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Psychoanalytic Pure War: Interactions with the Post-Apocalyptic Unconscious¹

Mark B. Borg, Jr.

Paul Virilio and Sylvère Lotringer's concept of "pure war" refers to the potential of a culture to destroy itself completely (12).² We as psychoanalysts can—and increasingly must—explore the impact of this concept on our practice, and on the growing number of patients who live with the inability to repress or dissociate their experience and awareness of the pure war condition. The realization of a patient's worst fears in actual catastrophic events has always been a profound enough psychotherapeutic challenge. These days, however, catastrophic events not only threaten friends, family, and neighbors; they also become the stuff of endless repetitions and dramatizations on radio, television, and Internet.³ Such continual reminders of death and destruction affect us all. What is the role of the analyst treating patients who live with an ever-threatening sense of the pure war lying just below the surface of our cultural veneer?

At the end of the First World War, the first "total war," Walter Benjamin observed that "nothing [after the war] remained unchanged but the clouds, and beneath these clouds, in a field of force of destructive torrents and explosions, was the tiny, fragile human body" (84). Julia Kristeva makes a similar note about our contemporary situation, "The recourse to atomic weapons seems to prove that horror...can rage absolutely" (232). And, as if he too were acknowledging this same fragility and uncontainability, the French politician Georges Clemenceau commented in the context of World War I that "war is too serious to be confined to the military" (qtd. in Virilio and Lotringer 15).

Virilio and Lotringer gave the name "pure war" to the psychological condition that results when people know that they live in a world where the possibility for absolute destruction (e.g., nuclear holocaust) exists. As Virilio and Lotringer see it, it is not the technological capacity for destruction (that is, for example, the exis-

tence of nuclear armaments) that imposes the dread characteristic of a pure war psychology but the belief systems that this capacity sets up. Psychological survival requires that a way be found (at least unconsciously) to escape inevitable destruction—it requires a way out—but this enforces an irresolvable paradox, because the definition of pure war culture is that there is no escape. Once people believe in the external possibility—at least those people whose defenses cannot handle the weight of the dread that pure war imposes—pure war becomes an internal condition, a perpetual state of preparation for absolute destruction and for personal, social, and cultural death.

The tragedy at the World Trade Center in New York City has given us a bitter but important opportunity to study the effects of the pure war condition on individuals. It allows us to look at how this all-encompassing state appears in psychoanalytic treatment and to observe its influence through the analysis of transference/countertransference dynamics. The pure war condition has been brought grimly to consciousness. In this paper, I will explore how it manifests itself in society, in character, and most specifically in the psychoanalytic treatment of one patient whose dynamics highlight significant aspects of the pure war state.

How does treatment happen when, at some level, we perceive ourselves as already dead? Whatever our individual differences, our visions of the psychoanalytic endeavor arise out of the social defense of the culture within which we live and work (I have referred to this as "community character," cf. Borg 350). And whatever our individual differences, in a pure war situation the *primary task* is simply to sustain the dream of psychic survival. The case of Joyce, who saw the first explosion at the World Trade Center as she rode down Fifth Avenue in a bus after her session with me, exemplifies this task.

THE PURE WARRIOR

The philosophy (or practice) of “pure warriors,” that is, of people who are preoccupied with the pure war condition of their society, is based on the perpetual failure within them of the dissociation and repression that allow others to function in a situation that is otherwise completely overwhelming. Joyce was one of those who lived on the border of life and death; she could not escape awareness of that dread dichotomy that most of us are at great pains to dissociate. She manifested the state of perpetual preparation that is the hallmark of pure war culture and of the insufficiently defended pure warrior, and also a constant awareness of the nearness of death in all its various forms. She understood quite well, for instance, that when people are institutionalized (as she had been on numerous occasions), “society is defining them as socially dead, [and that at that point] the essential task to be carried out is to help inmates to make their transition from social death to physical death” (Miller and Gwynne 74). Against this backdrop, Joyce sought psychoanalysis as a “new world,” the place where she would break free from the deathly institutionalized aspects of her self, and begin her life anew. Her search for a “new world” included the possibility of a world that was not a pure war world—a prelapsarian Eden.

Virilio and Lotringer state that “war exists in its preparation” (53). And Sun Tsu, who wrote over 2400 years ago and yet is often considered the originator of modern warfare, said in *The Art of War*, “Preparation everywhere means lack everywhere” (44). This means that when the members of a culture must be on guard on all fronts, the resources of that culture are necessarily scattered and taxed. The more defenses are induced and enacted, the more psychologically impoverished a culture (or a person) will be. In war-torn nations, resources like food, clothing, and materials for shelter may be scarce in the general population because they are shunted off to the military. Similarly, the hoarding of psychological resources and the constant alert status of the defense system are outcomes of existence in a pure war culture. We can see this scattering and scarcity of resources occurring already in the United States as billions of dollars are shunted from social services to war efforts and homeland security.

