
Visual Disturbance as Occult Communication

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Abstract

This article is an elaboration of an idea of Nina Coltart to do with using one's first impressions of a patient. I consider this a form of phantasy communication and link it to a classic, but neglected, text which considered such matters, *Psychoanalysis and the Occult* (Devereux: 1953). Next I provide clinical and other examples of such visual disturbance. My thinking is that transference/countertransference often involves fleeting, visual eruptions of primary process which can be thought of as occult communications.

Introduction

The thought of that sour apple [occultism] makes me shudder, but there is no way to avoid biting into it. Freud, letter to Eitingon (Cited in Jones: 1957: 419)

Attempting to deal with the phantoms of the id is a little like entering a vast hall swarming with a milling crowd comprising the mad, the bad, and the holy. All criteria dissolve. When in the hall, the rational seems but a small annex. Psychotherapy moves sometimes imperceptibly between these rooms, making it difficult to think about the enigmatic. But there is rich booty in these infinitudes.

I make three assertions in this article. First, phantasy can be a form of communication: both expression and perception. It is my suspicion that this type of communication occurs to us far more often than we realise. By *phantasy* I follow Julia Segal's description:

Our heads are full of phantasies. Not just *fantasies*—by which I mean stories we make up to amuse ourselves—but 'stories' we are deeply involved in and convinced by and which go on independently of our conscious awareness or intention. *Phantasies* make up the background to everything we do, think or feel: they determine our perceptions and in a sense *are* our perceptions (1985: 22).

Second, phantasy communication is what our psychoanalytic ancestors called occult. In this article I will not accept or deny the reality of the supernatural. Rather, I will use some of its language in order to maintain the sense of deep mystery which suffuses therapeutic work. This is in order not to lose what can easily be lost when one moves from the enigmatic (telepathy) to the phenomenological (intuition) to the technical (transference).

Third, I describe a particular variety of this telepathic communication—a phantasy projection and identification which produces a visual disturbance in the receiver of this message from beyond.

I

The extent to which a given superstitious belief is accepted by the mind is usually one of degree, and it is often very hard to ascertain to what extent a person 'really' gives credence to it. It is a common experience to get the reply when someone is questioned on the point: 'No, I don't really believe it, but all the same it is very odd' (Jones: 1957: 406).

Sometimes it seems that psychoanalysis and psychoanalytic psychotherapy are collectively wearing a dark three-piece suit, such is its restrained and serious front. It is as though we have a collective motto: 'Because we deal with the irrational, we must epitomise rationality'.¹ From the outside, psychoanalysis finds itself regarded as both a poor stepchild of psychiatry and mean stepmother of other psychotherapies. There continues to be debate over whether it is (Wax: 1995) or is not (Grünbaum: 1984; 1993) a science. See also the bun-fight over the U.S. Library of Congress exhibition *Sigmund Freud: Conflict and Culture* (Merkin: 1998). Small wonder that those of us affiliated with psychoanalysis continue to affirm our sobriety and respectability. Nevertheless, if one browses through any selection of psychoanalytic books, one finds a Gothic world of psychotic bits, nameless dread, autistic encapsulation, and hysteria; as well as defences—the return of the repressed, the compulsion to repeat, splitting, dissociation, regression, and obsessional rituals. Despite the rigour and level-headedness of the psychoanalytic persona, somehow an 'other side' makes itself felt in our technical words. This other side is of course understood principally in terms of the primary process of the unconscious mind. The unconscious is a seething cauldron. But there has always been a fringe psychoanalytic interest in *another* other side, the supernatural.

1. "Where id was, there ego shall be" (Freud: 1933[1932]: 80).

It is almost half a century since George Devereux (1953) published his collection *Psychoanalysis and the Occult*. Recently several mainstream psychoanalysts and psychoanalytic psychotherapists have published books on otherworldly experiences.² Perhaps we are becoming ready for consideration of 'these lands of darkness'. The words are Freud's in a letter to Jung:

Occultism is another field we shall have to conquer ... There are strange and wondrous things in these lands of darkness. Please don't worry about my wanderings in these infinitudes. I shall return laden with rich booty for our knowledge of the human psyche (Cited in McGuire: 1974).

