THE PSYCHOLOGY OF BEAUTY

Creation of a Beautiful Self



ELLEN SINKMAN

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For Arthur, David, Matthew, and Laura who personify beauty

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The Psychology of Beauty

The Creation of a Beautiful Self: "The Invisibility of Beauty in Clinical Work"

Beauty is often an invisible yet potent presence in clinical work. This book addresses the vital importance of beauty, its diverse sources, and manifestations in the lives of everyone—including patients in psychotherapy. The ability to be mesmerizingly beautiful and beautifully creative, strivings toward mastery of beauty, and wishes to be transformed or re-created are universal desires. In the course of psychotherapy, patients manifest—or defend against—these forces. So it is striking that patients as well as therapists often overlook or dismiss issues about creating beauty in themselves.

Introducing this seeming contradiction, the ancient myth of Pygmalion and his sculpture of a beautiful woman begins Chapter 1, "Pygmalion and His Living Sculpture." These enduring mythic figures represent the complicated wish to emerge as a beautiful being and the wish for the power to create beauty in another. Patients in psychotherapy often pursue these elusive goals outside of clinical work, rather than within treatment. Manifold venues hold out the enticing promise of re-invention. These activities may involve plastic surgery, beauty salon makeovers, diet gurus, elocution coaches, tattooing, and personal athletic training. Seekers of beauty engage with people whom they see as agents offering them ravishing physical or charismatic attractiveness. Psychotherapists may or may not be among agents perceived as having the power to transform.

The quest for beauty is decidedly widespread and in many instances nonpathological. In fact, this book looks at multiple avenues of understanding, appreciation, and efforts toward beauty including artistic creativity and political activities. However there is a *spectrum* of interest and investment in

creating beauty. Yearning for and pursuing beauty can become pathological, and therapists need to keep a watch-out for its appearance outside the psychotherapeutic arena. Such material can be missed when the analyst falls into counter-transference difficulties such as: feeling invested in transforming the patient; identifying with the patient's narcissistic injuries and/or needs to compete and triumph; or enacting sadomasochistic battles with the patient. Such difficulties necessarily interfere with listening to and understanding patients' experiences.

The psychology of beauty and the search to create a beautiful self are explored. The book points out emerging clinical material which has yet to gain critical notice and suggests what analysts may be missing, and why.

Chapter 2, "Prehistoric and Literary Eras: Seeking a Beautiful Self," situates the importance of beauty concerns in a historical context, beginning with proto-humans. Mythology, fables, and psychology through the millennia share sources and structure. Archaeological, literary, and artistic underpinnings confirm the enduring appeal of creating a beautiful self.

Psychoanalytic literature has contributed to understanding how themes continue in the fantasies of present-day women.

Chapter 3, "Ordinary Beauty and Timeless Fantasies," shows how the myth of Medusa and the fairy tale Rapunzel focus on the importance of hair in beauty concerns, illustrating the preoccupation which most women have with hair and hairstyles.

Psychodynamic aspects—including conflicts around smells, sadomasochism, autonomy, and castration—are plumbed. An analytic case vignette of one high-functioning woman highlights such life-long themes.

Chapter 4, "Re-birth, Transformation, or Growth: Narcissistic Hurdles in the Quest to Become Beautiful," contrasts the longings of neurotic, or healthier, people to be attractive with pathological difficulties of people who have greater narcissistic vulnerabilities.

Multiple facets of gazing into mirror reflections and of urges to control images are examined.

Chapter 5, "The Misplaced Therapist: In Search of Pygmalion on and off the Couch," discusses the search to become beautiful, and hence perhaps to be transformed, both within and outside of psychotherapeutic treatment. Psychodynamic Pygmalion interactions are investigated in external venues such as beauty salons.

Chapter 6, "Reaching Farther for a Pygmalion Experience: Artistic Beauty or Pathological Excursions," looks at the body as the original canvas for creative experimentation. Extreme instances of body modification are detailed, showing the link between internal psychic states and the external body.

In Chapter 7, "Perverse Sadomasochistic Aspects in the Urge to Become Beautiful: Use and Abuse in Pygmalion Dyads," sadomasochism is one of the perverse psychodynamic aspects which can underlie body modification. Perverse character structure includes a distortion of reality and an inability to tolerate intense affects. Perversely relating to one's body results in difficulties in identity and interpersonal relationships.

Chapter 8, "The Intersection of the Biology and Psychology of Beauty," considers how advances in neuropsychology shed light on the psychology of beauty. Concepts of embodied cognition and neuroplasticity help situate beauty perceptions and concerns within a physiological, emotional, and relationship context. Implications for psychotherapy are indicated.

Chapter 9, "Understanding the Invisibility of Beauty in Clinical Work: Translating the Unseen," underscores non-verbal communications about beauty. Physical metaphors, rich with personal history, may go unnoticed if verbalization is the only focus.

Chapter 10, "Doing Versus Talking in Clinical Work: Cautionary Tales for Working Successfully with Beauty Issues," reminds clinicians of transference/counter-transference pitfalls. Non-verbal communication about matters of the flesh tends to stir up competition, envy, intimidation, perverse fantasies, and sensuality. This is particularly true with action-oriented people and those urgently desiring physical transformation. Defensive privileging of verbalization can result in both clinician and patient keeping such crucial issues outside of the psychotherapy.

In Chapter 11, "Creating Beauty: Evolutionary and Cutting Edge Perspectives," bio-evolutionary foundations of beautification are revealed. In addition to mate selection, engendering pleasure, bonding socially, and encouraging creativity have been traced back to the Paleolithic era. The neuro-esthetics of beauty, studied through brain imaging, disclose principles of stimulation of the experience of beauty. The neuroscience of curiosity and mastery also plays an important part in efforts to create beauty.

Chapter 12, "Variations on Definitions of Beauty," surveys a world-wide range of views about female beauty. Perception of attractiveness critically influences selection by mates, career success, earning power, and social acceptance. Socio-political ramifications include political, power, and sexual freedom. The chapter looks at how several ethnic groups have juggled such pressures on women.

In Chapter 13, "Beauty, Gender Identity, and Primary Femininity," distinctions between current views and those of Freud are underscored, particularly concerning Freud's "bedrock" idea that every little girl discovers her "organic inferiority" and wishes for a penis. Women's delight in their own bodies is explored, as are concepts of female genital anxieties and the impact of these anxieties on character and feelings of beauty.

Chapter 14, "Origins and Endings of Beauty," explores beauty as originating within the mother/infant dyad. Both power and fear reside in this experience. Ugliness, the opposite of beauty, releases unconscious sexual and aggressive derivatives in the mind of the observer. Envy, jealousy, and resentment of other people's beauty are excruciating feelings, but *being* beautiful is also hazardous. Aging and loss of beauty are perilous, but can become chapters of new consolidation of oneself.

For both layperson and professional *The Psychology of Beauty: Creation of a Beautiful Self* offers insights into the primacy of beauty in the human psyche.

Chapter One

Pygmalion and His Living Sculpture

. . . he carved his snow-white ivory
With marvellous triumphant artistry
And gave it perfect shape, more beautiful
Than ever woman born. His masterwork
Fired him with love. It seemed to be alive. . . .
His heart desired the body he had formed . . .
And kissed her as she lay, and she seemed warm;
Again he kissed her and with marveling touch
Caressed her breast; beneath his touch the flesh
Grew soft, its ivory hardness vanishing,
And yielded to his hands, as in the sun
Wax of Hymettus softens and is shaped
By practised fingers into many forms . . .
Delight and terror that it was not true!
Again and yet again he tried his hopes—
She was alive! The pulse beat in her veins!
And then . . . at last
His lips pressed real lips, and she, his girl,
Felt every kiss, and blushed, and shyly raised
Her eyes to his and saw the world and him . . .
—*Pygmalion* (Ovid, 2008, pp. 232–234)[1]

The myth of Pygmalion and his beloved can emerge dramatically during psychotherapy and psychoanalysis from both sides of the couch. From the patient's side is the transferential fantasy that the female patient will finally emerge as a beautiful vibrant being through the artful and skilled hands of her private sculptor. Only his artistic ministrations can make her over and quicken her latent being. She is profoundly his creation.[2] On the other side is the analyst whose potential counter-transference of grandiosity and narcissism could get enacted in his over-involvement in his patient's accomplish-

ments. There can be intense conflicts about the fantasy for both participants, and it may be soundly defended against. Often there is transference/countertransference collusion between patient and analyst resulting in enactments of such a fantasy, both on and off the couch.

The fantasy of the existence of a Pygmalion and his beautiful work of art can be an important unconscious organizing fantasy in psychotherapeutic treatment. (The terms psychotherapy and psychoanalysis will be used here interchangeably, as will the terms psychoanalyst and psychotherapist.) In certain cases such fantasies attempt to establish a sense of narcissistic equilibrium as well as to correct what Michael Balint (1968) described as "the basic fault." These people pursue a beautiful self-image by a connection with an idealized person. They hope to resolve narcissistic injuries by partaking of the power and glory of the aggrandized other person.

In other cases the Pygmalion fantasy is not primarily related to issues of self-esteem and narcissistic equilibrium but rather to conflicts at various levels of psychosexual functioning. In addition one most clearly sees enactments of the fantasy of being re-made by a Pygmalion when the patient has urgently felt needs for concrete realization of wishes. This can happen when the patient has substantial difficulty in symbolization. These forces propel such patients toward splitting the transference: the seemingly 'higher-functioning,' quasi-insightful and reflective verbal transactions may occur while on the couch. The more regressive, less articulated, perhaps experienced as more 'real' interactions may flow while the patient is in someone else's hands.

For patients very concerned with the surface of things, fantasies more easily get enacted in situations outside of psychotherapy. These women desire an actual Pygmalion and often find this other professional in a highly-cathected figure in their lives, for example the hairdresser/beautician, who can play the role of Pygmalion. Analysts may not pay more than cursory attention to patients' recounting mundane experiences with those other professionals, those other would-be Pygmalions, who actually might hold core aspects of quasi-analytic moments in their hands. These moments occur in a setting where the elements conspire to evoke dynamics of mythic significance, a setting where the quest for beauty is at its most intense. Aspects of the psychology of beauty are quite discernible then.

The beauty parlor experience, perhaps the *sine qua non* example of such a setting, induces remembrance of things past. Undergoing treatment in that setting—a beauty salon—is potentially powerfully regressive and replete with fantasies from every psycho-sexual level. Parallels to the patient's psychoanalytic undertaking, particularly transferential feelings, are manifold. The customer/patient often begins by seeking a referral from an important figure in her life, frequently someone with whom the patient identifies or who is the object of merger fantasies. Alternatively, the referral very com-

monly is sought from an individual who is narcissistically admired or idealized. They may seek analysis only with 'famous' analysts, hoping to participate in their power. There may be envy and wishes to obtain the secret name of the salon *artiste* 'responsible for' the admired one's attractive allure. They place great importance on the analysts having expensively decorated offices. Exorbitant fees of both analysts and beauty salons contribute to the mystique. There are salons which cater to a wealthy, glamorous, influential, well-known clientele. The prospect of entering their world—perhaps even seeing them with their 'hair down'—can prove irresistible to patients with significant narcissistic vulnerabilities. The initial elation upon gaining entry to the source of power, which is the first goal, may be followed by anxiety aroused by dormant or manifest conflicts about achieving success. (The pronoun 'she' is used here in deference to the significance of beauty treatments in the lives of female patients. Certainly, differences between male and female patients should be examined. Gender differences of the analysts and hairdressers might also be important.)

One prized metropolitan beauty salon illustrates a version of the stimulating atmosphere which patients frequently merely mention casually, as if in passing, during sessions. This establishment is a multi-storied, beautifully decorated, throbbing center of activity owned by a dashing foreigner. He is Pygmalion *par excellence*. In this grand setting the first floor security guard is discriminating. The retail shop access is quite separate from upper private floors of workspace. One is not allowed to wander freely onto the floors of creativity if one is merely 'browsing.' A beauty makeover destination is serious business. Special rooms are presumably for special people. The shop is filled with acolytes who seem handsome, self-possessed, and sought-after. The grandeur of the setting is mirrored by clients adorned with make-up, jewelry, and designer fashion apparel who whip out the newest versions of Iphones and Ipads with CEO flair as they prepare to be processed.

One is expected to alter one's state of consciousness from an intact, conscious, active ego state—where one has been negotiating reality—to a more regressed, less consciously-directed state. Analysts similarly expect an analogous journey onto the couch and into transference: a giving oneself over to a quiescent, inner-directed, less controlled submersion into an altered state of being. Some patients, perhaps especially those with problems in symbolization, may allow themselves to regress more in the beauty salon than in their analyses. Other women cannot allow themselves, for reasons which need to be explored, to go to salons and be physically touched and handled.

The significant difference in the two venues of regression, of course, is that the skilled hands guiding the patient/customer on the beauty journey are literal, physical, and explicitly stimulating. The customer, partially disrobed and then further de-differentiated by being garbed in salon uniform, is eased onto a reclining chair and invited to stare into herself. She has offered herself

up to her Pygmalion, in order to emerge as a better self. The face, hair, nails, and skin which she usually shows to the world can be relinquished. She has been invited to explore her other possible identities. It is well known that hairdressers, like analysts, often become their clients' confidantes.

A variety of sensations may ensue as oils, cleansers, and chemicals are lathered and massaged onto the customer's head, and sometimes onto her body**.** A cinematic rendering of the siren call of the salon is the film *The Hairdresser's Husband* (Leconte, P. & Klotz, C., 1990): a dream-like story evoking the erotic, symbiotic cocoon of two people in a salon. The sensual, fetishistic web of hairdressing is mesmerizing. The viewer immediately relates to fantasies beckoning from this commonplace activity.

The ubiquitous beauty parlor experience and efforts there to create a beautiful physical self via a Pygmalion type figure tend to escape explicit scrutiny in analysis, although there may be intense transferential meanings associated with it. Likewise a Pygmalion fantasy, or a comparable fantasy, often is an important part of the psychoanalytic treatment itself. Investigating both settings can shed light on critical, mutually influential dynamics. All of these themes are important to be aware of in the clinical situation. Being attuned to beauty material, fantasies, and transference occurring in extra-analytic settings can alert us to the potential unfolding of transference and counter-transference nuances in psychotherapeutic treatment.

NOTES

1. Ovid, born in Rome during the waning years BCE, was *the* story teller of the people. His love poems, tragedies, and versions of myths were eagerly awaited. Ovid's work continues to enchant, and "Pygmalion" is particularly compelling for all who are interested in becoming beautiful.

2. N. B. Pygmalion's creation was not given the name Galatea—"milky-white"—until many years after Ovid recorded the myth.

Chapter Two

Prehistoric and Literary Eras

Seeking a Beautiful Self

Beauty is a long-standing concern, although some commentators contend that it is a modern preoccupation. Over the last three quarters of a century, many observers have blamed the emergence of advertising and rapid and widespread mass communication for producing a culture of narcissism and self indulgence.[1] They assert that popular culture places high value on specified physical appearance: for example, on particular facial features and images, and certain types of hair styles and fashions. There is an implied belief that people would spontaneously allow themselves a more natural, less artificial, more idiosyncratic, perhaps less competitive appearance, if it were not for advertising taking advantage of their vulnerability to pressure. However, while current cultural pressures are invariably present, there are forces which have always influenced the urge to create a beautiful self. These forces are evidenced through archaeological research as well as through the stories which people have told and written.

A useful springboard for beginning to understand the psychology of beauty and the quest to create a beautiful self is placing it in a larger historical context. This chapter emphasizes the importance and the richness of the theme for people since time immemorial. Long-ago and far-away civilizations and tales have recorded threads relating to self beautification weaving throughout millennia. Glimpses of these threads can shed light on current clinical practice.

There is much to be learned from the tumult of the desire for beauty in life on both large and small stages: life as it was actually lived and life as storytellers have conveyed it.

Efforts to enhance personal beauty have been documented in Neanderthal people, antedating even Cro-Magnon, as far back as 50,000 years, according to the most recent archaeological evidence. New research has determined that Neanderthals perforated marine shells, "exuberantly" sculpted them, and stained the shells with pigments for use as neck pendants. "Attention-grabbing" crimson, red, yellow, and violet pigments were used in preparing cosmetics (Zilhao *et al*., 2010). Certain shells served as containers for these complex recipes. The cosmetics may have had symbolic or ritual-related purposes in addition to use in body ornamentation. Evidence of early Greek Cycladic and other early Bronze Age (dating from 3300 B. C.) cosmetics, tweezers, beads, bracelets, diadems, pendants, gold hair ornaments, and dress pins have been found. Warren (1989, p. 54) describes "exquisite jewelry" (Higgins, 1981; Renfrew, 1991; Warren, 1989). Modern orthodontic research reveals findings from mummified remains of ancient orthodontic 'wiring,' with catgut for teeth straightening, space maintenance, and closing gaps between teeth (Kusy, 2002, p. 501–512).

Thousands of years later Cleopatra, the Ptolemaic Egyptian ruler, as well as Queen Nefertiti and even ordinary Egyptian women used eye make-up and other cosmetics. Many men also availed themselves of cosmetics. There were remedies for wrinkles, gray hair, and scars. There were razors for removing hair. Looking beautiful was very critical not only during life but also after death, as archaeologists have learned at certain ancient Egyptian burial sites. Presenting a pleasing appearance to the gods after death was of great importance.

Several of the critical cosmetic compounds were not found locally, thus suggesting that Egyptian chemists undertook the complicated business of synthesizing them. Modern scientists have determined that there were multiple uses of eye cosmetics in addition to giving an erotic allure (Tapsoba *et al*., 2010). The lead salts in black eye make-up protected against eye infections, which were common in contaminated waters of tropical, marshy areas such as the Nile. The salts produce nitric oxide, which boosts the immune system to fight off bacteria. Green malachite and dark grey kohl, besides adding to a beautiful appearance, protected users from the harsh Egyptian sun. Eye make-up was also thought to be part of a religious ritual, seeking the help of the gods Horus and Ra to guard against the Evil Eye.

In ancient Greek civilization, philosophers were concerned primarily with abstract definitions of beauty. There was no ancient analogy to the modern focus on the self. In art they sought to make themselves conform to an ideal notion of beauty (M. Lefkowitz, personal communications, 2004, 2011).

Nevertheless, women reflected on what feeling desirable and beautiful in their own eyes and to others might mean: power, wealth, sexual allure and pleasure. Kampen, a feminist historian of ancient art, argues that desirability also "reveals the ways in which the body of a marriageable woman, decorat-

ed with Aphrodite's youthful nudity or with jewels and flowing garments, comes to seem procreative even in cultures where modern notions of 'beauty' might be irrelevant" (1997).

For mortal women who were not ideal and powerful goddesses, the standard of Greek physical beauty was linked to the appearance of fertility and the capacity for procreation. That core function of Greek women's lives (du Bois, 1988, p. 212) is as central for some women today, albeit in different guises, as it was thousands of years ago. Currently for instance, shiny and thick hair, a trim waistline, and skin that does not sag are subliminally noted as signs of potential fecundity. Lefkowitz (1981, p. ix) stated "The Greeks were the first people openly to discuss the difficulties of women's life." Whether or not one regards efforts to appear in the prime of one's fertile years as "difficult," striving for such physical signs is certainly a pressure for many women.

Mythology also provides a useful lens into the psychology of beauty over the centuries. Myths have always had a great impact on, and have been reflective of, concepts of art, beauty, and culture. Many of these concepts can be found in Greek mythology, and the swirling emotions recorded there can be seen in life and in clinical practice today.

Why have mythological tales of the gods and goddesses held such fascination in many cultures for centuries? It is certainly true that they were highly entertaining stories which were told in poetic, lyrical language. They have retained their beguiling allure, however, because they are tales originating in the mind's timeless unconscious (Rank, 2004). As Arlow (1982) said, "The universality of the themes encountered in mythology corresponds to the universality of certain unconscious fantasies. . . Most myths represent transformed elaborations of the wishes contained in the fantasies of childhood." That is to say, the force of the myths lies in the primary process thinking of a young child's passions and fears. Myths overflow with magical events. Opposites and contradictions exist at the same moment. There is time travel, animation of inanimate objects, and layer upon layer of condensed symbolism. The archaic superego chases raw id. Myths speak to everyone's unconscious infantile self, while being conveyed with great secondary elaboration, thereby making them acceptable. They are presented as "Don't worry; these are just stories" or they begin as if from a great distance, for example "Once upon a time, in a faraway land . . ."

The faraway land is infancy and childhood. For a child, the parents are as-if gods, figures of gigantic, mythic proportions. They are physically huge, all-powerful, and arbitrary creatures who, after decreeing puzzling fates for humans, retreat to their private domains. There the parents/gods engage in secret activities from which mortal children are excluded. Every child can aspire to one day become a large, powerful, and triumphant goddess or god. He or she will also finally be able to engage in secret activities. After all, in

mythology when a mortal mates with a god, the offspring become the legendary, immortal heroes. Nothing is impossible in the unconscious. Belief in the mundane world of reality can be suspended; the natural order of reality can be changed to suit one's fancy.

Myths are quite comparable to, and revealing of, clinical psychoanalytic material. They present manifest content, and part of the analytic work is to understand the organizing fantasies of the latent content. Freud said "It is only a step from the phantasies of individual neurotics to the imaginative creations of groups and peoples as we find them in myths, legends, and fairy tales" (1925, p. 68). Zeus battling with presumptuous upstart gods, jealous Hera changing rivals into trees, Icarus burning and crashing as he aims too high: these speak to everyone's unconscious desires and terror of consequences. The quest to become outstandingly, heavenly beautiful is one area in which some people attempt to live life on a grand, perhaps unearthly scale. Fantasies "are the stuff of which dreams are made" (Shakespeare, 1998). Psychoanalysts must begin, as always, with all available manifest content. A look at several myths establishes that being beautiful is an ongoing, often conflict-ridden theme.

One common myth, the essence of which appears in various patients' material, is that of the virgin Psyche (Apuleius, 1915) who was the most beautiful maiden on her island. People the world over proclaimed her beauty and simultaneously ignored their worship of the beautiful goddess of love, Aphrodite. Aphrodite became filled with furious envy and wreaked vengeance even though Psyche had done nothing to compete with her. Psyche's sheer beauty rendered her vulnerable, leading to Aphrodite's forcing Psyche to accomplish impossible tasks and to confront almost certain death. No man was brave enough to woo such a splendid woman, so she remained lonely and unmarried. Aphrodite condemned her to become infatuated with a repulsive monster. In addition, an oracle prophesied that a horrific serpent would devour Psyche. Her parents were told to place her in a dangerous and remote location, where the serpent was to ravish her. The goddess was further incensed when her own son Eros fell in love with Psyche. Aphrodite tried in vain to enlist Eros to destroy this Psyche-Eros-Aphrodite love triangle. Psyche, unlike Eros, bravely faced all obstacles. Eros (who was supposedly monstrously ugly, according to what Psyche was told) resorted to telling Psyche not to gaze upon him as he stole into her bedroom every night. She became pregnant. Her sisters were also jealous of her and plotted her downfall. Exacting retribution, Psyche tricked her sisters into killing themselves.

Among the tasks which Aphrodite had ordered was for Psyche to descend into the Underworld, obtain a box containing "the treasure of the divine beauty" (Apuleius, 1915, p. 137), and bring it to earth without looking inside. Psyche fetched the box but could not restrain herself from opening it to get the beauty ointment "to garnish my face to please my lover" (Apuleius, *Ibid*,

p. 137). Upon looking inside, there was nothing to be found. For this crime of looking inside, Aphrodite sentenced her to a deadly sleep.[2] Psyche was awakened from the overpowering sleep by a kiss from Eros the god of love, who was finally revealed to Psyche not to be a monster. They were united in love, and Zeus and Aphrodite, king and queen of the gods and goddesses, blessed their marriage. Zeus made Psyche immortal, and she and Eros had a daughter named Volupta, meaning goddess of sensual bliss.

Numerous interpretations of aspects of the myth of Psyche can be applicable for patients presenting related fantasy lives. Among these is the patient's sometimes projected perception that her parents have cast her out of their protective embrace and abandoned her. Did they partly do this because of her gifts, she may wonder? Would she have fared better if she had concealed her beauty? A current patient reported comments from her mother during adolescence, indicating maternal conflicts about her daughter's feminine beauty and sexuality: "If you ever smell like garbage, you might have an infection down there." An additional perspective is that for some girls, curiosity and knowledge are equal to beauty of the mind. It may feel safer to conceal all of these gifts. These girls suppress their intellectual prowess, which is felt to be dangerous and to threaten their chances of being loved. The mother of one patient contemptuously told her daughter "You only have book learning, not real smarts." This mother felt that her husband and her daughter were smarter than she herself was. The powerful maternal figure, presumably enraged by the threat of competition which Psyche presented, tortured her because of her natural superiority.

Treachery and danger appeared on many fronts. Envy among siblings led to fatalities. Psyche was destined to be ripped from an innocent, pre-adolescent state and then sexually ravaged by a beastly, frightening, non-human predator (that is, a penis) to whom she must submit (Barchilon, 1959). At the same time Psyche's curiosity and competitive Oedipal strivings were instinctual derivatives which most adolescents and women experience. They want to dip into the mother figure's deeply buried cache of potent beauty devices to help them triumph over the female, win the male, and achieve sexual fulfillment and impregnation. All of these forces are generally unconscious, as is the fear of the mother's punishment of the girl with a death-like sleep.[3] What other meanings of the buried beauty cache can be discerned: the mother's hidden womb, clitoris, vagina, fertility? Possessing the tools of beauty, as well as the condition of being—or not being—the most beautiful woman, can have tsunami waves of impact in a person's life. Psyche's descent (a form of merging) into the Underworld, (which is the land of the dead and decomposed, but also the foundation of growth in the earth), and then returning (that is, individuating) from Mother Earth might in addition be seen as

regression back into the womb of the mother, who is everyone's first love. This is a transferential fantasy for some patients. It can be a part of a fantasy of being re-born through the analyst.

Eventually Psyche (as well as patients, it is hoped) was able to acknowledge that not all creatures were split off, projected part-objects filled with sadism and retaliation. She discovered that the powerfully transporting lover whom she had won and dared to gaze upon was also loving, loveable, and sexually gratifying. She realized that her lover dared to explicitly choose her. Both of them could incorporate their bestial predilections into their experiences of themselves and of each other. Psyche could bask in her beauty. She herself could do the necessary rigorous (analytic) work of reconciling early infantile attachments and losses into developmentally mature object relationships. She could own previously dissociated parts of herself and thus achieve a more integrated self-concept. She could mature into a stage of object constancy, strength, and generativity. Neumann focuses on Psyche's laborious journeys as an initiation into femininity. Bettelheim stresses that Psyche (women) prefers growth—through necessary dangers and suffering—toward knowledge and mature consciousness, not languishing in passive ignorance (Neumann, 1956; Bettelheim, 1976).

The continuing vitality of the myth of Psyche and Eros is attested to by the many incarnations of the story in fairy tale form since Apuleius recorded it. Generations of children have been fascinated by variations of the related legend with the name "Beauty and the Beast." Additions and interpretations over the years have included emphasis on the evolution of Beauty's love for the Beast even if he retained his monstrous form (such as disabilities and flaws) despite the perceptions of other people. Her compassion for him allowed her to see his essential virtues, rather than only his superficial qualities.

Beauty is the youngest of three daughters, youngest meaning the earliest, most infantile wishes. Beauty's father, lost in a forest (possibly his unconscious incestuous wishes) plucks/deflowers one red rose, symbolizing sensuality, which Beauty has requested from the Beast's garden. He thus symbolically deflowers Beauty and/or castrates his rival the Beast. The Beast, in turn and according to the talion law, demands that the father be killed. Beauty offers herself as a substitute sacrificial victim, thereby giving herself to the Beast (Mintz, 1969–1970). It is not inevitable that a young girl be frightened or crippled either by being 'A Beauty' or by her Oedipal attachment to her father. These states can affect her future ability to form an adult relationship with a man (Bettelheim, 1976; Kestenbaum, 1983).

Even the film King Kong has been compared and contrasted with the tale of "Beauty and the Beast" (Rubinstein, 1977). The beautiful heroine Ann, whose initial desire is to be a film star attracting narcissistic attention with her beauty, embarks on a journey to a remote, primitive (infantile, uncon-

scious) jungle.[4] There the barbaric native savages (id and archaic superego) prepare to sacrifice the virgin to the menacing great ape King Kong. A father, like King Kong, may appear to a little girl to be a huge hairy abductor whom she fears; her longings for him must be denied to her conscious mind. The heroine Ann never succumbs to Kong, although he struggles mightily to win her. His battle with the dinosaur is like a terrifying primal scene culminating in his mounting the dinosaur's back and bloodying the pterodactyl. Kong's ultimate, inescapable fate is to relinquish Ann and die broken-hearted. His potency is vanquished. Viewers experience the ambivalence of real life. There is vicarious passion, aggression, relief, and guilt. However the denouement is that modern civilization rules the day.

In the fairy tale *Sleeping Beauty* (Grimm, 1993) the lovely princess daughter of the King and Queen was cursed at birth by a wicked witch who felt excluded from the celebration. The curse was that when she reached puberty and became an adolescent, she would prick her finger on a spinning wheel and die. A kind fairy transformed the fate of death into a state of deep sleep. Beauty's father tried in vain to protect her from the witch's black magic by banning all spinning wheels from the kingdom. Nevertheless, when she became a young maiden, Beauty was indeed tricked by the witch into using a forbidden spinning wheel and pricking her finger. She fell into a magically and malevolently induced sleep for one hundred years, from which she was awakened/transformed/released by a prince's kiss. Psyche's Eros, Beauty's Beast, and Sleeping Beauty's prince were drawn by the damsels' physical beauty. Sleeping Beauty's prince was willing to go through a seemingly impenetrable thicket of thorns within a dark forest to rescue her. Once more, the jealous mother figure is evil, and Sleeping Beauty must confront the female's cannibalistic threats toward her children whom she later has with the Prince.

The core of the tale involves Sleeping Beauty's passivity. This paralysis, which was imposed upon her, kept her frozen in a timeless state of innocence. As with patients who have proclaimed in treatment that their mothers have "undermined and indelibly scarred" them or that "it's just impossible to meet men in New York," a Sleeping Beauty was and is a defenseless victim of evil forces aligned against her from birth. Furthermore, she feels that just by existing, she has stirred up primitive rivalry in the women in her life. The innocent passivity can be understood as a reaction against living through the messy realities of growing up. A Sleeping Beauty thus stays unaware of her own competitive aggression, bodily changes, and sexuality. She cannot allow herself to know consciously what she knows unconsciously about herself.[5] Ineluctably drawn to touching the forbidden spinning wheel, the equivalent of masturbation and masturbation fantasies, the storybook Sleeping Beauty

was then punished with a bloodied finger (symbolizing her bloody menstruation) and a deep sleep. For some patients, this may involve a fear of being castrated by a retaliating parent.[6]

Sleeping Beauty's parents, childless for so long, were finally granted their wish to have a princess. Subsequently, they appeared to have lost their power as parents. Her father the King proved ineffective in saving her. Her mother the Queen totally vanished, or is made to disappear, from the story. What is a girl in such a situation today to do, as she contemplates heading out into the wide world, perhaps to meet a partner? She might split the objects in her internal representational world. Very often she resorts to defensively disavowing her aggression, which is experienced as threatening her relationship with her mother. (In the fairy tale, these dynamics obviously take the form of events in the external world.) Her important relationship with her mother, from whom separation and individuation may be tenuous, can be unconsciously safeguarded by splitting or displacement. The mother/daughter relationship therefore remains a positive attachment. Sleeping Beauty's guilt about her potentially murderous rage is disguised in the form of a powerfully evil witch or any other female in the life of a patient.[7] The actual truth is that in real life the attachment does not have to be relinquished. The developing erotic triangular relationship with an adult male can be added to her object relationships. The Queen's vanishing from the tale is an indication of Beauty's inhibition of her own aggression (Holtzman and Kulish, 2003). It is her solution to her efforts to separate and individuate.

Beauty transferred her desires for the now distant King, her father, onto the dashing Prince. (In some versions, it is a king, not a prince, who finds her unconscious.) The original love object, her father who was king of his domain, can no longer effectively remain the central love object. The swashbuckling Prince pierces her hidden, dangerous *vagina dentata* (forest, thorns) and the death-like coma curse (anaesthetized sexuality) inflicted by an orally aggressive witch.[8] Being enlivened by the Prince's kiss (compare Pygmalion) allowed her to retain important aspects of her relationships with both her mother and her father: she has maintained her purity, and it is the Prince who must take responsibility for thrusting her into the adult world.

If a woman's own aggression and sexuality are not acknowledged and truly known by her, and incorporated into herself, the price is to forfeit a sense of being in control of her own life. When time stands still at an earlier stage of development, a Sleeping Beauty remains in a state of suspended animation.

A current-day, although essentially identical television series called "Beauty and the Beast" (Koslow, 1987) drew a rapt audience. In the show, a half lion-half human male "lived in secret, hidden tunnels below city streets." He repeatedly rescued the beautiful heroine Catherine, the first time being when she was left unconscious by attackers. He captured her heart. Catherine

was torn between living "on the surface" in the workaday world "above" and following her passion "deep below." The beastly hero found that he could not permanently stay away from her. He told her of his extraordinary powers of empathy which allowed him always to be a part of her and to feel what she was feeling. The parallels with the story of Sleeping Beauty and with the vivid psychodynamics played out in the storyline, as well as the unswerving devotion of the viewers to the drama, are clear.

The psychoanalytic literature abounds with instances of the story of Sleeping Beauty serving as an important organizing fantasy. Arlow (1969) reported a case of a woman who felt that she had been away from the analyst for one hundred years between sessions. Her fantasies of wishing to be reunited with her dead father led to her recalling the tale of Sleeping Beauty's experience. To Arlow, the distortion of the sense of time was a condensed fantasy. It made it possible "to undo the finality of her father's death," and "the redeeming lover represented a member of another generation. Through this magical suspension of the barrier which time interposes, it becomes possible to breach the barrier of the incest taboo. Oedipal wishes may be fulfilled and the dead father re-emerges as the resurrecting prince."

Significant transference and counter-transference components surfaced with a sleeping patient about whom Inderbitzen (1988) wrote. The patient had "sleep attacks" on the couch after experiencing exciting erotic feelings about the analyst. Her multi-determined sleep episodes led to associations to Sleeping Beauty and wishes that the analyst would physically assault her while she was asleep. Counter-transference feelings of alarm and inadequacy when the patient suddenly fell asleep were followed by his impulse to actively get rid of the sleep. The patient and analyst also discovered, in addition to many other layers of meaning, that the sleep was adaptive in the analytic process. Ultimately it helped to extend insight and to further the analysis.

Such transference/counter-transference excitement as well as conflict about the analyst actively doing something to the patient recalls Freud's (1909) patient the Rat Man. The patient had the wish that his beloved girl cousin would continue to lie ill on the sofa. Freud understood that this corresponded to a necrophilic wish to see her defenseless body. Analogously, many patients express fascination and resentment, often in disguised, derivative associations, toward a sleeping object. The object is unconscious, passive, oblivious. The perpetrator is active.

Identification with both the passive and active participants, as well as with the male and the female, must be considered in the stories of Psyche, Sleeping Beauty, and countless individuals today. Patients who have witnessed the primal scene, for example, may be particularly interested in gaining mastery over overwhelming affect by turning passivity into activity. Other fantasies include wishes to return into the mother's insides, and fears of retaliation if the mother were to awaken to her child's scoptophilic, merging,

and sadistic desires (Calef and Weinshel, 1972). Having a 'dead' or immobile sexual object embodies the wish to kill, the fear of reprisal, and protection from that reprisal inasmuch as the sexual object is helpless.

The essential truths conveyed by ancient civilizations and by ever popular mythology and fables remain true, because as Faulkner (1951) explained "The past is never dead. It's not even past."

NOTES

1. Christopher Lasch (*The Culture of Narcissism,* 1979, p. xviii) noted that "Instead of drawing on our own experience, we allow experts to define our needs for us . . ." and "The advertising industry deliberately encourages this preoccupation with appearances" (p. 92).

2. Psyche, Pandora, and the wives of Lot and Bluebeard provide cautionary tales of the dangers which women fear they might face if they allow themselves curiosity and desire for knowledge.

3. In clinical practice, one frequently sees the equivalent of this deep 'sleep' in the patient's depression and/or masochistic withdrawal.

4. In a *New Yorker Magazine* cartoon ("Sketchbook," 2011, July 25, p. 62) Roberts drew a lascivious King Kong lurking behind a tall building, licking his lips as he watched a young woman in a banana print dress walk by. His very long tongue suggested oral cannibalistic urges.

5. For certain patients, inhibitions surrounding 'knowing' and learning can be manifested in many areas, including learning difficulties and/or failure to make progress in choosing and committing to career and relationships.

6. Patients frequently recount engaging in forbidden activities as young adults. Involvement with unsavory characters, promiscuity, and mind-altering drugs or alcohol are only a few of the myriad possibilities. Certain people seem to need to feel 'under the spell' of someone or something. As with Sleeping Beauty, flirting with these dangerous, proscribed undertakings often results in suffering. In the unconscious, this can be felt as castration. Work in psychotherapy helps detect unconscious sadomasochistic dynamics, struggles with separation and individuation, difficulties in moving toward mature gender and sexual identification, evidence of a repetition compulsion, and the defense of turning active into passive.