In pure war cultures—that is, in cultures that

enact a perpetual preparation for war—the notion of peace is itself a defensive fantasy, although to survive psychically we distract ourselves from such frightening stimuli as widespread terrorist activities and other events that demonstrate our pure war status. Pure war obliterates the distinction between soldier and citizen. We have all been drafted. According to Virilio and Lotringer, “All of us are already civilian soldiers, without knowing it...War happens everywhere, but we no longer have the means of recognizing it” (42).

Some of us do, though, and Joyce was one of those. And even the rest of us occasionally catch a glimpse of the pure war condition in the dark light of such acute traumatic events as aircraft hijackings, race riots, “ethnic cleansings,” the World Trade Center Disaster, and suicide bombings. As precise psychoanalytic interpretations illuminate well-entrenched personal psychological defenses, so acute traumas and disasters may highlight the massive insecurities that lie beneath the surface of an otherwise well-protected cultural exterior.

ORIGINS OF THE PSYCHOANALYTIC STUDY OF PURE WAR

A precursor to the notion of pure war can be seen in a comment made by Freud in the aftermath of the First World War:

The primitive fear of death is still strong within us and always ready to come to the surface on any provocation. Most likely, our fear still implies the old belief that the dead man becomes the enemy of his survivor and seeks to carry him off to share his new life with him. (242)

That is, through the constant preparation for war demanded by the pure war condition and the enactments that such preparation entails, we “share” our lives with the dead.

Winnicott’s description of “fear of breakdown” is a related vision, addressing fear of a previous, rather than a future, event (103). In his view, haunting of the living by the dead relates to past, current, and ongoing conditions of internalized pure war, rather than to actual or certain future events:

It must be asked here: why does the patient go on

being worried by this that belongs to the past? The answer must be that the original experience of primitive agony cannot get into the past tense unless the ego can first gather it into its own present and into omnipotent control now. (105)

In pure war, omnipotence is shattered. Winnicott speaks to a timelessness in the unconscious, and indeed pure war represents the ultimate end point of the ego's once seemingly infinite timeline. As in Winnicott's notion of fear of breakdown, we cannot ward off pure war without anticipating it, and we cannot anticipate it without its being already there, forming our horizon.

In a similar vein, Sullivan delineated the interpersonal security operations that people call upon to inattent to or dissociate from the internal conditions (that is, anxiety) inherent in unbearable states of preparation (*Interpersonal Theory* 110). Both selective inattention and dissociation are security operations that circumvent awareness of anxiety. Without them, as psychoanalysts know, the recollected dreaded primitive experiences appear to be returning in approaching future events. This entrapping feedback loop, which is the plight of the anxious individual, can be seen on a larger scale in the pure war culture. All we need for the pure war condition to exist is the belief in apocalyptic possibility—and our global culture and its technology of communication bolster this belief day by day, indeed minute by minute.

From their individual viewpoints, therefore, Freud, Winnicott, and Sullivan each described facets of the pure war condition. They outlined the processes by which it may be translated into patterns of interaction with the environment (individuals, institutions, etc.), and they examined the repetition/enactment of these processes in the transference. A person's attitude toward his or her environment (of which one representation is the analyst) is inevitably made up of transference appraisals, which are formed initially and maintained afterward in cultural as well as familial contexts. Of course, to the degree that pure war is an internal condition, reaction to it may be observed in all forms of psychological defense: sublimation, dissociation, repression, splitting, obsessive-compulsive behaviors, and so on. Each one of these processes addresses the underlying terror of the pure war perception by

communicating the message, "See? Everything's really OK after all."

Patients like Joyce end up in our offices when such reassurance becomes impossible. The specters with whom we share our (internal) lives perpetually threaten to retaliate, the harbingers of pure war. As we share our lives with them, they share their deaths with us, pulling away the covers under which we keep our own internalized and dissociated personal visions of total annihilation.