Psychoanalysis and the Occult is not a book about devil worship, calling up spirits, or casting spells. It may be that the book's title is an unfortunate misnomer. It is and it isn't. *The Concise Oxford Dictionary* tells us that the word *occult* has its roots in the Latin for 'to hide' and means 'kept secret, esoteric, mysterious, beyond the range of ordinary knowledge'. This is of a piece with the stated objective of Devereux's edited volume. Three 'correspondences' are considered (1953: ix):

- between the thought of the analyst and that of the patient (telepathy?)
- between the thoughts of the patient and events outside the actual therapeutic situation (telepathy and/or clairvoyance?)
- between the thoughts of the analyst and events outside the actual therapeutic situation (telepathy and/or clairvoyance?)

However, *occult* has much wider associations than telepathy and clairvoyance. Its dictionary definition includes 'involving the supernatural, mystical, magical'. *Roget's Thesaurus* is useful here. It has three distinct entries: latent, hidden, and supernatural. It is to the third of these—the occult arts—that readers might be (mis)led by this word occult: sorcery, mediumship, vampirism, voodooism, poltergeists, exorcism, telekinesis, spells, second sight, divination, and so on. One can infer that the fact that the book has been rather neglected may in part have to do with reluctance in our sober field to be linked to the weird and wonderful suggested by its title. The book had a far more limited aim.

The essays published in this anthology are not, in their essence, contributions by *psychoanalysts* to problems of parapsychology. They are, quite specifically,

2. Recent psychoanalytic books on the immaterial include Barford (Ed.) (2000) on the paranormal. On mysticism see Michael Eigen (1998), Sudhir Kakar (1992), and Charles Spezzano and Gerald J. Gargiulo (Eds.) (1998). And on religion see Mark Epstein (1998), James W. Jones (1993), W. W. Meissner (1992), and Mortimer Ostow (1998).

psychoanalytic studies of so-called 'psi-phenomena,' and must therefore be viewed primarily as contributions to the theory and practice of clinical psychoanalysis (Devereux: 1953: ix).

The book is mainly a contribution to one aspect of psychoanalytic technique: 'The problem of transference and countertransference, in so far as it influences the analyst's "intuition"' (xi).³

The chapter by Jule Eisenbud (first published in 1949) summarised the psychoanalytic interest in parapsychology. Very few had attempted to theorise such phenomena, although many had described them. This resistance is still true of both the reluctant 'goats' and the believing 'sheep'.

A hit-and-run attitude has characterised a good deal of the work done generally in parapsychology, and with very few exceptions psychiatrists who have touched so-called paranormal phenomena have made single contributions and have then retired from the field. (Eisenbud: 1949/1953: 6)

Having said that, 'there is every reason to be suspicious of a field of study which takes seriously a group of alleged phenomena and a set of propositions which correspond closely to delusions that have always characterised the mentally ill' (1949/1953: 3).

Freud's follower Wilhelm Stekel believed that most people possess telepathic powers, but that these remain undetected except occasionally when emerging in dreams or between people with strong emotional ties. While he took such matters seriously, Stekel did not go so far as to apply psychoanalytic concepts. Rather, he merely asserted the existence of psi-phenomena:

Every individual emanates energy which charges the environment, impregnates it, so to speak. All of life's events are expressed in vibrations and rays which communicate themselves to the environment, 'charge' it. People emanate good and evil, love and discord. (Cited in Eisenbud: 1949/1953: 7)

It took a Freud to make the advance into theory. (Six articles by him on the occult are reproduced in *Psychoanalysis and the Occult*.) When he was still unconvinced about the existence of telepathy, he argued in 'Dreams and Telepathy' (1922) that *if one assumes* that telepathic dreams exist, then the psychoanalytic principles of dynamic, deterministic dream work—

3. Devereux makes the important point that this is 'also a contribution to the sociological problem of human relations in general, and of the social dyad' (1953: xi). For one elaboration of psychoanalysis and the social see Appel (1997).

condensation, displacement, etc.—could be used to explain the distortions of such dreams. For example, his patient dreamed that his wife had twins, only to discover that that very night his daughter by his first wife had given birth to twins. The dream work had altered the latent content of the dream—the wish that the daughter take the place of the wife—to its manifest form. Freud's idea, then, was as Eisenbud put it: 'If telepathy was a fact . . . then the laws of unconscious mental life could be taken for granted as applying to data telepathically perceived' (1949/1953: 9).