7. An adolescent's attachment to her mother may or may not be pre-oedipal.

8. In the Neapolitan version of the tale, it is a king, not a prince, and he rapes the Princess while she is asleep. She also gives birth while she is asleep (Basile, 1893, rev.1927, p. 422). Opie (1974, p. 81) remarks that the King in Basile's tale is "less courteous "than Snow White's prince and is "unrestrained and casual." After he rapes Beauty, he leaves her and forgets her. He then goes home to his Queen, to whom he is already married. Also in the Calabrian version, the Prince rapes the Princess (Calvino, 1956, p. 486). A point of discussion is how to compare these situations to Pygmalion's animating (violating?) his inert ivory statue.

Chapter Three

Ordinary Beauty and Timeless Fantasies

Searching to become beautiful, create beauty, survive accompanying perils, and emerge whole and strong are important parts of self and relationships in psychotherapy. The therapist differentiates between non-conflictual issues versus conflictual issues relating to the search. Manifest content in a clinical session very often begins with a patient's ordinary daily musings about beauty. What do I have to do to look like Kate Middleton, who married the future King of England? Was that a wrinkle that I saw when I first looked in the mirror this morning? Someone just told me that I look like my mother! I am having such a bad hair day.

Issues around hair as it relates to beauty are in fact surprisingly often a most helpful initial entree into a patient's innermost self. The insecurities and paralysis centered on hair may be seen for instance in a patient who mentioned the phenomenon of the many internet blogs asking readers to vote on which hairstyle the blogger should adopt. In Pygmalion-Galatea style, readers pronounce creative decisions for the blogger who has submitted her plight and herself, along with digitally rendered possibilities, about how others think that she might become more attractive. Hundreds upon hundreds of readers log in, thereby also addressing the isolation which the blogger may have felt. One blogger posted the announcement "I didn't really think anyone would pay attention" (Grossman, 2008). Of course the poll ended neither her conundrum nor her isolation, so she found internet strategies to keep alive the web connection with her invisible readers. Her amazement was reflected in her statement "I never thought people could be this entranced by hair."

As the previous chapter illustrated, the drama in myths and fairy tales continues to strike a resounding chord in the drama of everyone's psychic life. Each version galvanizes audiences. With knowledge of these long-stand-

ing tales, attentive psychotherapists are able to detect unconscious organizing fantasies fueling the material which patients present. Fairy tales, myths, and dreams all facilitate understanding of deeper layers of meaning in psychoanalytic and psychotherapeutic treatment. This chapter begins by further exploring issues of beauty and anti-beauty in mythology. It then discusses several clinically relevant dynamics which are embedded within the myths.

Keeping in mind the fantasies conveyed by the myths and fables discussed thus far, a look at only two other tales with a specific focus on hair provides a bridge from timeless narratives to present day quandaries. Hair has extraordinarily powerful meanings and impact in people's lives, despite the fact that it might seem to be such an unimportant, irrelevant topic in treatment. Patients' interest in hair, among other body parts and activities, is easily brushed aside, so to speak, with their readily available explanations about personal hygiene and presentation of a pleasing appearance. While such comments might very well have a basis in external reality concerning social acceptability, interest in hair is usually multi-determined. Unconscious anxieties can result for example in hysterical or obsessive symptoms having to do with hair. As will be seen in this chapter, phallic and anal derivatives are endemic in many individuals' concerns about hair. Focus on hair can even be a masturbation equivalent itself: never finding a solution allows perpetual fondling and stroking one's hair.

The myth of Medusa and her hair endures. According to Ovid (2008, *Metamorphoses*, "Book Four," p. 98), Medusa had been a beautiful maiden with particularly exquisite hair and a serene countenance. She was raped by the god Poseidon in the Temple of Athena. Jealous and enraged, Athena turned Medusa's hair into writhing snakes with flicking tongues. Athena further cursed her by decreeing that any man who looked at her paralyzing stare would be turned to stone. Perseus deflected Medusa's gaze with his shield and beheaded her. He gave her head to Athena who placed it on her own shield over her breasts.

Several of these elements, including beauty, rape, and punishment by a vengeful goddess, are familiar in certain ways from other myths. The virgin Athena's temple was equated with Athena's own body. Poseidon, a father figure, committed virtual incest with Medusa, thereby defiling Medusa as well as Athena. With vengeance carried out on Medusa rather than on Poseidon, the myth emphasizes conflicts within a mother-daughter configuration.[1] The defilement led to Athena's 'bestowing' on Medusa the horrific powers of snakes and a petrifying stare. Then the goddess revoked those terrifying, murderous powers and took them back into herself by putting Medusa's decapitated head on her own protective breastplate. Was she also thereby keeping Medusa, a part-object, close?

Various features of the myth of Medusa are replete with meaning and symbolism. Using archaeological, linguistic, artistic, and clinical data, Almansi (1983) states that the power of Medusa's eyes, within her facial features, is symbolically equivalent to the breast, particularly the nipples, for the nursing infant. He added "There is a big woman . . . coupled with a 'looking and being looked at' motif (that is, the eyes look at the nipples and the nipples look back at the eyes) which were most suggestive of the nursing situation."

In 1922 (although published posthumously in 1940), Freud spelled out his interpretation that Medusa's decapitated head is an upward displacement of castration terror.[2] Her head represents the mother's penis-less genitals. Writhing snakes, which cause men to stiffen into stone, are defensive for the castration fears of men: moving snakes and tongues are compensation via multiple phallic symbols, and stiffening is a symbol of an erection.[3] The virgin Athena's display of Medusa's head on her breast armor, in split-off contrast to her own virginally pure countenance, frightens enemies. It is therefore also a source of power. In this regard, one thinks of women who say "I look a fright." The multiple meanings of a woman's or Medusa's frightening appearance are 1) I am powerfully horrifying, like genitals without a penis or like a potent penis, 2) I can scare you to death, so you will be a stiff, castrated corpse, 3) I am frightening, aggressive and destructive, 4) I am castrated/decapitated but also potent in the effects I have on men.

Many psychoanalysts (for example Ferenczi, 1926; Flugel, 1924) followed Freud's exegesis about Medusa's head and hair from the male viewpoint, including a little boy's fantasy of a strong phallic mother, who he imagines must have a penis. Implicit in these interpretations is the idea that Medusa-like fantasies about women incorporate men's fears and their ensuing defensive devaluation of women. Freud's concept of the *vagina dentata*, a toothed vagina, is illuminating about men's fear of women's genitals. Similarly Roheim (1940) relates a version of the Medusa story which describes boar's tusks in Medusa's mouth. The perceived consequence of a penis entering a vagina is that, despite utmost pleasure, the penis is weakened, deflated, reduced. The vagina has 'devoured' it. What a man most desires from the woman, he subsequently fears and then regards as debased and made ugly, presumably doing so unconsciously, for self-protection. Many female patients have incorporated these notions into their own self concepts. Countless women, outstanding in numerous ways, nevertheless shrink back, hide their potential, and experience great self-abasement in knee-jerk, immediate reaction to their men. Analysis shows that they unconsciously know that their condescending, angry, intimidating men are actually themselves unconsciously intimidated and need their self-esteem inflated.[4] Critical factors in these dynamics of males often have to do with 1) a boy's fear of his incestuous desires for his mother and 2) a boy's longing, as well as fear, of being

helplessly, passively dependent on his mother of infancy (Richards, 1996; Chodorow, 1978). Also highly significant is men's envy of women's ability to conceive and to have children.

The myth of beautiful Medusa and Athena has more complex levels beyond just an understanding of castration anxiety. A more modern interpretation of the myth could include greater understanding of female development as well as of mother-daughter development. See chapter 13 for a fuller discussion of primary femininity and female genital anxieties, although comparing various theories of female development—including primary femininity and female genital anxiety—is not the main focus of the book. Rather, this chapter hints at some of the many fantasies and issues about gender identification, sexuality, and separation-individuation, among other developmental hurdles, that are hidden in any given session.

Exploration of the myth of Medusa should motivate speculation about various facets of the characters of Medusa and Athena, of girls and mothers, and of the relationships between them. Medusa was in a daughter-like position in relation to Athena. A girl may dread the perceived danger of a regressive pull toward her powerful mother. She may feel frightening ambivalence and fierce competition. She may have fantasies suffused with penis envy or with bisexuality. Daughter and mother may also have other anxieties and conflicts. What can be hypothesized about a female patient today who feels like a horrible Medusa? The point is that splitting object representations—as many have done about Medusa and about Athena—using black-and-white schema, does not do justice to the many possible paths along which a little girl and her mother can develop.

Oedipal material (for example: the Athena, Poseidon, and Medusa triangle) may be disguising much earlier pathology. On the other hand, the psychopathology may be primarily of well-differentiated, whole object relationships, even though the patient's language often makes it sound as though there are failures of differentiation and failures in the development of a basic sense of independent selfhood (Pine, 1979; Bergman, 1987). These are subtle issues to puzzle out.

One question about differentiation, for instance, is why did Athena feel defiled when it was Medusa who had been raped? Why did Athena take Medusa 'back into herself' after Medusa's head and body were separated by a man? Another question might be about whether Athena was in some way vying with Poseidon to show who was more powerfully destructive. What is the meaning of Athena transforming Medusa's most beautiful feature, her hair, into vicious snakes? Yet another issue is about the nature of Medusa's ultimate identification with a mother figure who could be so deadly and annihilating. The myth of Medusa is still alive in many patients' fantasies, so thinking about these questions remains important.

Mythology about the three fearsome Gorgon sisters, of whom Medusa was the only one who was mortal, does indeed incorporate at least a double role to Medusa's appearance. It can paralyze onlookers, but her appearance could also serve as protection against the Evil Eye (Bonfante, 1989). Apparently the divine Athena knew what she was doing when she faced the world with Medusa on her shield. Would one say that Athena was *using* Medusa or was incorporating her?

Perhaps formulations by Holtzman and Kulish can clarify further. They state that the importance of separation from the mother is more salient in the female oedipal configuration than in the male. This is not to say that girls have greater difficulty than boys in separating self from object. Separation in the feminine triangular situation is part of the oedipal dynamic for girls. The trauma of inner separation—with the girl's persistent ties to and dependency on the mother and the need to identify with her—is often regarded as pre-oedipal and thus leads to the erroneous conclusion that girls are fixated at that level. In fact, Chodorow (1978, pp. 126–27) accurately described the ties between mothers and daughters as much stronger, and the boundaries between them as more permeable and less defined than those between mothers and sons (Holtzman and Kulish, 2000, 2003; Meissner, 2005). There do seem to be ill-defined self boundaries, inasmuch as Athena felt violated by Medusa being raped. Did Medusa too feel that her own rape was equivalent to her 'mother' being raped? After Medusa was initiated into sexuality by a father figure, her mother figure essentially destroyed Medusa's life. What developmental dynamics were involved?

The myth of Medusa and Athena, comparable to aspects in the narratives of some female patients about their mothers, suggests complex nuances. Similarly, patients' mentioning fantasies and conflicts relating to how their beauty and sexual activity impacts their parents, deserves thorough follow-through. Real human beings, outside of myths and fairy tales, are not black-and-white split object representations.

The subtleties of the protagonists may at first be overlooked amid the whoosh of action. For example, Medusa herself had actually been a beautiful, serene maiden whose luxurious hair was her crowning glory. After her death, her visage—which had been made frightening by her 'mother'—served to protect Athena. Athena was not only a vengeful, volatile goddess. A type of mother figure, Athena was also acclaimed for her wisdom, power, and intelligence. Remember also that the snakes into which Athena transformed Medusa's hair were seen as positive in ancient days. Athena may partially have been bestowing Medusa with a gift of certain powers. A look at the fairy tale of Rapunzel (Grimm, 1993, pp. 90–94), in conjunction with the myth of Medusa, sheds further light on varieties of mother-daughter relationships.

Rapunzel's story begins with her mother, a woman who had finally become pregnant after many years of infertility. She was ravenously hungry and envious of the bountiful vegetable garden of the enchantress next door, so she sent her husband to steal some rapunzel radishes from the enchantress. That witch caught the husband as he stole her plants. She agreed to release him if he and his wife gave her their child when she was born. They did so, and the witch raised the girl, whom she named Rapunzel. When Rapunzel was twelve years old, the witch locked her in an isolated tower with one window and one room, within a deep, dark forest. As Rapunzel had become more beautiful over the years, the witch became anxious about losing her and determined to keep Rapunzel in isolation. Whenever the witch commanded Rapunzel to lower her beautiful long golden hair down from the tower window, the girl would do so. The witch would then climb up Rapunzel's hair to her room and comb her hair. One day a prince observed the witch's trick. He stealthily used the same method repeatedly to reach beautiful Rapunzel, who became pregnant. The enchantress discovered the prince and severed Rapunzel's braids. The prince was pushed or jumped out the window into the thorns below and was blinded by the thorns. After a period of time, Rapunzel and the prince were re-united, and her tears restored his eyesight.

For some patients with Rapunzel-like fantasies, there are deep fears of being captured by the mother and of being invaded, with no escape, no possible psychic retreat. The children's book *The Runaway Bunny* (Brown, 1942), with the mother in relentless pursuit of her offspring, comes to mind. Is that mother's hunt for the runaway bunny comforting or terrifyingly relentless? A 'Rapunzel girl' may have intense concerns about bodily integrity and annihilation. There is a sense of not having a right to one's own body, identity, and thoughts. McDougall (1991) talks about claiming "one's right to separate existence and individual identity." The isolation of Rapunzel in a tower at puberty, Rapunzel's loss of her mother because of the biological mother's hunger and greed, the biological mother's willingness to abandon her unborn child (who may be thought of as part of the mother's body at that point, thus suggesting fantasies concerning merging versus differentiation), the witch's severing of Rapunzel's braids, and the symbolic castration by blinding of Rapunzel's princely lover are all primal, basic threats to survival and individual identity.[5]

On the other hand, the enchantress might also be appreciated for her yearning for a child and her commitment, albeit perverted, to raising Rapunzel. Clearly, she did not wish to give up her attachment to Rapunzel, physically enacted via hoisting herself daily along the length of Rapunzel's beautiful golden hair. Bettelheim (1976) points out that the stepmother is not punished. She has acted out of selfish love—the symbiotic bond—not out of wickedness and selfish rivalry. Athena, also in an extremely perverted manner, forever kept Medusa (her head, that is!) close to her heart after death.

Both Rapunzel's enchantress 'mother' and Athena, though envious and destructive, were attached, in convoluted ways, to the beautiful young women. Rapunzel undoubtedly also had mixed emotions. One thinks here of abused children seen in treatment. Their own attachment to the abusive parent can remain tenaciously, even intractably, persistent in the sense of "She is a horrendous mother, but she is the only mother I have" and "My mother is willing to kill for me." "This is part of my identity."

Furthermore, Rapunzel somehow attained a female gender role identification. The unique role which Rapunzel's hair plays is a clue to the essential core of the maiden and her relationship with her mother. It is well known that hair often conveys the qualities of fertility and strength. It may be that the hair connection stands for internal links between the two women. One assumes that there were positive enough aspects of a feminine model with whom Rapunzel could identify sufficiently in order to achieve a feminine identity. In a certain sense of the terms, Rapunzel separated from her mother and was individuated enough to join with a man. Andresen (1980) presents data supporting the idea that patients with Rapunzel fantasies feel the need to make reparation with the mother. This takes the form in the story of the mother severing Rapunzel's braids, but Rapunzel could then leave this body part behind for her mother to keep. Was leaving her braids a compensation for departing? There are suggestions of difficulties in the rapprochement stage, if one can think of a fairy tale character in these terms. That is, Rapunzel relinquished her libidinal tie to her mother, symbolically represented by leaving her cherished hair. But Rapunzel was not able to resolve this period of development with triadic object relations that could include the mother and a man. She lost her mother, but gained a prince, children, and a kingdom. Rapunzel's development eventually included giving birth to twins. Rapunzel had also been restorative and generative when she healed the prince's blindness with her tears.

Medusa never made that transition; she was doomed to destroy every man who approached her. She did lure men, but murdering them showed that she was locked in a sadomasochistic identification with the avenging goddess Athena. It is worth repeating, however, that Medusa encompassed more than one side. Almansi (1983) reminds us that several works of art, such as the Rondanini Medusa at Munich and the Strozzi Medusa, show Medusa's famous beauty and even a lovely, not frightening, fatal glance.

Berg (1936), one of the very few early psychoanalytic commentators on the significance of hair and the lack of references to it in the literature, described fascinating clinical material. He wondered whether hair is the only phallic equivalent which it is socially permissible to reveal. Berg (1936) concludes his thesis about hair as a phallic equivalent and about castration anxieties "displaced upwards to the socially visible hair of the head and face; and so our preoccupation with the unsolved primitive past has found its way

into our modern civilized life . . . Is this normality: to go on repeating our old struggles with obsessional persistence until death overtakes us and ends the matter with a final castration?"

Conflicts between sexual desires, superego prohibitions and punishments, as well as symbolic compromise formations, can readily find a disguised exhibitionistic outlet in a focus on hair. Think about twirling long locks or flipping one's hair repeatedly while in the library or at a committee meeting. The conflict can go on indefinitely, re-played over and over in concerns about hairstyles, hair straightening, hair color, hair thinning, hair length, and hair plucking. Recall the ponytail hairdo which most pre-adolescent girls sport as they enter their menarche, and the conical, 'beehive' hairdo. What dynamics do these hairdos suggest? It is important to note that pre-pubertal hair growth on certain body parts is a secondary sexual characteristic presaging the coming of sexual maturity. Young adolescent girls are aware of this on some level, as demonstrated in their constantly touching and adjusting their own and each other's hair. Of course, in the many decades since Berg (1936) recorded his observations and thoughts, there have been great advances made in the fields of early infantile development of self and object relations, including the burgeoning area of attachment theory. All of these additions to psychological understanding are important, along with classical theory about hair and other body parts. These additions contribute to Berg's early ideas about hair as a phallic equivalent.

Hair keeps growing, allowing for playing with additional permutations. Perhaps even the re-growth can indicate potency and erections for some people. The fluidity and concreteness of primary process thinking, and secondary elaboration of it, shows through in endless hair manipulations by parents and by children. What are the conflicts of mothers who do not want to let their pre-adolescent girls begin shaving their legs? Why is a young child's, particularly a boy's, first haircut so often a source of fright for the child and for his parents? For some adults, there can be unconscious questions about whether shaving or getting a haircut is felt to be rape or castration. Compare the anxieties of the father of Mrs. R in the case study later in this chapter. Is one's hair too long and wild, thus equaling an erection? Has one tamed it? Looking at men for a moment, why do some balding men let their hair grow increasingly long? What does the new male hairstyle of going totally bald represent for a middle-aged, balding man? Typically, these men hope to be seen as tough and formidable, possibly thinking that they look like Michael Jordan who started the style.

Anal components can also be displaced onto preoccupation with hair. There are aggressive, sadomasochistic aspects about certain hair procedures. Jones (1951) referred to a superstition from the Middle Ages that horse's hair, laid in manure water, turned into poisonous snakes. Surely this linking of hair and feces was the manifest expression of primitive, unconscious,

magical thinking involving smells and hair. (Compare the snakes forming Medusa's hair). Today, one's anal concerns might surface in worries about whether one has offended someone or, alternatively, has succumbed to approved hairstyles. Are conflicts sufficiently concealed? How many times a week should I wash and clean my hair? Which of the thousands of shampoos, conditioners, and 'relaxing lotions' should I use? Which knowledgeable person has revealed to me the treasure of the secret steps in her hair treatment procedures?

Anal components and odors are inextricably entwined. Hair odors and other odors emanating from the body are noteworthy, both physiologically and emotionally.[6] This fact is of great significance to everyone, although the issue of smells is denied on both sides of the couch, by most clinicians as well as by their patients, unless the smell is extreme and erupts in a blatant manner.[7] Freud (1905) stated "Both the feet and the hair are objects with a strong smell which have been exalted into fetishes after the olfactory sensation has become unpleasurable and been abandoned." He expanded on olfactory repression (1909): "The diminution in importance of olfactory stimuli seems itself, however, to be a consequence of man's erecting himself from the earth, of his adoption of an upright gait." Grinker contributed to the consideration of smells and evolution. He said that primitive olfaction was important in that "Danger perceived from considerable distance permitted a slower and more adaptive response" (Grinker, 1939). Over eons of evolutionary change in the cortex, fight or flight anxieties shifted. "[Neural] centers concerned with responses to dangers perceived through the sense of smell became concerned" with other dangers such as inner instinctual drives (*Ibid*).

A number of patients report anal associations to experiences in a beauty salon. Ms. Q remarked that being diapered might have been like that: scents invading her nostrils as she was cleansed of her "toxins"—the more vigorously, the better, to rid her of dirt and foreign matter that had settled on her as she "mucked about" in her daily life. This patient's analysis had begun to reveal anal concerns including conflicts about being penetrated and dirtied. For long periods, the transference was characterized by her insistence that the analyst was making her miserable by trying to dump nasty ideas onto her, to "force a load of crap" on her. Her 'chance' remark about the beauty parlor suggested that that might be a place where she could partake of pleasure in fantasies of anal penetration, soiling, and purging. In that place there is no analytic exploration—only potential enactment. Ms H always washed her hair before going to the salon so that no one would see her "oily scalp." She also showered twice before gynecological exams. Ms. H analogously tried to figure out themes before her sessions so as not to show her "uncleansed mind."

Despite evolutionary changes, smell—hidden or not—has remained an important factor in both internal and external life. In modern civilization, smells are very much a part of people's conceptions of beauty and disgust. Many of these smells come from hairy parts of the body. As mentioned, hair odors and odors of hair products are among the multiple aspects taken into account when assessing the attractiveness of oneself and of others. An analyst who is listening closely will catch a reference to smells. Clinicians must be aware that prohibitions against consciously registering smells can be even more powerful than conscious awareness of reactions to smells. Smells that are consciously experienced as repulsive may be unconsciously beautifully entrancing. Daly (1943) asserted that "The hyper-sexual attractive smell given off by the female in heat must have been one of man's greatest temptations to violate the incest taboo." Today, women are advised to put a dab of perfume behind their ears and at the base of their throats, areas where pulsing arteries will pump forth the alluring scent. There has been some research documenting the synchronization, through the unconscious registration of smells, of female menstrual cycles among young women in college dormitories. (McClintock, 1971) There is unconscious communication by means of smell. Yet another instance of evidence hiding in plain sight is the connection between masturbation and bodily smells which linger on the fingers. This is true for toileting and menstrual activities, and for sexual practices too numerous to catalog.

Yet as Wayne and Clinco (1959, p. 66) point out, cultural taboos largely forbid noticing smells. The constant avoidance of smells results in constantly seeking smells, ostensibly to eliminate them or to substitute one odor for another. This is the defense of doing and undoing. There are no scientific studies showing that modern humans' "sense of smell is less acute or less important . . .than in sub-human species . . . but that it plays a different role, one shot through with the complexities of psycho-physiologic functioning . . ." (*Ibid*). In fact responses to smells are among an infant's earliest experiences. Smells are interwoven with tactile sensations in the entire feeding process. Breast feeding potentially provides a richer multi-sensory experience than does bottle feeding for both partners in the feeding couple. Infant and mother have profound responses to each other's smells in their intimate early dyad.

It is entirely possible that for adults, there is sensory deprivation in terms of smells. One has only to look at the vast array of personal body deodorants for sale, the advertisements for douches, or the endless designer perfumes chosen by people who are professionally celebrated as 'noses' to observe the hunger for smells and to see the prohibitions and compromise formations which are wrought. The important infantile sensory gratification of smells is sought again and again. One woman told of an extreme disturbance in her ability to smell. Another woman suffered from the neurological disorder

dysosmia, the constant experience of horrible smells. This befell the person in mid-life and never abated. She felt deprived of the capacity for experiencing a certain type of beautiful smell. Before dysosmia, she used to love to visit Vermont where "she felt her whole body come alive" with the smell of the lovely air there. After the onset of the neurological disorder, she experienced a deep sense of loss of the beauty of that sensory joy. Instead she was barraged by a plague of disgusting smells. Smell is one of the many senses affected by judgments about beauty, or lack of beauty.

Allusions in treatment to smells are edifying. The meanings of the material can be quite unexpected. McDougall (1974) commented on Yahalom's (1967) patient who "fell in love with a partner because of the wonderful smell of his hair." Interestingly, the patient's focus on that sensation was seen by McDougall as indicative of a failure of a capacity for symbolization. The patient was desperately clinging to external fragments of experience which actually had no affective meaning for him. More often, a smell itself communicates great meaning. Olinick (1982) quotes the novelist Lawrence Durrell (1960): "Through smell, taste, touch we apprehend each other, ignite each other's minds; information conveyed by the body's odours after orgasm, breath, tongue taste—through these one 'knows' in quite primeval fashion . . . I suppose, the sex act is the most important, the one in which our spirits most divulge themselves." Person (1983) reported that a number of women light a match after bowel movements to counteract any lingering smells. (Unfortunately, such behavior and allusions are seldom mentioned in treatment although this frequently takes place in the bathroom of the therapist's waiting room.)

This chapter has considered castration fears and other areas of emotional difficulties and fantasies relating to beauty. It suggests several of the expressions and compromises which may result.

At this point material from an analytic case is presented. The vignette illustrates the intense recurrence of themes having to do with beauty and hair in the internal and external life of the patient. Etiology, transformations, and transference considerations are noted and will be referenced later in the book.

Mrs. R is a beautiful and elegant forty—five year old woman who had three previous analyses. With her typical intelligence and wit she proclaims "I have hair dysmorphic disorder." Her hair is frequently a source of anxiety. Her hopes and disappointment about her very significant experiences of going to the beauty salon are life-long: "I don't want to be made over or redone. I just want a trim, a tune-up. I don't want something drastic. I want to leave the salon looking like I didn't have a hair-cut."[8] Instead, she rarely leaves the salon feeling that "It's me and it looks OK." Instead she feels that "What I see isn't what I wanted."

Mrs. R resents the expense of the salon and her dependency on the power which the colorist and the "hair-cutter" wield. She feels "passed-off" from one to the other. Sometimes there is even a third person: "a female boob" who blow-dries her hair. That ends in her hair looking like it has not been done at all. Only once did the cutter, "as a favor, though he should always be doing it," blow-dry her hair. Mrs. R hated the results which looked "excessively overdone." Other times "the whole thing has collapsed" by the time he has finished. This infuriates her, in part because it puts her in the position of having to "bitch" which she does not want to do. She wants to be easy to please. Furthermore, Mrs. R is uncertain whether the situation might be her fault. After all, she reasons, she could follow one former hair-cutter to another salon to which he moved instead of ending up "by default" with the ones she has. In fact, "no resolution seems find-able. I don't believe that there is a solution, because of how I am."

Mrs. R's mother is an anxiously controlling, yet uninvolved and uninterested woman. "Rigid and obsessional, she has always been cut off from her feelings" and certainly did not discuss feelings with Mrs. R. "My mother did not want to know anything that was going on with me, and I could never snuggle with her." She toilet-trained Mrs. R at age one. Enemas were used at times. Mrs. R's memories are of always battling and defying her parents—about food, baths, hair, everything.

The role of hair in the developmental vicissitudes of this woman's life became clearer. Mrs. R, a curly-haired child, had frizzy bangs which she tried to scotch-tape and iron. The mother was continually involved with her hair, fighting over placement of the pony-tail, trying to cut the bangs short, and focusing on making her hair neat. Mrs. R always wanted her hair "messy, wild, and free, not perfect and neat and clean." Memories from age six include protesting and then fainting while her mother insistently cut her bangs. The mother's initial response to the fainting was to hit her daughter, who she thought was rebellious. Also at age six, Mrs. R stood on a garbage can to peek at baby birds in a nest in her mother's beautiful Rose of Sharon trees. Mrs. R poked in the nest, and the baby birds splattered to their deaths. When she recalled this in analysis, Mrs. R's association was to looking at her mother's body. Mrs. R recalls that her mother later trimmed the trees as she did Mrs. R's hair: too short and mutilated. "The trees were attacked and hacked. It drives me insane. What a loss. Eventually my mother paved over them. Like with my hair, I only wanted a little trim on the sides." Mrs. R feels that her mother was always over-regulating and pruning. Once, in seventh grade, the mother thought she was being nice by sending Mrs. R to her own hairdresser. Mrs. R requested an "artichoke" hairdo. The hairdresser, however, used a razor and gave her "a short, un-sexy cut. I was humiliated." In Mrs. R's memories, there were many violations by the mother.

In pre-adolescence, age eleven, there was another episode of fainting. Mrs. R, not a Catholic, received communion in a church. As she walked out, her Catholic friend told her that she was going to go to hell. Mrs. R fainted on the steps of the church.

In Mrs. R's adolescence, her mother tried to regulate Mrs. R's 107-pound figure by making her wear a girdle. "She didn't want my ass to jiggle." Both parents looked at her body through her skirt. In later adolescence, sexual escapades were added to the ways in which she defied her parents.

There are also memories of the mother supporting Mrs. R's femininity. They enjoyed shopping together, and her mother was complimentary about how she looked in clothes. Mrs. R liked her mother's clothing and wanted to wear her lipstick. Her mother made some of Mrs. R's clothes, which Mrs. R wore and liked. More ambivalently, the mother did not allow Mrs. R to tell her father that she shaved her legs. Handing her daughter a beautiful, feminine razor, she said "Hide it in your drawer and don't let your father see." Mrs. R feels that her mother thought that Mrs. R abandoned her for the father, and Mrs. R feels guilty about "leaving my mother, although I had to leave her."

Mrs. R experienced her warmer father as insecure, competitive, un-inquiring, and seductive. He showed Mrs. R how his hands and feet were longer than hers and how he could go up two stairs at a time. Mrs. R's feeling was that he favored her over his wife and joined Mrs. R in de-valuing his wife. He refused to let his wife work although she longed to have a career. On a manifest level, he was very opposed to Mrs. R being a sexual person. However he felt threatened by short hair in a woman and said "It's butch." For years he forbade his wife to cut her own hair. After Mrs. R began menstruating, she herself did not cut her hair because her father would not like her if she cut it, or shaved her legs or had an intensely yearned-for streak of color put in her hair. She wanted to be attractive to her father. The father's hair was also a focus in the family: he often asked Mrs. R to brush his hair, and his wife washed his hair in the sink. Mrs. R reported that her parents slept naked.

Mrs. R's sibling and her "fragile, though over-stimulating" parents are somatic, anxious, and phobic. Mrs. R feels that she is the only one in the family with any internal, psychological content. She always had "big dreams" and wanted to move outside her family.

In Mrs. R's analysis the repetition of issues which permeate other areas includes: ambivalence about putting herself in someone's hands; questioning whether she can trust them to be competent; being trimmed and mutilated into a form which does not feel like her; being misunderstood and treated unjustly; and struggling with locating responsibility in the analyst or being forced to blame herself. Clinical material centering on hair and beauty have provided important windows into her psyche.

Mrs. R's three analyses ended due to geographical moves or to a sense that they had worked through as much as they could together. Mrs. R "idealized" her first analyst, a male. She remembers that she loved him, generally felt deeply understood, and thought that he set her free. During a period of "intense oedipal transference," Mrs. R told him that he should leave his wife and run off with her. Also at that period, in reality, Mrs. R had a "traumatic" experience following applying for a job which "excited" her and which she needed. They never called to tell her whether she got the job or not. The day residue of one important dream was of the two interviewers: a protective, kindly male, who essentially asked "Why would a nice girl like you want to work in a cesspool like this?" and a hostile, competitive woman who "blackballed me behind closed doors" after Mrs. R left. Mrs. R's nightmare after the interview was that the female interviewer gave her a shampoo and it made all her hair fall out. Mrs. R's analyst interpreted Mrs. R's "repressed hostility toward a phallic female." This actually left her feeling intensely misunderstood, as well as unclear whether to blame herself or the woman who "thwarted me, as my mother did."

Mrs. R recalls that her second analyst was habitually late for an early morning session. She correctly understood his personal difficulties with arriving promptly. When she angrily confronted him with how he was thus self-centeredly and literally locking her out, he said she was using her (correct) knowledge in a masochistic way. She then dreamt about him as a lion with a big mane strutting above her. Upon later reflection, Mrs. R felt that she wanted to chop off her analyst/father's hair as they strutted, "lording over me. . . . I may have been envious." (In a personal communication, A. Brockner [2003] suggested a comparison with Sampson and Delilah).

It was in this second treatment experience that Mrs. R felt she was able to get in touch with her hostility. At one point she began to feel her rage at her mother and to see that she did not love her mother. This was accompanied by "feeling faint, weird sensations in my head, and vertigo." Recalling fainting spells from childhood, including when her mother cut her hair, Mrs. R understood that this was self-punishment for not being able to find a way to love her mother, which was something she felt she should do. For her, the paradigm has always been: it is my fault, because I do not love my mother.

Mrs. R's third analyst was a woman whom Mrs. R derided for "not understanding and for saying it all wrong." The analyst would counter with interpretations of "Mother, please, I'd rather do it myself" which left Mrs. R feeling increasingly labeled as difficult and demanding. As in her previous treatment, there were significant ways in which Mrs. R felt the analyst did not hear her story, did not hear her vulnerability, her yearning, her motivation to get better. However, she picked this analyst because she thought that the woman could handle her aggression, unlike her mother.

Mrs. R dreamt that there was a beautiful pre-war building, cleaned or sand-blasted on the top half. Mrs. R told a woman "Look at the beautiful building with all the pre-War detail on it." The woman replied "It's so dirty down there." Not until this third analyst, using the dream to explore Mrs. R's feelings about her body, said "When I interpret your responsibility for the dream and for your life, you feel that I have pushed you away," did Mrs. R feel that she was understood. When the analyst acknowledged the analyst's own powerful impact, then Mrs. R could allow herself to feel safe in the analyst's hands. Then she felt that her head, as with her hair and body which were her manifest material, was "good enough" so that she could allow herself to proceed.

This case material, following exploration of two related literary tales, indicates the multiple sources and layers of meaning which a body part or excretion may acquire. It suggests possibilities about the rich significance of beauty issues, featuring hair in this chapter, for understanding issues of attachment, autonomy, guilt, sadomasochism, libidinal desires, and oedipal and pre-oedipal dynamics. Treatment interventions were compared.

NOTES

1. Everyone is familiar with a mother of an adolescent who gives her daughter a stern speech about having sex. These lectures often imply that the primary responsibility for avoiding sexual relations or for not getting pregnant lies with the girl. The message which the teenager absorbs is that the 'fault' for any transgressions will be hers. Analogous dynamics about blame, competition, and envy can frequently be found in relationships among adolescents themselves. When one teenage girl begins dating the boyfriend of another teenage girl, remarkably the former girlfriend blames the other *female*, never the boy. These dynamics attest to the central importance of the relationship between the two females, as opposed to any centrality of the triad.

2. Freud elaborated "To decapitate = to castrate. The terror of Medusa is thus a terror of castration that is linked to the sight of something and 'We read in Rabelais of how the Devil took flight when the woman showed him her vulva.'" (1922).

3. In ancient Greek mythology, the snake symbolized many positive qualities: eternal youth, immortality, and healing. Over the centuries, the essence of these qualities was condensed into a phallic symbol by the father of psychoanalysis.

4. Their defensive stances might be considered analogous to Sleeping Beauty in Basile's version, to Scheherezade, and to Bluebeard's wife, who all tried to save their own lives by playing for time. Compare Opie (1974, p. 83).

5. In clinical practice, a psychoanalyst or psychotherapist must also keep in mind the values held by certain ethnic groups, while acknowledging that in most societies, physically affectionate intimacy among women is widely accepted. Certain ethnic groups may promote particularly long-term, intimate mother-daughter bonds, cloistering of daughters, and great wariness about the dangerous, wider world. Distinctions must be drawn as to whether these characteristics bespeak a patient's identification with her group of origin or are evidence of intra-psychic disturbance. In many instances, the behaviors occupy a gray area between ethnic norms and psychopathology. One patient, for example, always holds her thirty-five year old daughter's hand during her daughter's gynecological examinations. Mother and daughter are both treated by the same physician. Another high-functioning patient, fifty-five years old, requests that her mother sit by her as she luxuriates in her bath, most recently as the string of her tampon floated from her vagina.

6. Concerning the magnetism of smells, Napoleon is reputed to have written to Marie Antoinette, "Coming home soon; don't wash."

7. Although not specifically addressed here, the smells of drugs such as marijuana enter many a consulting room. The psychotherapist takes account of this diagnostically and therapeutically of course.

8. In a work of fiction, a beauty parlor was named "The Minor Adjustment Beauty Salon." (Smith, 2012, p. 100) This sounds as if it is just the salon for Mrs. R.

Chapter Four

Re-birth, Transformation, or Growth

Narcissistic Hurdles in the Quest to Become Beautiful

Diverse forces are involved in the desire to be beautifully made over or to be re-created. The myth of Pygmalion and Galatea has provided an abiding wellspring for numerous notions about transformations. Therefore this chapter will begin with that tale and use it as a note of comparison throughout.