Some of us manage to catch glimpses of the pure war reality and hold onto them long enough to report them before the familiar processes of defense kick in. G. Brock Chisholm was a psychiatrist who looked the reality of pure war in the eye after the dropping of the atom bomb on Hiroshima. Chisholm organized a conference titled "The Tensions That Cause Wars," and he wrote:

As mundane distance shriveled into insignificance in the eddies of radioactive matter which swept space around the earth, so also did the swathings of immaterial fictions and habitual evasions with which everyone had been methodically wrapped. The peoples of the world, wherever language reaches, caught a glimpse of Reality, felt with whatever terror a moment of insight into alike the miniscule and the magnificent Human Being. (85)

Sullivan responded to this commentary by asking sardonically, "Do we want nearly everyone to die in order that the human race may begin all over? It is seemly that we, momentarily honorable among the builders of the future, shall further by irresponsibility a schizophrenic dream of death and rebirth" ("Remobilization" 244). Like Joyce, Sullivan was traversing the life/death tightrope—dreaming of "new beginnings"—in the context of Chisholm's grisly glimpse of "Reality." But notwithstanding his characteristic sarcasm, even Sullivan in his focus on rebirth may have been denying the pure war reality that Chisholm let himself see.

PURE WAR AND CHARACTER

I understand character as the repetitive interpersonal behaviors or interactive patterns that typify a person's sense of self. These adaptive/defensive interactive pat-

terns form a personality structure stable enough to pursue security and the satisfaction of needs even in the face of anxiety (e.g., A. Cooper 721; Sullivan, *Interpersonal Theory* esp. 42–43, 267–268). They may require reinforcement, however, when access to security and satisfaction is fundamentally threatened. Given relationships (between parent and child, for example), or specific communities (as in prejudices, taboos, laws, sanctioned rules of conduct, or cultural norms) may pose such threats. Our contemporary global community is constantly demonstrating for us threats against societies and peoples, documenting the unrelenting environment of threat in which we live. The devastation of life in Israel by the recent suicide bombings there has given us a rare glimpse of what we could expect in an ongoing “war on terror,” however defensively we might call such a war “Enduring Freedom.”

The ways that the pure war mode manifests itself in societies can be understood through the concept of *community character*: like an individual, communities or cultures (especially in the context of chronic trauma) can develop characteristic ways of interacting that work to maintain security and decrease awareness of overwhelming levels of anxiety within the culture (Borg 347).⁴ These repetitive ways of interacting often manifest in rules, regulations, taboos, and stereotypes. This implies that character formation based on adjustment to a pathological society can produce psychopathology by two related mechanisms. Ours is a society in which some people suffer from an inability to adapt while others suffer from the compromises they have made in the service of adaptation. Examples of the former are easily found in psychiatric hospitals; the symptomatic compromise of the latter are visible, for instance, in the degeneration of corporate ethics, a growing tolerance of cruelty, and the tendency to target and scapegoat criminals without accounting for the criminogenic environments that sustain crime as a reaction to intolerable living conditions. The ultimate pathological compromise is the acceptance of these and similar behaviors as the norm. Perhaps this provides a context for a statement made by French cultural theorists Gilles Deleuze and Felix Guattari: that in such a society “a schizophrenic out for a walk is a better model [for living] than a neurotic lying on the analyst’s couch” (*Anti-Oedipus* 2).

Schizophrenia is a process that breaks with what Deleuze and Guattari call “molar formations” (*Anti-Oedipus* 128): modes of thought that have been captured by the rules and regulations sanctioned by consensus in a population—the familial, community, and societal standards and expectations, the “Thou Shalts” and “Thou Shalt Nots” of a culture. Once a person has experienced a break, he or she becomes in Deleuze and Guattari’s terms “molecular” (213) or “deterritorialized,”⁵ and is then an outlier to those standards (in their terms, a “nomad” [*Thousand Plateaus* 54–55]). Or, in the terms of their translator and student, Brian Massumi, “a [molar] structure is defined by what escapes it—[*supermolecularized* individuals, schizophrenics, for example]” (Massumi 57).

Accordingly, Massumi says: “Schizophrenia is a breakaway into the unstable equilibrium of continuing self-invention” (92) (as opposed to invention by society and its prescriptions). For the schizophrenic (“out for a walk”) model to work, this supermolecular approach to living has to exist outside the power dynamics of the pure war system (the system that maintains the capacity of some to inflict annihilation on others). This is exactly why such a painful state as schizophrenia can at times appear to be a seductive alternative to the constraints of conventional socialization. It can seem as if the only alternative to a break (-down) of this or some other kind is conformity and subscription to the pure war character. In his introduction to *Anti-Oedipus*, Foucault describes this conformity as “the fascism in us all, in our heads and in our everyday behavior, the fascism that causes us to love power, to desire the very thing that dominates and exploits us” (xiii).