Though very sceptical about spiritualistic performances, Freud, now more sympathetic to telepathy as a reality, thought that mediums might well possess telepathic gifts. In 'The Occult Significance of Dreams' (1925b) Freud described a prophecy once given by a fortune-teller to one of his patients, namely that the patient would have two children by the time she was 32 years old. (At 43 the woman was still childless.) Freud suggested that the prophecy was not a glimpse into the future. Rather a telepathic intuition by the fortune-teller of the patient's strongest unconscious wish—to be like her mother who, after a long period of childlessness, had two children by the time she was thirty-two—was then handed back to the patient as a prophecy. So, powerful emotional recollections can be easily transferred. He was inclined to conclude that thought transference occurs particularly easily when an idea emerges from the unconscious, i.e. as it passes from the primary to secondary process. In his *New Introductory Lectures on Psychoanalysis* (1933[1932]) Freud returned to the topic of thought transference. By now he was thoroughly convinced of unconscious, telepathically detected material.

István Hollós placed this in the therapeutic room when he argued that the telepathic phenomenon told as much about the patient's repressed unconscious as it did about that of the analyst. The event represents, he said, 'a dynamic, unconscious interplay between the two and not simply an isolated act of perception on the part of one or the other' (Cited in Eisenbud: 1949/1953: 12).

II

The English psychoanalyst Nina Coltart (1993) said that sometimes her first encounter with a patient would produce spontaneously in her mind something like a nickname.⁴ Before the self-censorship of the good therapist comes into play, a primitive metaphor may suggest itself. Coltart's advice is to struggle against the moralistic inner voice which tells us, for example, to approach each

4. She gave as an example a female patient, 'Little Hedgehog'.

patient as a human being, and to allow that image's first impression to develop as far as possible. The first impression, she argues is a product—albeit momentary—of the transference/countertransference dynamic and as such contains much valuable material.

When I stepped into the waiting room to greet F. on the day of our first meeting, I got the impression which grew in detail and solidity of the patient as a cherub.⁵

A man of 35 and above average in height, F. is clean-shaven and wears his blond hair in a mop of loose curls. Clearly this was not enough to create the angelic look which struck me as I listened to him. But over the weeks I began to notice some features of his presence being repeated in characteristic ways. His voice, for example, sometimes took on a soft, gentle tone and his words would denote hurt innocence. 'She doesn't have to worry, I have dinner made by the time she gets home. But still *I'm* the one to blame, you know, Steve?' he would urge, leaning forward appealingly toward me.⁶

Coltart's description of the process of the formation in her mind of the patient's nickname fits my experience in this case. First, as our eyes met and we shook hands a mental image appeared. No words accompanied this tentative image but if they had, as they did much later, they might have been words like *innocent* (as in *guiltless*), *young* (as in *uncorrupted*), and *clear-eyed* (as in *undistracted by inner and outer temptations*). This impression was tenuous and fleeting. In *Self Inquiry* M. Robert Gardner (1989) describes how he uses the visual images which occur to him in his therapeutic work to learn more about his patient, about himself, and about the psychotherapeutic process more generally.

Like a butterfly, such a glimpse is easily frightened off when grasped at. If one is patient enough the timid creature may land and allow itself to be scrutinised.

In the session with F., I found myself in sympathy with his plight as a thoroughly guileless, well-meaning husband and father. Indeed, in too much sympathy. I had to remind myself that what he was presenting was only a version of things. For example, the frictionless way he described meeting his wife, O., 'in an affair', pushed far into the background the fact that both had been married when they met, that she had been pregnant, and that they had

5. What I have in mind is the cherub of popular imagination—a chubby, rosy-faced child (with wings), beautiful or innocent—not Isaiah's category of angel.

6. At this point of writing, finding the word *appealingly* ambiguous, I cannot think of a satisfactory substitute. I note this here and will return to it later.

quickly left their marriages in circumstances which led to some years of acrimonious relations with their ex-spouses.