PYGMALION

In the classical account by Ovid (2008), an excerpt of which appears at the beginning of chapter 1, the sculptor Pygmalion was repulsed by female prostitutes.[1] His misogyny[2] impelled him to carve a block of marble into a statue of an ideally beautiful woman, later named Galatea. Successfully appealing to the goddess Aphrodite, Pygmalion was granted his wish that the statue be changed into a real woman. Under his kiss, the lips of the statue grew warm, and her breasts became soft. The statue which he had carved became a perfectly beautiful woman. She became his wife, a perfect match for him.

Not every interaction between people can reach such perfection. Nevertheless, all human beings throughout history have participated in being changed, influenced, 'sculpted' by other people, in some ways, as they go through life. Optimally, development is toward a "true self" (Winnicott, 1960, 1971) with an active, participatory, spontaneous unfolding of a self, within the context of relationships, a self which is experienced as authentic and integrated—a self which may achieve the fullest possible individual potential in all areas. Sander (2004, p. 377) uses his own formulation of a "Pygmalion-Galatea process" as he conceives of all individuals, couples, and

groups attempting to change other people " . . . primarily for their own needs or according to how they perceive the others. This influence is often normative (as in child-rearing, education, marriage, government, and religion) but can easily, when excessive, contribute to psychopathology, interpersonal dysfunction, and political demagogy."

Narcissistic Difficulties

In this chapter part of the focus is on narcissistic difficulties which propel some patients to feel that they urgently need to be re-created, perhaps even re-born by their analyst. This more or less unconscious organizing fantasy is quite different from fantasies of more neurotic patients. Neurotic patients have conflicts that are more internalized, and they enter psychoanalysis wanting to feel freer to grow into living a more gratifying, satisfying, full life which is less conflict-ridden.

Psychoanalysis and psychotherapy have traditionally made use of the state of "transference readiness" (Frosch, 1959) experienced by a patient in emotional pain.[3] A fully elaborated transference ideally develops during treatment. The transference facilitates tracing and understanding connections between 1) unconscious infantile/childhood difficulties and 2) problems which have persisted into the patient's current life. Narcissistic patients, unlike more neurotic patients, tend to 'use' their transference readiness and their analysts quite differently.

Chapter 1 indicated that certain patients enter treatment with severe narcissistic trauma and injuries. Their core unconscious longings are to establish a sense of a self having narcissistic equilibrium. For these patients, their readiness often is to be a Galatea to their Pygmalion analyst. An analytic patient Ms. S said that she was "offering myself up on a platter" to be *fixed*.

In speaking of the "basic fault," Balint (1958) stated that he chose the word "fault" because that is the word that his patients used: they felt that there was a fault within them that must be put right. In fact they desperately demanded that the analyst must not fail them, as another person surely had failed them. There was a sense, Balint went on to say, that something had been missing in them for a lifetime. "The origin of the basic fault may be traced back to . . . the lack of 'fit' between the child and the people who represent his environment." A person with a basic fault may be thought of as having a structurally fragile ego, having feelings of being defective or deficient, or even being "a leaky vessel begging to be filled" (Anzieu, 1986). Self experiences of having a basic fault can have many manifestations. Ms. F, for example, had hit her head at age two, while her mother "was not paying attention." Ms. F is convinced that no medical care was sought (meaning that her unappreciative mother neglected her), although the mother's recollection differs. No significant injuries were sustained. Ms. F nevertheless has always

believed that her intelligence and ability to learn were damaged then, and so she must continually "hide" these defects. What she experiences internally as defective is reflected externally in how she feels people perceive her intelligence and her ability to follow and contribute to conversations.

People with a basic fault, in Balint's terms, have great anxiety, and frequently there is an experience of deadness, emptiness, and shame about their supposed defects.[4] Intrapsychic conflict is not the essential motivating force, and the difficulty is of a non-triangular nature. Furthermore, "Adult language is often useless or misleading for describing events at this level, as words have not always an agreed conventional meaning." (Balint, *Ibid*). (More will be said about this in chapter 8.) Balint noted that both mind and body are affected by the basic fault. This is a most important point: the defect can be felt to be physical, emotional and/or intellectual. Not feeling that one looks beautiful is a frequent manifestation of "the basic fault." All of these felt defects of a "basic fault" are problems relating to a sense of self.

Patients with significant narcissistic problems may initially appear relatively healthy and may function well enough, perhaps even outstandingly, in their lives outside of treatment. Winnicott (1960) speaks of this phenomenon as the "false self," which is socially adaptable, protecting the "true self." There is a hidden, narcissistically vulnerable, central "true self." Early development of a defensive "false self" organization is what meets the world and simultaneously protects the true self.

The narcissistically disturbed patient experiences great psychic disequilibrium and pain about herself in her inner world and about her place in the world of other people. Bach (1998) emphasizes (as had Broucek, 1991) that narcissistic pathology involves enormous difficulty in moving smoothly between 1) subjective awareness of oneself immersed in experiencing: "Subjective awareness is a state in which we are totally into ourselves and our feelings while the rest of the world is in the background . . ." (Bach, *Ibid*) and 2) objective self-awareness, as a self-reflecting being among other selves. With an overly heightened sense of subjective awareness, a person may feel grandiose self-esteem, fears of over-stimulation, and anxiety about a loss of reality. With heightened objective self awareness, a person may feel a loss of self-esteem, worries about under-stimulation, and fears of disintegration of oneself (Bach, 1985; Auerbach, 1990).

Such a person suffers as well from experiencing time as existing only in the here-and-now moment: there is no past and future life. Therefore there is no sense of continuity of herself. Instead there are gaps and disconnected moments causing a patient to feel continuing anxiety (Bach, 2008). She keeps casting around for an anchor for herself. Sometimes new fashions or beauty treatments or a dazzling complimenting companion seem to beckon as an anchor for a sense of self.

There are excruciating dilemmas about how to love oneself and also to love another person. For certain individuals, loving oneself takes the form of feeling that she appears beautiful or that her 'significant other' appears very good-looking (or important/brilliant/fabulously wealthy/in demand) in some way. In the latter situations " . . . separate identity or any boundary between self and object is denied . . . parts of the self omnipotently enter an object . . . to take over certain qualities which would be experienced as desirable, and therefore claim to be the object or part-object" (Rosenfeld, 1964, p. 332).

Steiner (2011, p. 27) adds that when there is a threat of being narcissistically humiliated, some people defensively use looking and gazing in order to 'enter' people "to once again control and acquire the properties of the object." For narcissistically vulnerable people, gaining a beautiful, potent image may be thought of as signifying to them that they are successful in striving for an inner sense of narcissistic equilibrium and subjective self-love, stability, and aliveness.

Often when a narcissistically fragile individual feels alive and cohesive, her internal object representations are self-objects or part objects. Ogden (1985, p. 365), speaking about schizoid patients, puts part of the dilemma as "The schizoid patient is far more the prisoner of his omnipotent internal object world (which is projected onto his current objects) than is the healthy individual . . ." Narcissistic pathology is in fact neither a state of only grandiosity nor a state of only feelings of abject worthlessness about oneself. It involves profound problems in achieving a "coherent, cohesive, consolidated subjective viewpoint" as well as a solid, realistic objective self-awareness. The integration of both types of awareness "is related to the development of self-constancy and the sense of reality and identity" (Bach, 1984). Furthermore, one needs to be able to move fluidly back and forth between these states.

A narcissistically vulnerable patient is desperately seeking to solve these dilemmas. She seeks a stable self identity and self definition, an answer to the questions "Who AM I?" as well as "Who are you to me?" She enters treatment with notable fluctuations in her sense of self, severe problems in relationships, painful affects, and related cognitive difficulties. She yearns, whether explicitly or not, to be given shape, to be enlivened, by her psychotherapist.[5] Although Ovid's tale of Pygmalion and Galatea specifically states that no woman ever born could have such beauty as Pygmalion carves, this is precisely what many a narcissistic patient desires.[6] She desires to be a whole, magnificently beautiful self.

Narcissistic Transference Fantasies

Typical fantasies about her psychotherapist are:

1) I will be made securely, confidently beautiful by this powerful person, and therefore loved and respected: his actions imbue me with his certainty and power; 2) there is something exceptionally wrong with me or bad about me, as evidenced by my *not* having been made as definitely gorgeous as the analyst has made another woman; 3) this fault or defect actually makes me a prominently powerful personality because Pygmalion is motivated to keep trying to change me, so I am like a muse inspiring such creation; or 4) Pygmalion is bestowing special efforts to uncover my hidden beauty and self because he is truly in love or sexually intoxicated with me.

The dreamer of these fantasies hopes that finally there will be a reflection of the loving "gleam in the mother's eye" (Kohut, 1971). That is to say, developmentally the child had wished to exhibit the beautiful grandeur and power of her body, behavior, and productions to her mother who would then mirror back her pleasure in, and affirmation of, that beautiful grandeur. This is normal in a young child. Kohut states that "Exhibitionism, in a broad sense, can be regarded as a principal narcissistic dimension of all drives. The object is important only in so far as it is invited to participate in the child's narcissistic pleasure and thus to confirm it" (Kohut, 1966). Before there is a relatively complete psychological separation of self from other, "the child needs that gleam in the mother's eye in order to maintain the narcissistic libidinal suffusion . . ." [7]

However, a patient with a narcissistic personality disturbance has not had this childhood experience of narcissistic enjoyment confirming her self-esteem. Gabbard discusses patients' fantasies about reparation of the damage done by their own imperfect parents (1996). Kohut's concept (1968) of a "mirroring transference" in treatment involves re-activation of the grandiose self when the child attempted "to retain a part of the original, all-embracing narcissism by concentrating perfection and power upon a grandiose self and by assigning all imperfections to the outside." The patient's readiness is to form an "idealizing transference" whereby the analyst is seen as an omnipotent 'self-object,' a Pygmalion endowed with divine powers to create and to love a perfect Galatea: the new patient. This extraordinary new creation should have no discontinuities, no instability, no lack of integration, in her sense of self (Bach, 1975). Such is the situation awaiting the analyst when a narcissistic patient walks into the consulting room.

The wish to be made to appear beautiful and to feel beautiful often is THE focus of psychotherapeutic treatment for the narcissistic patient. However, neither patient nor therapist may be aware that this is the goal. The use of language has traditionally been the medium of communication in psychoanalytic treatment. Many word-y exchanges may occur between patient and

analyst about various emotional issues. Nevertheless, what a narcissistic patient may truly want is to be endowed with a divine physical image which can be presented to herself and to the world. She hopes that her problems of self will be resolved by such changes wrought by her idealized analyst.

An interesting literary collision of the wish to be re-fashioned into an acceptable vocal form, with language seen as an actual *tool* can be found in Shaw's play "Pygmalion" (1994). Examining Shaw's drama, Levine illustrates the power of language to re-shape, to analyze, as well as to repair and transform Eliza Doolittle. In the end, Eliza develops from being the subject of an experiment in language by Henry Higgins to being separate and her own autonomous source of relative power. Language has been the means for far-reaching internalization, insight, and continued growth. The structure of her mind itself has been changed. Levine makes the point, however, that Eliza—like analysands—tolerates and stays with the process because "it is the relationship with the analyst, and very often it is the more pre-Oedipal dyadic elements, that are the most powerful" (Levine, 2001). (This emphasizes the non-symbolic, concrete elements of change.)

NARCISSUS

The myth of Pygmalion can fruitfully be compared with the myth of Narcissus as one explores narcissistic character pathology. As in other myths, there are manifold lures *and* perils to being beautiful. Ovid (2008, p. 61) recounts that Narcissus' mother was particularly invested in her son's beauty and longevity. She consulted a seer, who prophesied that Narcissus would live to an old age only if he did not know himself. Narcissus was proud, disdainful, and rejecting of others, including the nymph Echo.[8] Echo was unable to initiate an advance: she could only repeat the last word which someone else had uttered. In her despair over the rejection by Narcissus, she trickled away to only a disembodied echo.

Narcissus fell in love with his beautiful image in a pool of water: that is, himself. Contrary to the usual idea that he was in love with himself, he initially thought that he loved another being. One might think of the image as a self-object. He was unable to differentiate this insubstantial image of himself from an actual other person. "Spellbound he saw himself, and motionless lay like a marble statue staring down . . ." (Ovid, 2008, p. 63)

The watery, mirroring reflection may also have drawn Narcissus because he sought his mother, the blue water nymph Liriope, and his relationship with her within the water. Narcissus was conceived there. Liriope had been entrapped by the currents of the river god Cephisus who then ravished her among the waves. Narcissus' father had seduced and then brutally raped

Narcissus' mother. The site of Narcissus' pleasure in his reflection soon became the site of his own brutal death, or a "merging into one," as he described it.

Compare Galatea's initial lifelessness. Pygmalion had shaped the surface of a block of marble and created only the appearance of a fully-integrated human. The sculpture could be seen as a self-object emanating from Pygmalion's narcissistic needs; Narcissus' reflection similarly was a self-object. The statue-come-to-life reflected the power (phallic?) of the sculptor to create a beautiful image. Concerning Narcissus, "Himself he longs for, longs unwittingly[9] (Ovid). He was consumed by the beautiful image, the illusion which could yield no satisfaction. Once he 'knew'[10] that he himself was his own object, he could not bear the knowledge that attaining the ideal beautiful other person was impossible. He could not bear the impossibility of connecting, even though it was to an illusion. In fact, he had fled from the possibility of an actual connection with Echo, who had been real and substantial at one time. Narcissus, like Pygmalion, was contemptuous of all available people in his world. He was beset by pain and confusion because he could not reach what he sought in the reflection (Ovid, p. 65). He felt that he could not live without the image of perfection shimmering in the water. In his feelings of rejection and loneliness, his only recourse was to kill himself so that " . . . we two—one soul—one death will die" (Ovid, *Ibid*).

Mirror Images

What can be understood about being entranced by image? What is being looked for in the mirror? How does this help understand what a narcissistic patient may be seeking from her psychotherapist? One woman was featured in a recent newspaper article about people who constantly look in mirrors. She said "I hadn't realized how much I used the mirror as a life raft: to see that I at least looked 'normal' when things weren't going well" (Murphy, 2012, August 14).

Mirror allusions abound in the myth of Narcissus. Echo was merely an "auditory mirror" (Nuttall, 1989). Narcissus' image is mirrored in the water, perhaps as his own image had once been mirrored in the face of his mother, a watery nymph who dwelt on her son's beauty.[11] Galatea, Echo, and the image in the water all lack independent selves, all are passive mirrors, and all have nothing of themselves to offer to Pygmalion and Narcissus. Images and reflections of beauty are everything. In a sense, their relationships may be thought of as being relationships between images. Nuttall describes "the special frustration of Narcissian love-making for what is lacking is the touch of someone other than oneself." One cannot be touched, and "the self can perceive but cannot be perceived."[12] The sheer yearning and isolation are heart-breaking but also of course defensive. If one takes the seer's prophecy

as a credo of some narcissistic patients in treatment, it is best not to "know" oneself in the ways in which patients in classical psychoanalysis attempt to know themselves: thoroughly and on the deepest levels. Oscar Wilde (1894) flippantly articulated one possible outcome of clinging to the appearance of high self-regard: "To love oneself is the beginning of a life-long romance." Psychotherapists however know that this path is an extraordinarily rocky one at best, given the limits of a narcissist's self knowledge.

As stated earlier, when mother and child mirror and gaze at each other, hopefully there is an appreciative reflection of what each sees. Each sees the other and sees herself reflected back. When one gazes at another person, there is a developing orientation about the boundaries of one's body and about self-identity. There is also communication about the minds of each other. There is an offer to look beyond the superficial image and into the mind. Bonomi (2010) has noted that in certain states of regression, when the boundaries between self and others are precarious, a gaze can be felt as dangerously penetrating into the mind. Coming to know himself did prove to be fatal knowledge for Narcissus: he killed himself. Was this destruction and disintegration a version of Narcissus' also having an 'Evil Eye:' that is, the power of the projective identification of aggression? Worries about looking at each other are relevant when attempting to understand unconscious forces within patient or analyst regarding lying down on the couch versus sitting up in a chair for treatment. The patient or the analyst might be avoiding a recommendation for more intensive, more frequent therapy. What exactly does it mean for any given therapeutic dyad to gaze upon the other person—or NOT to gaze? In psychotherapy, a patient is unsure just what the therapist is seeing in her and what the therapist might do in response. No wonder that there can be great ambivalence about learning about oneself in intensive treatment. "Change [in psychoanalytic treatment] is seen quite routinely as involving the possibility of loss of control and of danger to one's identity, separateness, and wholeness" (Castelnuovo-Tedisco, 1989).

In clinical practice as in life, what a person sees in a mirror is subjective. What she believes she sees may be more or less realistic or distorted.[13] What Narcissus was looking for in the reflection in the pool was colored by his mother's life-long, deep belief in his idealized beauty. His gaze however led him to painful truth and self-knowledge about what he saw there. Ms. H, described later in this chapter, felt that she had a blatantly exposed, mutilated, and invaded body which she had to cover and hide. That was not everything which she may have been hoping to hide. Her experience in a bikini on the beach actually also carried with it her multi-layered history of being subjected to aggressive medical intrusions, of having iodine regularly smoothed on her wounds post-surgically by her adored father, and of cozy experiences looking at photographs of beautiful women with her father through the years.

The mirror is a tool and a symbol of conflicting wishes: to see and know, to not see and to disavow, and to need a mirroring judgment or reassurance that one need not feel ashamed after all. The earliest experience of a mirror in a baby's life is of the mother-as-mirror, who communicates delight, understanding, and elaboration of shared meaning. For some people, the pressure to use a mirror may take the form of dependence on another person as a mirror to reflect acceptance of one's appearance as well as of one's inner self.[14] Some people succumb to the erroneous belief that the image in the mirror is who they really are, losing themselves in immersion in a mirrored reflection as Narcissus did. Image-savvy, powerful politicians and air-brushed celebrity models surround themselves with flattering, fawning underlings who mirror back what they are supposed to mirror. Other people may use another person as a glittering, beguiling trophy image to divert attention from, and to substitute for, their own defects in appearance. These are often perverse uses of oneself and others. However a fear remains of receiving a Medusa-like murderous judgmental stare, leaving one feeling obliterated.[15] The dependence on how one is seen is fraught with issues such as rage at feeling dependently subjugated, and confusion due to a lack of a structurally integrated, sound internal identity.

Image and mirrors are part of the psychology of narcissistic people. They look to their analysts to mirror back what they feel they need to see and then experience. Narcissistic patients are not alone in unconsciously feeling that they need for their analysts to be omnipotent. However these patients tend to put particular emphasis on having that omnipotent person shape their image so that a more acceptable image is reflected back. Shengold (1974) stated that "the power of mirror magic is a continuation of parental and narcissistic omnipotence."

Ancient mythology incorporated the significance of image and mirrors. For example, a mirroring shield, deflecting Medusa's image and her gaze, held life-and-death significance for Perseus the slayer, Medusa, and countless victims.[16] By manipulating the mirrored image, Perseus gained power over Medusa and ultimately over his own life. The myth dramatically communicates the importance of having power over what is seen. As has been shown, a narcissistically vulnerable person searches urgently for such power in an effort to achieve self-equilibrium. Such a patient in treatment today may well have the feeling that these are life-and-death issues for her too.

Self Creation

Analogously, there can be dangerous uncertainty when attempting to facilitate a 'make-over' of the presentation and appearance of oneself.[17] When a person looks at her reflection in a mirror, she can be thought of as creating, perhaps even giving birth to, the reflection inasmuch as there would be no

image if she were not looking and perceiving in her unique way. [18] A similar situation arises for artists, writers, and other creative people as they envision, gestate, and give birth to their productions. The discussion about the artist Orlan in chapter 6 illustrates one example of such 'self creation.' This was the situation with Narcissus and Pygmalion. They were invested in seeing a reflection of idealized perfect beauty.

FRANKENSTEIN

The story of Frankenstein by the creative author Mary Shelley (2008) depicts a very non-ideal creation or birth. Her iconic novel fuels both the common fantasy of re-birth and the fantasy that a person's inner self is too damaged, dirty, or inhuman to be perfectly re-born. Victor Frankenstein had hoped to create new life, to animate inanimate objects into a beautiful live being. Instead, a loathsome,[19] murderous monster emerged, and its creator was repulsed. The birth mother/father wanted to abandon or destroy the offspring. The monster saw its reflection mirrored in a pool, as Narcissus had, but for the monster there was no hope of beauty, acceptance, or redemption. This is often the despairing lament of narcissistically wounded patients: they feel only futility.

One example is of a patient Ms. T. She is convinced that her face is ugly, and she cannot stand seeing herself in the mirror. Going to get a hair-cut is extremely humiliating. At the salon, with her hair wet, her face (her actual focus) is all that can be seen. Each visit feels excruciating, and she has a terrible time deciding what to do with her hair. Ms. T is convinced that the hairdresser will think that it is futile to try to help her, because he undoubtedly evaluates her face as ugly. Surely he will give up. In fact, she is never happy with any hair-cut, which she feels never makes her face look pretty. At the same time, she feels constant pressure to entertain and please her hairdresser so that he will like the patient and not think she is "dead or a loser." Other beauty treatments such as getting a facial are not as conflict-laden. Problem skin, for example, necessitates clear-cut remediation to Ms. T. A hair-cut, however, is open-ended and could go several ways. Never does it go the way of enhancing her.

Narcissistically wounded patients like Ms. T feel that the chaos and ugliness of their minds, projected in Shelley's science fiction onto a monster, can never be securely and confidently beautified by the creator/analyst. The monster and the patients will always be unloved outsiders. The image, which is mirrored when they look at themselves, looks like a Frankenstein monster to them. Their wounded narcissism and destructive envy rule the day. As Shelley (ed. Robinson, 2008, pp.122-123) had the monster say "Remember, that I am thy creature: I ought to be thy Adam; but I am rather the fallen angel,

whom thou drivest from joy for no misdeed. . . . I was benevolent and good; misery made me a fiend; make me happy, and I shall again be virtuous" and " . . . impotent envy, bitter indignation filled me with an insatiable thirst for vengeance. I was the slave not the master of an impulse which I detested yet could not disobey. I had cast off all feeling, subdued all anguish to riot in the extreme of my despair. Evil thenceforth became my good" (ed. Wilkinson, 2008, p. 229). Similarly, a patient's unconscious appeal to her analyst or her beauty salon artiste for re-birth or transformation can turn into great disappointment at the analyst's perceived response. Storms of aggressive envy, fury and enactments may follow.

Both Mary Shelley and her protagonist Victor Frankenstein had attempted to create—from personal loss, rage, and grief—a new life. Myers (quoted by Lytton, 1979) suggested that in the novel a second chance [presumably in treatment as well] is offered to the individual to revise prior pathological resolutions of early traumatic experiences. The raw material which both Shelley and Frankenstein used 'to give birth,' to create a new start, proved to be dissociated and repressed parts of themselves and consisted of what they unconsciously felt were their inner monstrous aspects. Shelley referred to her novel as "my hideous progeny" ("Appendix C, Introduction to the 1831," p. 442). Frankenstein used parts of human and non-human corpses to create what turned out to be a monster. The deadly part-objects had been intended to un-do deaths which had occurred in each of their lives.[20] Instead their newborn creations confronted them and, through projective identification, became persecutory beings. Frankenstein rejected the monster which he had created, resulting in the heinous, disavowed aspects being denied love and acceptance. They were never owned and integrated by Frankenstein.

Whitehead captures the mesmerizing experience in science fiction of friendly, familiar people turning into the monsters they have always been. "A monster is a person who has stopped pretending" (2012, p. 101). Popular films such as "Night of the Living Dead," "Invasion of the Body Snatchers," "Dawn of the Dead," and "They Came from Within" announce that millions of viewers respond to the monster within themselves.

The wish to gain control over oneself and one's world is a lens through which one can frame problems of narcissistic character pathology, as well as problems—in different degrees along a spectrum—in everyone's life. For a narcissist, the wish may be for omnipotence. Chapter 7 will deal further with permutations of power and the effects on the psychology of beauty. It can be seen in this chapter in patients' desires to be changed, transformed, or even re-born. If there are significant problems in gaining or maintaining a sense of a cohesive self, there are efforts to fend off and control any experience of disintegration and to keep split-off bits of psychic parts (introjects, self and

object representations) assembled. Frankenstein literally searched morgues and slaughter houses for body parts. In a sense, he metabolized the parts as he re-formulated them.

In terms of control, Gottlieb (2007) makes the interesting point that "cannibalistic fantasies combine the obliterative destruction of another, together with making that same other an inseparable part of oneself." Clearly cannibalism is a quite primitive attempt to control separation. Destructive rage is often part of a narcissistic patient's psychology, although fantasies need not be about cannibalism.[21] Gottlieb is saying that impulses toward killing and toward reviving are paired. The flip side of the urge to rip apart and incorporate by eating is reparation, sometimes of the analytic pair. The link between dire need and destructive omnipotent narcissism can be heard when Frankenstein's monster says to Frankenstein, who has refused to create a mate for him, "If you refuse, I will glut the maw of death until it be satiated with the blood of your remaining friends." All of these efforts at control can serve to deal with object loss as well as with a sense of loss of oneself. Integrating these processes in some manner can be part of the narcissist's unconscious appeal to her analyst to make her over, to make her whole. Her desperation, like that of Frankenstein's monster, to force the analyst can reach the level of murderous fantasies.

Family Romance

Mention will be made here of the family romance fantasy, because it frequently overlaps with fantasies about being beautifully re-born or transformed. The fantasy of family romance is by no means restricted to any particular diagnostic category. Core elements include the ideas that the person is adopted and that the 'real' family is royal, rich, gifted, or exceptional in another way. The current parents and siblings are inferior.

The family romance allows for idealization of the 'true' parents as well as for the new exceptional identity with which the patient will at last be identified. Positive and negative aspects are split, with concomitant distortion of reality. Primitive thinking, particularly concerning magical omnipotence, can be an integral part of the family romance fantasy. In psychoanalysis one typically unconscious variation is that the analyst is the patient's real parent or will adopt (equaling 'a new birth') or marry her, thus taking care of the patient in the ways she wishes. Being transformed into a lovely creation is the goal for some patients, as has been seen. Wishes for enhancement of oneself by compensatory, grandiose, narcissistic fantasies are prominent.

Physical Impairments

Relatively often there are patients for whom a physical defect, injury, or medical problem has resulted in a narcissistic wound which has caused significant emotional turmoil, including about self-identity. Having a physical problem may be felt by a patient as an exceptional hardship which deserves exceptional recompense or restoration (Freud, 1916). Ogden emphasizes that " . . . inadequacy of mothering is only one of the possible causes of failure of the holding environment. Other important causes include prematurity of birth, physical illness of the infant, unusual sensitivity on the part of the infant, 'lack of fit' between the temperaments of a particular mother and a particular infant, and so on." (1985, p. 353). Therefore in thinking about character, physical issues resulting in narcissistic wounds need not have the same roots as in patients whose sense of 'a basic fault' originated with a misfit with the environment. In fact, the following case vignettes do not necessarily reflect significant narcissistic character pathology. They highlight nevertheless that in addition to more familiar intra-psychic conflicts, there exists a very pressing urgency to be beautiful and intact, to grow during the analytic process into acquiring such a self-concept, and to have an image of beauty reflected back in one's relationships.

One aspect of Ms. C's analysis is an example. Until 1971 it was not unusual for the hormonal medication DES to be prescribed for women who had a history of miscarriages. Later, it was determined that DES was correlated with the possibility of female children developing cervical or vaginal cancer. Ms. C's mother took DES while she was pregnant with the patient. Ever since the warning was issued, Ms. C has been monitored on a regular basis, beginning in early adolescence. Although she remains healthy, her sense of being internally damaged and "a freak," and possibly being rendered infertile, has haunted her. She also has the fantasy that the DES 'links' her mother and herself, making true separation impossible. This is both a lifelong wish and a profound fear. There are some elements of a kind of cannibalism, in that there are traces of a fantasy that her mother has ingested her. Ms. C's childhood retention of her feces may also be related to a fantasy of keeping her mother, whom she also in fantasy has swallowed, inside. The involvement of mother and daughter with Ms. C's cervix reinforced Ms. C's physical identification with her mother. It is a love trap too, because what her mother did so very long ago out of love (taking DES) could possibly prove to be so deadly. It should be emphasized that Ms. C functions in her life on a very high level professionally and personally. The fantasies basically remain on an intra-psychic level. Nevertheless Ms. C's self-concept of being tainted and deformed inside has been a part of her involvement with "dangerous" men, who she assumed would overlook how ugly she thinks she is. She has in fact acquired herpes from them, thus stamping her in her eyes as defective.

She has struggled mightily in analysis with these and other issues. Ms. C very much wishes to feel beautiful and whole, not contaminated and not "damaged goods."[22]

The case of Ms. H[23] illustrates the early intertwining of body ego and sense of self through the psychosexual phases of development and object relations. Part of her analysis involved examining the problems she has had with gaining a sense of bodily integrity and cohesiveness. Ms. H is a charming, very intelligent, extremely accomplished thirty-five year old young woman who was born with one kidney. The remaining kidney was damaged because of problems with her bladder. A narrow bladder neck had led to multiple bladder, urinary, and kidney infections. As a child, she was "always sick" with high fevers. Her family did not realize for some time that there was a kidney problem, so she had many injections for "colds." Once, she hid in the closet and refused to let the doctor give her a shot. Later there were numerous diagnostic tests with a cystoscope, a thin hollow lighted tube inserted into the bladder through the urethra. "Scary" cystoscopies "with very long needles" required anesthesia.

At age five, Ms. H had major surgery on her bladder. She recalled being disoriented as they wheeled her on the gurney. The physicians were actually widening her bladder, but her experience was that they were cutting into her. In analysis she grappled with long-term questions such as: what did they cut? what did they leave behind? what did they do to me anyway? The doctors used twenty-six stitches to close her abdomen. When Ms. H emerged from surgery, there was a plastic tube leading out of her abdomen into a big bottle because she could not empty her bladder. "When the doctor pulled the tube out, it left a big hole. I looked down and had the surreal feeling 'How do you do that?'" The stitches got infected, and "there was a big, red, pus-y, inflamed scar. It was a medical trauma." When Ms. H got home from the hospital after a month, her father would "smear iodine on the scar." Now there is "a big wide indentation."

She had had the surgery during the summer before first grade. During first grade, the doctor said that she had to "go pee" every two hours to empty her bladder. She was told to then walk in circles every two hours to "stimulate my bladder." In the second grade, she was put into a "Special Education" class. At that time the Board of Education "dumped all of the kids—retarded, health problems, behavior problems—into the same Special Ed class. My parents did not even know that I was in that class until my aunt substitute-taught one day." The aunt exclaimed "What are you doing here?!" and got her out of that class.

"Very intrusive, horrible procedures" continued until she was fifteen, as she was monitored four times per year. From age six, Ms. H was regularly put on a table with her feet in stirrups. Then she had to "fill my bladder with liquid to the point where I couldn't hold it. Then they would tell me to void

it, right there on the table. They took X-rays. The doctors and nurses were between my legs." Every night before a procedure, she had to take milk of magnesia and have an enema, so that she would be "emptied out." Her parents had to give her valium before every procedure because she always experienced the procedures as traumas.

Of great significance was her feeling of having been abandoned in the hospital. Parents were not allowed to stay with their children in that hospital. She was too young to be able to tell time, so she felt particularly confused after her parents would have to leave her at the end of the day. In her Midwestern city, the hospital where her doctor practiced was located "in a creepy neighborhood." This added to her feelings of bewilderment.

Ms. H's father was a photographer who loved women's beauty. The two of them often looked through magazines at photographs of women, and he would call attention to a woman's lips or other features which he found attractive. Ms. H decidedly did not feel beautiful, particularly in comparison to the models in the photographs. She did feel close to her father through this activity of looking at photographs of beautiful women.

Even though Ms. H's mother had won a beauty contest, she never thought of herself as beautiful because she wore glasses. She could only think of her siblings as gorgeous. However, the mother did buy clothes from France, although the family had a lower-middle class income, so issues about appearance were conflicted for Ms. H's mother as well.

Ms. H reported feeling traumatized, damaged, scrutinized, and not lovely. She experienced great shame for many years. "When I was thirteen, big problems started because my friends would go to the swimming pool in bikinis in the summer. People would see my big wound, my scar. I had to do a lot of hiding. I tore myself apart."

Elements of Ms. H's sister Nancy's life had considerable impact on Ms. H. Nancy had a genetic syndrome which resulted in her being very small and fragile. She used to scream from the "excruciating pain" associated with her disease and was immobilized in a cast for several years. Even so, Nancy was "adorable and got much attention" for all of these reasons. Nancy was also someone who loved to laugh, although Ms. H was the one who cheered Nancy up. Ms. H remarked "MY problems couldn't be seen: I looked perfectly fine" on the outside. The parents were devastated by Nancy's ongoing agonies, and the mother "did not think that it was right to keep up her own appearance since Nancy was in so much pain" so she "let herself go." One result was that Ms. H was ashamed of her sister as well as of her mother, not to mention her lifelong shame about herself.

Early in Ms. H's analysis, she did not introduce her experiences of not feeling pretty. Rather, she mentioned how much she always dreaded and hated having her bosses supervise her work. She felt that she was being examined and judged. She felt that her intelligence was inferior and that this

fact was what would be exposed upon examination. Her body, in part, was equivalent to her intelligence. Later analysis led to working through aspects of her intense work anxiety as being related to her feelings of always having her appearance and body physically examined and judged. Strong desires to look beautiful reverberated for Ms. C and Ms. H as physical trauma had become focal points for feeling that they looked, and felt sure that they were, sub-par and unattractive.

These vignettes indicate some of the many ways in which longing to see oneself as beautiful may be interlaced with issues from various levels of psychosexual development and with numerous types of conflicts. In the above clinical material, these include but are not limited to problems regarding separation, autonomy, castration and Oedipal fantasies, and difficulties with aggressive derivatives. When these women remarked in treatment how they felt they looked, analytic material opened up which reminded the therapist of *Alice in Wonderland: Through the Looking Glass and What She Found There* (Carroll, 2008). The patients sometimes proceeded to tumble into worlds where what had physically happened to their bodies mingled in fantastical ways with their self and object representations. The key to opening their looking glass (mirror) worlds often proved to be exploring their wishes for transforming their difficult physical experiences and subsequent body images into identities laden with beauty.

NOTES

1. The prostitutes are turned to stone for not worshiping Aphrodite. Compare the myth of Medusa.
2. Miller (1989) comments that Pygmalion's misogyny is all the more negative because he lived as a confirmed bachelor on the island of Cyprus, Aphrodite's island, and Aphrodite was the goddess of fertility.
3. Of course everyone has the potential to develop transference relationships in many circumstances throughout their lives. The degree of "transference readiness" can vary greatly. Transference phenomena outside of treatment are typically less fully developed, less full-blown than the transference developed by a relatively intact person in psychoanalysis.
4. According to E. J. Anthony (1981), "A woman is born psychologically into shame and must develop out of shame before she can become a feminine being" (1981, p. 197). It is doubtful whether this claim about the congenital affect of shame would meet with considerable agreement today, including for narcissistic patients. Others, such as Broucek (1991), might agree in part.
5. Calvino (1988) suggests "Think what it would be like to have a work conceived from outside the self, a work that would let us escape the limited perspective of the individual ego, not only to enter into selves like our own but to give speech to that which has no language . . ." He seems to be referring to being able to move fluidly between subjective and objective states, to consider multiple possibilities.
6. Miller notes that in Shaw's (1944) play "Pygmalion," Eliza Doolittle was never able *completely* to fit comfortably into British society, despite Professor Higgins' prodigious efforts to mold her. "The change, though impressive, actually makes Eliza unfit for normal life. Once

she can speak 'properly' she can no longer be a flower-girl, but neither can she join the social group whose speech she has adopted because she possesses none of the other social graces (or its economic *sine qua non*)" (Miller, 1989).

7. This is in line with Bach's "subjective self awareness."
8. Echo is similar to Pygmalion's statue in that neither Galatea nor Echo had a voice of her own which could be heard, and neither was known for who she herself might be.
9. In a sense, Narcissus was his own Pygmalion too. He created his own object, himself, to love.
10. This was the seer's prophecy.
11. Compare Bach and Kohut on narcissism.
12. This may be one among many motivations for women, alluded to in chapter 1, who cannot bear to be physically touched.
13. Think about the recurring, intense affects and conflicts activated in each and every woman while trying on bathing suits in front of department store mirrors each and every year. There is frequently a re-activation of earlier narcissistic mirroring situations. Other emotional issues of course may be at play too.
14. Witness the complex relationships which women have with their hairdressers as both of them intently scrutinize the image in the large mirrors at the beauty salon.
15. Interestingly, the very eye-popping fashion house Versace has the face of Medusa as its logo.
16. This myth also has currency in the phrase "If looks could kill . . ."
17. Recently there has been a spate of investigative journalism and documentaries about medical tragedies besetting some transgendered people who feel that they must undergo make-overs of their skin and body boundaries. Even worse, they risk being murdered after their 'alterations' are discovered.
18. For some people, there is an illusion of self-creation. Charles Rycroft (1985) is particularly illuminating in this regard.
19. It was actually a creation more multi-faceted than appearance would indicate, somewhat like the beast in "Beauty and the Beast" and like Medusa.
20. When Shelley's beloved husband Percy Bysshe Shelley died, she managed to obtain his heart (a body part, a part-object) from his funeral pyre and to wrap it in silk between the pages of *Adonais*—Shelley's famous elegy to Keats (Seymour, 2000, p. 306).
21. Some patients do fantasize about swallowing up and incorporating the power of the analyst.
22. As these are not full case reports, many aspects of the clinical material are not explicated here.
23. Several experiences of Beauty, in "Beauty and the Beast," and of the mythical Psyche come to mind regarding Ms. H.