A looming question remains, particularly for analysts doing clinical work: how to use these concepts to help their patients deal with the problems that bring them into treatment. Deleuze and Guattari suggest that societies and their members may be characterized on a continuum that stretches between the absolute limit-points of fascism-paranoia and anarchy-schizophrenia. At the fascist-paranoid pole are the indoctrinating, colonizing maneuvers that lead to social control and conformity, while the anarchy-schizophrenia pole stretches the limits of life’s possibilities and perceives the world as an infinitely open system (*Thousand Plateaus* 10–11). In their view, schizophrenia is

not a metaphor. They view schizophrenics as lone nomads whose thinking processes are capable of challenging a fascist system. While this can be a seductive perspective, it is also highly romanticized, and few clinicians who are intimately familiar with the ravages of schizophrenia could literally advocate for becoming a schizophrenic, *especially* in a fascist society. I am, therefore, presenting an unresolved tension between the view of schizophrenia as clinical entity (and a metaphor) and the sort of experiment in thinking seen in Deleuze and Guattari's work.

In this vein, Lynne Layton (esp. Ch. 1 and 5) has presented a helpful critique of the ways in which many postmodern theorists (including Deleuze and Guattari 3) celebrate and romanticize processes such as identity fluidity and fragmentation while disavowing the possible traumatic underpinnings (often related to physical and/or sexual abuse), relational etiologies, and repercussions of such processes. The question that emerges is whether or not analysts inevitably push their patients into social conformity in their (sometimes desperate) efforts to "cure." Or, as Layton wonders (personal communication), can analysts strive for something else, like helping patients find less self-destructive ways to resist conformity, and thereby avoid the pathologies of both rebellion against (psychosis and paranoia) and adaptation to (dysthymia, i.e., resignation) the pure war world? I continue to work with the notion that this is possible, while realizing that, perhaps, these questions are never finally answerable.

ANALYSIS IN PURE WAR

Joyce is a thirty-nine-year-old Jewish New Yorker who "snuck" her way into my office, as she put it. When she contacted the psychoanalytic clinic where I work, she represented herself as a psychiatrist seeking a referral for an analyst who accepted Medicare. Some months into her treatment, she explained to me that she had an "infamous history," including many therapists and psychiatric hospitalizations, and she felt certain that no one who knew about it would give her an "adequate" referral. She had long been labeled schizoaffective, and she had recently endured an extremely painful separation from her previous therapist of two years. She told me that she needed psychological treatment as a condition of remaining housed at her community residence.

Joyce claimed numerous physical (diabetes, epilepsy, cardiac dysrhythmias) as well as emotional (depression, loneliness, rage) problems, but she said that she was more interested in making use of the capacities that she still had than in focusing endlessly on those that she lacked.

In her initial evaluation, Joyce described her life in institutions. She felt that she had to fight to make any kind of decisions about her daily life (when to go to bed, who would be her roommate, etc.). This made her very angry, but at the same time she was almost totally dependent upon the very institutions (Medicare, her community residence, etc.) that she felt were taking away her freedom, especially when they imposed upon her frequent and involuntary admissions to local psychiatric hospitals. The anti-psychiatrist David Cooper has said that "those admitted into a psychiatric hospital are admitted not so much because they are sick, as because they are protesting in a more or less adequate way against the social order" (48–49).

This was how Joyce felt. She lived with intensely conflicted feelings of defiant dependency about the system within which she felt, and was, constrained. As these feelings were enacted in her analysis, we began to recognize a social system based on a "warehousing ideology"—that is, a system for "storing" those that do not fit into the "molar formation." This system served solely "to prolong physical life" (Miller and Gwynne 71)—at least that was the only benefit that accrued to Joyce. She perceived correctly that reimbursement procedures (SSDI, Medicare, Medicaid) made her admissions profitable to her keepers, and that the result was a self-serving institutional system that was apathetic (if not actively hostile) to her actual needs. Joyce was also acutely aware that upon entry into an institution she entered the realm of the socially rejected. Miller and Gwynne have addressed this experience:

By crossing the boundary into the institution they [those institutionalized] have demonstrated that they lack any role that is socially valued in the outside world... They are defined as social dropouts, parasitical upon the wider society... The harsh reality, therefore, is that by the very fact of committing them to institutions, society is in effect defining them as socially dead. (73–74)

Thus, schizophrenia may be, in part, the lot of veterans of the hard-won battle of acknowledging, dissociating from, accepting, and rebelling against the pure war condition.