Words began to occur to me to give meaning to the images. The words that I registered were in the form of hypotheses, as though I was asking myself, 'What is he most like? Which word best suits him here and now?' The first word was 'lovely'. He seemed to me to be the kind of person who would be easy to forgive and difficult to blame. The second word was 'saintly'. F. described how he had not wanted to be a neglectful father like his own father had been, and had gone to work early in the morning so that he could take O.'s son swimming in the afternoon. He said it as if to say, 'And I do all this without expecting to be regarded as a good person', thereby, of course, suggesting precisely that which had been denied.⁷

And next day when I was driving a word came to me⁸ which I have been unable to improve upon— 'cherub'. Cherub best describes the way F. appeared to me when we met. It occurred to me the next day while driving. I have learned to be more respectful of the thoughts which pop into my mind when thinking about nothing in particular. Applying the analytical mind is too lead-footed at this tentative stage; it is better to drift with the gears of the mind not engaged so as to detect the particular camber and slope of the road. In the most famous of his recommendations to physicians practising psychoanalysis Freud said:

To put it in a formula: he must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone. Just as the receiver converts back into sound-waves the electric oscillations in the telephone line which were set up by sound waves, so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct the unconscious, which has determined the patient's free associations.⁹(1912: 115-116)

What I am describing is a fluidity between primary and secondary process. Primary process refers to the primitive untamed mental energies entirely under the sway of the pleasure principle. Secondary process takes account of reality;

7. See Freud's short article, 'Negation' (1925a).

8. One could see my article and its production as simply one instance of listening with the third ear or seeing with the third eye.

9. Freud is conventionally understood as not conceiving of countertransference as we do today. This quotation, though, seems to me not to be a great distance away.

it refers to superimposed capacities to think, calculate, and to delay gratification. Of course the latter never completely overcomes the former. Gregory Bateson postulated the schizophrenic's characteristic 'word salad' as being the 'failure to recognise the metaphoric nature of his fantasies.... the framing message (e.g. the phrase 'as if') is omitted.... The metaphor is treated directly as a message of the more primary type' (Bateson: 1955/1972: 163). The quality of the nickname which I had given F. also developed this distinct doubleness. While neither participant in psychotherapy may be psychotic, primary process certainly makes its presence felt there. I both thought of F. *as* a cherubic person, and F. appeared to me *as if* he was a cherubic person. Somehow—and it was far too early to speculate on how—F. portrayed himself as cherubic *and/or* I perceived him as such.

Two things substantiated the idea that F.-as-cherub was a kind of *false self* (Winnicott: 1964/1986). First, he had been referred to me on account of the troublesome nature of his anger, not a characteristic at all evident in the session. Then I remembered that, unusually and unbeknown to me at the time, F. and I had arrived for our first meeting at about the same time. Only some minutes into the session did I realise with an uncanny start that this was the same person I had noticed earlier outside the building, and that our meeting in the waiting room had actually not been our first encounter. As I had walked from my car to the building, F. had driven up in a large four-wheel-drive van. His face was clouded with what I took to be an expression of resentment or anger. Indeed, *dark* described his look in his car just as *fair* described him in my room. Casting my mind back later, I remembered that a phantasy had come to me (and promptly been forgotten) as I walked those few steps into the building to begin work. The phantasy was of an angry and perhaps guilty husband arriving to pick up his wife who was in a session with one of my colleagues. He guessed that in her session she would be attributing her unhappiness to him; he resented her for this and also felt guilty. I imagined a silent, steaming ride home.

The second factor which drove home that I was not seeing F. but F-as-cherub, was that in subsequent sessions his appearance changed dramatically. Once as he entered my room ahead of me I became aware of his height and bulk and formed a brief impression of a smirking, cock-sure bully. Had I been a female therapist, I thought, I'd be nervous to be alone with him. Twice—once when writing a cheque—he suddenly appeared old.

I take it that somehow, in F., and/or in me, and/or between the two of us, the cherubic phantasy was made manifest as a visual distortion in my perception.¹⁰ What made F.'s phantasies stand out enough for me to sense them so vividly was a combination of the state of F.'s internal life, my susceptibility to his particular phantasised projections, and the stark differences of these phantasies: cherub vs angry brute.

III

I don't know if I dreamed this or if I just imagined it, or if later I imagined that I dreamed it. 'It does not matter,' [Freud] said, 'whether you dreamed it or imagined it.... The important thing is that it shows the trend of your fantasy or imagination' (Doolittle: 1956: 123).