Chapter Five

The Misplaced Therapist

In Search of Pygmalion on and off the Couch

People seek self-improvement or therapeutic rejuvenation in various venues. They look for an 'expert' who is perceived as being skilled in facilitating such benefits. Aspirations for greater beauty, physical self-enhancement, alleviation of emotional and psychosomatic pain, support by coaching of certain life skills, self-esteem regulation, and the ability to feel more pleasure and fulfillment may lead patients and non-patients alike to familiar, as well as unusual, 'experts.' Activities aimed at these goals may sometimes be found in a single location. The client very often develops Pygmalion-Galatea type transferential feelings toward the expert. This does not necessarily imply that there is psychopathology involved in the pursuit of activities with these experts, although there may be psychopathology.

In fact, it is not inevitable that such endeavors outside of psychotherapy are obstacles to a patient's continuing her psychodynamic work in her therapist's office. Many patients in clinical private practice are also involved with other professionals in a multitude of self-improvement fields. Wanting to look and feel better makes perfect sense. We appreciate such efforts. Many patients are interested in becoming more beautiful and finding serenity of various kinds. Patients themselves, though, sometimes are puzzled at being intensely involved with more than one helping professional. They wonder: will these therapists compete or be jealous of each other? Will they be angry at me for not working with one of them exclusively? How can I care so much about, and relate to, two or more different people who are 'working on' me? Bringing discussion of these other treatments into the consulting room enhances psychotherapeutic work.

Insight is also gained into how treatment with other professionals may have more insidious, negative effects on the psychodynamic treatment. A classical view of psychoanalysis might very well propose that all aspects of a therapeutic transference should develop and unfold within the analytic relationship so that it can be seen and understood *in vivo*.[1] It is fair to ask if this is a pragmatic goal. Furthermore, if all aspects of the transference and of the treatment are not totally contained within the analytic relationship, what are the implications for treatment? Are there some potentially positive, as well as some potentially negative, points of impact on the psychodynamic therapy?

This chapter and the next will focus on viewing patients' forays outside of therapists' offices as manifest material, as the therapist views manifest material from all areas of patients' lives: brimming below the surface with fantasies, conflicts, anxieties, defenses, transferential phenomena and enactments. If psychotherapists are open to hearing these communications from patients, there is much to be learned. This includes therapists' interest and attunement to details about the venues, the ambiance, the protagonists, the procedures, the results, and of course the associations to the psychotherapeutic work. One question is always: what is being sought in activities with other professionals? Another way to put the question is: how are clients/patients hoping that their goals will be achieved? Psychotherapists should be interested in every single detail of what goes on just as much as they are interested in every single detail having to do with dreams and masturbation, for example.

As mentioned earlier in the book, the beauty salon is an almost universally powerful locale which draws women wishing to be made beautiful. It is a regular, long-term destination which is felt to be a totally necessary part of one's entire lifetime. In this spirit, some women refer (at times with a sense of enslavement to the demands) to their beauty regimens as "maintenance."[2] A great deal of thought goes into the choice of salon, and the fantasies driving that choice can be complex. Should one choose the beauty salon where mother goes; where hipsters or celebrities or best friends go; where the fees are highest, thus perhaps implying to some people that this is the best treatment; where one can feel most pampered, catered to, treated royally; where one is casually and dismissively dealt with, thereby confirming the impossibility of ever looking beautiful? After all, the subjective perception of the beauty parlor experience is the only important truth about the skill of the staff. It should also be pointed out that deciding to abandon one salon to change to another is often experienced as a major upheaval: a shift in object relations, in self-concept, in ambition.[3]

The beauty institution described in this book's first few pages is a magical palace in many customers' eyes. It is a mystical place of splendor, riches, the finest, most elegant and pedigreed taste in all materials and equipment. The wizards wielding their magic powers, if they can be induced to do so, are often attractive foreigners, as are their expensive potions and wands. This

adds a whiff of exoticism and worldly sophistication. (Extended conversation over time with so-called exotic staff members frequently discloses that many of them do not yet have 'green' immigration cards, live in cramped apartments in far outer boroughs of New York, and see themselves as lower middle-class.) Curious riff-raff customers are more frequently spotted only browsing in the ground floor retail shop where they might be able to afford one of the patented beauty products used upstairs. The security man stands guard, imparting an air of superego watchfulness and making more than one customer wonder "Do I really even belong here?"

The floors above the ground level strike some customers as layers of an exquisite party cake, fit for a princess.[4] All are lavishly decorated, and there are uniformed attendants each with demarcated areas and assignments. One very large room is designated for "Waiting." Coffee, juice, imported bottled water, and petite plates of gourmet snack food are offered. Attendants take customers' outside-world clothes and hand out identical sumptuous robes which they will wear while being serviced.

Further upstairs, clients proceed to the sections where their beauticians and assistants perform their specialized beauty treatments. The steps of the procedures are carefully planned. The variety of 'sous chefs' may seem esoteric (and overwhelming) to a newcomer, but there is a hierarchy of specialties. For example, the colorist and the stylist, or "designer," are seen as having vastly different types of expertise and prestige from the assistant who only shampoos hair or the one who methodically hands individual pieces of foil, one by one, to the colorist. One effect of these elaborate productions can be that customers have the opportunity to feel that the staff is highly attuned to their specific needs, wishes, and goals. They can feel nurtured and spotlighted for individualized attention. They can feel stroked, literally and figuratively. For many women, these touches are felt to be irresistible and perhaps long overdue. Not all of the clientele have the same reactions. Hopefully, psychotherapists will be welcoming such clinical material and will be encouragingly listening for the wide range of fantasies fueled by these beauty salon experiences.

The types of beauty treatments and services offered at such an establishment are numerous. Innovative procedures are introduced as soon as the 'buzz' in the beauty and fashion media announces them. The standard services of hair roots coloring, frosting tips, and highlighting individual strands are available. There is a French technique called baylayage, or hair painting by free hand. Recently, fluorescent patches of pink, blue, and green have been added to the enormous selection of blonde, red, and other hues. Hair can be "woven," permed, or straightened depending on a woman's critique of herself. Some salons specialize in work on extra curly hair.

In addition to lotions which are supposed to enhance hair quality before it is cut and blow-dried, there are various hair removal personnel ready to pluck, "thread," use electrolysis, and wax hair off faces, legs, and pubic areas. "Bikini waxing" (Morris, 2005, pp. 199–201) is meant to remove pubic hair which might be seen when wearing a bikini. French bikini waxing leaves only a so-called "landing strip" of hair above the vulva. A "full Brazilian or Sphinx" waxing removes all pelvic hair. Other pubic hair designs include a small artful triangle with the lower point described as an arrowhead "pointing the way to pleasure;" "Hitler's or Stalin's moustache;" a heart shape, dyed pink; and the "Playboy strip." For several of these processes, the nude woman must get on her hands and knees, spread her legs, and help hold her genital lips apart while the wax is applied and then ripped off. There are, of course, various meanings for various women about the pain, excitement, designs, and the intimate, hands-on contact with the cosmetologist. The final appearance may run the gamut from an under-age look to seductive pornography. One might consider what effect is planned for the woman or her lover when the artistry is viewed later.

Besides attending to hair, salons offer many types of nail and foot care. This no longer means only nail polish. Pumice stones, callus shaving, foot cleansing, and foot soaking and massaging involve the nail specialist sitting at one's feet and catering to the client's whims about the geographically lowest part of her body.[5] Next, French, hot stone, Peppermint Sea Twist, and shellac gel manicures and pedicures are among the choices for beautifying, growing, and strengthening nails. There are nail extensions, and nail polish can include painting designs or applying decals and imitation jewels to toenails and fingernails. There are special drawers where women can keep their chosen polishes. This partly seems to be thought of as a way of women marking their turf and of being kept in the nail expert's mind.

Skin treatments are a valued part of beauty services, and they are often vehicles for transferential experiences emanating from the very literal level of touch. Nuances of nurture, excitement, and discomfort are frequently registered—often unconsciously—and may facilitate childhood sense memories, fantasies, and even tinges of trauma-laden moments. There are facial and full body massages, tanning, skin polishing, botox toxins, re-surfacing, dermabrasion, chemical peels, collagen support, skin fillers, intense pulse laser, pigmentation and wrinkle treatments, and much more. "Spa treatments" advertised include: a ginseng-root foot bath scrub to exfoliate toxins, re-surface, and promote skin cell regeneration; a rose petal sea salt bath to polish skin and eliminate calluses; a white or mint hot chocolate salts massage and mask; citrus bath therapy to energize circulation; and a green tea spa to promote anti-aging. One can detect that oral derivatives are being linked with these spa skin treatments. Certain Asian spas contain a series of pools, each at different temperatures. Customers totally disrobe and loll naked in the

pools together. It almost goes without saying that relaxation (or alarm, as the case may be) goes hand-in-hand with voyeurism, exhibitionism, and eroticism. What is "too hot" for one person may be another person's "just right" temperature.

A customer may feel enormous hope and possibilities through the magic of her salon Pygmalion. For some procedures, the danger of possible damage from the treatment can add a layer of sadomasochism. The potential therapeutic bonding, as well as any perceived dangers of intimacy and dependence, are strongly parallel with a patient's transference in treatment.

Customers peruse hair style magazines, videos, and a new internet program which allows for computer manipulation of various 'looks' on a picture of oneself. Customers also peruse each other . . . intently. Having vied to get an appointment with staff members who have reputations as being special, clients may point out other women: "I want to get [steal?] the hairstyle you gave her." Some women who have attained access to a star hairdresser may have to cede control to the hairdresser's particular vision of what he will offer her. Relationships with various staff members vary—as they do in patient—analyst dyads. There may be vivid feelings of submitting to Pygmalion or inspiring him or butting heads with him or even, on occasion, being collaborators. Nevertheless, fantasies such as "I am emerging from a cocoon into a beauty who can fly" are not uncommon. All of the details of their experiences before flight are significant as well. Whether individual clients feel that they can maintain flight on their own during the week or weeks when they are away from their beautician can vary. Some have to re-visit him for an interim style refreshing and re-fueling. Compare patients' reactions when they are separated from their analysts for vacations. Do they feel that they need phone sessions? What are the feelings of the analysts if they do or do not participate in this? How are these experiences related to the rapprochement stage of child development?

The subject of money charged for services arises in the beauty salon and in psychotherapy. Was the production satisfactory? Unconscious symbolic meanings of feeling satisfied, enhanced, empowered, deflated, furious, or compliant are inevitable. Cash tips at the beauty parlor are then awarded accordingly, because all of this work is not done for love alone. That fact may be extremely disappointing or sadomasochistically pleasurable. There is often the aspect of the hairdresser putting on a performance: one energetic beautician is constantly chatty, perky, hovering. In contrast, a well known male salon owner is an attractive foreigner who has a silent, self-possessed, imperious manner. Different demeanors promote differing transferential phenomena.

Gifts are frequently given by beauty salon customers and may be expected by staffers. This is not the norm in psychotherapy, and if gifts are given, so too are interpretations of the gifts, usually. In therapy, mention is

never explicitly made, or perhaps even acknowledged, that the therapist is or should be putting on a performance to cement a bond with the patient, or to deserve his or her fee. Nevertheless, in the therapy office as well as in the beauty salon, it is important to the therapist that he/she be paid, hopefully in an ongoing way and commensurate with his/her opinion of expertise, status, and need. Again, there is the question of which customers or patients develop which aspects of transference in differing circumstances. Different therapists, too, develop different counter-transferences. Enactments of conflicts about these issues in psychotherapy are often displaced to outside settings.

There are salons quite different from the fashionable, expensive, and exclusive establishment described above. One familiar and popular type is the neighborhood beauty parlor. While many of the services offered may be similar and the customers leave satisfied, the ambiance is quite different. "Shear Bliss Beauty Salon"[6] is owned and primarily staffed by members of a specific, close-knit ethnic group. It is beloved by its customers, and many of them live near-by and identify with the foreign language frequently spoken at Shear Bliss, the staff's familiar styles of dress, and the targets of gossip there. Some of the customers have ties to the staff going back a generation or more. For example, one hairdresser's mother began 'doing' hair and make-up for clients forty years ago. Now her daughter, the hairdresser, works at Shear Bliss and does hair and make-up for the daughters and granddaughters of her mother's former customers.

There are many close ties, as well as tensions and drama, among Shear Bliss staff and customers, and they sometimes socialize with each other outside of business hours. When a wake was being held at a funeral home for a deceased client, her hairdresser, of her own accord, took her tools of the trade to the funeral home. There she styled the deceased client's hair, applied make-up, and polished her nails. She was not going to let her customer go to eternity looking unkempt and uncared for.

The shop exudes the exuberance and the strains of a large family which expands to include the spouses and new-born children of its members, and even some members of other ethnic groups who are comfortable there. Shear Bliss tends to have on hand homemade ethnic food, and much eating and drinking coffee together accompanies the constant chatter. The beauty salon turns out to be a place especially conducive to sharing secrets about marital strife, serious illness, problems with fertility, and wayward children. Advice on how to deal with these problems is freely given. Rites of passage such as weddings, Bar Mitzvahs, Communions, and deaths are honored with the appropriate services, food, and gifts. Often an entire wedding party will book appointment time to have their hair, nails, and make-up done there together.

Shear Bliss, like others of its ilk, tends to employ the owners' own family members for all manner of duties. Some of these nieces, nephews, sisters, brothers, and offspring might be un-employable elsewhere for various rea-

sons. At Shear Bliss, however, family loyalty and pressure have resulted in these family members having jobs perhaps sweeping hair from the floor or making coffee. Customers know about the bonds that exist at Shear Bliss, and this fact adds layers of meaning to powerful transference-like phenomena which can unfold.

A third type of beauty establishment illustrates still another venue where clients certainly seek to be made more beautiful in the hands of authoritative experts. Here, however, wishes for transformation, growth, and even a kind of re-birth have very different qualities from the other beauty salons.

An example is a shop called Mackadocious Hair Styles,[7] set on a busy street in a socio-economically diverse, partly African-American town (DiStefano, 2002). The suave owner, Rob G, says that the "G" stands for great, good, gorgeous, generous. From a "throne-like, retro barber's chair" in a back corner, he presides and oversees "his domain." The other stylists' chairs are huge 1950's "Cadillac chairs." As the reporter describes, "all the usual tools of the trade can be seen . . . talc, sterile combs swimming in jars of green liquid, and assortments of clippers." Rap music blares.

The shop has an additional identity as an informal employment program which the owner manages through word-of-mouth, including via parole officers. The Mackadocious hairdressers whom Rob G hires are often ex-convicts working for a "second chance" in life. One ex-convict stylist confides that no one else would give him a job with a rap sheet that includes being jailed for five years on aggravated assault, weapons, and drug charges. There is a young teenager who works for tips, running errands and doing a bit of clean-up in the shop. This thirteen-year old says "I feel at home when I come here. They welcome you as part of the family." The owner explains that this is somewhere to get off the streets, like a getaway, a club house. "There's more going on here than cutting hair. Not too many people can just walk by and not say 'What's up?'" In addition to feeling accepted, many customers leave feeling that they look pretty stylish too.

Another common site for body re-sculpting is the gym. Many people exercise independently. However exercise at a fitness center where there is a wide array of work-out machines and classes provides health benefits along with camaraderie. Clients sweat in clinging, body-revealing or baggy, non-disclosing gym wear, according to complex feelings about their body images. Gym clothing and exercise routines are often used as a method to convey various non-verbal messages about gender and sexuality. Some people have "personal trainers" who offer intense attention during exercise protocols, with frequent hands-on manipulation. The setting is ripe for developing a relationship filled with fantasies and physical involvement. Developing enlarged, taut muscles in body-building entails a great deal of self observation in mirrors and scrutiny of parts of the bodies of other body-builders. Those who engage in this activity often work out very closely in pairs. Both 'regu-

lar' exercise and body-building may come to be felt as time consuming, prioritized, urgent compulsions. They may become central activities in one's life, as psychotherapy may become the central activity in other people's lives.

Mention should be made of 'beauty make-overs' and subsequent use of cosmetics and fragrances. A cosmetician (who is not acquainted with the customer and who may be no more than an adolescent) applies eye, skin, and perfume products to women who crave a new appearance, even what may be experienced as a temporary mask.[8] The cosmetician, and the beauty products which she purveys, serves as a source of power, however evanescent, which women hope they can package and take with them. Interestingly, some brands describe their products as "cosmeceuticals," suggesting a potent combination of cosmetics and medicine. A look at several names of fragrances and cosmetics serves to indicate some of the fantasies wrapped up in the packages: Intimately Yours; Swagger; Coquette; Wet and Wild; Youth Dew; Obsession; and Trophy Wife.

It is beyond the scope of this book to give a complete inventory of types of beautification pursuits where therapeutic or Pygmalion-Galatea relationships tend to develop. However, another vast field where beautification is sought is the world of fashion. Many psychotherapists' patients are engaged in this "textile therapy" or "retail therapist counseling . . . for a happy place" (Browne, 2011). Shopping, dressing, and accessorizing comprise an often non-verbal arena for fantasies and attempts to heal inner wounds. As an intelligent, elegant woman said (Dearborn, 1918, p. 54), "the consciousness of being perfectly well dressed gave her a peace such as religion cannot give." One can hire a "personal shopper," share the experience with a valued other person, or do-it-yourself.

This is only a brief look at efforts to gain control over one's image through fashion.[9] Psychodynamics will be explored further in chapter 7. Personal statements, whether consciously or unconsciously intended, can be conveyed via attire and jewelry. There is an extremely wide spectrum of possible expressions and/or disguises including, but not limited to, elegance, sexiness, rebelliousness, aggressiveness, group solidarity, wealth, dominance, and bondage. It is a rare person who has not been confronted with a great variety of revealing (mini-dresses; hotpants), pain-inducing (sharply pointed stiletto heels) fashion styles into which people have contorted themselves. Creation of one's image in some enhanced light is, nevertheless, the goal.

Beneath the surface of clothes lie undergarments, which have become highly stylized. Certain underwear has achieved a life of its own, to the extent that it may be worn as outer clothing by some people. One example is

the designer Gaultier's famous bustier with cone-shaped bust cups. Traditional breath-constraining girdles have morphed into designer body re-shapers to force one's flesh into more desired dimensions.

While underwear, lying between one's skin and an outer covering, acquires multiple meanings for the wearer, external clothing and jewelry can be thought of as a person's outer-most conduit—or barrier—in relation to the world outside. Clothing and footwear may function as art or costume, telegraphing messages. They are used by some people to establish a wished-for identity or to denote belonging to a chosen group. With ever-changing fashion accoutrements and adornment, self-invention can be a fluid enterprise. Narcissistically vulnerable people often search in stores and online for a clearer and more consistent sense of self. They subscribe to the dictates of selected designers or styles. They endlessly amass new fashions, or they institute shopping (perhaps with a significant person) as a consuming passionate activity which could enhance self-esteem.

Beauty salons, spas, gyms, and fashion sites are among the multiple arenas where beautification is sought. Transference very often develops toward the expert who is seen as facilitating the sculpting or re-creation. Transferences also often develop toward the institution and toward the staff or people in the group where modification of their bodies, and perhaps aspects of their identities, might take place.

NOTES

1. Psychoanalysts in the 1940's, 1950's, and 1960's, for example, forbade patients from making any major decisions or changes during treatment. This often meant postponing marriage for an indefinite period of time or not following through with a college acceptance or a career advancement if it would interfere with five times per week analytic sessions.
2. As Nora Ephron remarked, "The amount of maintenance involving hair is genuinely overwhelming. Sometimes I think that not having to worry about your hair anymore is the secret upside of death" (Levy, A. 2009, July 6 & 13. Nora Knows What to Do. *The New Yorker*. pp. 59-69).
3. Parallels with feelings and choices of psychotherapists are specifically intended throughout this discussion. For example, what does it mean to a patient if a prospective therapist has written books and given lectures? Is such public renown solid evidence about clinical skills? What might it mean to a patient to be referred by a busy clinician to a clinician who actually has time for an appointment? Would a patient feel that she is getting inferior service if her therapist accepts insurance reimbursement?
4. Compare: a huge celebration was given by the King and Queen when, finally, a daughter named Beauty was born to them. Important personages, including royalty and several people with magical prowess, attended.
5. Contrast this with the analyst sitting invisibly behind the analysand's head and perhaps offering the most minimal of verbal feedback. Of course the analyst *is* offering intense and thoughtful attention.
6. "Shear Bliss" is a fictitious name.
7. Mackadocious Hair Styles is an actual, long-established business.
8. One patient remarked "Some people are addicted to makeup. They can't go out without it. It's a mask."

9. Men expend great efforts as well, as surveyed in the 2011 Philadelphia Museum of Art exhibition “The Peacock Male: Exuberance and Extremes in Masculine Dress” (Haugland, H. K., Curator).

Chapter Six

Reaching Farther for a Pygmalion Experience

Artistic Beauty or Pathological Excursions?

The body, external and internal, is the original playing field or canvas[1] for creative/artistic experimentation. It is the first medium as well as the tool for playing with and experiencing the creation of beauty. An always vivid example is the toddler's delight in making a bowel movement. His or her admiration of the production comprises visual, smell, tactile, motoric, and auditory elements. All of this is in concert with the primary caregiver, who is not yet fully known to be a separate person.

As an individual develops, there are transformations, of early relationships and drive derivatives. Nevertheless, one's body continues to be the first site of sensory perception. It retains its importance as the foundation, the locus of 'raw material' one might say, of experiencing and sometimes transforming one's sense of self. As has been seen, people often enlist the aid of experts in bodily modifications and artistry.

The previous chapter surveyed conventional sites, outside of psychotherapy, of searches for re-making bodily beauty and for therapeutic revisions of oneself. There exist, however, other venues which are more varied and in some instances more extreme. This chapter reveals possible routes which people may perceive as leading to enhanced beauty. Questions exist about how to view some of these methods and manifestations of body modification. When is it body art and when is it sadomasochism? Voyeurism or exhibitionism? Or does one perspective have to exclude another?

An increasingly common pathway for body modification is cosmetic surgery. Well documented plastic surgeries have existed for decades: breast augmentation and reduction, facelifts, rhinoplasty, eyelid alteration, liposuction, buttocks lifting, buttocks implants, tummy tucks, skin peeling, hair transplants, and cosmetic dentistry. Somewhat later came gastric bypass surgery to promote weight loss and endoscopic surgery to end chronic blushing and sweating by destroying part of the sympathetic nerve system.

The *New York Times* reported on the newest frontier: cosmetic genital plastic surgery. The scalpel is used to try to satisfy women's wishes for "private sculpturing" (Navarro, 2004).[2] Several women state their goals as greater sexual satisfaction and improved appearance of their genitals. As one patient described her motivation: "Yuck! All I know is that what I had I didn't like." These elective surgeries now include "designer" vaginoplasty, or "vaginal rejuvenation," to tighten vaginal muscles; "labia contouring" to plump or reduce labia or to make the labia more symmetrical; pubic liposuction; and hymen restoration.

For some women, going to the beauty salon can feel like virtual surgery. Upon going to the hairdresser, one woman "likens having to cut her long, tangled mane to undergoing 'triple bypass' surgery" (Stanley, 2007). At the most extreme end of the spectrum of voluntary requests for actual 're-modeling' surgeries are those people who want to have their healthy arms, legs, or fingers amputated. They claim that they feel incomplete with these body parts intact (Elliot, 2003, p. 222). Less invasive is 'leech therapy' which is presented as de-toxification of the circulatory system. There are also fish pedicures: the customer plunges her feet and calves into an aquarium filled with small carp which bite off dead skin from the feet. This is a franchise business which has proliferated around the world. Part of the business is that the customers being bitten are prominently displayed in the stores' windows for passers-by to see.

Non-surgical forms of more extreme body modification include body piercing and tattooing, both of which involve pain, design, and an artistic expert intimately manipulating and changing the body. Tattooing was once very radical and is now so commonplace as to have become an accessory to fashion. So many people currently sport a relatively small tattoo that it no longer seems noteworthy. For other people, tattoos and their meanings cover greater ground.

The size and types of tattoos vary widely, in some instances suggesting an artistic or religious touch and in other instances clearly indicating the macabre. Certain yoga practitioners cover large parts of their bodies with tattoos such as half-budding/half-rotting trees, Hindu deities, mantras, and texts. They see the body as "a blank, moving canvas" for displaying their thoughts (Rueb, 2011). In the world of fashion, the designer and photographer Nicola Formichetti, who is a stylist for the boundary-pushing Lady Gaga, views the

model named Rico as his muse. Rico has turned his "body inside out" (Horyn, 2011): "he had his body tattooed to resemble a skeleton, with blackened eye sockets and ghoulishly large dentiture on his lips." This appears to be a situation where Rico serves as his own Pygmalion while also inspiring and facilitating Formichetti to create him photographically. What dialectical, sadomasochistic tension exists between them? There is more than a hint of sadomasochism in the body-covering skeleton tattoos, as well as perhaps an implication of self-cannibalism.[3] Rico's tattoos are explored further in chapter 9.

Body piercing might be thought of as three-dimensional tattooing. It can be done on the most unlikely of body parts and can range from studs to long, sharp, claw-like protrusions. A related option is micro-dermal piercing which involves implanting diamonds or other jewels in the skin. According to an online fashion blog, platinum eye jewels can be inserted under the cornea. Jewels can also be attached to contact lenses, trailing down the face like tears (hautemacrabre.com, 2011). An art professor had a camera implanted in the back of his head "as an art project" (CNN.com, 2011).

These examples merely scratch the surface, so to speak, of the unusual body branding, stretching, and implantation possibilities. The places outside of a psychotherapy office where patients may be seeking change, beauty and/or enactment are limited only by a person's imagination and a Pygmalion willing to re-shape a Galatea.

Somewhat less bizarre instances of body art abound. On a humorous note, a cartoon of a naked woman reading a text to an audience declares "My next poem is written in the shape of a woman's body" (Koren, 2011). This cartoon cleverly connects the flesh with sublimation via pictorial graphics and the written word. One reading of it is 'Look at and admire me! See the unique things that I can do with my body!'

A number of contemporary artists have used their own body substances or their naked bodies to produce artwork. In fact, they become part of their art. Gilbert and George, Warhol, and others exhibit their feces, urine, anuses, or body parts in "unelaborated and undisguised presentation . . ." (Giesbrecht, 2003) It may not always be apparent to the observer how this body art is different from a toddler showing off a bowel movement. Certain art lovers, however, appreciate these "return of the body, de-conceptualizing, re-materializing, and de-sublimating impulses" as "a welcomed and exciting event" (Giesbrecht, *Ibid*).

The multimedia and body artist Orlan continues to 're-invent' herself, primarily through multiple plastic surgeries with the intention of replacing her features with combinations of various classical art masterpieces (Knafo, 2009). One surgery attempted to replicate the forehead of Mona Lisa. Trying to achieve this, Orlan had silicone implants inserted into her temples, and the result resembled horns (Jeffries, 2009, July 1). Her radical body modifica-

tions perhaps elucidate creativity or gender politics, or perhaps are more indicative of castration and sadomasochistic fantasies. Is her work self-mutilating and pathological? Or is it powerfully artistic? These issues are covered more fully in chapter 7. She denies trying to become beautiful, although one wonders about the definition of beauty in relation to Orlan.

In part, it seems that Orlan exemplifies what Kubie (1974) described as the drive to become both sexes, and/or neither. There is an inability or reluctance to commit oneself to one gender or to one identity.[4] There is a desperate struggle toward an insatiable, conflictual, and therefore unfulfillable goal. Rycroft (1985, pp. 217, 220) described patients who developed the illusion of having created themselves. These patients have destroyed parental introjects. They do not use the parental images as internal points of reference (Bergmann, Ed., 2004, p. 251).[5] Lemma (2010) also suggests that Orlan has an experience of giving birth to herself. There are illusions of having total control, of there being no corporeal limits, of denial of dependency and loss, and of being able to cut out the (m)other within.

On a less invasive, but perhaps also illusory level, designer clothing can become a world beyond a typical consumer's playground for beautification. It can even become un-wearable. The dresses/costumes/sculptures created by the artist Nick Cave (Yablonsky, 2011) are wildly colored, sequined, collaged 'apparel,' which sometimes includes household items. One cannot tell the gender or race of the people who wear them, but the body is clearly bearing artistic creations, among other meanings.

The extravagantly imaginative, beautiful, excruciating couture created by Alexander McQueen illustrates how very unclear the line between body beautification and pathological considerations can become at times. Over six hundred-sixty thousand women and men[6] viewed the blockbuster definitive exhibit of his work at the New York Metropolitan Museum of Art in 2011. Many thousands more have worn, read about, and been influenced by his imagination. Have patients brought their feelings and fantasies about fashion fascination into their psychotherapies? Often they do not. If they do mention them, it is usually in a truncated way. McQueen's art has certainly been the topic of numerous studies and conversations. It occupies an important place in the minds of many. Viewers are in thrall to the wizardry of McQueen, their Pygmalion. He provides a literal, fashion link to their private selves and thus transforms and elevates their secret inner lives.

The 2011 book about the exhibit, *Alexander McQueen: Savage Beauty* by Andrew Bolton, along with quotations from McQueen in the exhibit, contribute greatly to putting words to complex fashion machinations. McQueen's penetrating access to his own unconscious primitive terrors and schizoid defenses has helped clarify various psychodynamic elements of the multitudes of people seeking to become beautiful, or at least understood, through fashion. Their own suicidal, murderous, fragmented, and terrifying inner

demons are highlighted in his designs. At moments he seems to offer an X-ray of psychic associations. Consideration will be given at this point to some features of his oeuvre, along with McQueen quotations cited in Bolton's book.

McQueen likens himself to a plastic surgeon (a perverse Pygmalion?) cutting women up (Bolton, 2011, pp. 44, 77), enabling a "metamorphosis" through his clothes. He compares his view of life to Grimm's fairy tales. (Note the earlier application of myths and fables in this book to understanding clinical work with patients.)

A predilection for brutal violence, disembodied body parts, dominance, submission, and even rape is punctuated by only-in-your-dreams embroidered and bejeweled fabrics and impossibly long swaths of swirling, ruffled feathers and gilt. Primary process-like thinking is everywhere. Vertical stitching alludes to an external tampon or penis. Gravity-defying gargoyle shoes are so curvilinear that they seem to be animated creatures. Odd juxtapositions of razor-back clam shells, bones, and hawks nestle next to human skin. Bloody medical slides and locks of McQueen's own hair appear in surprising places. Bondage type leather masks cover much of mannequins' faces, while barbed wire curves around their heads. A great number of harshly unmoving metal bands bind the upper torso. An exposed row of spine vertebrae curve fiercely into long phallic-looking tails on outfits for women.

Clothing is "armor" as well as blatant exposure of body parts. It can convey various sexual and aggressive expressions as well as primitive unconscious mental states. Death stalks McQueen. Visitors to the exhibit were for the most part acutely aware that he had recently committed suicide. McQueen turns insides out. Compare the model Rico, the skeleton-tattooed muse for a designer. The photograph on the cover of the book *Savage Beauty* shows McQueen's face morphing to his skull and back again. A nod is frequently given to the blood, bones, hair, and skin lurking beneath the external adornment. Perversion and masquerade are integral parts of many designs, according to McQueen. (Bolton, 2011, p. 80) "I especially like the (binding metallic) accessory for its sadomasochistic aspect" (*Ibid*, p. 201). "I'm about what goes through people's minds, the stuff that people don't want to admit or face up to. The shows are about what's buried in people's minds" (p. 70). Fashions by the designer Pugh has a similar sensibility. He created a soft lambskin pants suit embedded with sharp nails pointing out.

What lies behind some of these farther reaches to re-invent oneself -- for example, via extreme cosmetic plastic surgery or extraordinarily unusual fashions and art participation? A patient Ms. A said "If you feel pain inside, you can't feel beautiful on the outside." Ms. T commented "When I feel ugly, it's really about my ugly feelings." These statements are clearly links between the external body and an inner painful sense of self. For people such as Ms. A and Ms. T, wishes to beautify their bodies or to be beautified are

expressions of efforts to rectify unbearable psychic angst. These states and wishes are clinically significant. The world of extreme fashion serves as a venue for enactments of the unconscious, enactments which do not provide connections to conscious understanding of inner psychic states. The next chapter will explore perverse elements confusing and pervading certain Pygmalion-type ventures. Analogously, certain patient-therapist dyads may have rather explicit or overlooked aspects of sadomasochism seeping through the clinical work.

NOTES

1. A 2004 catalog from Neiman Marcus department store boldly advertises "Your Body—Your Canvas!"
2. Compare the plastic surgeon's tools with Pygmalion's sculpting tools.
3. A fascinating autobiography (1988) about participation in cannibalism by a nondescipt upper-west side New Yorker, Tobias Schneebaum, documents the incorporation of body paint and feather head-dresses in his cannibalistic activities with a Peruvian tribe. One wonders about the nature of the physiological and psychical impact of seeing as well as actually participating in acts of cannibalism. Certainly Schneebaum felt forever changed.
4. Kubie has postulated that the reluctance to commit oneself to either gender has a major role in producing work blocks in people of all ages.
5. Compare the concept of family romance.
6. Wilson, E. (2011).

Chapter Seven

Perverse Sadomasochistic Aspects in the Urge to Become Beautiful

Use and Abuse in Pygmalion Dyads

Multiple psychodynamic issues fuel ventures to become beautiful or to engage in other enhancing, therapeutic endeavors. These endeavors can, seemingly paradoxically, become suffused with sadomasochism. Whether in psychotherapeutic treatment or with non-clinical experts, when is a line crossed between efforts to create an enhanced, more beautiful self and humiliation, abuse, pain, or even mutilation? In the previous chapter, such issues were raised by the creative work of Orlan and of Alexander McQueen. Chapter 7 looks further at psychodynamics which underlie some of the activities described in preceding chapters.

The concept of perversion traditionally referred to a narrow focus on sexual practices. Over decades, the meaning has widened to connote a psychic organization rooted in early ways of relating to objects or part objects in one's internal and external object worlds. It is now understood to encompass a particular type of character structure, which includes a distortion of reality and an inability to tolerate intense affects.

This chapter highlights perverse sadomasochistic aspects of efforts to become more beautiful via an expert who is seen as a Pygmalion figure. In a perverse transference, a patient unconsciously attempts to omnipotently force the therapist to take real action, to do her bidding and transform her, rather than to facilitate the explicit goal of treatment which is to alleviate suffering through understanding. Etchegoyen (1978) describes the perverse, defensive

use of the analyst and the analysis as destroying analytic meaning, humiliating the analyst, and rendering him helpless while preserving the illusion of unity between patient and analyst (Coen, 1998).

PERVERSE RELATIONSHIP TO ONE'S OWN BODY

A perverse character structure can also include a way of relating to one's own body. For example Ms. T, described in chapter 4, is desperate for a sense of wholeness. But she is unable to see a whole self reflected in the mirror. Instead she notices only parts of her body, particularly her face or her hair. Her unconscious experience is that one of these body features might make up for psychic inadequacies. There is a lack of a fully integrated self-concept or understanding of others.

Perverse, sadomasochistic body modification, and the flowering of such concepts in perverse object relationships, begin with an individual's treating her own body or body parts as objects (Compare Ritvo, 1984; Schilder, 1935). Feelings of emotional pain, fantasies which are felt to be 'ugly,' and negative ego and superego identifications then become part of clinically significant psychic turmoil which is expressed toward the body.

The counterpart to emotional pain occurs about physical features of the body. There is a continuum between the degree of distress over a 'bad hair day,' which anyone (like Mrs. R in chapter 3) can have, and acute Body Dysmorphic Disorder, BDD. "Disparagement of the body, with specific parts selected for particular dislike," can involve relatively mild unhappiness, although even a minor degree of dissatisfaction can be pervasive and is "rarely discussed within the context of psychoanalytic therapy" (Parker, 2003). The research of the feminist scholar Davis (1995, p. 74) reveals that even feminist interviewees had extraordinarily similar feelings of having defective bodies: hated, ugly, dirty.

The suffering may also reach body hatred proportions and lead to more extreme measures such as the ones mentioned earlier: unnecessary cosmetic plastic surgery, vast expanses of tattooed skin, and piercing or amputation. Social withdrawal and occupational dysfunction are not uncommon (Phillips, 1991).

There has not been a clear consensus about whether BDD is an aspect of another syndrome, such as obsessive compulsive disorder or anorexia, whether it is a cause of these disorders, or whether it is co-morbid with them. There is also discussion about whether patients are striving to look beautiful or to look normal.[1] Phillips (1986, p. 10) and Davis (1995, p. 12) state that their findings are that cosmetic surgery is about wanting to be normal and ordinary rather than beautiful. Other theorists and clinicians do not necessarily come to the same conclusion. Lemma (2009, p. 763) remarks that although

the stated goal may be only to become 'normal,' "the unconscious phantasy is that this change will make the self perfect in the object's eyes." One can also argue that the two goals are not mutually exclusive. For example, a woman may aspire not to appear aberrant but also to be beautiful.

