 1951, which is an excellent one, and which gives a very fine analysis of affects and representation. There she says that now, the habit has become to state things in terms of object relationships rather than affects and representations. Obviously again Freudian theory is too complicated. With object relationship you mix everything into one element, there is no distinction between what is representation and what is affect and it becomes a notion of a person to person relationship which is not the case when you consider what Freud is trying to say. What Freud is trying to think about is the intra-psychic relationship.

LC: But then there is another slippage, from object relations in a more precise sense to the notion of inter-personal relations, and it is there that the psychological status of the object really goes.

AG: Absolutely, and of course the other reason it was too complicated was Freud's fault because all this belongs to the metapsychology and other theoretical papers from 1915. He did not care about what became of this wonderful construction with the introduction of the destructive drives. He had to describe it all over again and he didn't do it. Freud starts speaking of the object with melancholia; in melancholia it is not a problem of representation and affects any more, it is a problem of primary identification, and it is a problem of dealing with the object, not the representation. He also considers the question of the part played by representation in this paper, but this is a paradox we have to deal with. I am not trying to discard the object relationship completely, I am only trying to show that in the work of Freud it is more complicated and there are grounds for that.

LC: Even there, where you have the idea of the object, it is also the representation of the object that is at stake.

AG: Yes, but you can discuss from an economical point of view what the weight of the representational element is, how it influences the shape of representation. If you do not emphasize that there are four types of representation, or even five, you cannot see things clearly. Take the definition of the drive that is in the metapsychology.

If we now apply ourselves to considering mental life from a *biological* point of view, an 'instinct' appears to us as a concept on the frontier between the mental and the somatic, as the psychical representative of the stimuli originating from within the organism and reaching the mind, as a measure of the demand made upon the mind for work in consequence of its connection with the body.

So the drive *is* the psychical representative of the bodily excitation. Afterwards the drive is said to *have* psychical representations. The psychical representative is something which is before the division between idea and thing. And then you have the thing representation. And you even have one more: perception as representation of reality. He speaks, I think in his paper 'Neurosis and Psychosis', about ideas and judgements which *represent* reality, so we again find the idea of representation. I would say that, for me, psychical and representational are one and the same thing. But you have to take into account that great variety because all the psychic work would be within this. Now to come back to what the psychical representative of the drive is. I think that this is really the bottom line, cathexis. You can change everything, but if you lose that, you lose everything. I am a man who believes in primary narcissism. I think people who propose to get rid of primary narcissism are wrong.

LC: Are you thinking of someone like Balint?

AG: He is an illustration of it of course, but after him actually, there are many others. It is not because you can witness signs that there is an object and a relationship, that it means that there *is* an object which is something which can be considered as separate and distinct. When you think that the baby at the beginning sleeps for eighteen hours a day and has only four hours of contact with the mother, how can you say that the object relationship is not completely drowned in that primary narcissistic structure. Freud says, and Winnicott takes it up again, such a system cannot work unless we include maternal care in it. The fact that I think that the so-called object, the mother, is drowned in the world of primary narcissism during sleep doesn't mean that the mother has no action of influence or intervention. Here I am playing Winnicott against Winnicott, because what the mother does, the type of action which comes from her side and which is not necessarily conscious, is the cathexis of the baby. It is as if she stands behind the curtain and lets the baby build up his own mind as he is able to do so, but she has given him the cathexis which will enable him to get everything else, including her. Now I am saying that I am playing Winnicott against Winnicott because that's what I think Winnicott called the feminine primary element.

LC: I was thinking about it when you were talking in relation to the parallels with the analytic session.

AG: Yes there is that, but I think we have to think of it as something which is, really, what the mother transmits to the baby, and that is the will to live. You know I was in Latin America this summer and I was lecturing on television and finally, one day, I said, 'You see, I don't know if we can agree or disagree, but I