A spectacular example of seeing things in the clinical situation is provided by Jeffrey Masson (1990), ex-psychoanalyst and later iconoclastic critic of psychoanalysis. Masson has described his training in Toronto and his training analyst in scathing terms. In an anecdote told to the journalist Janet Malcolm, Masson says:¹¹

Once, after the analysis was over, I went to Dr. V's house for lunch, and I thought, There he is—just this ordinary little guy. Then, a few weeks later, I met him at the institute, and we were having this talk in his office about the transference and how it affects one's perception of physical appearance, and I said to him, 'You know, I always thought of you as an immense man, and it came as a great shock to me the other day when you stood up and I realised that I was practically a head taller than you'. And he said, 'What are you talking about?' And I said, 'Well, just the fact that I am taller than you.' And he said, '*You* taller than *me*? You're out of your mind!' And I said, 'Dr. V. *I am* taller than you, I assure you.' And he said, 'Stand up', and I stood up, and he stood up, and I towered over him, and he looked me in the eye—from a good four inches beneath me—and said, '*Now* are you convinced that I'm taller than you?' So to be polite I said, 'Yes, I see'. But I thought, this guy is out of his mind. (Malcolm: 1984: 41-42)

This is only one side of the story; we know nothing of Dr. V.'s account. The incident is told as part of Masson's case against Freud's rejection of the

10. I am not so naïve as to assume that it is possible to ever see things cold or objectively. But I talk of visual distortion to emphasise the dramatic quality of the encounter.

11. Masson sued Malcolm for the way he was depicted in her book *In the Freud Archives* (1984). The courts found that she did indeed misquote Masson by, for example, joining statements made by him at different times and printing them as though part of the same conversation. However, she was not found to have seriously altered the basic sense of what she had been told. As far as I know, the anecdote cited here was never in dispute.

seduction theory and it is a bitter joke about the craziness of analysts. Ironically, though, the story functions as evidence for a basic psychoanalytic theory which would not make much sense without Freud's substituted theory of infantile sexuality and the role of phantasy. While the reader may feel entitled to suspect who is 'out of his mind' here, in a sense it does not matter which one is deceived. The point is that the Masson-Dr. V. relation is transference, which is to say, crazy.¹²

Here are two more examples, both from a series of interviews Anthony Molino (1997) conducted with several well-known psychoanalysts. In one interview Michael Eigen described his first meeting with Bion as follows:

I walked in, and the first thing I felt, that took me quite by surprise, is I felt he looked like a bug . . . He looked like a bug! . . . He looked frightened . . . like a frightened bug. It's as though he was putting himself below me, and I felt for that moment empowered. It's as though he were empowering my narcissism by operating from a position of dread (Molino: 1997: 121).

Compare this with the interview with Nina Coltart.

Coltart: Bion was a law unto himself really. For one thing, Bion hardly ever spoke . . . which is such an attractive trait. Did you ever see Bion? He was a big, solid man with the most magnetic dark brown eyes . . .

Molino: Michael Eigen describes him as a bug.

Coltart: As a bug—Oh no! To me a bug is a small thing. I may not understand what Eigen means, but to me a bug is a little thing, and Bion was something big (Molino: 1997:174).

What are we to make of this discrepancy? Olli Anttila (2000) has suggested one way such incompatible images might cohere. Bion was a wartime tank commander: what is a tank but a very big bug? In which case both Eigen and Coltart selectively perceived something about Bion. Why they formed their peculiar visual phantasies of the same person has doubtless to do with their own memories and desires and the nature of their interactions with Bion.¹³

12. By *transference* here I obviously am not saying that it is only the patient who does not see things as they are.

13. Countertransference, after all, involves 'a compromise between [the therapist's] own tendencies or propensities and the role-relationship which the patient is unconsciously seeking to establish' (Sandier: 1976: 47).

IV

Every problem profanes a mystery; in its turn, the problem is profaned by its solution (Cioran: 1952/1999: 32).

While it does seem useful to apply our psychoanalytic concepts to these strange phenomena (if phenomena they actually are), there is a fine line between explaining and explaining away. By calling an extraordinary visual image not 'telepathic' but, say, 'internalisation', has one done much more than rename and domesticate that which is beyond understanding? In Stephen King's novel *The Green Mile* (1996), John Coffey is what one might call an empath, a person with a very heightened ability to feel what others feel. Not only that, he is able to draw evil and trauma out of another into himself. Either he disperses this evil into the atmosphere, detoxified, or he forces it back into another person. Is this not a more evocative account of what in psychoanalysis is called projective identification, container, and so on? That said, the fact is that many of us prevaricate in our acceptance or rejection of occult phenomena. It is surely better to wrestle with the paradox: how to retain a sense of mystery while developing concepts which help clinical practice.