Treating a body part as a commodity or part-object, as a conveyor of wish-and-prohibition or loss-and-reparation, as sometimes happens at the beauty salon, can be thought of as a fetishization of a body part. In *Extreme Beauty*: *The Body Transformed* (2001), Harold Koda catalogs an eponymous exhibit at the Metropolitan Museum of Art. The photographs document grotesque and torturing articles of apparel from cross-cultural and high fashion sources. In the introduction, Phillipe de Montebello observes "Through the artifice of apparel, the less than perfect {woman} can camouflage perceived deficiencies and in some instances project an appeal beyond those gifted with characteristics accepted as ideal in their culture and time."

Chapter 3 discussed how hair is central in many notions of beauty and is often invested with sexual meanings. The *New York Times* (Bellafonte, 2002) featured an article on "HAIRevolution," an exhibit attesting to the centrality of coiffures past, present, and future. The French hairdresser Jose Eber declared that he "created orange pompoms made of human hair which he will affix to a model's head." He commented "I believe hair will ultimately become an accessory, like jewelry." Freud (1928) brought attention to the importance of fur/pubic hair in the development of fetishism. He elaborated on disavowal of perceptions of reality and on splitting as these defense mechanisms relate to certain people's attempts to deal with their castration anxiety. He commented that cutting women's plaits of hair was about executing a castration.

Other people may focus on the whole body, rather than on only a body part. There is a continuum between 1) treating the body in a fetishistic sense and 2) having whole body narcissism (Richards, 1996). An example of the former is the patient who said that her mother treated her like a "Barbie doll," exerting control over her while identifying with her "doll." Lieberman also seems to be talking about a pathological whole body narcissism (2000). She described herself as a reluctant spectator of the {whole} body surface of patients obsessed with thinness. They "lack adequate cathexis of their own body surface . . . They attempt to use me as a trainer who will help them to focus upon and cathect the body surface, to mirror it and reflect it in order to strengthen its cathexis." They are communicating a deep need for "primary narcissistic restoration" in their quest "to shore up the body ego."

The Skin

Skin—as well as hair and nose[2]—are the body parts which are most frequently singled out as the focus of BDD (Veale *et al*., 1996). 'Decorating,' manipulating, and controlling how one appears and feels often center on the crucial element of dealing with the skin. The skin's many functions for everyone include: being a source of contact and communication with others; mediating stimulation; serving as a barrier; 'containing' psychic contents within the body, and serving as an expanse for artistic expression. Body dysmorphia and sadomasochistic fantasies and behavior intimately involve the skin in a multitude of ways.

Infants and young children are extremely interested in what is inside the body and what is outside. They explore what are the openings in the skin, what enters the body, what exits, and what relationships and boundaries exist among these phenomena. How to manage the skin surface remains fascinating, as are questions of when, where, and how can any influence be wielded at all.[3]

Freud asserted that "The ego is first and foremost a body ego" and "The ego may be regarded as a mental projection of the surface of the body ultimately deriving from bodily sensations" (1923, p. 25). To a significant degree, a sense of who one is and who are the objects in one's world are originally derived via the skin and the sense of touch. The ego is embodied. The skin is what meets the world outside. Understanding body modification must include the centrality of skin and skin sensation. Vision is also crucial, and the other senses are of great significance, but skin and touch are being investigated here.

Esther Bick (1968) was among the earliest observers of people whose experience of their skin was that it was too thin or that their skin was not sufficiently holding them together. As infants, they had had catastrophic anxiety. As adults, some of them had developed ways of dealing with feelings of fragility and disintegration by formulating what she termed "secondary skin," that is, defensive measures to address disturbances in "first skin formation." Bick means that infantile experience should be with a loving, reliable containing person,[4] and that this is "experienced concretely as a skin." In a faulty infantile experience, the primary adult did not 'bind' the infant together. Consequently, the skin and the psyche are experienced as defective. These individuals do not feel held together. Patients frantically seeking experts to put them together, whether at the beauty salon or in plastic surgery, feel in need of external stimulation which might substitute for a coherent sense of self, provide internal psychic boundaries, and help them ward off perceived potential attacks. Sadomasochistic stimulation and relationships may seem to them to fill that void. Also, certain people are repeating their early relationships with pain-inducing, neglectful primary people, as

they undergo extreme experiences in adulthood. In this light, Vartzopoulos' states (2008) that "Taking refuge in their own bodies and bodily sensations to support their faltering mental functioning seems to be an inescapable route" and "unconscious phantasies are experienced as visceral sensations. . . ."

Extending Bick's ideas, Didier Anzieu posited (1989, p. 40) a skin ego, the "mental image of which the ego of the (very young) child makes use . . . to represent itself as an ego containing psychical contents on the basis of its experience of the surface of the body." (The concept of skin ego seems to exist for Anzieu between a metaphor and a notion of an actual structure.) The earliest imaginings of the infant are of sharing a skin common to both baby and mother. Out of these concrete and psychic layers from when baby and mother interact, the 'self' emerges.[5] In the writings of both Bick and Anzieu, one can discern Winnicott's thinking about "no baby existing without a mother" (1958); "the holding environment" (1955); and even a type of transitional space with its encompassing ideas of "me" and "not me" (1958). Clearly, the skin is a primary organ for the developing child.

Sexual and aggressive aspects involving the skin are of great importance, on many psychosexual levels, in adults' attempts to modify, beautify, sculpt, and even inflict pain on themselves. The skin is a huge expanse of possible arousal, enlivening exposure, and disguise, and it is the entrance and exit for the physically sensitive depths and mysteries which lie within. Exhilarating sadomasochistic, exhibitionistic, and voyeuristic excitement may saturate the skin's involvement in the fashion, hair, tattooing, and body shaping exploits which have been mentioned.

Adolescence

The onset of devaluation and even hatred of oneself, one's skin, and other body features may appear to have been quite sudden, with a triggering moment often occurring in adolescence. A person's attention may become precipitously drawn to a trivial difference, a perceived defect which someone else points out. (In psychoanalysis, a perceived narcissistically wounding interpretation may re-capitulate the origin of the self hatred.) The start of puberty provides a fertile setting with its rapid bodily changes and accompanying storms of "integration and fragmentation" (Parker, 2003).

Adolescence can pose a fever pitch of urgent conflicts having to do with sexuality, aggression, gender identity, separation and individuation, dependence and self-control. Teenagers are beset by these inner wars which are fought on the battlefield of the body and body parts. The conflicts also take place in the context of identification with a peer group. Social groups often appear to offer acceptance or rejection on the basis of physical beauty and appearance and on indications of gender traits such as well-defined muscles in a male. Gilman (1999, p. 22) makes the point that certain people feel

excluded, on the basis of a physical trait, from a group with which they want to identify. These people and a plastic surgeon might concur that if they just change the physical feature, then the person will be able to "pass" as a member of that group. (It appears that physician and patient are colluding in distorting reality: they both behave as if they believe that the boundary between groups will then no longer exist. They are acting as if the part—that is, the body feature—stands for the identity of the whole person.) Gilman (p. 331) rightly notes that the impetus includes trying to be in control. (The irony is that it is the aesthetic surgeon, not the patient who initiated the surgery, who is the Pygmalion sculptor truly in control.) These examples illustrate some forms of perverse relating to one's body and to another person.

Adolescents strive to work out emotional as well as interpersonal equilibrium by machinations with parents and significant adults and peers. Think about teenagers angrily dressing "Goth," acquiring piercings, shaving their heads, and gluing their hair into points and ridges. What appears to have been previous benign innocence about one's body becomes poisoned with perhaps life-long self-hatred and pitched rebellions with 'authorities.' Battles which are thought to have begun in adolescence (although the roots may lie in very early periods of life) can become entrenched in conflicts, character, and behavior. Various levels of development may contribute to mutilating sadomasochistic rebellion or self reproach and self punishment by a primitive and sadistic superego.

Shame

Shame is the predominant affect in body hatred, and one suspects that varying degrees of shame are behind milder, but clinically significant, distress about a body feature. Erikson (1959) strikingly describes shame as supposing "that one is completely exposed and conscious of being looked at . . . in a word, self-conscious. Shame is early expressed in an impulse to bury one's face, or to sink, right then and there, into the ground . . . He who is ashamed would like the world not to look at him."

Much has been written about the etiology of shame in psychological development. Narcissistic pathology is usually implicated along with shame. There has been controversy about whether the roots of shame should be traced primarily to developmental defects arising from early interpersonal failures (for example, inadequate or ambivalent mirroring and/or interruptions in primary maternal preoccupation with the baby.) Or should one trace it fundamentally to conflict, provided we neither equate "'conflict and the structural model with oedipal'" nor view "narcissism as being beyond conflict, and self concepts as being opposed to structural theory . . ." (Wurmser, 1991). For Wurmser (reported by Reed, 2001), each stance has its usefulness

in psychoanalytic thinking. Although his point of view emphasizes intrapsychic dimensions, he thinks that the two models about the roots of shame are complementary.

Being seen—and the dread of being looked at with contempt and scorn—is at the heart of feeling shame. An individual who feels ugly, loathsome, and repulsive becomes hyper-vigilant about being vulnerable to what Rushdie (2002, p. 110) calls "lethal voyeurs." Shame and narcissistic pathology, as Kilborne elaborates (2002), create anxiety about external appearance. People struggle to control and master how they feel they appear to others, as attempts to control how they feel about themselves. Many of the common as well as extreme forays into having experts change one's appearance can thus be seen as trying to fashion, edit, beautify, or adjust what is allowed to be revealed and what is kept secret and concealed. These efforts to avoid shame usually fail to have lasting effects, because what is so often sought are positive feelings about one's inner self. Kilborne delineates the accompanying feelings. There is embarrassment that others will see how injured and defective one truly feels. There are also feelings of imposture and of insubstantiality.

Shame about a 'defect' being recognized can result in hiding, disavowing, and 'not knowing'[6] the shameful aspects. It is not a far leap to experiencing an inner void. Masking one's authentic self leads to the lonely isolation of not feeling truly 'seen' and recognized by other people or oneself, while simultaneously deeply yearning to show up and be visible.

Sadomasochistic Power Dynamics

One significant aspect of perverse sadomasochism in certain Pygmalion-Galatea type relationships has to do with power dynamics. Patients seeking to be made over are ostensibly putting themselves in a relatively passive, subordinate position—although there is complex unconscious identification with the powerful expert/aggressor. Sadomasochistic elements may be experienced physically—as in grueling sessions with a sports club physical trainer or during beauty treatments such as the shocks of electrolysis. They can also be experienced on a more symbolic, sublimated level. These typically entail conscious or unconscious efforts in a relationship to gain control over affects, self esteem, and feelings of helplessness *vis à vis* another person.

Unconscious fantasies of having omnipotent control frequently are behind masochistic suffering. The wish is to control oneself and others because of anxiety about feeling powerless and exposed. Unconscious fury accompanies feeling powerless as does terror that one is a destructive hurricane. Self punishment for the controlling, aggressive desires, including identification with an aggressive authority, may take the form of self blame, fearful agitated doubting, and seeking to be hurt—albeit in a disguised way. Jack and

Kerry Novick (1996, p. 141) call attention to the defensive nature of omnipotent fantasies of control. "The basic needs of attachment, good self-feeling, and predictability become connected {for an infant} with feelings of helplessness to secure their gratification; what ought to be pleasurable is transformed into pain. Pain then becomes the affect that triggers the defense of omnipotence, pain is the magical means by which all wishes can be gratified, and pain justifies the omnipotent hostility and revenge contained in the sadomasochistic fantasy."

Some patients, for example, feel dependently trapped in their regimen of weekly or twice-weekly elaborate sessions with their powerful hairdressers. Many have not washed or styled their own hair for decades. They do not feel capable of that degree of autonomy. Ms. L traces the start of her hair salon "dependency" to intimate, night-time rituals when her mother brushed her hair one hundred strokes before she was put to bed. The mother-daughter activity contained libidinal as well as aggressive derivatives. Their intimacy is rekindled when Ms. L appears in the hair stylist's chair; there are tidal waves of regressive vulnerability, with her jockeying for a semblance of control or even having input into what on earth can be done about her appearance. She has self lacerating worries about possible outcomes of minute details. Periodically she issues pleading or commanding suggestions for the hairdresser to try. All of this is in the service of her world view that her hairdo is the linch-pin of a satisfying life.

On the surface, going to the beauty parlor would appear to be suffused with pleasure. The client actively employs a compliant worker to give her exactly what she wants. The clinical vignettes reveal that matters are more complicated. Passive prostration before an erect and commanding salon artiste leads one to wonder who is in charge: the client or the hair stylist who wields the tools and determines the outcome. In beauty treatments such as waxing, particularly the bikini line, punishing pain meets narcissistic enhancement. Suffering is necessary to yield a more glorious self. [7]

When the beauty outcome feels positive, the client can aggressively dazzle her competition. For example Mrs. N said "*I* look like a million dollars." Then she feels in thrall to the hairdresser. Often the outcome feels negative and she is conflicted about whether she, the client, is able to actually '*fire*' the hairdresser after he has so miserably failed and mistreated her. A mini-enactment of re-establishing a sense of mastery occurs at the end of treatment when she underlines his inferior status by slipping a tip of dollar bills into the pants pocket of the 'hired hand.' A parallel transferential passive-aggressive enactment with her psychotherapist involves her paying the fee quite late in the month. Fees which are perceived to be exorbitant keep the master/slave relationship in perpetual imbalance.

Ms. L experiences masochistic gratification in her constant dissatisfaction with her hair-do. In her self-denigration, she defensively identifies with her internalized mortifying humiliator who withholds satisfaction. In addition, she experiences sadistic pleasure by disparaging her beautician. Women with sadomasochistic fantasies are thus enacting them in the beauty parlor, unconsciously hoping that their issues will turn out differently in this new setting. Trying to re-work earlier traumas by taking control with the transference figure of the psychotherapist or the hairdresser, they repeatedly get themselves into the same sadomasochistic situations.

Another patient feels trapped in her "boot camp" workout sessions with her personal trainer. She has associated to her father's long tenure as her soccer team's coach, with his punishing drills for the team. Similarly, another patient's mother, who she said qualified as a hovering "helicopter mother," pushed her daughter to participate for years in grinding figure skating practices and performances.

Clinicians also see sadomasochistic counter-phobic fantasies and as-if self-sufficient behavior related to beauty. These include flouting conventionally appropriate attire, sporting in-your-face gruesome body art, neglecting personal appearance or hygiene, and disregarding or denying wishes to appear attractive enough to compete for a mate.

A number of women abdicate their power to their partners, in a variation of a perverse sadomasochistic relationship. Abelin-Sas (1994) elucidates a type of character pathology which she termed the "Scheherezade Syndrome." Many of the women she cites are independent, productive high achievers outside of their relationships with their mates, who have become bullying, critical autocrats toward the women. Like the beautiful Scheherezade fending off beheading, these women appear to have re-made their personae into insecure, self-sacrificing, intimidated objects in their domestic lives. They allow their men to determine "their sense of value and well-being." It seems that Abelin-Sas is indicating that in actuality, they were propping up a weak, would-be sovereign who has "possessed the woman's surrendered qualities."

These psychodynamics can be seen in many beautifying, self improvement Pygmalion- type activities where there is a *folie á deux*. Both members of the couple come to believe that she is necessarily dependent on him. Both of them thereby deny their own power and destructive fantasies. The sadomasochism serves both of them, as it always does in life. As one character in Theresa Rebeck's 2011 play *Seminar* says, "If you want me for a servant, you've got Mephistopheles in your pocket."

Such dynamics appear in clinical practice quite often. As shown above, one way is for a woman unconsciously to develop a condensed, symbolic performance with herself and her partner in a relationship (Abelin-Sas, 1994). Or she may feel trapped in a de-valued, hated physical image of herself about which she feels she must dependently seek professional help to

change. The dynamics may be manifested in the transference toward her professional psychoanalyst, and on occasion in the counter-transference of the analyst. In a perverse transference, the patient attempts to entice the therapist into enacting the sadomasochistic dynamics.

Libidinal Dynamics

Libidinal aspects are artificially singled out for consideration in this section in order to highlight their importance in certain perverse power relationships. This is because such aspects are frequently intermingled with sadomasochistic elements. As Novick and Novick (1996, p.159) note, sexualization of hostile fantasies provides the extra motive of libidinal gratification for clinging to omnipotent fantasies. Clinicians evaluate the libidinal components to ascertain whether sadomasochistic dynamics are present.

The erotogenic characteristics and potential of skin are primary concerns in body modification and Pygmalion-Galatea interactions. These features are very much alive and stimulated when patients engage in beauty and body modification activities. As Freud stated in 1905 (p. 168), the skin is the erotogenic zone *par excellence*. Skin contact which began for the infant in the feeding situation was accompanied not only by the pleasurable, internal, self-preservative satiation of hunger, but also by inner and outer skin stimulation and sensuality. Being held and being bathed are among additional instances of excitement and perhaps bliss for an infant. Over-stimulation and unattuned or rough handling are other possibilities of early skin contact, serving as templates for future use and abuse of one's skin. Winnicott has written about pleasure in early motility as spontaneous, impulsive activity which becomes aggressive only when it meets external opposition (1950). One might compare his thoughts to Freud's (1905, p. 201) concerning the infantile connection between sexual excitation and the skin contact of playful, muscular romping activity.

It is worth reiterating here that not all intimate sexual or aggressive manifestations and encounters are, at base, about primitive self and object attachment issues. Sensual derivatives cannot always be reduced to early levels of mother and child relationships, nourishment, and a safe haven. Attachment theorists need not obliterate drive theory and oedipal concerns, for example.

Ms. T, mentioned previously in terms of her agony in the beauty salon, does have a certain degree of sensual pleasure there. This is in part due to the over-stimulation in her history. As a child, she recalls compulsively masturbating while fantasizing that she was having sex with her father. As a preteen, she and her father lay close to each other in bed watching TV, among other close bodily interactions.

In the salon, for Ms. T as well as for others, the potential for sheer eroticism is fairly astounding. There is hands-on stimulation in a public setting, a potential masturbation by proxy. Pulls toward oral seductiveness include the salon staff 'magically' producing snacks and coffee without being asked. The activity of beautification has a significant exhibitionistic component. Peeping at other women being serviced is an integral part (Bergler, 1987). Moments of sensuality are simultaneously noticed and not noticed by the participants. Beauty 'makeovers' include some degree of disavowal of the perceptions of one's own body. It is as if everyone in this setting has that community's tacit approval to dip into this hot-bed and then to re-constitute. Likewise, a patient regresses transferentially during a therapy session, and then she 'gathers' herself together and returns to her life in the world.

The relationship with one's Pygmalion can thus feel circumscribed, within control. How often is the body of the analysand, stretched out for display before the analyst, explicitly brought up for consideration? Not mentioning the body is one means of *circumscribing and controlling* bodily feelings as well as the other person. Pygmalion the sculptor, in analysis or in the beauty salon, will create a new reality which will resolve conflict, regulate self esteem, and make one beautiful. The enactment of fantasies is more explicit in the beauty salon setting than in analytic offices. Parallel experiences of fantasies occur in both settings.

However for Ms. T and for many women, there is the feeling that she gets so much stimulation and response from her experiences with her hairdresser, when all the analyst gives are mere words. Additionally it is easer for her to imagine that her hairdresser is more benign than her analyst. After all, he does not know her as well as the analyst knows her. The hair dresser does not know how bad she truly is. In fact some women feel that they are impostors: 'If you could see my insides or under the surface, you would see real ugliness.'

FURTHER CONSIDERATION OF PRIMITIVE DEFENSES IN PERVERSE CHARACTER STRUCTURE

As noted, various body parts can become the focus for feelings of defectiveness and shame. The selection of body feature depends on individual psychosexual levels of development, object relations, and symptom formation.[8] One must also consider the important primitive defense mechanisms of introjection, splitting and projective identification that can be at work, as will be described below.

Rosenfeld (1964, p. 332) emphasized that in narcissistic object relations, there are strong defenses against recognizing separation between self and object. Thus in projective identification, parts of the self can omnipotently

take over desired qualities of another person. There is simultaneous "identification by introjection and by projection." This is the case in the Scheherezade syndrome where the man takes over the qualities of his female partner, and projects his own deflated sense of self.

'Primitive' defenses are at play when a mother has communicated and projected critical, hostile parts of herself into the baby. The baby incorporates these hostile introjects into his developing self image. "The source of the paranoid anxiety may then be concretely attributed to an ugly body part" (Lemma, 2009). An individual suffering in this manner may want to attack and extract the alien feature that has invaded her. In other words, a part of the developing psychic self which was experienced as ugly, bad, and dirty gets split off, disavowed, and projected onto the body (Grotstein, 2005; compare Kilborne, 2002) Although these processes are usually discussed by clinicians regarding internal representations, this chapter illustrates that the processes are also operative in terms of the unconscious selective spotlight on actual physical, despised and shameful body parts. In Davis' research (1995, p. 74), she found that one interviewee described her hated body parts "as pieces of flesh which had been imposed upon her—inanimate and yet acting against her. They became something which each woman wanted to, literally, cut out of her life." The body part was perceived as an "alien and alienating encumbrance which transformed her body so that it did not correspond to who she 'really' was . . ." (p. 77).

However, "ultimately the projecting subject and its projected objects cannot totally disown their contact with one another. Splitting and projective identification are associated with a disintegration of the self . . ." (Grotstein, p. 1,053). The defensive splitting and projection originated as means of control. But paradoxically they can result in a person's feeling that the hated qualities projected onto the internal image of body feature now seem to control the person. This can be seen when a body feature such as weight or a certain shape of nose or a type of hair is felt to take on a life of its own.[9] The perceived badness, now located concretely in a loathed body part, omnipotently and rigidly controls one's life. Shame and hostility have led to a non-integration of self and body.

Hopefully, to re-state Meltzer (1973, p. 228), development will restore the two sides of the split "so that the beauty of the object may be looked upon directly, without doing 'damage to the soul,' as Socrates feared." In psychotherapy, a vital part of treatment is aimed at such restoration. Disavowed, split off aspects of a person's psychic life and self-concept can be integrated and united into a coherent whole. An individual can confidently feel and perceive her own 'whole-some' beauty and the beauty of being at one with herself.

All of these psychodynamic forces may be part of the momentum when one seeks to be 'worked on' and to have one's body more or less transformed by specialists at the beauty salon, the gym, and the tattoo shop. Plastic surgeons, fashion designers, and psychotherapists as well can be drawn into sadomasochistic attacks and power play enactments. These experts, too, may exert their own force fields, trying to actualize internal struggles and to repeat or resolve their own felt demons.

NOTES

1. A poignant example of the intense wish for beauty was voiced by Eleanor Roosevelt. When she was asked if she had any regrets, she replied "I only wish that I had been prettier" (Etcoff, 1999).
2. Freud's patient the Wolf Man is a classic case of exclusive preoccupation with the supposed defects of his nose (Brunswick, 1928).
3. A regimen such as "colonic hydrotherapy" is multi-determined for adults who subscribe to the practice, in attempts to act upon the insides of their bodies. It is an enema, sometimes mixed with herbs, to 'cleanse' the colon of toxins. The process involves anal invasion, stimulation of both external and internal surfaces, and frequently a wish to lose weight in order to present a more pleasing appearance. There are components of good and bad introjects, as well as sadomasochistic object relations.
4. The French expression "*etre bien dans sa peau*," translated as "comfortable in one's own skin," could very well express the concrete origin of this idea. An analogous feeling was described by Thomas Carlyle (in Flugel, 1950, p. 81) about his wife: "She wrapped me round like a cloak, to keep all the hard and cold world off me." From this metaphorical use of "cloak," in addition to an understanding of skin functions, one can begin to appreciate the emotional uses of fashion and cosmetics.
5. An African Xhosa version is "Persons become persons through persons."
6. Recall that Ovid (2008, p. 60–66) told of Narcissus drowning in a reflection of himself once he knew the real nature of the reflection. This had been foretold by blind Tiresias—who himself had seen and known too much and was subsequently struck blind by powerful Juno. Tiresias prophesied that Narcissus would live a long life only if he did not come to know/see himself fully. For them, knowledge proved dangerous.
7. The French proverb "*Pour etre belle, il faut suffrir*" (that is, one must suffer in order to be beautiful) comes to mind. In Iran there is a saying "Torture me but make me beautiful."
8. In terms of compromise and symptom formation, what can be understood from the beautiful McQueen fashions which feature tails fit for a Tyrannosaurus Rex or carefully carved prosthetic legs for a model whose legs have been amputated?
9. A patient reported that Winnicott commented on her constantly touching her skin as a child: "Is your face lonely?" (Parker, 2003, p. 461) Winnicott thus empathized with the child's unconscious sense that her skin seemed to be an object (in her world) which could both receive her projected affects and communicate back to her. She had an unconscious *relationship* with her skin.

Chapter Eight

The Intersection of the Biology and Psychology of Beauty

Why should we consider physiology/biology in clinical work which touches on issues of beauty and the body? Don't psychotherapeutic concerns center on psychodynamic conflicts, object relations, problems of non-symbolization, fantasies, and transference? Yes.

However, physiological processes intricately interweave with the conflictual as well as with the non-conflictual aspects of the psychology of beauty. Physiology deals with all of the physical processes and activities of living organisms. The definition means that patients and their analysts are whole people and that their bodies are part of that whole-ness. "There are critical biological underpinnings to all social actions" (Kandel, 1998, p. 460). This chapter points to several areas of intersection between 1) physiology/biology and 2) clinical issues about the creation of a beautiful self.

These areas of intersection include the fact that most thinking and feeling are unconscious processes registering in the body and the brain. They exert a powerful influence over people. For example, unconscious distorted cognitive perception of the reflection in a mirror can lead someone to feel that she is obese or that her left hip is higher than the right hip or that her breasts are so small that people think that she looks like a man. An anorexic person can have the perception that she feels full after eating only a carrot (Kohn, 2012, January 9, "Anorexia Treatment," *New York Times*, "Health"). This is how she reads the signals from her body. Her sense of what goes into looking beautiful is very much tied to perceptions or misperceptions such as these.

It is also intriguing to consider the many ways in which physical impairments—whether to organs of perception, motor functioning, or bodily intactness—are perceived and processed. How do impairments affect one's sense of bodily and self integrity as well as of desirability to others? What about

physical pain? Conscious or unconscious physical pain presents difficulties on many levels of experience. This book addresses emotional rather than physical pain, but they are very much connected. All of these areas are important issues for anyone (that is to say, everyone) interested in creating a beautiful self.

For another example of the intersection of physiology and psychology, consider Ms. Z. Aspects of her unconscious cognitive distortions are about her mind ("It's damaged") and about her face ("It's ugly so I want to draw attention to less unattractive parts of my body.") Thong underwear assists her in unconsciously drawing attention to her buttocks. She wears thong underwear which constantly gives her a "wedgie," adding to her already high level of sexual stimulation. This stimulating fact leads her to feel that she must frequently pull on her skirt covering her behind to "fix" her wedgie. After months of this happening in analysis, her analyst attempted to explore the patient's apparent feeling that she could only capture attention with her body, not with her mind. Ms. Z proclaimed surprise and added "It's my uncivilized family's fault! What should I do? Do I have to wear granny underpants?" Her history includes a family which highly values looking beautiful, competing fiercely about their beauty, and interacting in sensually stimulating ways. Ms. Z's enactment of unconscious cognitive and emotional issues also indicates that there is an unconscious structural (ego) problem in being able mentally to conceptualize herself as the agent in charge of her own mind and behavior. The brain, mind, body, and behavior are intricately interwoven. Understanding psychopathology, and that it exists within the body, must take all of these factors into account.

THE MIND IN BODY: NOTES ON RECENT HISTORICAL CONTROVERSIES

The brain and the mind are rooted in the body and bodily experiences, within the context of relationships. They are inevitably intertwined.[1] Nevertheless, theoreticians and clinicians have often arbitrarily attended only to one or the other feature. For example, Fonagy and Target (2007) trace a history of antagonism between psychoanalysts and attachment theorists. There was much dissension, particularly about whether drives (sexual and aggressive), or self-concepts and relationships with others, are primary. The prospect of having to choose between the body and the mind seems appalling at this point in time.

Drives, originating in the body, were the traditional focus of psychoanalysis. Several psychoanalysts criticized John Bowlby (1960) and subsequent early attachment scholars for supposedly overlooking drives and the mental representations of instinctual bodily urges. Mutual respect and a greater inte-

gration of views, however, developed over the years. Shifts in areas of psychoanalytic focus, as well as the emergence of neuroscientific data, brought the psychoanalytic model and the attachment theory model closer together.

However the growing acceptance of attachment theory by modern psychoanalysts, according to Fonagy and Target, has unfortunately been facilitated by a "reduced emphasis on infantile sexuality as the predominant explanation of psychological disturbance . . . and (thus) psychoanalysis has to some measure been desexualized" (pp. 418–419). That is, the importance of bodily sexuality has been diminished.

Green and Stein among other psychoanalysts also seem to say that there has not been enough emphasis on body talk. Green (1995) cites Fairbairn and Kohut as being disinterested in drives and as emphasizing object seeking at the expense of pleasure seeking. Klein dealt almost exclusively with destruction toward the object. This continued neutering by many object relationalists denies the difference between the sexes, among other aspects of mortal, corporeal existence. When sexual material does rear its head in treatment,[2] it is frequently viewed as merely defensive against "object relationships of a supposedly deeper nature" (Green, *Ibid*). The importance of pre-genital features such as nourishment and the breast is not to be minimized, but the penis is not a breast and "the role of a sexual relationship is not to feed and nurture but to reach ecstasy in mutual enjoyment."

Stein (1998) too underlines the importance of sexual experience and states that the French psychoanalytic tradition, in contrast to the Anglo-American, has always investigated the erotic in psychoanalysis. Indicating ways in which sexuality is important from the beginning of life, Stein highlights, for example, the mysterious allure of the mother's sexuality for the infant. The mother eroticizes the baby's body parts with her touch, and she arouses the baby's mind with her unconscious sexuality. Stein feels that after being awakened in the child by the mother, the aspects of sexuality that have not been understood or assimilated become repressed and add to the feeling of strangeness and mystery we have about sexuality. Stein and Green are thus attempting to draw attention to the importance of biology/sexuality in psychology, and concerns about beauty certainly are relevant.

In psychotherapeutic treatment, the therapist must listen for all information about a patient's body including history of sexuality, aspects of sexuality allowed into consciousness, and signs of how sexuality is affecting transference and counter-transference. The therapist thinks about possible biological and genetic givens for a particular patient and possible influences on object relationships. Ms. F, for example, experiences having been extraordinarily "proficient" in sexually satisfying herself since very earliest childhood. One role which she then assumed among her childhood friends was to "teach" them how to masturbate. Related memories and fantasies appeared through-

out her treatment. It is reasonable to speculate that her "proficiency" may have a physiological substratum, as well as an object relations basis. Ms. F's easy access to being sexual has had an enormous impact in her history and on her relationships.

Contributing to the de-sexualization, and de-emphasis of aggression, of psychoanalysis is the fact that psychotherapists are often most familiar working with verbal patients skilled in symbolization with words. Within the verbal modality lurks a potentially slippery slope toward intellectualization, abstraction, generalization, and fragmentation of experience. Re-uniting attunement to object relations with attunement to drives, while working primarily on a verbal level, can be a challenge in clinical practice.

In addition to ongoing awareness of drives and of object relations, there are other important realms in which physiological and emotional life interact. Some of these interactions can only be guessed at, given the current state of knowledge, but there are tantalizing paths to follow. For purposes of discussion, these realms are artificially separated here. All aspects of neurophysiology, neuro-cognition, emotions, and psychosexual development, however, continuously affect each other.

Technological Advances

A brief survey of technological advances will lay the groundwork for looking at some recent neuropsychological research. New tools for neuroscientific research have yielded physiological information about exquisitely elaborate, intimate processes, beyond previous imagining. Among the tools are electron microscopes and cerebral angiography. Functional magnetic resonance imaging (fMRI) allows study of the activity of different regions while the subject is engaged in mental activity. There is a dedicated state of the art supercomputer which can produce a "three-dimensional configuration of ten thousand simulated neurons that constitute a single neocortical column—an anatomical unit barely wider than the head of a pin. The neocortical column, believed to be a building block of the cerebral cortex, is a mere millimeter cubed, and is repeated countless times across the expanse of the human neocortex. . . . For the first time, we can see the physical consequences of every thought" (Schoonover, 2010). Scientists can therefore now monitor the brain while it is functioning by "using the *flow* of blood as a proxy for the activity of specific brain areas" and follow changes (Schoonover, *Ibid*). The assumption is that a greater flow of blood in a certain area of the brain means that there is more activity in that area at that moment. Measures of oxygenation in the blood also help determine neural activity in a pulsating brain. In essence, neuro-imaging gives a peek into what is on the mind of the test subject while that subject is thinking it.

Before neuro-imaging, Helen Keller cast light on brain functioning, on the non-verbal, non-visual, multi-sensory integration of modalities which go into mental processing and are crucial for forming 'pictures' of oneself and of the world. " . . . There is more meant in things than meets the eye" and "A tangible object passes complete into my brain with the warmth of life upon it, and occupies the same place that it does in space; for without egotism, the mind is as large as the universe. When I think of hills, I think of the upward strength I tread upon. When water is the object of my thought, I feel the cool shock of the plunge and the quick yielding of the waves that crisp and curl and ripple about my body. The pleasing changes of rough and smooth, pliant and rigid, curved and straight in the bark and branches of a tree give the truth to my hand . . . The bulge of a watermelon and the puffed-up rotundities of squashes that sprout, bud and ripen in that strange garden planted somewhere behind my fingertips are the ludicrous in my tactual memory and imagination" (1908, pp. 10, 12–13). Since neuro-imaging, researchers (Ehrsson *et al*., 2004) have used data to conclude, for example, that multi-sensory integration in a body-centered reference frame is the underlying mechanism of self-attribution. For clinicians, knowledge about the development of self-attribution, of self identity, of me-ness is essential.

Scientists have learned how to cut, paste, measure and manipulate genes. Researchers have also figured out how to implant a machine into the DNA molecules of a mouse's brain. The machine can generate many different fluorescent colors. The researchers can then distinguish a neuron and follow its extensions in the areas where axons, dendrites, and glial cells wind their way through complex entanglements (Schoonover, *Ibid*).

One may or may not concur with Francis Crick's statement that "You, your joys and your sorrows, your memories and your ambitions, your sense of personal identity and free will, are in fact no more than the behavior of a vast assembly of nerve cells and their associated molecules." (Crick, 1994) Still it must be recognized that developments in technology have allowed much greater empirically-based knowledge of the physiological foundations of the brain: neurons, neurotransmitters, and essential chemical phenomena. Technological advances have yielded unprecedented understanding about the workings of the brain. What to make of all this data is still a work in progress. Clearly there are indications for greater future understanding of emotional processes and consequent behavior, including components of the search to create a beautiful self. Will it help clinicians to understand, for example, what may lead one person to persistently feel unattractive despite regular beauty salon visits, or another person to feel compelled, driven even, to have more and more areas of her body covered with tattoos? Implications for psychotherapeutic treatment will unfold over time.

Neuropsychological Research and Cognition

Advances in neuropsychological research can be quite thought-provoking for a psychotherapist. As the *New York Times* (Zuger, 2010, November 29) noted "The field (of neuroscience) remains technologically complicated . . . and still defined by research so basic that the human connection . . ." is often unclear. Even so, research in neuro-psychology over the last several decades has yielded exponential growth in knowledge about the biology of the brain.

One important aspect of neuro-psychology is cognition, the mental process including perception, learning, use of language, and reasoning. This section of the chapter will touch on some recent thinking about cognitive functioning, particularly highlighting ways in which mind and body are interconnected. There have been intriguing conceptual as well as technical advances since the neuroscience of fifty years ago, on which most attachment theorists leaned. The first wave of social cognitive neuroscience began in the 1970s and continued through the 1990s, before fMRI's. "Now there is a second cognitive revolution in which multiple cognitive studies, including unconscious phenomena," are done at the same time. Researchers are also studying procedural memories, which are non-conscious and not represented in language (Gerber, 2012). This poses interesting possibilities for learning more about infantile experience occurring before the development of language. Brain mapping is also being done on trans-modal functions. These are devoted to bringing together a person's various sensory inputs. Helen Keller might have been intrigued.

Much has been illuminated, as indicated earlier, about how the brain affects perceptions—as well as distortions—of one's physical self, of the emotional and cognitive self, and of one's environment. Information about how people learn, and what may enhance or interfere, has expanded immensely. There is much greater understanding of how the brain's capacities develop throughout one's life. The map of the brain's somatosensory cortex is now known to be subject to constant modification on the basis of experience. It has been shown that changes in growth of synaptic connections occur through learning. Neuromodulators such as oxytocin promote changes at the levels of proteins and of genetic expression (Kandel, 1998, 2008; Freeman, 2000).