Psychological defense generally does a fairly decent job of maintaining a separation between our current state of being alive and our future state of being dead; this separation allows us to function. However, when an analyst steps outside of this consensually valid dissociation to interact with a patient who has done the same, the awareness of pure war erupts into the consciousness of both. The analytic engagement coalesces around the reality that we are likely to remain in a state of pure war for the duration of our lives, and so we are challenged to grapple with our own anxieties about deterioration, annihilation, and death.

Organizational theorists posit that social systems can provide useful (also not so useful) defenses against anxiety (Jaques 478; Menzies 95). Most people belong to many social systems, but some, who, like Joyce, are condemned to existence within institutions, belong to few. In cases such as hers, the analytic relationship becomes the representative of these missing social systems. For Joyce, the issue of maintaining a relationship with any system upon which she feels dependent was complicated, as the social systems in her life, far from reinforcing her defenses, have clearly served to exacerbate her anxiety. We therefore had to resist the temptation to make me, the analyst, a “leader” who erodes the ego functioning of his patient by identifying himself with an ill-functioning system (like a psychiatric hospital), already perceived by her as incapable of containing her terrifying experience. When we managed to do so, we were able to work toward sustaining awareness of the extremely uncomfortable reality that results when institutional structures cannot deal with extremely anxiety-provoking (i.e., pure war) existence.

ATTACK AND CONFINEMENT

Pure war dynamics played out in many subtle ways between Joyce and me through the first year of her four-times-weekly psychoanalytic treatment. But they came into the treatment relationship full force after the September 11 terrorist attack on New York City, where I am in practice. Although Joyce had been psychiatrically hospitalized numerous times before she became

my patient, it was not until the day of the World Trade Center attack that she was hospitalized *during* her analysis with me. On September 11, Joyce had attended an early morning analytic session and then caught a bus to go to an appointment with the social security administration. Going downtown on Fifth Avenue, she saw from the bus window the explosion as the first plane hit the World Trade Center. She told me that she watched quietly while others on the bus screamed out in horror. But when she got to her appointment she too began screaming, and was promptly transported to a nearby psychiatric hospital.

Joyce had begun her analysis a year earlier with the statement that “I feel as if I have been dumped into the mental health system as a schizophrenic, and that there is no return.” She had an inability to repress that left her with the flotsam and jetsam of thoughts and affects that result when there are massive failures of defensive functioning; if she thought it or felt it, odds were she was acting on it. A major question in the first year was whether analysis would be able to contain the affect and content that flooded her, and this question became more pressing after September 11.

Joyce called my answering service from the hospital in a terrified fantasy that I had been killed at the World Trade Center. Even after I told her that I was unharmed, she continued calling my voice mail dozens of times each day for several days, maintaining the fantasy that I was endangering myself through volunteer work, which, she imagined, was taking place amidst the debris. Joyce’s consistent problems around boundaries were another manifestation of her projective tendencies. For instance, she would leave innumerable “emergency” messages on my voice-mail, often claiming that her sole intention was to “save our relationship.” The combination of her flooding paranoid processes and her poor boundary maintenance gave her a terrible potential for pure war perception—that is, for the awareness of the flimsy lines that separate fantasy from reality, inside from outside, murderer from murdered, and, most especially, present from future. The future, in this case, was infected by her awareness (profoundly realized on September 11) that absolute destruction is possible.

It seemed to me sometimes that Joyce existed to challenge (if not to sustain an ongoing hostile attack

upon) the social order, as it had been imparted to and imposed upon her. She challenged this order in her sessions in many ways, attacking the professionals whom she'd "hired" to treat her, for example, with a facile combination of criticism, profanity, and flatulence. We talked about the fact that it often seemed as if she had challenged the social order so long and so hard that she had "forgotten the rules," and so was infinitely perplexed when the system fought back. She was obsessed by sexual, aggressive, and rebellious impulses that covered the entire span of psychosexual development.

Joyce consistently made clear after September 11 her acute awareness of the struggle that she felt within herself "between life and death." In some ways this struggle was literally true; she did have severe physical problems. Joyce had diabetes; her mother had died of this disease and had lost both of her legs to it in an amputation shortly before she died, a falling apart that resonated deeply in Joyce. But there was a symbolic struggle as well. Both of her parents had been well known and respected physicians, and Joyce felt that her mother in particular quite literally had a power over life and death, over coherence and chaos, that could be shared or withdrawn at will. Joyce's mother had died when Joyce was seventeen, and the world fell apart for her. Her father died a month later, having lost his own power source, and Joyce's siblings (one of whom is her twin) then turned upon her, "attacking and destroying" her (by sending her to her first psychiatric hospital) after that. They also ensured that Joyce would never have access to her inheritance.