For Freud, telepathy probably represented the 'kernel of truth' of occult claims (Jones: 1957: 407). This is not an assertion, he well knew, without significant implications. If the uncanny is just one element of telepathy, and telepathy but the most 'respectable' aspect of occultism, then this is to take the first and most decisive step in the radical direction of acknowledging the more spectacular of occult phenomena.

For this reason, in Freud, 'the wish to believe fought hard with the warning to disbelieve' (Jones: 1957: 435). In 1911 he wrote to Sandor Ferenczi: 'I see that you and [Jung] are not to be held back.... It is a dangerous expedition and I cannot accompany you.' (415). When Ferenczi wanted to present his telepathic experiments to the next IPA Congress, Freud said: 'I advise against. Don't do it.... By it you would be throwing a bomb into the psycho-analytical house which would be certain to explode.' (421-422). Freud's views changed completely, but he never overcame his no doubt justified fears for the reputation of psychoanalysis were it to be associated with occultism. Freud most clearly revealed his mixed feelings when in 1926 he wrote to Jones:

When anyone adduces my fall into sin, just answer him calmly that my conversion to telepathy is my private affair like my Jewishness, my passion

for smoking and many other things, and that the theme of telepathy is in essence alien to psychoanalysis (Cited in Jones: 1957: 424).

Normally a most decisive writer, on this subject Freud was always having a bob each way. He did decide that he should show his true colours, even though he was fully aware that this opened the way for psychoanalysis to consider—and thus also to be associated in the public mind with—the weird and disreputable. He did fret that although he had only come out for thought-transference; ‘It is only the first step that counts. The rest follows’.

Like Freud, I too feel ‘unwilling and ambivalent’ (Freud: 1941/1921). In encouraging open debate on this topic, I find myself perched uncomfortably between two imaginary and equally unpleasant forces, neither of which I wish to aid and abet: the narrowly conservative orthodox psychoanalyst, and the foolishly credulous New Age fringe-dweller. (Perhaps both these extremes are phantasised straw men.)

What concepts would a present-day psychoanalytic thinker use to explain telepathic communication, particularly of the visual type? Most, I suspect, would resort to the notion of projective identification (those, anyway, who are able to resist pathologising the one who ‘sees’ such things). Projective identification is, according to Thomas Ogden,

having to do with ridding oneself of unwanted aspects of the self; the depositing of those unwanted ‘parts’ into another person; and finally, with the ‘recovery’ of a modified version of what was extended. (1979: 357)

When one does not shake off perceptual distortions, for example, but allows them to take hold, one cannot but be struck by their weirdness. Indeed it is this very weirdness which makes it hard to take these impressions seriously to begin with. Helene Deutch (1926/1953) described certain happenings in the therapy as *occult*, by which she meant telepathic communication as opposed to communication through signs.

That which takes place between the first stimulation of the senses, and the subsequent intellectual processing of this stimulus is a process which is ‘occult’, and lies outside the conscious. Thus, we may speak of the analyst’s ‘unconscious perception’ (1926/1953: 136).

She went on to describe three cases of patients appearing to divine the contents of others’ minds. These occult phenomena she explained as ‘the establishment of a contact between my own conscious psychic material and the unconscious

of the patient which circumvented the sensorium' (Deutch: 1926/1953: 139-140); the unconscious behaving like 'a sensitive resonator'. 'Things happened as though the system Conscious had suddenly become transparent, and as if an occurrence in the perceptual apparatus had communicated itself directly to the lower levels' (142). Occult phenomena are the essence of all intuition; they are 'a manifestation of a greatly strengthened intuition, which is rooted in the unconscious affective process of identification' (144). Deutch supposed that in some circumstances there is an identity—'without an extensive modification'—between the deep message being received and the stimulus from which the message comes. 'If this identity is recognised by the sensorium, the process acquires the appearance of an "occult phenomenon", because the perception emanating from within is immediately reprojected into the external world' (144).