According to Gerber (2012), neuro-imaging has revealed that people "all have their own perspectives, and attention, and they . . . shift those perspectives when they change settings, depending on dangers and rewards; there are circuits which regulate this flexibility. Functional connectivity" looks at complex variations over time. Researchers are imaging the brain to study internal object relationships, for example. Regions of the brain use 'old' prototypes of relationships to recognize and decide what 'new' people will be like. Additionally, old meanings need to be "unlearned"—"a remarkable

achievement of biological and cultural evolution"—before new meaning can form (Freeman, 2000). These findings speak to the importance of investigating an individual's unique and flexible patterns of knowing, learning, and changing. The implications for changing self and relationship concepts are enormous.

Developing changes in brain functioning are part of the compelling field of neuroplasticity, which refers to changes in the very structure of the brain occurring because of a person's activities. The previous long-standing scientific belief was that most brain functioning could not change after critical periods of early infancy and childhood. Neuroplasticity stands that orthodoxy on its head. One might think here about Psyche, Sleeping Beauty, and Rapunzel becoming able to claim their knowledge and responsibility about their sexuality and their adult lives.

Such research may benefit psychotherapy in terms of assessing how different patients process and learn from information and interpretations, and then—using that information—evaluating what might be the most helpful ways in which to proceed therapeutically. Already data has been collected comparing several modalities of therapeutic intervention. Brain development always occurs within the context of self and relationships with other people. Self and others are mutually influencing. That includes the therapeutic relationship. Kandel had postulated (1998) that "As the resolution of brain imaging increases, it should eventually permit quantitative evaluation of the outcome of psychotherapy." A great deal is now known about how experiences and relationships—including psychotherapeutic relationships—affect the ability to shift brain functioning on the most basic physiological levels. Several good places to begin understanding neuroplasticity are Doidge (2007), Kandel (1998), and Merzenich *et al*. (1999).

All of the neuro-physiological research must be integrated with theoretical, intuitive, and interactional understanding in psychotherapy. Otherwise work with patients remains incomplete. Although research has not yielded definitive, comprehensive conclusions about the intricate interactions of mind, body, emotions, and cognition, it has revealed a great deal about how the body and the mind affect each other. It has produced invaluable information and has suggested exciting possible connections as well as areas for future work. A therapist contemplating an individual's complex inner and outer workings is contemplating a universe of stars and galaxies to reach. Like the cosmos, psychic terrain and conclusions are not yet fully charted by patient, therapist, or scientists.[3] This chapter is about several developments which may prove helpful. Perhaps these studies will also yield information about psychosomatic disorders, which intricately involve both the body and the mind.

All of the research and concepts may become relevant as therapists consider patients' struggles to create and express beauty in themselves, whether the endeavors focus on faces, bodies, clothing, or pure flights of imagination. Creative efforts use 'threads' from many sources, however seemingly obscure or non-verbal, and weave them together. The task of the therapeutic dyad is to look closely at the conscious, unconscious, and non-conscious 'spools' spinning each strand of the fabric (including the search for beauty) and to study the ways in which the component strands weave in and out. Only then can the cloth as a whole be comprehended.

Embodiment of Mind and Embodied Cognition

"Embodied cognition" is a relatively new concept which helps integrate psychoanalysis and attachment theory with some of the forward leaps in neuro-psychology. The central idea of embodied cognition is that cognitive processes are deeply rooted in the interface of the body, the brain, actions, and the outside world. A sense of self emerges from the interaction of all of these sources. Leading theorists of this position include Francisco Varela *et al*., George Lakoff, Antonio Damasio, Ivan Fonagy, and Peter Fonagy and Mary Target.

Our minds are embodied. According to Peter Fonagy and Mary Target (2007), "The mind never . . . separates from the body. . . ." Lakoff (2011) states that "Our brains take their input from the rest of our bodies. What our bodies are like and how they function in the world thus structures the very concepts we can use to think. We cannot think just anything—only what our embodied brains permit." Damasio writes about the "body-mindedness" of the mind and the mind existing because "there is a body to furnish it with contents." At the same time, there are inborn brain functions managing the body from the beginning of life (Damasio, 2003, pp. 204–06).

In addition, what we perceive and know is inseparable from the histories we have lived. Cognition can thus be seen as embodied action which we have lived and experienced. We come to understand meanings through our experiences of acting on and in the world. Compare Helen Keller's descriptions of her sensations and activities in her life. Furthermore, experiences constantly change as a result of the perceiver's activity, and a person's mind is always modulated by the body acting in environmental events. Thought or cognition is the mental traces left by these experiences (Varela, Thompson, and Rosch, 1991, p. 205). That fact encompasses, as stated earlier, the fact that most thinking and cognition are unconscious.

Concepts of embodied cognition clearly have significant implications for the subjective nature of perception. For example, cognition is affected by any individual's unique sensory history and unique emotions. Cognition is also affected by an individual's involvement in therapeutic relationships which

are new lived, felt, and acted experiences. How do these relationships change the way a person views the world? Doesn't an abused child, for instance, feel over-stimulated and assaulted by interactions with other people? There are lasting physiological and emotional reactions as a result of the over-stimulating assaults. How can a clinician then conceptualize the potential impact of that abused child experiencing a very different relationship in therapy?

The entwinement of embodied cognition and fantasy life must be taken into account too. Fantasies leading up to and occurring during body piercing sessions, for instance, are laden with personal perceived cognitive meanings which a person makes about beauty/horror, pain/pleasure, and attacking/submitting. In addition, both within psychotherapy and outside of it, projective identification is an example of a dynamic embodied cognitive process. It comprises communication, defense, and fantasy. In projective identification, there is flux about who owns which qualities. Perceptions, 'knowledge' about one's identity, and vagueness about separateness are all rooted in the interface between one's body and brain, and those of another person. The embodiment of cognition plays into all of these situations.

Yet another area to contemplate in a perspective newly informed by neuro-imaging may be unconscious and non-conscious associations between embodied cognition and superego functioning. Brain imaging of the amygdala and the frontal cortex shows that areas thought of as 1) the site of more rational, 'higher' reasoning (including functions which control instinctual behavior, and functions "which decide between good and bad" actions) and 2) areas thought of as the site of emotions, actually have been found to be massively closer than previously thought (Schoonover, 2010, p. 185). Of course it has long been understood that superego functioning is deeply rooted in lived history, in bodily sensations, and in subjective perception. Now we can add the question: what does the brain imaging data contribute to understanding the physiological basis of superego functioning? Ms. D has a history of erotically-tinged spankings by her parents. She condemns the supposed morality of those parental punishments, while her body feels uncontrollably excited by fantasizing about spanking young children. She feels overwhelmingly drawn to reading and fantasizing about spankings, and she also condemns the fantasies. Are there physiological bases for thinking about her deep shame when she experiences these fantasies? Perhaps the concept of autonomous ego functions will need to be re-visited as well.

Embodied Mind and Reality

For centuries philosophers and scientists have debated the nature of reality. Their debates are beyond the scope of this book. However the personal reality of what a person's body 'really' looks like or how it 'really' feels and experiences or what someone 'really' wishes is quite a complicated, variable

matter. For example, in the 1943 book *Many Moons*, James Thurber illustrates the idiosyncratic nature of reality for each person. It is the tale of a little princess who will remain ill unless her father the King "gets her the moon." He and each of his grand vizier specialists endlessly debate what the moon is made of and how to get it. Ultimately the little princess herself explains that the moon is simply a little gold sphere which she can wear on a chain. When she puts that around her neck, the moon is her very own. She will no longer be ill.

Scientists have shown that one's sense of what is real is based on the mostly unconscious interactions of our bodies, brains, and environments (Lakoff and Johnson, 1999, p. 17). Thinking, including the highest levels of reasoning, depends on non-conscious representations of sensori-motor systems as well as on emotional and social happenings.

Therapists and other observers may heartily disagree or be baffled by what someone thinks she looks like or by the image she thinks she is presenting to the world. There can be great disparity, for example, in perceptions about: too skinny/too fat; 'piano legs' or athletically well-toned; gawky or slinky; sexy or slutty. New ideas about the intersection of biology and psychology, such as embodied cognition, deepen psychoanalytic understanding of patients' concerns with beauty and bodies, and with creation of their self concepts. Efforts to create a beautiful self, or despair about not being able to do so, are impacted by a person's biology and perceptions, and by how their cognitive and emotional knowledge have come to exist.

There is an embarrassment of riches, an avalanche of data, to be pondered if therapists are not overly daunted by research findings or by new theoretical perspectives which have been generated. Of course each individual patient is *sui generis*: a unique self. She or he presents challenges for embracing all levels of functioning, as well as for understanding his/her particularly complex, vibrant mixture of variables which are ongoing at any given time. Therapist and patient will hopefully also become alert to the unique synergy and flow of their own dyad. A more complete picture of the full beauty of the patient is at stake.

NOTES

1. In the book *Harry Potter and the Sorcerer's Stone*, J. K. Rowling (1997) fancifully and chillingly depicts a repudiated, disembodied state. The mastermind character Voldemort, reduced to a bodiless state, continually seeks a source of vital bodily integrity by sucking the life out of others, thus vividly conveying the necessity of being whole.
2. In a recent discussion with colleagues, clinical material involving a patient's sexual activities was brought up. A senior analyst said "Oh, I never know what to do with sexual material."
3. Interestingly, photographs of the galaxy frequently resemble neuro-images of the brain.

Chapter Nine

Understanding the Invisibility of Beauty In Clinical Work

Translating the Unseen

The totality of the embodied self can remain elusive or even invisible in clinical work. As this book has been investigating, there are often parallel processes occurring between 1) psychotherapeutic treatment and 2) activities occurring outside the psychotherapy office that are aimed at actively creating a physically beautiful, empowered self via a perceived Pygmalion figure. These processes concerning beauty are potentially mutually illuminating and may be expressed right in front of therapists' analytic observations and listening. Frequently however, analysts' attention is solely on the flow of verbalization in sessions, and is averted from patients' alternative realities. This is true even though transference phenomena, communicated in a variety of modes, are part of the clinical material.

Given the crucial significance of corporeal factors and of physical action, it is striking that there seems to be a taboo on analytic examination of patients' repeated efforts to 'really' create beautiful selves (including their bodies) both outside and within psychotherapeutic treatment. Their actions and their words may invoke their investment in the Pygmalion fantasy, a fantasy which often suffuses the treatment transference. Yet many analysts cannot recall much material about beauty from analytic sessions even though they acknowledge that beauty treatments are a significant part of their female patients' lives.

Transferential and counter transferential fantasies come in a multiplicity of variations, but the fantasy of Pygmalion and his lovingly carved sculpture of a perfect woman is frequently an unconscious, central organizing concept, albeit not recognized as such.

DOING, THINKING, AND TALKING

How does one approach the subject of physicality versus verbal articulation in terms of therapy? Most action on a physical level commands a sense of being 'real' in a way very different from using words. Busch, speaking about analytic hours, states "Some analyses have more to do with words, but it is hard to imagine a fully evolved transference (both resisted and experienced) without actions" (Busch, 1995). It is also hard to imagine a fully experienced transference without taking into account the actions and reactions to the physical realities and behavior of the patient's and analyst's bodies and what they do with them, both within and outside of therapy sessions. Referring to the analyst's own particular body features, Jane Burka (1996) asks "If my body is present and significant for me and for my patients, but remains outside the discourse of the therapy, what kind of taboo have my patients and I created?"

Embodied Language

Concerning physical action versus verbalization, it is helpful to re-open the subject of embodied cognition. Embodied language evolves from embodied cognition. What follows from considering the physical, embodied roots of communication—verbalization, as well as symbols, metaphors, gestures, sounds, affective states, even smells—is that all of these are inextricably linked with bodily experiences. Verbal and non-verbal communication reveals clues about infantile experiences, as well as about adult non-verbal psychic life, sense of self, and life-long character development.

A vignette from the case of Mrs. R, which was described at greater length in chapter 3, illustrates several modalities of expression in analysis and historical antecedents. One can also think of these trans-modalities in terms of multi-determination and condensation. Mrs. R, a highly verbal, beautiful, professional woman, had headaches while lying on the analytic couch. She eventually associated to fainting during an argument at age six when her mother insisted on cutting her hair. Her mother's reaction to the fainting was to slap her daughter, who she thought was being oppositional. She said that she fainted again when an adolescent peer told her she was going to hell.

Among other associations, Mrs. R associated from the headaches on the couch to an episode of feeling that she had been "attacked" with scissors when her mother had the hairdresser cut her hair in a "humiliating" style. It

almost goes without saying that the headaches on the couch were an action illustration of Mrs. R's painful and furious battles in her head and about her head and its appearance. The headaches conveyed the slap, the punishment of going to hell, the site of the wars (Mrs. R's head and hair), the fainting (withdrawal) defense, and Mrs. R's fury.

Mrs. R's second analyst, with his "huge lion's mane of hair," "preened" behind her head. Her strong feelings about him were connected in part to transference. The feelings were also seen flowing into her intense, lifelong, ongoing focus on her hair and her waves of pleasure and dissatisfaction with hairdressers which have persisted over the years. Regular excursions to the beauty salon have proven to be an important arena where she has attempted to achieve resolutions in a concrete manner. Although she worked assiduously in her three analyses, the beauty work in salons has remained a charged area throughout her life. Renewal of physical beauty continues to be important for Mrs. R.

As demonstrated earlier, a basic thesis of embodied cognition is that thought originates in physical experiences. Certainly psychoanalysis has always recognized the primacy of the body. Fonagy and Target (2007) cogently explicate this premise and draw on the ground-breaking work of Freud and subsequent key theoreticians. Freud discussed the "body-ego" (1923, p. 26–27). Susan Isaacs wrote about symbolic thought emerging from bodily experiences with the primary object (1943). Phyllis Greenacre explored the erotization of thinking (1960). For Kristeva (1974) the pre-verbal period, characterized by communication between the baby's and mother's bodies, is followed by the period of more verbal language. The primacy of the body is universal. This primacy is by no means limited to psychopathology.

Thus, verbal and non-verbal communication should be understood as embedded in a lifetime of physical sensations which have occurred within object relationships. The body is in the words. Analysts must make their way to 'feel' the touch, inhale the smells, see the sights, taste the flavors, and experience the affects within and behind the words and signs which all people articulate. These sensations are where the fantasies and beliefs lie. Analysts must detect the communication medium being used to convey the 'sensation'al and then must translate the communication.[1]

Creating a beautiful bodily self is one kind of non-verbal communication, and it too is embedded in physical sensations and experiences. It uses the body as the medium and the communication. The body and related activities are the language. As McLuhan (1994) said, "The medium is the message." Every week Mrs. N thrust out to the manicurist her "stumps of red fingernails with their distorted nail beds." She mentioned it to her analyst with a self deprecating laugh indicating that these ten ugly extensions of herself could never be beautiful. The highly condensed gesture, metaphor, laugh, and drama were played out with the manicurist and were diminished in importance

in her treatment. One might conclude that the manicurist was the recipient of more clearly vivid memories and fantasies than was the analyst. Significant early physical action experiences in Mrs. N's life were the foundation contributing to the current communications.

Grouping and Metaphors

The mind puts verbal and non-verbal communications into groups, with many meanings under various labels or categories.[2] Of great importance in considering embodied language is the fact that it is impossible not to categorize the world through labels, within which there are multiple items. We have evolved to experience the world and ourselves through categories/groups, primarily unconscious ones. The cognitive linguist Lakoff (1999, p. 18-20) notes that we use neural categorization. "Our brains each have 100 billion neurons and 100 trillion synaptic connections . . . the pattern of activation distributed over the first set of neurons is too great to be represented in a one-to-one manner in the sparse set of connections." It is common in the brain for information to be passed from one dense ensemble of neurons to another via a relatively sparse set of connections. Therefore there are groupings/categories of patterns; our categories are formed through our embodiment, and the categories become part of our experience.

When we conceptualize categories, we use metaphors, and metaphors have great inferential capacity. Think of Mrs. N's "stumps" with their inlaid "distortions" as she categorized experiences about her body and her self concept. What an enormity of meanings she was conveying!

The mind contains a huge, fixed system of general conceptual metaphors, or labels. Conventional metaphors are always available to link concrete imagery, especially visual, to abstract meanings. Metaphorical thought is part of unconscious cognitive thinking. It is automatic, commonplace, and not subject to conscious control (Lakoff, 1997). Ivan Fonagy (2000, pp. 278, 348) hypothesized that preconscious metaphors consume less energy than conscious conceptual analysis. He compared this incentive of saving mental effort with Freud's explication of the economy of mental energy expenditure playing a central role in the technique of jokes.

These conceptual metaphors are the ways in which we know the world. Lakoff (1999, p. 45) explained that conceptual metaphors, pervasive in thought and language, "allow conventional mental imagery from sensorimotor domains to be used for domains of subjective experience." In addition, conceptual metaphors are the ways in which we reason about understanding, and there is even "an extensive subsystem of metaphors for mind in which the mind [itself] is conceptualized as a body," rather like Guerber's 1925 children's book does.[3] One common metaphor is that ideas are objects contained inside the mind or the body (Lakoff, 1999, p. 235). Lakoff and John-

son, like Modell below, assert that metaphors are embodied in that they are generated from bodily sensations. This fact has important implications for fantasies contained in creating a beautiful self. The clinician and the patient try to figure out what were the early physical sensations and interactions which led to metaphors and fantasies about the body being revealed in the present.

Modell suggests that an unconscious metaphoric process interprets bodily sensation and is a major determinant in constructing ongoing embedded fantasies. Freud (1899, February 19, in Masson, 1985, p. 345) had explained that bodily manifestations such as blushing or vomiting are based on unconscious fantasies, on contradictory wish fulfillments. These fantasies use behavioral metaphors. "Freud recognized the metaphor as a figure of speech that departs from literal meaning. The field of cognitive linguistics has conclusively demonstrated that metaphor is primarily a form of cognition which [only] secondarily [may] become incorporated into language." Furthermore, "Our language is replete with metaphors describing feelings" which are universally experienced as concrete substances within a closed container. Modell gives the examples of "bursting with desire" or being so angry that one is "about to blow one's top" (Modell, 2007, p. 3–4).

It can be particularly important for clinicians to take renewed interest in a patient's use of symbols and metaphors. What is the origin, including physical origin, of the language and images used when a patient reports dreams? Where do the descriptions of her fantasies come from? What are the transformations of the patient's physical experiences which lie behind her use of metaphors? Ms. U, who said that she "served herself up on a platter," was consciously talking about being compliant. This metaphor also referred to her memories of humiliating Thanksgiving family dinners where everyone was expected to make a declaration about themselves. Each person had to utter thankful words while her body and her words were being gazed upon by a judgmental family. Did she feel that they were devouring her with their eyes? One very elemental level related to projected oral cannabalistic fantasies, as well as to memories about her mother's still-born baby. Ms. U's own early childhood images of parental sexuality and body parts were also aspects of the platter metaphor and the metaphor of eating the Thanksgiving bird.[4]

A clinician may view the fantasies and expressions of efforts to become beautiful as metaphors, which have a rich history in that patient's early life. For example, what image/metaphor does a patient's attire or make-up convey? As the old saw goes "A picture is worth a thousand words." What flowed into the experiences of the patient who used the metaphor about herself as "a painted pleasure boat"? Her use of that language and her use of cosmetics appear to be conventional, but they have idiosyncratic origins in her physical past.

Dreams of houses often are about one's body. In this light, what can an analyst understand about a patient's references to "window-dressing" herself? Metaphors are manifested in a person's fashion style, piercings, hair dye, "six-pack" abdomen, and name of perfume used. Naturally a therapist must examine the origins of his or her own personal Rosetta stone, his or her translation of the patient's metaphors.

Metaphors and Attachment Theory

Linking ideas about attachment theory with the previously mentioned kinds of neuro-linguistic research, Fonagy and Target (2007) state that "The origin of symbolic representation is thought to be in biologically significant actions tied to survival and adaptation" and ". . . the very nature of thought will be influenced by characteristics of the primary object relation." Therefore early sensorimotor experiences, as shown above, are encoded as unconscious metaphors. For instance, an infant's subjective sense of affection within the mother's observed and felt warm embrace persists as an unconscious association. The enduring result may be an embodied metaphor such as "a warm smile" which can be seen to include several domains of experience and chronology.[5]

Isaacs (1943, p. 94, in Fonagy and Target, 2007) gave examples of metaphors such as "taking things in" with our ears, "devouring" with our eyes, and "digesting." Lakoff mentioned many metaphors denoting [inter-modal] perceptions which a person may have such as: something does not smell right here; I have a sweet (or bitter) thought; I see what you're saying; I get the picture; pull the wool over their eyes; put up a smoke screen (*Ibid*, pp. 239–40). Concerning other trans-modalities for embodied metaphors, analysts might wonder about the origins, for example, of some patients' wishes for plastic surgery on particular body parts, or for cosmetic dental caps, or for unusual fashion styles. Does the patient partly want to 'cap' or cover something up? What is the metaphor behind implanting a camera in one's head? The names of cosmetics which patients casually mention suggest layers of perceptions, experience, and thinking about one's body. What are the metaphors conveyed by the labels Juicy Couture lipstick, Tempting Glance eye shadow, Flush with Desire powder, Agent Provocateur clothing, and Fire and Ice nail polish? Analysts can be alert to such every day comments, often offered as asides, indicating patients' unconscious fantasies, desires and fears about presentations of their bodies.

Spontaneous gestural language is another meaningful representation. It uses vision, motion, or orientation in space, rather than words for communication of non-conscious or unconscious meaning. Ivan Fonagy, in his aptly named book *Languages within Language: An Evolutive Approach* (2000), draws attention to communicative signs going back to the Stone Age. Such

pre-verbal, non-conscious action language is very much alive in the development of individuals today too. For example, he reports that pointing is likely a remnant of action that a baby first exhibited as an unintended communication to indicate wanting to grasp a distant object. Attuned adults nearby may interpret his intention of wanting the object. The gesture, meaning, and object relationship are thus connected. Lingering through the years, this gesture of pointing may telescope a significant portion of his relationship with his mother, including bodily, affective, cognitive, and linguistic components (p. 668). Could this idea help understand the origins of Ms. Z's decisions to wear thong underwear and repeatedly to pull her wedgie out of the crack in her buttocks? Are there elements of infantile experiences in this anally focused behavior?

A different gesture (more properly put, a postural position) is the wide open mouth of a young child intently watching television. It may be that this incorporates infantile taste, visual, and learning modality experiences.[6] Postures, the way the body is carried, are also meaningful. Wilhelm Reich (1945) wrote that "character armor" is functionally identical with "muscular armor." He contrasted, for instance, the muscular stiffness and awkwardness of an anal character "as stiff as a board" (Reich, p. 348) with the relaxed, effortless movements of children who have not suffered severe repression. What are the non-verbal gestural and postural presentations of any given patient in psychotherapy? Mrs. P, who suffers from an aching back at times, has an individual approach to her chosen place in the therapy office. She nestles down on the floor in front of the patient's chair and then places various pillows around her. Next she appears to coil herself into the middle of what looks like the nest which she has designed. Back comfort is her stated intention. However she has also apparently created a physical container of comfort within the metaphoric container of the therapeutic relationship. There is an air of relaxation and playfulness as she cozies into each session with her architecture: she giggles softly as she takes up her unorthodox postion. Mrs. P is quite identified in many ways with the counter culture of the 1960's. Her fashion sense is the most visible, physical part of the identification, but there are several other ways in which she harkens back to earlier decades. The analyst also notes the supportive though defensive use of the pillows. It has not yet become clear what being on the floor below the analyst means for Mrs. P, but her self orientation in the therapeutic space undoubtedly is significant. The entire procedure also involves the analyst looking as Mrs. P moves her body around. What metaphors and fantasies are behind other patients' arrangements of themselves as they sit or recline in the therapeutic office?

The *New York Times* (Horyn, 2011, January 13, "Section E," p. 1) reported and photographed a consciously engineered creation of self expression. It may perhaps be considered as falling between a gesture and a visual

metaphor. This was the previously mentioned young man who "had his body tattooed to resemble a skeleton, with [huge] blackened eye-sockets and ghoulishly large dentiture on his lips." His skin was the medium of his expression. Whatever his conscious intentions might be, surely there are also deep non-verbal and historical wellsprings of creative meanings represented in this physical metaphor. What is being communicated about the nature of his attachment history? Is he feeling defenseless and therefore 'letting it all hang out'? Does he feel a sense of deadness? Was there suffering and sadism, perhaps mixed with bonding, embedded in the experience of being tattooed? Does he feel that the tattooing is aesthetically pleasing? Are boundaries between inside and outside unclear for him? It is a truism to declare that someone's unique communication may be filled with desire to be understood *and* with intense fear of being known. His analyst must try to translate all of these aspects, as well as the feelings or counter-transference engendered within the analyst by such a vision.

Onomatopoeic sounds and other sounds can signify an aspect of lived experience. With protruded and rounded lips and smooth articulation, a person may utter tender sounds such as "ooh," "aaah," or "mmm" to a lover or analyst. These can convey a physical movement once made to a baby or the baby's lips when sucking. Pharyngeal muscle contractions can convey memories of hatred or contempt having been expressed (Ivan Fonagy, p. 19). Another person may have a style of pronunciation which embodies identification with a type of character, or with the accent of her region of birth. She may be flaunting her accent, feeling that it is an alluring part of her 'attire.' She may be unconsciously keeping her childhood 'with' her by retaining her accent, or she may feel that the accent terrifyingly exposes aspects of her past and of her inner life.

An alarming sound such as "Feh!" may communicate 'Stay away! I want to spit you out!' In such cases speech itself, consisting of a sound, is the embodied action. Ivan Fonagy states that each speech sound is composed of many memories. A high pitch may recall a child's or woman's voice, for instance, or be associated with a sensation of pain. Depending on the history of the sounds, different people associate the intonations with beauty, repulsiveness, or fear.

The manner of speech is noteworthy. Is it rhythmic and musical or halting and labored, with gaps between thoughts? Reich (1945) reported an analysis of a patient who "superficially chattered" even when discussing serious matters. The manner of speaking held memories and sexual orientation. All of these components are part of a person's self presentation to the world. The person may consider them attractive, or she may consider them evidence of her unattractiveness.

Thus metaphors, gestures, symbols, movements, and sounds encapsulate experiences from one's personal history. The communications make up embodied language, accompanying verbal language, and are part and parcel of everyone's experience. They indicate the significance of the physical body in relationships. It is important to translate all information, including references to the body and beauty, which might be hidden within. Efforts to be re-made, perhaps into a beautiful swan, can be buried deeply not just in verbal articulation, but also in action-packed movements and smells and grunts.

These ways of communicating are royal roads to the unconscious, much as dreams, symptoms, and jokes are. They partake of primary process thinking, including opposites, images, part for the whole, magical thinking, idiosyncratic use of color and numbers, condensation, and notations about movement. One might be on the alert for shifting ego states of dreaminess and reverie too. Isakower elucidated moments like waking, sleeping, or free associating: times when there is a blurring of body states. Images, tastes, and touches are tapped, and they thus open windows into the past. (Brown, 2011). Complex metaphors—including forming a beautiful self—communicate complex information. Metaphors apparently are an ongoing part of the development of the human species.

NOTES

1. The message of the 2011 Koren *New Yorker Magazine* cartoon (Koren, 2011, February 7) mentioned in chapter 6, of the nude woman announcing: "My next poem is written in the shape of a woman's body" seems to be that body and shape can, on occasion, be considered the medium of expression.
2. Obviously such grouping or condensation happens with primary process thinking.
3. A charming 1925 children's book called *Yourself and Your House Wonderful* (Guerber) conceptualizes the body as a house and uses more metaphors for various inner body parts. Guerber speaks of pumping dwarves who send blood boats to the master's servants in the brain, and the body garbage-can which must be emptied of bowels originally sent by the stomach dwarf. He says that "The mouth is the front door of the house. When the master, from his post up near the windows (eyes) sees food coming, he telegraphs to the doorkeeper: 'Open the door!' Then the mouth flies open and the food is laid down on the tongue, which is a kind of door-mat." (p. 9) The book is an illustration of how such visual metaphors are in fact an essential part of our knowledge base.
4. Compare Schneebaum's (1988) description of participating in naked tribal rituals around killing and eating a rival tribe.
5. When sensori-motor experience(s) coincides with an affective experience, "a neural connection" is established (Lakoff, 1999). That is, a neural pathway is laid down. (This very likely is part of a patient's experience when her therapist opens the office door in a welcoming manner.)
6. An aspect of this idea was suggested to me by Irving Steingart (Private communication).

Chapter Ten

Doing Versus Talking in Clinical Work

Cautionary Tales for Working Successfully with Beauty Issues

Patients come to a psychotherapy consultation using words to describe their difficulties and suffering. The therapist uses words in the ensuing assessment and treatment. Their work together is not a silent film; it uses spoken dialogue. However there are always subtitles in other 'languages.' The subtitles make use of all of the modalities of communication which have been discussed.

This is not a revelation. Psychotherapists know all of this. They know that everyone's body and physical experiences are important. They know that there are various modalities in which affects, fantasies, never-before-verbalized experiences, ego states, and other unconscious processes may be expressed. They have been trained to listen for slips of the tongue, figures of speech, and body language.

Nevertheless, as proposed in chapter 9, there is frequently a prioritizing of verbalization—their own as well as the patients'—over other modalities of communication. There is also often a marginalization of the subject of the physical phenomena concerning beauty.[1]

Analysts are generally more comfortable with verbal abstractions. Patients' body talk and focus on becoming thin and stylish, or pursuing plastic surgery, or having spa treatments, or undergoing body 'cleansing' are surprisingly often viewed with contempt and seen as worthless. After all, therapists know that psychotherapy is supposedly about the deep and hidden inner psyche. Meanwhile, a whole world of experience and fantasy, perverse or not, may be flowering in a beauty salon. No psychic illumination need apply or enter there.

Certain patients, believing that their therapists have unspoken preferences for verbalization and for 'weighty' material, fall into step because of unconscious defenses or because of other aspects of transference. They try to comply with what they think their therapist values most highly: displays of literate and complex thinking and language. They 'talk the talk' in treatment and try not to highlight their commitment to experts in other fields of self improvement such as the beauty salon or the sports club. As mentioned in chapter 1, the seemingly 'higher-functioning,' quasi-insightful and reflective verbal transactions occur while on the couch; the more regressive, less articulated, perhaps experienced as more 'real' interactions flow while the patient is in someone else's hands. These are instances of splitting the transference. Mrs. N distinguishes her beauty salon enactments from her psychoanalysis. Her enactments are "the road show of the Broadway production." She means that the road show in the salon is where her fantasy life can be tried out, before being edited and presented to the official Broadway audience, the analyst. The road show in the salon includes the equivalent of songs belted out and fully colorful costumes tried on.

For patients prone to action-language, rather than symbolization and verbalization, the need for concrete enhancement predisposes them to the immediacy of physical action. They feel that the 'juice' of vitality, their real lives, is where the action is. They split their transference relatively easily. A related group of patients have developmental difficulties which have resulted in impaired capacity for symbolization, along with difficulty being in relationships that are centered around verbal symbolizations. Their problems with verbalization also tend to propel them toward concrete concerns and concrete action outside the psychotherapy office. These difficulties can prove to be great obstacles to progress in psychotherapy.

As noted throughout this book, the most hopeful, tangible, immediate balm for such patients' angst can seem to them to mean following the siren call of beauty treatments. Other extra-analytic settings also promise rejuvenation, acceptance, and glamorizing relief. Such environments involve an intimate dyad, hands-on sensory stimulation, and the assurance of a kind of re-birth which specifically uses action. Can psychoanalytic treatment ever compete?

In addition, part of the motivation of some patients is not really about gaining insight. Rather, they want their therapists to fix them. A great number of patients unconsciously long for their analysts to function as Pygmalion. Among other transferential desires, they unconsciously want Dr. Pygmalion to *do* something, to carve away the dross, to shape them into incandescent beauty, and to enable them to feel like special creatures magically enlivened through the power of Aphrodite, goddess of love and beauty. The private sculptor/analyst who channels this power should free them from be-

ing lifeless blocks of raw material. He or she should awaken the woman to a fully alive, sensual, physically beautiful body, and she will be acknowledged and admired as powerful and perfect.

Cherished fantasies of being made beautiful are often transferential. However it has also become clear that everyone 1) is grounded in the body and 2) is interested in making that body physically beautiful and beautifully expressive. This is a core part of being human. The fantasies reveal the force of the physical and experiential origins of cognition, thought, and language. Both transferential and non-transferential pulls exist.

Settings of physical 'make-overs' hold 'color' and zest such as infants and children experienced.[2] In a person's early days of life, neural pathways were laid down with a vividness seldom matched in later life. That neuropsychological structure has enduring influence. Is it any wonder that people develop transferential Pygmalion and family romance fantasies, for example, which involve a vital, physical re-awakening into a new identity in the hands of a chosen creator? Words alone (the tools of the psychoanalytic profession) can hardly carry the conviction of early experiences in the world. There is a strong felt need to have one's 'batteries' re-charged, to re-connect with the sparkle of one's cognitive and neuro-physiological infrastructure coming into being.

This is not to say that certain patients are not besieged by anxieties, conflicts, and defenses about being physical or becoming beautiful. They certainly are. They are conflicted about taking part in excursions to enhance themselves physically, or even conflicted about being touched or touching themselves. They are conflicted about allowing themselves to be conscious of these conflicts, about verbalizing them, and about bringing them into the treatment. This book has delineated many of the dynamics which energize the search to become beautiful; there are also forces subverting the search. These are all issues which the analyst hopefully tries to notice and to investigate in treatment.

Action in extra-analytic settings, as opposed to verbalization and symbolization in psychoanalysis, must of course be evaluated. When is it resistance and hindering treatment, and when might it be a vehicle for progress? Sometimes this action/activity may be a repetition of forgotten emotional conflicts and patterns of behavior from childhood transferred onto the stage of adult life. Freud developed the concept of "acting out" to describe this compulsion to repeat forgotten behaviors, thoughts and urges in the form of action (Freud, 1905, 1914). The action is the alternative to thinking and being aware of underlying emotional states. Originally described in terms of action inside the treatment, in the transference, it eventually was noted to occur outside the therapy as well.

Berg (1977) used the concept "externalizing transference" to refer to patients who allocate part of the *internal personality structure* rather than, as in classically conceived transference, infantile object libido, to the external world. These are patients whose "hopes for change are pinned on the therapist as a superior power who can effect changes in the patient's environment insofar as it personifies the patient's own conflicting inner agencies. This is in contrast to those who seek relief by change within themselves" (p. 235).

The concept of acting out was expanded by Jacobs (1986) who developed the newer concept of "enactment." Enactment refers to the unconscious interplay of the patient's transference and the analyst's counter-transference. Enactments are understood as central, perhaps inevitable, events which are valuable communications for clinical work. Enactments are frequently but not always a non-verbal form of action. They are often considered to be positively mutative in psychotherapy.

However there are special kinds of problematic transference-counter-transference enactments. As indicated earlier, on occasion patients feel that verbalization is being privileged by some analysts as a higher calling. Problematic enactments easily follow if the world of symbolization and abstraction seems prioritized. Both analysts and patients may collude in treating verbal free-associations and interpretations as the only valid, important, non-superficial arenas for consideration. This type of enactment occurs when analysts listen only to their patients' spoken words in sessions. They thereby turn a deaf ear and a blind eye to alternative modes of expression. One form that the analytic taboo might take is overlooking or dismissing patients' divergent modes of communication as well as their off-hand comments about other significant venues of interest and expression, such as beauty pursuits. Analysts thus disembody their patients and perhaps themselves. Fortunately, this is a rare occurrence.

Furthermore, analysts' views about "non-symbolizing patients" can sound pathologizing when there is not a clear indication that certain behaviors are necessarily pathological. It is not enough to conclude, perhaps disparagingly at times, that patients are 'concrete' or 'non-symbolizing.' Instead it must be remembered, as Ivan Fonagy (2000, p. 22) indicates, that patients may be thirsting to connect their physical reality with the merely virtual reality of words so that they can re-establish contact with the sensual world. This appreciation is not mutually exclusive of clinical work which helps patients to mentalize, symbolize, and verbalize. Some patients *are* non-symbolizing in the unconscious effort to keep their inner demons at bay. Clearly a clinician does not want to support a patient's attacks on linking and thinking, any more than the clinician wants to de-legitimize all other aspects and capacities of the person.

Janice Lieberman (2000) refers to analysts' "blind preference for symbol and metaphor, at times when our patients are not really able to process what we are saying." Instead, the patients are focused on their bodies and have concrete concerns and are concrete in their use of language. They perhaps have had a history of insufficient cathexis of body surfaces and boundaries. Lieberman (2012) wisely states that if the analyst accurately looks at and comments on these concrete aspects, then patients begin to feel seen and to have feelings that the deficits can be repaired. They are better able to make connections between their physical "obsessions" and the genetic roots. A sense of body constancy and a capacity for symbolization are enhanced.

Jacobs (2002, p. 295) gives a striking example of the analyst being focused on the analytic structure—in this instance, frequency of sessions—while the person to whom he is listening is referring to becoming beautiful. In fact, this incident did not happen in a psychotherapy office, but the truth of crossed communications shines through. Jacobs recounts overhearing two women conversing on the subway. "I don't care what anyone says," one of the women emphatically announced, "twice a week never cured anybody." Jacobs agreed to himself that two paltry therapy hours per week could not touch deeply entrenched psychic formations. Then the woman continued, "There is no doubt about it. If you are going to have good-looking skin, you have to use moisturizer every day."