Joyce's vision of her mother's power, and the acuteness and catastrophic results of her loss, led Joyce to extremely complicated relationships with power/authority figures. The police and fire fighters, for example, were heroes for their bravery on September 11 and represented to her potential sources of "salvation." But they were also the people who constantly "fucked" her (by getting her hospitalized) through their inhospitable responses to the 911 calls she makes perpetually when she feels anxious. When her needs for salvation are not met, Joyce feels abused and powerless. She had come to believe that people with status use their power to abuse her, and that she possessed neither the tools nor the status to prevent the abuse. To her way of thinking, she received abuse from the very medical and social sys-

tems that sustained her; she would call for help, and these "emergency" calls would often result in the next hospitalization. This is all the more poignant in view of her feeling that in their deaths her parents had been failed by the medical system that they had served.

Realistically Joyce did not have anyone to protect her, and she consistently tried to put me into the treacherous (i.e., idealized) transference position of protector. To protect requires authority, however, and as Shea and Wilson note, "Every act of authority is, in fact, an invasion of the psychic and physical territory of another" (793). She envied everyone who had the foundation that she felt she lacked (and actually did), and her envy was so intense that her life had become a process of tearing other people apart. She did this in her mind (especially with regard to my other patients, whom she refers to as *schvartzas* and *faggots*), and often in reality as well: she had a track record of reporting her physicians to state boards and developing complicated litigation scenarios that she sent to prospective lawyers, and once to the White House. It was our exploration of these attack patterns that revealed the first glimmerings of her pure war condition.

As we began to outline Joyce's preoccupation with destroying and being destroyed, she made it clear that her capacity to focus was being derailed by a growing obsessive awareness of her vagina. Joyce told me that she had engaged in compulsive masturbation since her teens. But it was only after the World Trade Center disaster that she began to reveal her fascination with her vagina, her masturbatory practices, and her associated fantasies. Upon her return from the hospital a week after September 11, she began to discuss the details of her "hours and hours" of daily masturbation. Joyce had never had any sexual contact because she was terrified of being penetrated by a violent and uncontrollable penis or being infected by diseased vaginas. Her fantasies frequently included packs of men wielding knife-penises who are coming to rape her. She also believed that the vaginas of other women carried diseases that would infect and destroy her. However, her fantasies about women also conjured up more nurturing scenarios that were made safe, in part, by their focus on non-contact parallel masturbation rather than direct physical contact. She began her discussion of the masturbation and her related fantasy life by presenting a dream:

I was masturbating on the driveway of my family home and became embarrassed when I noticed that there was water flowing underneath my feet from the garage. As I noticed this, you went riding by on a bicycle waving and smiling though not, apparently, noticing that I was beating off. But still, in the dream I knew that you knew what was going on.

When she described the emotions related to her dream, Joyce said that she felt ashamed, as somehow it had become clear in our interaction that I knew now, “for sure,” that she was “actually psychotic.” Up to that point she had pretended not to know that I knew about her difficulties; if that were the case, we would not have to discuss them. Upon exploration, it seemed that the dream was revealing Joyce’s feelings about the processes of her own body, both her extreme fascination with them and her sense of alienation from them, as from the “wetness” of her vagina, the water flowing from the garage. She revealed that her shame (in the dream) was not that I had “caught [her] beating off,” but that I was in a position to witness how it was that she “actually worked.”

Joyce said that the only reason that she was now willing to address this issue was because she had recently experienced an irritating intruder into her fantasy life—her analyst. Each time she tried to engage in one of her fantasies she would sense a foreign presence and then would notice that I was sitting somewhere just on the periphery of her fantasy in my chair, silently taking notes.

As we talked, we developed an understanding of Joyce existing as a shell. Within the shell were contained body parts, all of which had essential, though separate and fragmented relationships with the outside world (that is, with me). She also saw herself as relating to others primarily if she could perceive them as fragmented also, similar to herself. Her fantasy of me being killed at the World Trade Center focused on the perception that I had been torn to pieces, “caught in the rubble.” Why she had created this particular fantasy scenario became a key question for us upon her return from her one-week hospitalization.

On the one hand, she was clearly not aware of the degree of rage that informed her fear that I was dead (“in the rubble”). Projection of rage of this sort is, of

course, at the core of the paranoid process. This rage was motivated by her intolerable feelings of growing dependence on me. After all, the last time she allowed herself to become dependent on a clinician (her previous therapist) she ended up being abandoned, finding herself in the rubble. By putting me in the rubble, she had transformed me into fragmented body parts, too. So, on the other hand, killing me, tearing me apart in the rubble was also a constructive psychic act, one that allowed a perceived commonality from which to begin relating her experiences of living in such a shattered, dissected condition. On numerous occasions I asked Joyce why she needed to break me apart and she was able over time to share her feelings of envy (that, in her fantasy, I give more to my other patients, of my being in a committed partnership, of my being an accomplished professional), fear of abandonment, and, she said, “because I love you.”