It is this mysterious, startling, apparently meaningless experience which we call *uncanny*. Freud's definition is as follows: 'The uncanny is that class of the frightening which leads back to what is known of old and long familiar' (1919: 220). He points to the uncanny effect of the double and recounts this uncanny anecdote:

I was sitting alone in my *wagon-lit* compartment when a more than usually violent jolt of the train swung back the door of the adjoining washing-cabinet, and an elderly gentleman in a dressing-gown and a travelling cap came in. I assumed that in leaving the washing-cabinet, which lay between the two compartments, he had taken the wrong direction and come into my compartment by mistake. Jumping up with the intention of putting him right, I at once realised to my dismay that the intruder was nothing but my own reflection in the looking-glass on the open door. I can still recollect that I thoroughly disliked his appearance. (1919: 248n)

For Freud, 'an uncanny experience occurs either when infantile complexes which have been repressed are once more revived by some impression, or when primitive beliefs which have been surmounted seem once more to be confirmed' (1919: 249).

I wonder whether we can link together the above threads. If the uncanny is the direct infiltration of a person's unconscious material into his or her own perceptual system, the occult is a communication from the unconscious of one person to that of another. Each can be understood as a form of perception which bypasses consciousness, routing more directly into the primary process of unconscious thought. While Freud's uncanny is an intrapsychic event, Deutch's

telepathy is interpsychic—a communication between people. Taking this a step further, we might think of the uncanny as a variant of the occult. It may be useful to think of the kind of transference and countertransference experienced between F. and myself as having intrapsychic and interpsychic qualities: *the occult as an uncanny communication*.

I pause here to point out that visual and other distortions occur to both therapist and patient. A female patient of my own age once told me that she felt safe, but bored, with her current partner, J., perhaps, she said, because he was 15 years older than her. When I asked her how old she imagined me to be she replied, 'About the same age as J.' She was out by almost two decades! In this way a disturbance of perception enabled both of us to become aware of the ambivalent nature of the transference. Another patient said, 'Sometimes people become very tall and I shrink'. She meant this literally (people actually appeared bigger to her), and figuratively (she felt insignificant). Most therapists will have heard similar accounts. As to why it is the visual form which sometimes occurs, Neville Symington has usefully suggested ascending levels of communication—from actions to somatic symptoms, to feelings, to images, to words—depending on the degree to which the phantasiser's unconscious material is able to be tolerated and assimilated.¹⁴

V

If you wanted to say it's a haunted hotel, that's fine, it's a haunted hotel. If you want to say it's a haunted place in him you can say that as well. And if you want to see it as an allegory, as a symbolic thing, you're welcome to do that. (Stephen King on his novel *The Shining* (1981).)

Back to my patient, F. The same object can feasibly appear, for example, both big and/or small, dark and/or fair. There is, after all no contradiction in the unconscious (Freud: 1905: 57-59). Consider how often doubling occurs in the course of F.'s case. There is his dual appearance: cherubic and menacing. Next is the uncanny fact that I saw him 'for the first time' *twice*, in the parking lot and in the waiting room. Then there is the as-if quality of his false self; it is not that he *was* a cherub, but that he *came across* as one.

Also, the double meaning of the word *appealingly*.¹⁵ The word felt unsatisfactory because of its double meaning. Freud had something to say on the topic:

14. Personal communication.

15. A colleague has pointed out the similarity between *appeal* and my surname, Appel. To this we can add Freud's *sour apple* with which this article begins.

Ambiguous words (or, as we may call them, 'switch-words') act like points at a junction. If the points are switched across from the position in which they appear to lie in the dream, then we find ourselves on another set of rails; and along this second track run the thoughts which we are in search of but which still lie concealed behind the dream. (1905: 65n)

And so I teased out the word. To appeal to someone is (i) to make earnest request or (ii) to be found attractive. One can say, 'I appeal to you' in the former sense, the word here losing its ambiguity. Also unambiguously, one could say, 'I am making myself appealing to you'. But this is counterproductive tactically as we shall see. It is also interesting that the passive voice must be used here. One cannot say, 'I appeal to you' in the latter sense; rather, it is for the object to say, 'You appeal to me, I find you appealing'. In this instance the word keeps its full ambiguity. It is as though the subject must disguise his method which may be unconscious to both parties. The subject appeals (makes earnest request) to the object through presentation of reasonable argument, special pleading, and, less obviously, by being appealing (making himself attractive) to the object.