Other types of analyst/patient enactments can also be of concern. Some therapists begin to feel jealous of patients' physical involvement with outside experts, or they assume, rightly or wrongly, that the activities are resistance pure and simple. Such activities are thus seen as striking at the very heart of analysts' professional expertise. Are the beauty pursuits handing power over to outside Pygmalions who do not question the compelling magical thinking of their patients' fantasies? Are beauticians 'threatening' to strip analysts of their accustomed power? Sadomasochistic struggles, whether conscious or unconscious, become possible between analysts and patients. Narcissistically vulnerable patients easily imagine being judged or attacked if they sense that their analysts feel displeasure or scorn toward beauty pursuits. They also feel perplexed that their analysts do not see the innate value of their enthusiasm for such enhancement. Silent but deadly enactment battles follow. Nevertheless it is important to emphasize that most clinicians recognize their own feelings before acting on them. They are then in a position to use them toward therapeutic progress.

Some analysts are concerned that attention to bodies could stir up their own body issues, sensations, or bi-sexual identifications and predilections. As Burka (1996) implied, it can be difficult to focus on the messiness of actual bodies in the consulting room. If the patient's body is fair game, can the analyst's body be far behind? There could be rigid countertransference defenses against being drawn into patients' concentration on and sensitivity

to both of their bodies. Comparisons of which one looks dowdy or overweight, for instance, can evoke significant embarrassment, and deflection of the subject.

One related example leading to difficulties in perceiving beauty issues in psychotherapeutic treatment has to do with fantasies that the therapist is neuter and de-sexed. Obviously this is only one script, but it is a relatively common one, unconsciously and defensively enacted by patient and/or therapist. Surveying audiences at professional meetings of psychotherapists, one notices a sea of gray and black boxy suits on both men and women. The alternative style seems to be loose, non-revealing, sometimes outdated clothing. Frequently the psychotherapists wear little make-up, and many seem not to have visited a hair stylist recently. Is this because their lives are focused on more cerebral planes? Are they contemptuous of appearing colorful, sexy, or fashionable? What are the rules against flashy jewelry? Where are these therapists hiding?

Almost inevitably such a vision communicates prohibitions against looking beautiful or associating to beauty in clinical sessions. Issues of sensuality, including feeling and talking dirty or dangerously or competitively, often get swept away up by patients in the non-verbalized, albeit enacted mandate to be colorless. Is this persona supposed to be a blank screen or Casper the Friendly See-Through Ghost?

In contrast, Elise (2007) analyzed a patient who said that she had seen a sexily dressed Elise being intimately embraced by a tall, handsome, black man on the previous night. Her outfit included "fuck-me shoes." Subsequent analytic work in part spurred expansion of the patient's, as well as the analyst's, freedom not to dichotomize intelligence and sexuality. Being a sexy female no longer seemed "dumb and degraded" (p. 802). 'Mom' could be erotic, smart, and maternal. Mind and body could open up creatively.

Perhaps a physical appearance with zing may also correlate with feeling open to being more colorfully expressive in other ways, such as having a playful sense of humor or noticing when patients 'open' their therapists' domestic literal and figurative doors. One patient became excited as steamy cooking smells from her analyst's kitchen wafted into the office. She began to think of her analyst cooking over a hot stove while dressed in stiletto heels and a short French maid's uniform. In this patient's fantasy, the analyst dashed from her hot stove to deliver interpretations to her patient lying on the analytic couch. Beauty, who can cook, meets the Brain. Her analyst did not feel threatened by this disclosure from her hot kitchen, and so rich fantasy material followed.

Envy may arise in either person in the therapeutic dyad. Who is more beautiful? Who has the time or money to 'indulge' in beauty treatments? Who feels freer of inhibitions and guilt about creating a beautiful self? Envy may also arise around comparisons of an infinite variety of factors: wealth,

prestige, athletic prowess, successful children, or youthfulness. What fantasies about bodies contribute to such comparisons? Patient/analyst enactments around these comparisons sometimes pass unacknowledged.

At one extreme of possible body enactments (often when there are perverse transferences) are situations where verbalization and understanding have totally ceased to be the means of communication and focus. Rather, there may be no therapeutically appropriate distance at all. This is an extremely rare occurrence. It is difficult for some analysts to contain and confront certain patients' perverse transferential urgency for stimulation, for 'really' being held and fixed on the outside, rather than on the inside (body parts versus psyche). People caught in perverse transferences want to 'really' be shown love. On occasion, perverse transferences have a hypnotic grip on analysts. One need only look at sexual boundary violations/enactments which take place between analyst and patient to see the focus on 'really doing something physical.'[3] These enactments impart a *concreteness* to the transference which results in long lasting obstacles to reflecting on and working through the infantile basis of fantasies. Trust in ever being able to do so, in being able to use the analyst in an 'as if' manner, is lost.

Other kinds of violations do not reveal the disguised bodily components at first glance. In this category are ethical breaches, also extremely rare—in collusion with patients and colleagues—such as 'stealing' another analyst's patient or not maintaining patient confidentiality or setting inappropriate fees, whether too high or too low. One might ask who is attempting to seduce whom? How 'low' will one of them sink? What are the narcissistic needs or projective identification features?

Related enactments involve additional aspects of inflated or deflated narcissism. If some therapists' grandiosity leads them into Pygmalion-like behavior, then they feel that their Galatea patients cannot be helped by anyone else. Perhaps they have fallen in love with their creations, as illustrated above. They may be overly identified with their own visions of how the patients should be transformed and of how patients should comply with these visions.

Conversely, they could feel wounded in the ways that their patients feel injured. Patients can collude of course.

Analysts who treat beautiful patients, celebrities or wealthy or politically powerful people sometimes unconsciously identify with such power and begin to cease to treat the patients with neutrality. Occasionally jealousy or intimidation are initial reactions toward this patient population. Clearly, solid therapeutic work is endangered. One looks for intrusion of these countertransference fantasies as well as for defenses against recognizing the enactments. Consultation with a personal therapist or with a colleague is invaluable at such intervals.

IN CONCLUSION

Working with issues about creating a beautiful self is a fascinating, sometimes challenging part of psychotherapy. It encompasses emotional, verbal, physiological, and relational aspects of the patient and the therapist in ways that may be unfamiliar, perhaps particularly to novice clinicians. Nevertheless, much therapeutic progress can be accomplished.

The psychology of beauty is best understood if the psychotherapist is 'multi-lingual.' He or she must have the enthusiasm to become fluent in the many languages and dialects which bodies and brains speak. Such fluency is a natural extension of working with patients where they are at any moment. Where the *analyst* is must also be calculated, in order to stay on top of potential counter-transference enactments.

If patients can feel understood and accepted[4]—as well as identified with—in a total sense, there is a much greater likelihood for the development of an enhanced therapeutic relationship. If the clinician can be empathetic, trustworthy, non-intrusive, and non-adversarial, a self-object transference is encouraged to unfold. As Bach (2011) explains, there is the possibility of facilitating new emotional inter-penetration. He uses the metaphor of chimerization to convey patients' growing capacities to take in and metabolize what analysts might offer. Patients can own new experiences as integrated parts of their "true selves" (Winnicott, 1960, 1971). Bach also seems to have in mind that analysts may be able to take in and metabolize what patients are offering them. Both can "discover a part of the other in oneself . . ." (Bach, p. 44). This is quite different from what happens in therapeutic impasses.

These are new experiences and opportunities for new learning. Research has revealed that neuro-plasticity can continue to take place over the course of life. Experimental data have clearly shown that involvement in various activities and relationships, including psychotherapy, has the potential to significantly alter the neural pathways of the brain's structure. These findings reinforce what clinicians have always known: in the right setting, patients can actually keep learning and changing in authentically fulfilling ways. More than they might have even considered, they can grow to embrace more of themselves and more of what life has to offer. It turns out that their therapists can too.

NOTES

1. The only other subject which is equally shunned is money. The down-and-dirty details and the great significance of money in many people's lives are also minimized or referred to in general terms. In the spirit of Becker (1973), avoiding the topic of money very likely has to do with the unconscious linking of money and feces. Feces are a powerful reminder to adults of their smelly animal bodies, as well as of the ultimate decay of all living things.

2. There are comparable spurts of such activity at certain points in latency and in adolescence, and at moments of falling in love and of giving birth. It appears that these are occasions when neuromodulators are particularly active.

3. It is worthwhile to think about trying to induce a transference figure into one's perverse enactment. Miller (1990) raises the question of whether Pygmalion is guilty of a kind of incest with his creation whom he has "fathered." Interestingly, later in *Metamorphoses*, Pygmalion's great-granddaughter Myrrha secretly and repeatedly sleeps with her father. One view is that Myrrha's offspring is tragically punished for her sexual guilt, as well as for the violation which Pygmalion, the 'father' of the statue-maiden, created by marrying her (Joshua, 2001). To what degree should Pygmalion-like relationships be considered as crossing taboo boundaries?

4. Such therapeutic acceptance is the very opposite of the bed offered by the 'host' Procrustes in Greek mythology. He offered his bed to passers-by and described it as uniquely matching the size of anyone who lay on it. He did not mention how he managed this 'hospitality.' If a guest was too long for the bed, Procrustes cut his feet off. If a guest was too short, Procrustes stretched him to fit the bed.

Chapter Eleven

Creating Beauty

Evolutionary and Cutting Edge Perspectives

If doubts remain about the primacy of beauty for patients and for non-patients, this chapter puts many of the doubts to rest. It also expands the picture for a clinician contemplating the sheer vigor of patients' interest in beauty.

BIO-EVOLUTIONARY PSYCHOLOGY AND BEAUTY

As earlier chapters revealed, proto-humans and humans have been interested in creating beauty in themselves and with objects for many thousands of years. Evolutionary psychologists, espousing the view that art has adaptive functions, integrate evolutionary biology with concepts of art and beauty. For example, art has always provided information about the minds of others, and it has thus encouraged creative thinking as well as social bonding and cooperative group living. This point of view emphasizes that humans have evolved to adapt in relation to their environments, and that art has been part of the adaptation.

Evolutionary psychologists assert that art has had selective, evolutionary value, and that there is an "ethological, bio-evolutionary" basis for making art, which they define as "making something ordinary special" (Dissanayake,1988). The arts have been universal in all human groups, art activities are an integral part of social groups, enormous time and resources are dedicated to them (which would not be the case if art were not adaptive), and the arts are sources of pleasure, thus helping ensure their continuation. These distinctions—which refer to biologically constrained behaviors (Keil, 2007; Dissanayake, *Ibid*)—are essential criteria in demonstrating that the arts have evo-

lutionary survival value, and that the survival value is separate from subsequent accrued cultural value. Dissanayake postulates that there is a genetic predisposition for art and that the value is beneficial "for biological fitness." Anna Ornstein seems to concur: "Echoing Dissanayake's thesis, Ornstein depicts art as serving crucial functions in the psychological and relational health of the human community" (Ornstein, in Hagman, 2006).

Dutton, a professor of philosophy of art, follows Dissanayake's line of thinking about the arts as evolutionary adaptations. The arts, like language, emerged spontaneously and universally in similar forms across cultures. He maintains that "The art instinct proper is not a single genetically driven impulse . . . but [rather] a complicated ensemble of impulses . . ." He maintains that artistry continues its centrality through the present, and he points to hair styling as a current instance of admirable artistic skills (2009a; 2009b).

As examples of the first works of artistic and decorative behavior, thousands of Paleolithic Acheulian hand axes were made over one and three quarters of a million years ago. The discovery of these axes bolsters the argument that there is an evolutionary basis for artistic creation of beauty. The axes exist in too great a quantity for them to serve purposes such as butchering animals; many of the axes show no signs of blade wear; and they have been consciously and cleverly decorated (Dutton, *Ibid*). Archaeologists Paddayya *et al.* (2000) speculate that the artistically created axes in part demonstrated that their creators possessed skill, strength, and intelligence. The axes could indicate to potential mates that the designers would be able to pass these desirable traits on to their offspring.[1]

In fact, much but not all evolutionary bio-psychology is about sexual selection theory as it relates to the logic of evolution. Preferences for certain physical features have been found to exist throughout millennia of human history. Men prefer women several years younger and with a waist-to-hip ratio of .67 to .80 (Singh and Young, 1995). These characteristics have been evolutionarily adaptive inasmuch as they correlate with fertility. Women prefer men with considerable shoulder width and upper-body mass. Both sexes prefer symmetry[2] of face and body, clear skin, and bright eyes. There is an attraction to more baby-like, youthful facial features. Such aspects have long been seen as denoting physiological health, and have evolved to be assessed as attractive and beautiful and thus important.

Beauty in various forms of art is closely connected with sexual selection. It is often said that beauty is in the eye of the beholder. The great pianist Arthur Rubinstein "said that what he really liked in a recital was to fix his eye on some lovely woman sitting near the stage and imagine he was playing just for her" (Dutton, 2009). A patient, Mr. N, confided about physical attraction that "Everyone knows that music is an aphrodisiac." Both Arthur Rubinstein and Mr. N were disclosing that there is deep-seated, mutual responsiveness and communication about sexual desirability and making music. Darwin

(1871) had suggested that human language and music had evolved for courtship, as did the songs of birds. Music is not alone among arts which entrance. Other arts are also very much entwined with sexual selection. They include dance, poetry, acting, and body beautification such as decoration and ornamentation. Creating an artistically beautiful self appears to be crucial in the perpetuation of the species.

Geoffrey Miller (2000) is among the evolutionary psychologists who emphasize that art on and off the body has always served as a sexual courtship display. Therefore it is important in sexual selection. Along with Ruth Stein and Andre Green, referred to in chapter 8, Miller is a Darwinian who is trying to put beauty and body back into the study of human psychology. Not restricting himself to positing that evolution is only about survival skills, Darwin (1871) had also talked about sexual selection through mate choice. Miller states that "Evolutionary psychology must become less Puritan and more Dionysian. Where others thought about the survival problems our ancestors faced during the day, I wanted to think about the courtship problems they faced at night" (2000, p. 7). Body art has obvious analogs to the sexually-selected visual displays of other species, such as the peacock and the bower bird. Such usefulness is neither synonymous with nor mutually exclusive of other evolutionary uses of creating art. Miller is definite that " . . . a sexually selected instinct for making ornamentation need not have any motivational or emotional connection with a sexually selected desire to copulate. The displayer does not need to keep track of the fact that beautiful displays often lead to successful reproduction. Evolution keeps track for us" (*Ibid*, p. 273). Etcoff agrees with this evolutionary perspective. "Biologists would argue that at root the quest for beauty is driven by the genes, pressing to be passed on and making their current habitat as inviting for visitors as possible" (Etcoff, 1999).

"Making things special," as Miller (*Ibid,* p. 281) and Dissanayake (1988) say art does, "reveals something special about the maker." Artistic creations—from making music through making bodies beautiful—happen to be significant fitness displays, and so they delight observers with shows of skill, intelligence, and ingenuity. It is important, though, not to reductionistically link the creation of beauty with evolutionary concepts of mate choice and mating.[3] As Browning (2006) states in a different context, "the challenge for psychoanalysis is to understand the human mind as it is transformed by our unique symbolic capacity while maintaining its basis in our pre-symbolic animal nature."

Neuro-esthetics: Appreciating Beauty

The extremely new field of neuro-esthetics sheds light on the psychology of beauty from a bio-psychological, evolutionary perspective. Brain imaging research has explored the neural circuitry which can be associated with artistic creations, art appreciation, and the experience of beauty. Such research was referred to in chapter 8. Psychoanalysts can understand the field's subject not only as the intersection of neuro-psychology and esthetics, but also as the physiological context within which powerful unconscious psychodynamics interact. This is an area begging for further study and clarification.

The world's first professor of neuro-esthetics, Samir Zeki, proposes that artists may unconsciously use techniques in the art which they create in order to stimulate an observer's brain. Among the findings is one which is well known to psychoanalysts, although Zeki has demonstrated it with brain mapping: the observer's brain actively responds to, 'interprets,' and conceptualizes about the artistic creation which he sees. So artists, as well as people beautifying themselves, actively try to make an impression in the minds of others. Reciprocally, observers of art react actively when viewing the creations. Furthermore the brain strives for conceptualization and synthesis, meaning that people attempt to make sense, albeit unconsciously, of what is striking them. This is not always successful. Extrapolating from the protagonists in Wagner's "Tristan and Isolde," as well as other romantic literature, Zeki (2008, p.184) speculates that "What a lover loves above all is the *concept* [of the beloved] in his or her brain." The frustration attendant upon trying to impose and to actualize that psychic concept into one's life, correlates very strongly with what clinicians find in some patients' Sisyphean efforts to feel beautiful, to be seen as beautiful, and to induce their therapists to *make* them beautiful. Zeki elaborates with mention of the "narcissism" of Wagner's protagonists, and this of course is often a stumbling block for patients.

There are additional neuro-scientific principles which underlie an appreciation of beauty, and it is logical that these principles also apply unconsciously when someone considers the creation of a beautiful self. The neuroscientist Ramachandran and the philosopher Hirstein (1999) agree with Zeki that artists (and other people seeking beautification, one presumes) attempt to optimally titillate the visual areas of the observer's brain. The researchers note a neurological phenomenon called *"peak shift":* the hard wiring of brains causes focus on exaggerated features of objects that matter the most. One attribute is selected, or extracted, for emphasis and attention. So one woman chooses a dress which particularly reveals her cleavage, and another person has her lips injected with 'filler,' thus giving them an out-of-the-ordinary, bounteous appearance. Like Ms. Z and her wedgie, there is a hidden motive of which they are unaware. The motivation leads them to accen-

tuate certain body parts for neurological and for psychodynamic reasons. Ramachandran and Hirstein assert that this hard wiring is an evolutionary development of the human brain. Noticing outstanding characteristics has developed as one of humans' survival skills, and it also is applicable to understanding art. Artists too are thought to be esthetically capturing, or exaggerating, the 'essence' of the art subject which is depicted, in order to please and to excite. Certain visual modalities in primates' brains are stimulated by various attributes. If the artist highlights the 'essence' of a subject, then those visual brain modalities light up in the observer.

As a manifestation of the principle called peak shift, Ramachandran and Hirstein give Darwin's example of the magnificent wings of birds of paradise during mate choice. Following through with the idea of peak shifts, they wonder about this principle possibly being involved " . . . with the quirks of fashion design (for example, corsets becoming absurdly narrow; shoes becoming smaller and smaller in ancient China; shrinking miniskirts). . . ." In addition, they wonder if the striking resemblance between the accumulation of jewelry, shoes, and other brightly colored objects by humans and the collections of bright pebbles, berries and feathers by bowerbirds building their enormous nests is entirely coincidental. When Darwin traveled on the Beagle in the nineteenth century, he found a universal "passion for ornament," often involving sacrifice and suffering that was "wonderfully great" (Darwin, 1871).

Another principle has to do with 'grouping': several features from various receptors in the visual cortex, when grouped together, are esthetically pleasing and memorable. Like Zeki's ideas about conceptualization and synthesis, Ramachandran and Hirstein talk about a person discovering groupings or correlations between features. These are attention-grabbing, rewarding, and reinforcing. "Given the limited attentional resources in the brain and limited neural space . . . the artist tries to tease the system . . . with grouping" and composition principles. Such perceptual problem solving is frequently exploited by artists and fashion designers, as well as by salon and cosmetic *artistes*.

Classifying into categories is a cognitive mechanism for encoding the world more economically. One wonders about the connection between these findings and Lakoff and Johnson's (1999) discussions[4] about the embodied mind's use of metaphoric groupings. A common denominator is the efficient allocation and use of available neuro-physiological resources, whether visual or linguistic. In psychoanalytic terms, as indicated earlier, one thinks about multi-determination, condensation, and other aspects of primary process thinking. Psychoanalysts can also integrate such neuro-cognitive findings into thinking about the development of capacities for symbolization and linguistic and artistic playfulness.

Beauty and Curiosity

An important part of the psychology of beauty involves human beings' curiosity and motivation to solve problems. The previous section described neuro-psychological findings about what goes into the creation of a beautiful work of art and what piques appreciative perception of it. Factors such as being drawn to an exaggerated 'essence,' seeking synthesis, and conceptualizing metaphorically were noted as attention grabbers. These factors are closely linked with being curious and wishing to solve problems.

"Beauty is a particularly potent and intense form of curiosity. It's a . . . motivational force . . . urging us to try to figure out which sensations are worth making sense of and which ones can be easily ignored" (Lehrer, 2011). Consider the puzzle posed by Gombrich (1973). Why is a nude hidden by a diaphanous veil more alluring than one seen directly in the flesh? Neurocognitive research has shown that when people feel that their understanding is incomplete, they are motivated to find out more information. This includes trying to discern patterns. There is a strong response to complexity and a response to sensation. People are attracted to the struggle of figuring things out. They long to resolve their anticipation and suspense. This approach to the psychology of beauty emphasizes the tension inherent in trying to understand it (Lehrer, *Ibid;* Ramachandran and Hirstein, 1999).

The field of the neuroscience of curiosity emerged from George Lowenstein's information gap theory of curiosity (1994). He concluded that curiosity is a form of cognitively induced deprivation arising from the perception of a gap in knowledge or understanding. When there is a sense of an incompleteness, dopamine surges. Intense pleasure in response to intriguing music, for example, has been found to lead to the release of dopamine. Salimpoor and colleagues, citing the example of music, report that "the anticipatory phase, set off by temporal cues signaling that a potentially pleasurable auditory sequence is coming, can trigger expectations of euphoric emotional states and create a sense of wanting and reward prediction. This reward is entirely abstract and may involve such factors as suspended expectations and a sense of resolution. Composers and performers frequently take advantage of such phenomena, and manipulate emotional arousal by violating expectations in certain ways or by delaying the predicted outcome (for example, by inserting unexpected notes or slowing tempo) before the resolution to heighten the motivation for completion" (Salimpoor *et al.*, 2011).

Such thinking sheds light on Arthur Rubenstein playing beautiful piano symphonies as he enchants a lovely woman, and on Mr. N intuitively knowing that music is an aphrodisiac. Astonishing arpeggios and beauty are apparently closely tied. So too one sees the captivating sense of come hither mystery in the swirls of a flamenco dancer's dress or the tantalizing allure of exotically named cosmetics and unusual designer dresses. The cryptic enig-

mas of Alexander McQueen's couture beckon to be understood. Curiosity was the motivation when Psyche and Pandora peeked inside treasure chests, despite the threat of terrible reprisals. Desiring solutions to puzzling predicaments about oneself are part of handing oneself over to be re-fashioned, completed, and 'solved' by a chosen Pygmalion. Patients with developmental deficits whom Balint described as suffering from a "basic fault" yearn to be satisfied, to find 'whole-ness.' Intense anticipation and curiosity are present when people plunge with heightened anticipation toward promises in the tattooist's needle and in the rip of the bikini wax. The question for participants is what thrilling rewards await?

Curiosity about how one fits into the family is part of childhood development. *Why* do the baby's mother and father keep leaving her out of their relationship? *What* special appeal do mother and father hold for each other? *How* does a baby or toddler acquire those special features? Does the baby feel 'beautiful' enough to capture the parents' attention? How can the child possess the most beautiful person, her mother? How can the baby or toddler get answers to her burning questions? A child's curiosity leads her to work on solving those problems.

Bauer *et al.* (1978, p. 276) interestingly compare heroes of detective stories to " . . . the oedipal child, fevered with curiosity and projecting his [or her] own excitement and guilt onto the subject of his quest. It is thus no accident that the truly great detectives of literature were unmarried." Although Bauer singles out the oedipal child to the exclusion of the latency child, it is the latency child who likes to tinker and figure out how things in the world work. Bower (1988, p.124) points out that in the classic detective novel plot, there is a closed circle of suspects, often members of an extended family, who are linked by mysterious sexual relationships. She notes that the detective is like an avenging angel, satisfactorily solving a mystery. Likewise, patients' arduous quests to set the world 'right,' to create a transformation into beautiful solutions, and to solve dilemmas have the urgency of figuring out a mystery and establishing justice.

Curiosity, Competence, and Mastery

Curiosity about creating beauty in oneself motivates attempts to competently solve related problems and to master them. The ego psychoanalyst Hartmann (1950), later with Kris and Loewenstein, proposed "conflict-free ego spheres." Following through with a similar formulation of competence as a motivational system, White (1959, p. 297) approached competence as "an organism's capacity to interact effectively with its environment." There are pleasurable feelings of satisfaction in pursuing mastery of a situation.[5] Also indicating that the competence motivation is an antidote to boredom, he asserted that "Boredom, the unpleasantness of monotony, the attraction of

novelty, the tendency to vary behavior rather than repeating it rigidly, and the seeking of stimulation and mild excitement stand as inescapable facts of human experience" (*Ibid*, pp. 314–315). These motivations can be clearly seen in avid interest in continually changing fashions, cosmetics, and hair styles.

White saw efforts toward mastery as ego-autonomous. However the competence motivation is vulnerable, as are all ego functions, to incursions of conflictual emotional forces. As Kubie said (2011, p. 384), unconscious, preconscious, and conscious processes are always co-determinants.[6]

Like White and Kubie, Mayes (1991) suggests that curiosity, which drives our efforts toward discovery, is a separate ego function which is centrally organizing in all phases of development. Yet "curiosity can be quickly overlain with a number of psychic representations . . ." (p. 3). It can acquire libidinal as well as aggressive charges.

Passions can overtake professional competence. Kubie (*Ibid*, p. 382) offers a clinical example of a well-known and successful couturier. All went well until "his unconscious hate and envy of feminine apertures, breasts, and buttocks forced him to make monstrosities out of the styles he created for the women he scorned but longed to become."

Consider also Narcissus' plunge toward his fate when he curiously sought to learn more about the image in the water. His search was so fraught with emotions that he committed suicide. When Rapunzel's father searched for delicious vegetation, his ravenous greed led his wife and him to give away their only child.[7] It is a truism that curiosity killed the cat. When some people desperately put themselves in the hands of a Pygmalion, their capacities to competently assess risks may be diminished by their desperation. At times they may be giving up responsibility and power over their own lives.

Mastery and creativity—including creating beauty—emerge from ego capacities, while balancing aspects of primary process thinking. Imaginative problem solving is colored by drives but also involves sublimated and semi-autonomous functioning. An important question is whether 'burning curiosity' will light fires of generativity or of immolation.

Competence, Mastery, and Existential Dilemmas

The fundamental problem and existential anxiety to be solved by everyone has to do with confronting death. Curiosity, or evasion of curiosity, about this difficulty forms a life-long puzzle which is repeatedly recognized and then avoided. The looming and mysterious abyss of annihilation remains the ultimate quandary to try to master (Becker, 1973).

The psychology of beauty offers one window of approaching the difficulty. Creating a beautiful self can be seen as part of an urge to solve the problem of extinction, an urge to gain mastery over the deterioration of the body. The search includes ingenuity, problem solving, and involvement with other people, whether outwardly or in one's mind.

Figuring out how to create beauty, including beauty in oneself, brings vigorous engagement with life and a sense of fulfillment. In addition, a person hopes to create "a thing of beauty [which] is a joy forever; its loveliness increases; it will never pass into nothingness" (Keats, 1994, p. 47).

Yet another perspective is that perhaps beauty can only be embraced *with the awareness* of annihilation anxiety. That is, knowing that beauty and life are fleeting is what allows one to *recognize* beauty. Perhaps this is what Wallace Stevens (1955) was suggesting: beauty is "The blackbird whistling or *just after*"?[8] Cather (1915) too asked "What was any art but an effort to make a sheath, a mold, in which to imprison for a moment the shining, elusive element which is life itself—life hurrying past us and running away, too strong to stop, too sweet to lose?" Beauty is best glimpsed as it goes. Although beauty may be evanescent, the need exists to continually renew efforts to appreciate and to create it.

NOTES

1. Miller (2000, chapter 8) credits Veblen (1899) and Boas (1955) as insisting that an artist's manifest virtuosity (manual skill, access to rare resources, creativity, conscientiousness, intelligence) is the major criterion of beauty in most cultures.
2. Parasitic infestation, detrimental to fertility, often produces lopsided, asymmetrical growth (Ramachandran and Hirstein, 1999).
3. Clearly the concept of sublimation—vicissitudes and transformations of instinctual derivatives—is also an important way to understand finding pleasure in art and beauty.
4. See chapter 9.
5. These ideas helped motivate recent neuro-psychological research.
6. Brain imaging may now ascertain the relative roles of these various processes at any given moment.
7. Curiosity and knowledge are being highlighted here. Narcissus' schizoid organization, keeping him walled off from relating to a whole object, is of course instrumental in his life. Rapunzel's parents also operate on a primitive and concrete level.
8. Italics have been added.

Chapter Twelve

Variations on Definitions of Beauty

Definitions of beauty have always been elusive, although many people believe that they know it when they see it. Plato began the discussion of esthetic beauty in terms such as 'Ideal, Eternal, and Good.' Aristotle led the way among subsequent ancient Greeks who modified these cosmic criteria. Complex notions of beauty, as well as considerations about how beauty and gender intersect, have been advanced ever since. Modern sensibilities put great emphasis on subjective, as opposed to eternal, ideas of beauty (Eco, 2007, 2008). As this book has been exploring, unconscious fantasies are crucial components of definitions of beauty too.

ETHNIC VARIATIONS

A look at definitions of beauty world-wide is informative. It provides food for thought when, for example, investigating what contributes to feeling feminine. Chapter 13 delves more fully into concepts of primary femininity.

How important are perceptions and manifestations of beauty in the ways a girl or woman feels about herself as a female? The psychologist David Buss, who specializes in cross-cultural research, found that "A woman's appearance is more significant than her intelligence, her level of education or even her original socioeconomic status in determining the mate she will marry" (1994, p. 249). This fact greatly influences perception of how beautiful and desirable she feels. Research by Buss and others has shown that people perceived as more physically attractive have a significant edge in their careers and in their earning power. They elicit greater cooperation and in general have more social interactions. They are also preferred by both friends and

families. A parallel example from the animal kingdom as well is that male blue tit birds are more attentive fathers to their babies if the mother is 'pretty' (Mahr *et al.*, 2012).

Of course neither feeling nor being perceived as beautiful is synonymous with identifying as female. Perusing various standards of beauty does not allow one to draw definitive conclusions about beauty and feeling female. However possible connections between the two subjects suggest areas ripe for research.

Culture influences how beauty is judged, although recent research raises interesting questions about infants, around the world, having perceptions of beauty before socialization could possibly intervene (Rubenstein, Langlois, & Roggman, 2002; Hamermesh & Biddle, 1994; West & Brown, 1975; Raza & Carpenter, 1987; Langlois, Roggmann, & Rieser-Danner, 1990). Substantial, repeated studies have indicated that infants as young as two months prefer to look at faces that adults too find attractive. These findings suggest that some preferences for attractiveness may be innate.[1]

Nevertheless, cultural varieties in standards of beauty help in understanding how desirability and beauty in females are experienced, by women themselves and by others. In certain Ethiopian, West African, and Amazonian tribes, increasingly large plates are inserted, by means of removing four teeth, cutting, and then drilling holes in the lip, to stretch the lip out. The larger the lip is stretched, the greater is the woman's beauty. In New Guinea, Myanmar, American Indian and numerous other tribes, many women elaborately paint their faces with multiple colors. They often paint butterflies, tears, flowers and other meaningful designs, covering their faces. In Peru, a Sharanahua male expresses his appreciation for a woman's beauty by saying, "Her paint was lovely" (Vlahos, 1979). This appears to be a component fantasy shared by modern consumers of the cosmetic industry.

The research of Johan Karremans (2010, April 16, reported by D. Bergner) with congenitally blind men has suggested that smell is an important part of the attraction to certain women. In the research hypothesis, odors are connected to the proportions of a woman's waist and hips. The odor contributes to a conclusion of beauty. These findings are not restricted to one culture.

Various Polynesian, Borneon, and Maori tribes build up multiple layers of body scarification, by cutting with a knife over buttocks, backs, torsos, and heads. The raised patterns of scarification are preferred to tattooing, a word derived from the Tahitian word *tatau*, because tattooing is less visible than scarification on darker skin. Tattooing has a long history in many parts of the world. It continues to be used for fashion, provocation, group identification, and other purposes in many cultures, including the Western world,

through the present day. Some cultures pierce various body parts with long spotted or brilliantly hued feathers of birds to resemble whiskers. Intricate chains of jewels connect nose and ears.

The Chinese traditionally cut and bound women's feet to create a three-inch foot, which could fit into a man's palm, as well as a deformed heel which made women wobble when walking.[2] "The feet were erogenous zones and were fondled and licked by the attentive lover. Connoisseurs were even stimulated by the odor of putrification caused by restricted circulation in the properly bound foot" (Sanders, 1989). In the West, "feet are compressed into tight, pointed, high-heeled shoes that not only contort the foot but also the torso" (Brain, 1979, pp. 88–89). Podiatrists report that women undergo amputation of small toes and other cosmetic foot surgery in order to better fit into high-heeled shoes better. Alexander McQueen's use of animal parts, including innards, and body mutilating fashion is not so different. Women covet this cutting edge couture.

Minankabau Indonesian brides wear towering headdresses made of filigree silver, sheet foil, and beads, and are crafted with cut-out love birds. Trobriand Islanders make two-foot high headdresses of hibiscus flowers. New Guinea women use kangaroo and opossum fur for theirs. On occasion New Guinea women conceal their faces behind a mesh of long, dyed plant fibers and cover their chests with giant shells. Kayan women in Borneo loop enormous, heavy pendants through their earlobes until the lobes are swinging in ovals eight inches below their ears. They cap several front teeth in gold, each crowned with rubies and emeralds. Mayans filed their teeth to give them different shapes or they made slight perforations. Huge choker necklaces stretch the necks of the Bakoba of the Transvaal, and the Chin people of Myanmar (Virel, 1979). There are analogous aspects in current Western and other societies. Members of gangs, for instance, display wealth and one-upmanship through expensive designer jewelry and gold and bejeweled teeth. Variations in body modification and adornments seem almost infinite.

Head shaping has been practiced since pre-neolithic Jericho (Brain, 1979, p. 90). The Dutch, American Chinook Indian tribes of the Northwest coast, and Germans of Hitler's era are among the many people who bound a board against a newborn infant's head to flatten the head, which was then seen as more beautiful. Slight variations in the technique resulted in different head shapes (Ebin, 1979). Mayans also flattened newborns' heads, as can be seen in pre-Columbian carvings. In addition they dangled a bead in front of a baby's eyes to encourage crossed eyes, another Mayan beauty mark. They considered a flattened forehead and semi-crossed eyes to be beautiful because the head resembled an ear of corn—the material from which they believed all mankind was created.

Corpulence, particularly of bottoms and hips, is highly valued in many cultures, especially where food is scarce. Smith describes the much admired "traditionally built woman," meaning heavy-set, in his fictional series about Botswana (Smith, 2012). The Saharan Tuareg people view very plump women as able to show social and economic independence: unlike slaves, they can refrain from hard physical labor by engaging others to perform hard tasks (Kohl, 2009, p. 71). Among the Azawagh and Bardama Arabs of the Sahara, women have long been famed for their corpulence. A beautiful woman was described as "one who cannot walk without a slave under each arm to support her and a perfect beauty is a load for a camel" (Mungo Park, 1799, quoted in Popenoe, 2004, p. 34). Desert nomads of Niger deliberately force-feed young girls and admire their stretch marks and rolls of fat. These efforts actually enforce modesty and keep women in their tents. There the immobile women watch over their children and provide a stationary spot for men to easily find them. The fattened women are seen as sexually desirable. Significantly, this is not felt to be subjugation. "By long and diligent manipulation of their own bodies into fattened form, Azawagh Arab women also assert their own identity both as non-male and as non-slave. In a society with few material belongings, the body is a prime arena for marking identity" (Popenoe, 2004, p. 142). They will eventually have children, which enhances men's prestige. Thin women are ridiculed.

This is definitely not the case in 'first world' societies. The idealization of extremely thin bodies has in fact been linked to serious eating disorders (Striegel-Moore and Bulik, 2007). In Western eyes, "Larger body size . . . make(s) the female figure appear older, unattractive, and less desirable for engaging in romantic relationships" (Singh and Young, 1975).

In China, pale skin has been the esthetic ideal for centuries. Recently, with the country's new wealth and influence from the West, there has been an influx of tanning salons. Such views are now expanding throughout the developing countries.

The body modifications are not only to beautify. There are also religious, group identity, and magical/fantasy significance of great variety. They are meaningful aspects of female identity. Sexual and power dynamics play an important part. Women may consciously feel complicit *or* submissive as they take part in the beautification efforts. Unconsciously, all women have a range of feelings and fantasies. There is a panorama of experiences about what is done to them, what they think they want to do, and what is expected of them.

Socio-political Implications of Beauty

There are far-reaching socio-political ramifications in the ways in which beauty, on occasion particularly hair, is viewed and used. When a woman's liberty to know her own beauty or her identity as a woman is compromised or

inhibited, there is increased urgency to manifest it. Issues of power, economics, and political and sexual freedom become forcefully drawn in. As this book has demonstrated, these urges to express personal, sometimes collaborative, definitions can be traced back to prehistoric times. This is one of the ways to think about primary, even primal, femininity.