Tearing me apart let her accept an increased level of intimacy between us—another dissected, fragmented person could be safely negotiated, she felt, whereas a whole person could not, would not tolerate her. The extent to which this dissection process was projected into others in her world became increasingly accessible in treatment. Her obsession with her vagina, and the sense of fragmentation that this sustained, had been an unintended entry point into her experience of and defense against the pure war condition in her (our) world.

FALL APART

Joyce revealed that she had long since stopped believing in herself as an organized entity. Deleuze and Guattari have said that “we live in a world of partial objects, bricks that have been shattered to pieces” (*Anti-Oedipus* 42). They describe the psyche (and society) as a system of flows and interruptions—they call them *break/flows*—analogous to a circuit board that allows or disallows the flow of electricity. Desire (or libido) is an example of a simple but pertinent break/flow pattern: its expression is a flow, its (social) prohibition a break. Prohibition may be challenged by the flow of desire (even if unconscious and enacted) in ways that either thwart or reinforce the initial prohibition, and so on. Prohibitions, in fact, can foster a retrospective perspective on desire: “That’s what I’m not allowed to have? That must mean it’s what I want(ed).”⁶

Joyce seemed in her experience of the pure war

condition to have been effectively “shattered to pieces.” As she obsessively described her masturbatory practices, I began to perceive *her* as a system of break/flows: call it countertransference. In this fantasy (which she confirmed by her own description), the break/flow process begins with the flow, the desire underlying her masturbation that is represented by her wetness, the flow of water in the dream. It is broken by painful images of unrequited love and wished-for, prohibited lovers (including most specifically her previous therapist). These images then transform again and flow into erotic social images of these lovers (hybrid versions made up of body images appropriated from pornographic materials with various familiar people’s heads attached). The new flow is broken again by prohibition (i.e., her shame about using porn), until her frantic work at re-arousal erases the prohibitions and allows the flow of desire once more.

Joyce could allow no identifiable “I” in her experience, no self that could be targeted in the (current, past, and future) attacks whose perpetual anticipation is her life. To be a series of disconnected processes and body parts, to transcend the integrity of fixed selfhood allowed her to feel, at some level, that there was no “I” to destroy and therefore she was “safe”—“See? Everything’s OK after all.”

Of course, any form of attachment to a whole subject/object was profoundly threatening to the experienced incoherence that was so necessary to her sense of security. To counteract her increasing, and often erotically-charged attachment to me she had to continue to break herself apart. As her sense of attachment in treatment increased after September 11, her need to break her analyst apart increased as well. The fact that she broke me apart in her fantasy of me in the rubble actually and ironically increased the felt intimacy of the analytic relationship, intensified her attachment, and brought a distant but sometimes more consistent sense of “I” into her awareness.

CHRONIC DISASTER AND CERTAIN FATE

Falling apart is the “certain fate” of the pure war world, and the punk band Mission of Burma asks a telling question: “*Can I count on you if I fall apart?...That’s how I escaped my certain fate*” [emphasis mine]. Their question was Joyce’s question, and their solution was hers also. Her mother’s body had fallen apart, initiating

a sequence that (in her mind) destroyed her father, her family, and ultimately herself. Falling apart was a family pattern, and she reenacted it in most all of her endeavors, including the transference. It appeared in her experience to be a social pattern, too, and in fact her psychological process of falling apart was both a defense against and a reluctant acceptance of the pure war state in which she lived. Joyce knew about pure war: the things and people that had represented the world for Joyce had been annihilated. Like the rest of us, Joyce cannot completely escape her “certain fate” — death. But to be able to “count on” the process of her analysis became a possibility.

Joyce is highly committed to the defenses around her conflicted desires and needs for intimacy and dependency—as committed as the rest of us are to our defenses against the perception of imminent death. And she uses them in a similar way—to keep herself from awareness of her own destruction—and so she resists any analysis of them that might increase her awareness of the conflict.