Again, notice how the grammatical structure here reflects a difference in locus of control; in the former sense—*appeal-as-action*—it is the actor himself who is the active force (*I appeal*), in the latter—*appeal-as-quality*—it is the quality of his persona (*I am an appealing person*) which does the persuasive work; 'to do' versus 'to seem to be'. Culpability vanishes with the movement of the verb from transitive to intransitive. Remember that injured innocence and blamelessness were precisely the cherubic qualities which F. presented early in the treatment.

There are many jokes about the psychiatrist or psychotherapist being mad, malevolent, or out of touch with reality. My favourite has a beginning therapist approaching an older colleague: 'I find it exhausting to listen to patients' problems all day. Yet, at the end of a long day I see you whistling happily and looking fresh. How do you do it?' The older man cups his hand to his ear and says, 'Pardon?'¹⁶ These jokes play upon the commonsensical notion that we who minister to mental illness should be free from such illness ourselves. Indeed, it is not only the lay public think in this way; we too find it hard to shake off the myth of the fully analysed therapist. I have no doubt that in the hot-house of the therapeutic hour the therapist accesses the mad primary process of both parties. Marion Milner (1987) makes this point in the title of

16. In a darker version of this joke the senior colleague shrugs and says, 'Who listens?'

her book, *The Suppressed Madness of Sane Men*. In this article I have raised and scrutinised a small instance of non-rational, nonverbal craziness in my work as a psychotherapist.

For his part, F.'s transference vacillated between a low-key, unarticulated struggle with me as a demanding and shaming mother, and as a withholding father. His therapy revolved around Oedipal issues of fear of rejection by men superior to him, and anger towards women for denigrating him and refusing to accept any of the blame. Slowly my visual distortions began to make some sense within this complex. The connotation of the cherubic role, for example, was something like, 'Don't hit me, Dad (I'm innocent), hit her (if anyone's guilty, she is)'. Gradually, through the course of the therapy, and through the good progress which was made in the marital therapy which preceded and accompanied F.'s individual therapy, he began reporting changes in his relationships with others and his feelings about himself. He became more able to ask for help, to hear his wife's side of things, to accept praise, to confront subordinates and superiors.

Before I had contemplated termination F. announced that he wished to finish. As he spoke I found it hard to disagree with his decision. He had calmly opposed his mother when she criticised his home; later his father had congratulated him for this. His boss had told him how pleased he was with F.'s work and mentioned how much F. had mellowed at work. Although he still worked too hard, F. said how proud he was of what we had achieved in the therapy and that he would miss it. When a patient has achieved all this it may be time for us to let him go with good grace. Referring to the famous case of Dora, Freud (1905) said that sometimes the patient humbles and tantalises the therapist by getting well before the therapist understands. So it was in this case.

This is not the place to detail the meandering progress of the therapy but it is necessary to mention what became of my visual disturbance. As our work together drew to an end it occurred to me that it had been some time since I had seen either the cherub or the menacing bully. I think of it as follows. At first what was inside F. could not be expressed in words or felt, only through projected phantasy. Through the therapy he no longer needed to communicate with me by making himself smaller nor to puff himself up. He had grown up enough to allow himself to be seen by me as he is. Or rather, he could now afford to be seen in a less distorted way.

VI

Perhaps sometimes ghosts were alive—minds and desires divorced from their bodies, unlocked impulses floating unseen. Ghosts from the id, spooks from low places (King: 1998: 286).

The case of F. extrapolates Nina Coltart's notion of using a nickname for a patient. Why was it necessary for him to unconsciously produce this strong visual disturbance in me? Why was I so sensitive to the image he portrayed? These questions remain. However, what does seem clear are the benefits of catching a glimpse of the psyche of the patient. In this way the therapist can (i) recognise something of the patient's background phantasy world; and (ii) manage to avoid being seduced into buying this cover story as the whole truth. For example, seeing F. as a cherub was most helpful in understanding how he lived in the world. But the contrasting vision of F. as an angry brute helped me not to completely fall for F. the cherub.

In the tradition of Devereux's *Psychoanalysis and the Occult*, I have provocatively employed the language of the occult. On top of this I have added a layer of theorising. It seems to me that there is value in maintaining the sense of mystery evoked by the former discourse while at the same time applying some of our more rational psychoanalytic concepts. In this way the visual disturbances I describe can be understood to be a strange amalgam, an occult communication.

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