am sure that the basis of our agreement or disagreement is rooted in your opinion and mine about what we are trying to do in this work. If you think that we are trying to find safety, to try to survive and escape all that has happened, this is one opinion, it is not mine. If you think that we are here to repair the damage we have done to our internal objects, to try to repair our former destructions, this is also another opinion with which I disagree. What I think we are doing in analysis is to enable the people who come to us to increase their feeling of freedom. In what way? In order to liberate the forces which are present in themselves to enjoy life, not as scared people looking for all sorts of safety, nor as repenting sinners, but as human beings who are inhibited by something which makes them move on in quest of something they value. Analysis should improve their capacity to cathect something. We don't have to say what; they will find out. The world is diverse enough to give them an opportunity of choosing. In other words, analysis should improve what the patient already has or give him the possibility of finding that life is worth living. Freud speaks of the love and life instincts. When I look at the world, when I consider how I act, when I see how others act, it doesn't seem to me that they are looking for safety, it doesn't seem to me that they are absorbed in reparation, what I see is that really they are trying to seek something and trying to find out what we are running after. And this is the real question. And this is what analysis is about. And I think that it is a very important option.'

So when I am speaking of the baby, of the aliveness of the baby and so on, and the role of the mother, what she is trying to transmit is this vitality. It is through this pleasure in being alive that the mother is related to the baby. All mothers know that, all mothers from the oldest time, when they look at the baby, what do they say - 'Ah, he really seems to be enjoying life, he really seems to want to live.' So the things which are most obvious are really not taken into account. And afterwards, the world is large enough, and, to speak like Winnicott, if you are in good health, you will find some interest in some parts of it. Nobody says that we all have to share the same interest in the same part except in dictatorships, but otherwise, butterflies, umbrellas, cakes, or stars, well, you have to find your way.

Coming back to your question though, I was reminded of it again I think, because there is a very important aspect in your own choices which come from the transgenerational influence. What I wanted to say was that, just as in the first matrix you have to imply the existence of the father potentially being in the mind of the mother, and becoming effective at a certain point, it is the same type of reasoning when you imply the transgenerational, because it's not there straightforwardly, it has been transmitted in transformed ways. It is there, but the latency of it is much more important than the manifest ways by which it is going to be able to intervene in the structure. So it is the same; there's a parallel.

It is impossible, you see, it is really impossible to have any articulated idea about the psychological without giving a great importance to the notion of virtuality. What is virtual, what is not manifest, what is implicit, what has not come into existence but has the potentiality of doing so, this is important.

Winnicott bringing such an important idea as the potential space, well, it is no surprise that the French adored it! And developed some aspects which were potentially included in it.

LC: You seem to be saying that what psychoanalysis aims to do and what is involved in doing it, is a focus on a potential, on a reason for existence actually.

AG: Yes, to avoid indoctrination and to have the patient come to their own conclusion and not like some of my colleagues who, if the patient did not say exactly what they wished to hear, kept on interpreting till the result was what they expected. This unfortunately, among the things which Winnicott did not describe, is really the psychoanalytic false self, and I think he didn't dare to do it.

LC: I want to go back to the question of the dream, but perhaps we could spend a few minutes on the differences between psychotherapy and psychoanalysis, since this may relate to what you are describing as the scope of psychoanalysis.

AG: I think that the aim of our interpretations should not so much be bothering with how to make a transference interpretation; I think it is impossible to bring the patient to the idea that he has to *understand* something that the analyst is trying to communicate to him. I think that I would repeat what I said in 1975 in a paper dedicated to the memory of Winnicott. I think the session has to breathe, and the interpretations you have to give, you know them as partial. I think that we are still at the same point stated by Freud in 1937, the good interpretation for me, is when the patient says, 'That makes me think of ...' because the process continues. No matter as Freud says, if he says 'No', it doesn't change anything, if he says 'Yes', that doesn't change anything either. But, 'It makes me think ...' means that the analytic process has been enhanced. We don't need agreement from the patient, we're not looking for that and it wouldn't help the patient anyway, but, in the end, when the patient says, 'It makes me think of ...' you have enhanced the process of representation.

So what should the aim of psychoanalytic work be? To help the patient to go as far as possible in the representation of his internal world and of his relationship to the external world as well, but mainly of the internal. Of course it is through the relationship, but the relationship is no more than a tool, it is never the essential, the essential is what goes on in the patient in his debate with himself. This is a debate in which you are included on the front row, but you are not God, and thank god there are other people in the mind of the analysand.

LC: It is a relief at times! Listen, there is something I want to go back to. You said before that affects is not what you are most concerned with. Where do you want to locate yourself, is it in relation to narcissism, your current interest?