Trying to figure out what was actually happening between us was always tricky. Was she being brought back together (as an “I”), or was I being broken apart? Who was more resistant to the authority/indoctrination/razing of the other at any given time? As part of her analytic contribution, she shared her shattered state, and, as part of mine, I fervently imparted my conscious sense of coherent existence. Neither of those two defensive states could really sustain any kind of valid status as truth; both positions seemed to be more like inhabited roles than fixed positions. Joyce’s masturbation continued unabated. Sometimes we both experienced my interpretations as a violent attempt to draw her in to a more understandable existence, corraling her for the purposes of branding, social conformity. She retreated into the spaces of her schizophrenic part-object escapes from the pure war condition, while I scrambled for comfort into supervision, into the safe and sturdy mommy-daddy-me triangle upon which psychoanalysis was built. Even so, Joyce’s decompensations wormed their way into me, and it was not often clear who was branding whom.

I wish I could wrap this up neatly—patient gets better and analyst puts together a highly coherent theoretical conceptualization of the treatment to be presented at the Summer Meeting of the American Psy-

chological Association. But really Joyce and I live in a chronic flirtation with disaster, never coming fully together, never breaking completely apart. When our relationship teeters in the direction of imposed analytic authority, we are (perhaps as a necessary defense) driven apart; when we are working from a sense of collaboration and equality, we come back together—more break/flows. When I feel myself in pieces, I find myself crawling away from the desert-like places our interactions reveal; when I experience myself as a total system, I have to search for the lost innards of the shell who lies on my couch. I get nervous at the possibility that if we can't find hers she might steal away with mine, and so the cycle continues.

Sometimes pure war enters into our conscious awareness as the transference pull of Joyce's dissection of me brings me too close, brings us together. At other times, she allows herself to depend on me and is transported through time and space, back to a time where, perhaps, the mommy-daddy-me configuration granted her more coherence than it does now. Though sometimes this state exists between us for minutes at a time, her resistance to coherence generally wins out. Nonetheless, we have found our way to one piece of reliable mutuality: we both know that pure war exists—in Joyce, in the city surrounding us, and sometimes, fleetingly, in me.

Indeed, for pure war to exist in our conscious awareness all that Joyce and I have to do (and we do this quite frequently) is look out my window at the clearly visible Empire State Building. During the days and weeks following September 11, many of us in New York (a microcosm of the U.S. and perhaps, in some ways, of the world) would turn our gazes toward it, expecting it to be "next." Joyce and I do that all the time, waiting for it to be attacked and shattered like the World Trade Center, and our sense of ourselves along with it. In the imagining that we now share, pure war is happening.

I hear the clock ticking away the seconds of a recent session (tick-tock-tick-tock). We aren't looking, but we both know what lurks outside the window of my seventh story office window: pure war. Just as we are coming apart, becoming overwhelmed by the magnitude (tick-tock-tick) of the events in our surroundings (tock), everything (tick) stops.

Is the world still standing? Are we still alive? I suppose that, much like Schrödinger's cat, who is shut into a box that contains poison and, until the experimenter opens the box, is both and neither alive and/or dead, it is and it isn't; we are and we are not. At least until one of us looks out to see. At forty-four minutes and counting I begin to move my head to peer out the window, and, as she does once in a while, Joyce follows my lead.

NOTES

¹I would like to thank Jennifer McCarroll, Eve Golden, and Sandra Buechler. This essay could not have been written without them.

²Virilio and Lotringer stress that the state of pure war does not depend on the presence of active hostilities. It is the existence of a possibility—the *capacity* for total destruction (53).

³A striking example of this can be observed in Bill Keller's recent article, "Nuclear Nightmares," in the May 26, 2002 edition of *The New York Times Magazine*.

⁴The concept of community character resembles Erich Fromm's concept of social character (305). However, Fromm's ideas focused mainly on descriptions of capitalist societies. The concept of community character, in contrast, seeks to highlight how core psychoanalytic understandings of the individual can also be used to understand the workings of a community or culture whatever its political or economic structure. For example, I have previously written on the depressive community character of an impoverished community in South Central Los Angeles. Vamik Volkan, in his study of the fundamental need for political and social enemies and allies, also hypothesized a system of group defense (94). This system-level defense is developed by large groups in the service of protecting its (psychic and actual) identity and borders.

⁵*Territorialization* is a term derived from Lacan's analysis of the process by which parental caregiving maps the infant's erogenous zones, charging specific organs and corresponding objects with energy and value. Territorialization thus programs the desire to valorize certain organs and objects at the expense of others, and at the expense of what Freud called "polymorphous perversity": the free-flowing form of desire that Deleuze and Guattari attribute to schizophrenia. *Deterritorialization* is the process of freeing desire from established organs, objects, and uses (Holland 19).

⁶This resonates with Foucault's thoughts in *The History of Sexuality*, i.e., that prohibitions are productive; they produce desire (81–83, 86).

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