The Middle East is an area where such obstacles to liberty seem rife. Zakia, a young Afghan beautician, declared "My Afghan sisters were robbed of their beauty during the harsh years of the Taliban regime. Teenage girls like me were suppressed and forced to wear burqas that made us look like blue ghosts" (*Newsweek.com*, 2010, March 8).

Zakia had studied at the Kabul Beauty School, owned by a Michigan hairdresser, Deborah Rodriguez. She trained Afghan women, who had almost no other opportunities, to escape oppressive domestic situations and to become financially independent. Rodriguez seemed to know from her own experience that beauty salons facilitate sublimation of powerful aggressive and sexual feelings, as well as women's wishes to assert their femininity and their autonomy (Rodriguez, 2007).

Yulia Tymoshenko, a Ukrainian woman vying for political power among male opponents in 2007, adopted her hairstyle, "The Braid," as part of her strategy. Her braid wrapped around her head was an effective political tool, conveying cultural, nationalistic, and religious overtones. On one occasion when she was called upon to prove the natural-ness of her feminine beauty, "In front of the cameras, she let her hair down, Rapunzel-like, for all the world to see" (Levy, 2007).[3]

Young religious Muslim women living in the United States have a complex attitude toward their attire. The Koran mandates physical modesty, which is stereotypically thought of as a voluminous black dress and head scarf. More extreme measures include covering the face entirely. The parents of some of these young women, several of whom live in high fashion areas of California, had fled their native countries in order to escape these and other dictates of what they knew were tyrannical, anti-female governments. Other parents remain religiously devout in all ways. The daughters juggle various conscious and unconscious aspects of development and identity – gender, separation-individuation, power, nationalistic, career. Intriguing popular amalgams have recently emerged in attempts to maintain the physical modesty of religion while expressing individual flare. Head scarves appear with cowboy boots, Native American jewelry, kilts, Renaissance dresses, and other "funky" and chic clothing. Swimwear has presented particular challenges. One young woman said "*Hijab* [Islamic modesty] defines us not only as Muslim women but as women. We don't want to look ugly. We just don't want to be sexually provocative. A woman's body should not be part of the public conversation." One wonders whether this is ever entirely possible (Kasson, 2007, June 6).

In a similar vein, devout married Orthodox Jewish women wear *sheitels*, wigs which conform to religious mandates to be modest and humble. While not allowing even a strand of their real hair to be seen, young religious women in stylish California innovatively adapt wigs to their chic environs. One young wig designer noted "Judaism doesn't equate modesty with unattractiveness. A *sheitel* allows a woman the ability to look good without compromising her privacy. Even if someone else doesn't know it's a wig, wearing a *sheitel* has a profound psychological effect on the woman wearing it. She is saying, 'I am not available to you. You can see me but you may not see my most obvious feature, which is my hair'" (Kasson, 2010, October 31).

The beauty of hair is considered by some to be a tool of continuing political post-colonialism. It is seen as a manipulation of bodily materials such as hair for global capitalism's exploitation of the third world (Berry, 2008). The sale of hair extensions, used for inter-weaving with a consumer's own hair, is a lucrative business in Western countries. Most of the hair is from the "sacred ground" of a temple in Tirupati, India, where pilgrims have their heads shorn. Because in India long dark hair is usually considered to be one of the most beautiful parts of the body, particularly of the female body, it is a spiritual act to rid oneself of its worldly beauty, while giving thanks to Lord Vishnu for good fortune (*Ibid*, p. 65). Russia too is a center for human hair donors. Valentina, an impoverished homeless girl in Siberia, is described as standing at a bus stop offering to sell her hair. Berry and others assert that body parts (hair) are taken from the powerless and incorporated into the bodies of the powerful, who then claim the parts as their own. Although hair is often popularly declaimed as a trivial subject,[4] Berry notes that "Hair is also a social signifier for intransigence. It has historically served as a cultural metaphor for political subversion and resistance, from Samson to Rapunzel to its association with the civil rights and Black Power movements of the sixties and seventies . . ." when large Afros were widely and proudly displayed (p. 76).

In Iran the convergence of emotional and political dynamics is manifested in "beauty salons which [still manage to] remain safe havens for women, private spaces where men cannot enter." Women try to show as much hair as possible without their head scarves falling off (Mohammed, 2010). "Ever since Iran's Islamic revolution in 1979, by far the most relentless battle for control of public space has been over the way women look." Raging against the Ayatollah Khomeini's diatribes against beauty salons as "dens of corruption" and against men's attempts to impose "a sense of shame of sex," Iranian women have waged a guerrilla war for autonomous control over their hair and expressions of beauty. One Iranian beautician asserted "Having beautiful hair is vital in this country, as vital as electricity or water. Forcing women to hide it is just part of a bigger power struggle against women. My scissors and combs are my weapons in fighting for the four strands of hair

women can show." Hair care is a major industry in the country (Sciolino, 2003). Iran's government also attempted to battle Western cultural influence on men's hair (long hair or ponytails), for example through the Veil and Chastity Day (Worth, 2010).

The author Azadeh Moaveni describes the surge of Iranian interest in facial plastic surgery after the Ayatollah "banned women from revealing the shape of their bodies. It was an investment in feeling modern, in the midst of the seventh-century atmosphere the mullahs were trying to create. It assuaged so many urges at once – to look better, to self-express, to show off that you could afford it, to appear Westernized. The compulsion to work these interior issues out through one's appearance was a curious phenomenon unique to revolutionary Iran" (Moaveni, 2005). Perhaps it was not so unique after all.

Recently in Saudi Arabia, there was an unusual coalescence of women's interest in cosmetics and intimate lingerie with the national economy and religious proscriptions. Women organized a boycott and brought considerable pressure leading to "a social revolution." The government allowed them to leave their homes to go to work in shops selling products which are exclusively for women. Leaving the house as well as going to work had both been prohibited activities. They still would not be allowed to drive to work or to get to work unaccompanied. "Making themselves heard," women chose to push to enter this realm of power and freedom because of their desire for beautiful objects for their bodies (Lippman, 2012).

The wandering, disorganized lives of the Ishumar and Tuareg people in the Libyan Sahara area are a study in contrasts about appearance. Constantly on the move, they neglect their homes and eschew most personal belongings. What they prize most highly is the physical beauty of their appearance, and this serves in essence as a 'socio-political' identity. This is what they can take with them. Every nomad has at least one mirror, and they continually check make-up, scarves, and other aspects of appearance in the mirror. An observer might note what seem to be narcissistic and schizoid features of this lifestyle. Furthermore, unlike many cultures, these people publicly express disgust and tell a woman that she is unattractive. Sub-groups of the Tuareg nomads also use scarification in ways distinct from other cultures. In addition to decorative and health usage, they will make cuts on a small child's knees if he does not want to walk. If the child drools 'excessively,' they make cuts on the chin and in the corners of his mouth (Kohl, 2009). It is unclear how they incorporate such scarification into notions of beauty and ugliness.

The range of definitions of beauty, of how a woman is perceived and judged by herself and by others, is extremely wide and variable. Societal, economic, sexual, and religious factors are among the influences. The next

chapter addresses definitions of beauty as they are rooted in the very earliest life experiences of the body, especially of the genitalia, and the impact on other aspects of functioning.

NOTES

1. Rubenstein *et al* (1999, 2002) found that "Infants' preferences for attractive faces exist well before socialization from parents, peers, and the media can affect these preferences." Averageness—referring to "the physical configurations of faces created by averaging multiple individual faces together mathematically, regardless of ethnicity—was found to be necessary and fundamental to perceived attractiveness."
2. Freud (1928) remarks on "the Chinese custom of first mutilating a woman's foot and then revering it."
3. Tymoshenko did become the prime minister of Ukraine, but was ultimately deposed and imprisoned not unlike part of Rapunzel's experience.
4. In Alexander Pope's poem *The Rape of the Lock*, he muses "Fair tresses . . . and Beauty draws us with a single Hair" (1968, p. 9) and "What mighty Contests rise from trivial Things" (p. 1).

Chapter Thirteen

Beauty, Gender Identity, and Primary Femininity

This chapter will focus on how ideas about gender identity and primary femininity can shed light on issues of the psychology of beauty. Psychoanalytic understanding of the concepts has expanded along with recognition that female development cannot be based on a model of male development, as once theorized. Being a female is not inherently about being a defective male. It is not inherently compensatory or neurotic. Greater comprehension has not, however, produced unanimous agreement on definitions or clinical usage of the terms "core gender identity" or "primary femininity" although much progress has been made (Elise, 1997; Kulish, 2000; Yanof, 2000; Balsam, 2001).

Important issues remain, including what does core gender identity mean, and is there such a thing. Just how primary is primary femininity? When does it begin and can it evolve over the course of development? Is it a compromise formation? Is it socially constructed?

The term "core gender identity" was introduced by Stoller (1968, 1976) to mean a fundamental, inner, non-conflictual conviction about one's gender: girl or boy. He suggested that primary femininity is a first step, an inborn potential. A confluence of factors (neuro-physiological fetal brain organization, sex assignment at birth, parental attitudes and early interactions with the infant, bodily sensations, early maternal identification, self-categorization, and learning) forms a complex nucleus around which a personally constructed, mature sense of femininity will become organized. A person's sense of gender identity may or may not be consistent with biological sex (Tyson, 1996, p. 14–16). Stoller freed psychoanalysis from a view of femininity as rooted in damage, of being male *manqué*. He refuted Freud's phallocentric model of female sexual development. Freud had said "At some time or other

the little girl makes the discovery of her organic inferiority" (Freud, 1931, p. 232) and " . . . with the wish for a penis and the masculine protest we have penetrated through all the psychological strata and have reached bedrock, and that thus our activities are at an end" (Freud, 1937, p. 251).

It is now generally understood that that was *not* bedrock. It is now generally understood that a sense of primary femininity occurs *before* awareness of genital differences. The clitoris is not a male penis, and genital stimulation occurs in little girls before clitoral stimulation. Primary femininity is not a defensive reaction to discovering the anatomical differences between males and females (Awad, 1992; Stoller, 1976). Primary femininity is also not a unitary concept. Rather, it is a related group of ideas about the female body and mind (Kulish, 2000).

Controversies exist about the meanings of these terms. For example, therapists debate the relationship between core gender identity and primary femininity. Balsam, using the felicitous phrase "female-qua-female," challenges gender as a monolithic concept and instead emphasizes the varieties of womanhood (2001, pp. 1,338–39). Chodorow critiques primary femininity theory as still focussing on anatomy as destiny (2005, p. 1,104). Instead she espouses multiple genders, unique to each individual (1999, p. 94). Some authors question the idea that "primary femininity" implies that it is biologically innate. They assert that the idea that femininity is primary is erroneous (Kulish, *Ibid*). Some also question the frequent linking of the idea of constitutional femininity with innate heterosexuality and with the desirability of same sex identification (Elise, 1997).

It is tempting to speculate and perhaps become polemical about what tributaries flow into the river of gender identity. From where *do* the contributions to a sense of self flow? In the last several decades, genetics, parental influence, and the anatomy of genitalia have been noted as sources of gender identity. Nevertheless, when discussing formulations about "core gender identity" and "primary femininity," psychotherapists can take a page from Auchincloss and Vaughan's 2001 paper on psychoanalysis and homosexuality. Their points are quite applicable to thinking about primary femininity. The authors make clear that models of etiology of gender identity are very distinct from information obtained while listening to patients in the here and now. Is it even possible for psychoanalytic narratives of development to determine what is "normal" femininity/femaleness or what is causative or what is universal? For purposes of looking at beauty and primary femininity, this means that the field of psychoanalysis does not currently have sufficient data to *conclusively decide* what constitutes the etiological bedrock of feeling oneself to be female and to feel beautiful in being female: in the here and now, in the psychotherapy office, or in pursuit of beauty in a salon or gym.

Notwithstanding that caveat, it is valuable to consider what people talk about when they talk about primary femininity. Clinicians *do* have data, the material of present day female patients, particularly if counter-transference issues do not cloud the therapists' abilities to see and hear. The data which psychotherapists use to understand each person's gender identity emerge in clinical interactions. Data also may be found in how women experience themselves outside of treatment sessions. That must be incorporated into the psychotherapeutic work.

Although there are differing opinions in modern and post-modern times as to whether primary feminine identity is innate and biological or is culturally constructed, there is agreement on several essential facts. Women take pleasure in their own bodies. They have active sexual desires. They can be independent and assertive sexually. Many women enjoy men's bodies simply because they "turn them on" (Gediman, 2001, p. 603), and masochism and penis envy are not universal givens, as had been previously speculated (Person, 2005; Gediman, 2005). These facts are crucial ingredients for understanding that women can and do appreciate and enjoy the beauty of their own female bodies. The "biologically sexed adequate female body . . . has inherent capacities to bring joy to its owner" (Balsam, 2008, p. 101). In truth, a woman can feel that she is beautiful and female and that her body is pleasurable, whether or not another person judges her beautiful or ugly.

Furthermore, non-neurotic, non-perverse, non-fetishistic female exhibitionism—showing off the beauty of one's body, sexually exciting an observer, seeking pleasure by doing so—can yield levels of pleasure, more or less sublimated. Prowess in self-mastery, power, and aggression may be part of the showing off, part of the luxuriating in what one's body can do. For some women, pregnancy and "highly orgiastic fantasies about giving birth" may be thrilling (Balsam, 2008, p. 106). These women glory in the procreation and creation, the entire production, of their babies. Although there are nuances in the women's psychologies, pleasurable forces in creating and showing off bodily beauty are significant. Just think of Sharon Stone languidly flashing her vagina in the film *Basic Instinct*. Does psychoanalysis still treat female body pleasure as a well-kept secret? (*Ibid*, p. 118)

If female body pleasure *is* still a secret in the psychotherapies of some therapist/patient dyads, previous chapters delineated several reasons. Transference and counter-transference difficulties can keep female body pleasure, including delight in bodily beauty, out of scrutiny. In addition, there may be great pleasure in the very act of keeping the pleasure secret. For instance, in Anne Frank's diary there are hints of the secret, very private satisfactions surrounding menstruation, which are rarely brought into psychotherapy. "I think that what's happening to me is so wonderful, and I don't just mean the changes taking place on the outside of my body, but also those on the inside . . . Whenever I get my period (and that's only been three times), I have

the feeling that in spite of all the pain, discomfort and mess, I'm carrying around a sweet secret. . . . I'm always looking forward to the time when I'll feel that secret inside me once again" (Frank, 1991, p. 161; Kulish, 2002).[1] All women know that the smell of their menstrual blood is one of the hallmarks of menstruating, and that there is a sweetness, if not defended against, to this odor.

There may be exquisite delight in the hidden-ness of private bliss. A woman's body has crevices, cavities, and tunnels, many of which cannot be seen. She can sense these hidden parts and can experience a sense of control over whether or not she wants to keep her appetites and satisfactions private. She can continue to embroider and elaborate the mental representations of her secrets. These secrets in fact mirror the secret spaces of her body parts. Female exhibitionists have obviously chosen an alternative: not to keep certain pleasures secret, for at least some of the time.

One of the most mysterious secrets has to do with a woman's ability to create new life within her. Surprisingly, there have been no clinical or theoretical discussions about a woman's *experience* of the fact that she cannot observe or know the actual specifics of *what is going on* inside her pregnant body at any given time. It is a secret even from the woman herself. A woman can be privy only on a theoretical basis to the stunning physiological processes of creating new life. What exactly *is* going on inside there anyway? She must be in awe of the spectacular activities within her own body. She must be in awe of the beauty of herself.

Concerning the surface of the body, for many women the 'perks' of being a female include wearing jewelry, rouge, lipstick, eye shadow, and other embellishments. They can festoon their "crowning glory" (their hair), their ears, throats, and hands with ornaments. Elise calls them "bejewelled" women, decorating the surface of their skin with intriguing adornments, perhaps invoking "a wish to see and be seen by the mother" (2006, p. 214). Girls and women frequently touch and stroke each other's earrings or necklaces as they murmur their admiration. Wanting to look pretty and to "dress up" can assuredly be non-pathological, as this book has stressed.

Skin surface is the body organ and organizer which Bick (1968) and Anzieu (1989) highlighted as body ego and as container. It is also of course a first line of communication and defense. Glamorizing, illuminating, and decorating the surface is a manifestation of a universal wish to beautify and to show. Most often these activities express a woman's feeling that her primary feminine identity is a thing of beauty.

There is a variety of additional possible meanings to these behaviors. There are always instances where such behavior can become defensive parts of psychopathology. Elise (*Ibid*) suggests, for example, that some patients might need to use jewelry as concrete attempts to feel more substantial. Kaplan (1991) reported a case in which "the velvety and silken garments

provided the skin eroticism . . . the contact of the expensive clothing on her skin put edges on Lillian's blurred and indistinct body image, lending a focus to the diffuse inner genital sensations." (See the section below on diffusivity of sensations as a female genital anxiety.)

CONCEPTS OF FEMALE GENITAL ANXIETIES

There is a range of female genital anxieties, and they undergo transformations during development. Comparable to the concept of primary femininity, there are many views about whether such anxieties are primary or even universal. As will be seen, there are implications about the impact of female genital anxieties on women's conscious and unconscious feelings about their bodies and their beauty.

Many authors have clarified important female genital anxieties and their multiple effects on psychic structuring and mental representations (Bernstein, 1990; Mayer, 1985, 1995; Lax, 1992; Shaw, 1995; Lasky, 2000). Female genital anxieties do not necessarily dominate functioning, but there are often important consequences for self image and character development.

There are fears about access. A girl does not have easy or complete visual or tactile access to all of her genital areas. This presents difficulties in forming a mental representation of more hidden body parts.

There are related anxieties about diffusivity of sensations. Diffusivity can lead to obstacles in building a symbolic, boundaried, sharply focused mental world which a girl feels she can manage or control.[2]

There are fears about not having control over *being* accessed and penetrated, and resulting concerns about genital mutilation or loss of cherished feminine body parts. What things, such as penises, can enter? Analogously, what might leak out? Involuntary vaginal secretions during sexual arousal? Menstrual blood? Urine? Feces? Smells? Will other people be able to see what was *inside*, coming *out*? And how on earth does a baby get out?

There are anxieties about possible closing up of the genital opening, about loss of sexual excitement, and about loss of the procreative function. There are female genital anxieties about sexual sensations becoming too intense and out of control.

Importantly, sexually pleasurable sensations are associated with the perineal musculature. During toilet training, the mastery of anal and urethral sphincters is a sexual event as well as an anal stage satisfaction. Clenching and unclenching of the perineal musculature is a common form of masturbatory activity in girls. Intermingling or confusion of sensations can occur: contractions of the perineal muscles used in toilet training result in sexual

excitement which is experienced as genital by the oedipal girl. Ensuing anxieties have to do with feared punishment for forbidden sexual fantasies (Ferenczi, 1925; Richards, 1992, 1996).

Gilmore (1998, p. 446) proposes a ubiquitous "cloacal anxiety" in females. This is the "typically female fear that the genital is dirty, messy, and disgusting, and the feeling that sexual impulses are repellent, explosive, and out of control." There is a confusion of excretory and genital sensations because a baby girl is unable to clearly differentiate overlapping mental representations of vagina from rectum, of anal from genital responses, while she is being cleansed and diapered. The prominently associated affect is shame. It is related to fear of loss of love during anal phase conflicts. Going forward into oedipal phase conflicts, it is also a fear of punishment for forbidden desires, as noted above. Anger management, separation-individuation, and fear of the intensity of the drives are also essential aspects.

Another bodily anxiety which besets some women relates to fluidity of the form of their bodies. At one end of the spectrum of this anxiety may be worries about the integrity and stability of the body. At other, less dire points on the spectrum, are concerns about achieving and maintaining an 'ideal' body weight. Balsam (2003, p. 1,176) suggests that the plastic forms of the female, most exaggerated during and after pregnancy, may become a substantial source of anxiety and of consequent difficulty in integrating the body image for females.

Notes on the Interaction of Genital Anxieties and Feelings of Beauty and Mastery

As noted, female genital anxieties *can* impact mental functioning.This includes self image and psychic representation of relationships with significant others. A sense of oneself as lovely and loveable, or damaged and repulsive, are among the conceivable effects. This section will suggest some of the ways in which female genital anxieties can significantly affect a woman's capacity to feel beautiful on many levels. No definitive generalizations are valid for all girls and women. Every individual is particularly unique. However, possible characterological traits may be discerned with careful clinical untangling of various developmental anxieties. Several paradigms are suggested below. It must be kept in mind, however, that the issues need not be synonymous with psychopathology. These are widespread developmental tasks requiring maturation and management of phase-related anxieties (Gilmore, 1998, p. 454).

A little girl's early and ongoing confusion in distinguishing among urethral, anal, and genital sensations often is powerfully represented in her ideas about her intelligence. Her psychic self representation is rooted in her *body*. Fears about not having access to all of her body parts may contribute to

feeling that she is somehow incomplete[3] and cannot 'get a handle on' everything inside her that she might want to show about herself. She may wonder, for example, whether or not she presents an impressive and attractive 'package.' Feelings of uncertainty about what her insides are really like *could* set the stage for a certain dependence on what other people think that she is or should be like.

Little girls do master toileting and other skills relatively early, and a subsequent sense of empowerment and autonomy often contributes to academic and social precocity. Physiological proclivities are important. In addition, little girls have extended 'gazing' time for watching their mothers' faces during relatively lengthy cleansing and diapering periods. This sets the stage for sensitivity and facility in reading mothers' potent approval or disapproval of their daughters' bodies. Are their bodies being appreciated? Are their minds also being admired? Characterological traits of cleanliness, obedience, and being in control can develop quite early, in hopes of gaining mother's adoring pleasure in her little girl.

There can be displacement upward of feelings about genital/anal/urethral areas, to the brain, head, and face. *Defensive* displacement upward can developmentally follow a very early body sense of oneself as unfocussed, 'all over the place,' and only skillful with 'relating to other people.' It is not always easy for the therapist/patient dyad to determine which aspects are defensive versus which aspects are reflecting experiences in the earliest non-verbal era.

Many girls lack clarity about what their insides look like and what their body parts are called. In some families, the uninformative yet forbidding term "down there" effectively shuts down conceptualization and symbolization of highly cathected body parts. Thus a non-understanding of their embodied selves, their body egos, easily becomes part of their psychic structure. The capacity to symbolize, even to think clearly, may become impaired or at least not nurtured. In psychotherapy, beliefs and conflicts about such perceived deficits in thinking can be identified, traced, and addressed/redressed.

A girl may grow up feeling deficient in terms of not having a beauty of body or mind and of needing to hide what she actually knows. If she feels that she does not have much to show, she may refrain from competing in all sorts of ways. This can seem preferable to imagining that she would feel humiliated and denigrated if she dared to contribute.

Some girls, even those who have been gifted in mathematical and scientific endeavors, seem to 'lose' such proficiencies, particularly as they enter puberty. This is a well-researched fact and frequently is attributed only to cultural and sociological influences. Yet one should also factor in adolescent girls' occasionally feeling and thinking again in the 'blurry' way they did about genital/anal/urethral sensations. It thus seems likely that the pubertal surge of hormonal and general bodily growth in adolescence can precipitate a regression *for some girls* to early states of self representation when they had

felt particularly confused and frequently over-stimulated. The question may appear to them as "What if volcanoes of uncontrollably dirty, stupid, smelly, sensual shit erupts from me?"

'Using one's brain' is a multi-determined potential which can flourish in social, language, and various academic areas. Which factors in a complex developmental unfolding, including defensiveness, may interfere with that early efflorescence of skills is an issue for clinical scrutiny.

The little girl's anxieties about over-stimulation, intense pleasure, and loss of control play a significant part in pressures to try to *be* in control. Wanting to please and not to repulse can sometimes lead to characterological rigidity; cognitive, emotional, physical and procreative inhibitions; superego severity and masochistic tendencies; and any of the fears of loss and punishment which have been mentioned. It is superfluous to add that joy in life can be severely diminished.

Sexual anesthesia and other sexual inhibitions are frequently defensive attempts to deal with bewildering and overwhelming arousal. Reports of the relative infrequency of masturbation in little girls is an example (Levy-Warren, 1996, p. 52). Burton (1996) writes of female analysands with sexual and intellectual inhibitions. She reports that their conflicts resulted from fantasies of having a powerful and dangerous inner organ.[4] Through treatment, the women were able to find pleasure and to feel that they owned their bodies and their power. They achieved integration of anal-sadistic and incorporative wishes with vaginal receptivity.

Elise (2000) conveys her view that female genitalia and desires are still seen as hidden and inaccessible in psychoanalytic thinking. She suggests that women experience castration anxiety about losing sexual desire. They defensively deflate and hide their genital representations and longings in order to protect themselves from the painful revival of their earliest desires—which will never be satisfied—for their mothers. They are protecting their sexual selves.

Ms. K, although medical issues are part of the clinical picture, illustrates a particular manifestation of several female genital and other anxieties, including mutilation, loss of beauty, and damage displaced upward. Chemotherapy caused the loss of hair on her head, pubic area, eyebrows, eyelashes, and everywhere else on her body. She expressed feeling like an uncooked, plucked chicken. Ms. K felt exposed, totally vulnerable, and ashamed. What was left to be proud of, now that she had been shorn? She wondered to what tribe she belonged. Her body—although of course it was that of a forty-five year old woman—reminded her of her body as a little girl: one who had not acquired the "fancy-ness" of grown-up women. Where were her physical milestone markers? Her visible, eye-catching secondary sexual characteristics? Was she leaving pleasure behind too?

Female genital anxieties *can* lead to a panoply of feelings of not being beautiful, lovely, sexual, intelligent, or interesting enough. These embodied feelings of inferiority inevitably seep out from a woman's unconscious and reverberate in the society within which she lives. One does not have to be a radical feminist or a contentious politician to note that there are a multitude of ways in which women hold themselves back, and/or *allow* themselves to be held back, in patriarchal societies. To say this is not to 'blame the victim.' The forces against women can be overwhelming.[5]

Wolf (1991, p. 10) argues that as women have gained greater power and legal recognition over the last generation, they feel much worse about themselves in terms of physical beauty. Recent shifts in institutional power structures have been de-stabilizing for both women and men. Women have taken on a toxic sense of "self hatred, physical obsessions, terror of aging, and dread of lost control" (*Ibid*). Wolf's thesis is that men's playing to women's fears about their physical appearance is among the last artillery in the war to strip women of the power which they have gained.[6] To the extent that this may be so, such societal, male-dominated coercion can find ready inroads via long-standing female genital anxieties. If women have early experiences of their genitals as dirty, disgusting, and repellent, then they unconsciously feel pressure to prettify and please, to be savory and bewitching. They remain vulnerable to outside approval, to conformity with formulaic images of beauty, including being androgynously thin, perfectly coiffed, or meticulously clothed. Regarding males' projective identification of their fears, one might compare 1) the transformation of Medusa into a horror with 2) male derision of the lovely Lucy Stone, an early feminist: "a big masculine woman, wearing boots, smoking a cigar, swearing like a trooper" (Wolf, 1991, p. 18). She was seen by them as so split into a part object representation that she might as well have had snakes for hair.

Female-ness, Female Masquerade, or Female Perversion?

Therapists must assess whether there is psychopathology in their patients, including regarding gender identity issues and female genital anxieties. Again it must be emphasized that female patients' interest in being beautiful and in exploring being female are by no means *per se* indicative of psychopathology.

Psychopathology in modern concepts does include what has been referred to as female masquerade as well as female perversion. Horney, Riviere, and Kaplan were among the first psychoanalysts who made important contributions to thinking about females' fears and behavior which arise out of basic female anxieties. Horney addressed (defensive) masculine identification in women, among many other issues. She posited a "second root of the whole castration complex in women," in opposition to Freud's idea of penis envy as

primary. By this she meant that a woman's "revulsion with her female sexual role" could result from her disappointment in her loving attachment to her father and from her fantasy of having been castrated by him (Horney, 1924, p. 62–63). Horney (1926, 1933) also said that girls felt guilty not only for triumphing over the men they envied, but also for triumphing over the women whom they successfully rivaled. "It is this guilt that inspires woman's flight from womanhood and made her acquiesce in the man's scornful version of femininity." She asserted that men's scornful, demeaning attitudes toward women (based on men's envy of women's reproductive capacity) resulted in women feeling filled with self-doubt about their basic femininity. Some women then turn to a masculine identity. She did believe in primary femininity and in the unconscious, inborn knowledge of the vagina (Grossman, 1986).

Riviere was another of the early psychoanalysts to question Freud's views equating femininity with passivity and masochism (Gediman, 2005). However, in Riviere's period of the history of psychoanalytic thinking (1929), she was unable to envision *healthy* femininity—which would include wishes to be beautiful and intelligent and *ambitious*—as innately female, and not to be compared to a model of a man. She equated "genuine womanliness" with a "masquerade." Obsequiousness and servile coquetry toward a man, or "dumbing down" one's triumphs, served to protect a man's so-called fragile ego (Gediman, 2001, 2005). It was also a reaction formation, a defensive protection against retribution for her hostility and her envious identification with the man. Hyper-femininity to Riviere disguised the unconscious nature of a woman's active, competitive, and ambitious masculinity. She discussed such a patient, an intellectually gifted public speaker, who would become severely anxious after giving a speech to an audience. Although she invariably gave an outstandingly successful "performance," she then needed to flirtatiously seek reassurance from men that they continued to find her sexually attractive. Riviere had not quite freed herself from phallocentric thinking. Many women still suffer from these seemingly paradoxical behaviors. Today however their psychodynamics would not necessarily be understood in terms of literal penis envy and masculine identifications.

Kaplan (1991, 2000) deemed such a masquerade, such an impersonation of exaggerated femininity, to be a female perversion. As noted earlier in this book, 'perversion' has been a fluid concept that has taken on different meanings in different contexts. For Kaplan, perversion involves social gender stereotyping to deceive an observer about unconscious meanings underlying the behavior. A lie is the essence. It exists to hide inner hatred, revenge, and masculine identification behind conventional gender roles. Lying—which might take the form of extreme submissiveness (a kind of bondage?), weak-

ness, dependence, innocence, or self sacrifice—protects and deceives oneself, as well as an observer, from unconscious terrors. The hope is to regulate these anxieties, *some* of which may be female genital anxieties.

This perspective of perversion being defensive lies helps explain the organization of some females' gender pathology. The hypertrophied exhibits of female strippers' sexual behavior, for example, are said to conceal their great disdain for men. In thinking about beauty, a clinician considers whether certain urges (for example to dress particularly revealingly or display an excessive amount of jewelry or have one's 'face made up') function as masquerades which are compelling and dominating in a person's life. Treatment sometimes reveals that such accessories are serving as disguises to ward off anxiety about unconscious masculine identifications. The therapist may subsequently view them as perversions or female fetishes for a particular woman. The therapist considers whether or not there is also an unconscious perverse motivation to use these tools to ensnare a man or psychotherapist. What is important is to understand the dynamic relationship between explicit and hidden layers of meaning, in addition to exploring how central the urges have become.

Further Thoughts about Gender Identity and Beauty

Significant aspects of female development and of gender identity are worked and reworked in the beauty salon setting. This is true regardless of diagnostic category. The intensely female interactions in this environment evoke issues of merging with the mother, varying identifications, and sibling and oedipal rivalries. Here, where the physical body and rituals of beautification and adornment are the sole focus, there are often anxious, guilt-laden pleasures about bonding with the mother or about competing with her. In this setting, via their Pygmalions, women confront authoring authentic identities versus masquerades, from the outside in. Certainly inside/outside (the body) components are critical in the development of gender identity. Balsam (2001) states that the gender story of each female must be grounded in possession and personal interpretation of the female anatomy (and core gender identity). Kulish (2000) refers to Balsam's 1996 thesis which states that the female body is an object of identification for the girl and has been neglected as a topic of psychoanalytic interest.

Becoming beautiful, and in what way, is pertinent. For some women, the process toward beauty is through a bisexual identity. *Does* the outcome of one's gender identity still remain uncertain as in the rapprochement stage, when all things are 'possible'? How does a woman work through feminine and masculine identifications? For instance, will the hairdresser make me look like a girl or like a boy? In the case of Ms. T in chapter 4, her search for beauty might be seen as a defensive need to deny wishes to be transformed

into a man, so as to be more loved by her parents. In the case of Mrs. R in chapter 3, should one consider hair as a phallic substitute (compare Medusa) along with pre-Oedipal determinants? Is there a fetish-like anxiety about having her "big dreams" attacked, hacked, and castrated? One can speculate about what impact the gender of the hairdresser/beautician might or might not have.

Character traits which develop out of various gender features may be interwoven with female genital anxieties in complicated ways. Developing a sense of bodily and self integrity can seem like quite a formidable task. It follows that developing feelings of being beautiful is also a richly complex process. Psychotherapy issues concerning creating a beautiful self require looking closely at fears, fantasies, and obstacles which appear to be standing in the way of this goal.

NOTES

1. Pubertal girls and women also know, on some level, about their joy and contentment in menstruation. One proof of that fact is that girls and women commonly refer to getting their periods as "My friend is visiting." Another illustration is of an adolescent girl Katy who felt great pride in learning how to insert a tampon. She practiced in a bathroom stall, while two friends were each in an adjacent stall on either side of her. They called out directions to Katy, since they were old hands at using tampons. Katy and her friends exulted triumphantly in her ultimately successful achievement. This is a not uncommon occurrence of adolescents' celebration at the beauty of their bodies working well.
2. Elise (2000) wonders why these sensations cannot be thought of as extensive, rather than diffuse.
3. The subject of pre-modern, modern, and post-modern views of castration anxiety and penis envy is not included here. Instead, the focus is on specifically female genital anxieties and their sequelae.
4. Compare Kanzer (1950) writing about the Sphinx, a full-breasted woman above, a bestial and terrifying lioness below. He states that the Sphinx is an allegory of problems presented by female sexuality, both the beloved and dreaded aspects. Kanzer reminds the reader that boys must reconcile these aspects in order to achieve genital potency. Increased understanding of female development since Kanzer's writing leaves no doubt that women can experience quite similar conflicts about themselves.
5. For a heart-breaking, inside view of such a situation, see *The Bookseller of Kabul* (Seierstad, 2002).
6. An ancient and ongoing example of the concretized projective identification of men's fear of women's power and procreative abilities can be seen in the way in which men deal with women's menstruation. Over much of the world, it has been seen as a source of dangerous contamination which can cause a man to sicken and die. In New Guinea, men who fear that they might have been given food by a menstruating woman will force themselves to vomit. This insures protection of male "physical enhancement." Many women, although not all, also view themselves in this degraded way. One of the few societies which does not extrude menstruating women from their midst are the Toradja of Indonesia. They view women as exceedingly brave. Toradja men beg their women for a strip of skirt soaked with menstrual blood. Alternatively they put their finger on the woman's bloody vagina. Carrying this into battle, the men sniff their token when they experience fear (Vlahos, 1979, pp. 11–101).

Chapter Fourteen

Origins and Endings of Beauty

THE BIRTH OF BEAUTY

How do people determine what is beautiful? Their notions of beauty begin in the mother/infant dyad. *Psychodynamic* understanding is that concepts of beauty originate in the first relationship of life.

Every infant feels that her mother is overwhelmingly, ravishingly beautiful. Her beauty is the sight which greets the baby, particularly as she is viewing the mother's nipples and eyes.[1] The mother, in her primal beauty, also possesses the power to create in her baby the sense of *being* beautiful. Her desire for the baby ignites the baby's self feelings of being desirable and beautiful. Developmental emergence from togetherness and a fantasized shared omnipotent state of mind, however, inevitably involves recognition of being separate, of being dependent on the mother, and of being weaker and vulnerable (Lemma, 2010). Many people experience a developmental insult following loss of the fantasized, defensively distorted perfection of the self-object bliss of the symbiotic phase (Rothstein, 1984).

Lemma (2010, pp. 28–30) asserts that there are times when everyone "feels dogged by an experience of not being desirable enough. We are all susceptible, to varying degrees, to the lure of changing the surface of the body in order to re-capture the (m)other's loving and desiring gaze, the omnipotent beauty which had been shared with the mother." At various moments people attempt to make themselves look more beautiful in order to master feeling insufficient as well as feeling unable to fulfill the mother's complete desires.

The encounter with the mother's beauty also evokes fear about the mother's enigmatic, mysterious insides. What might lurk there? The baby is uncertain whether to feel safe in the presence of her beauty. Splitting and

projective identification of his/her own 'bad' destructive envy, for example, contribute to the apprehension and mistrust about what lies hidden beneath the mother's surface beauty. This is the "aesthetic conflict," according to Meltzer (1973) and Meltzer and Williams (1988, p. 22). They highlight the early intermingling of beauty and terror in a baby's life. Meltzer (1973, p. 228) offers clinical material showing that "The apprehension of beauty contains in its very nature the apprehension of the possibility of its destruction."

Sweetnam's clinical example of an adult analysand is an illustration of this. A "chronically internally lifeless" patient (2007, p. 1,502) surprised Sweetnam by revealing that she had seen the analyst in the supermarket and was jolted by suddenly feeling that the analyst was beautiful. The patient then felt terrified and trapped. Over time, the patient's curiosity about that experience of beauty reinforced analytic work allowing her to feel more enlivened and open to actively sensing their relationship. The analyst's receptivity to such a storm of feelings in her patient and in herself were mutative for the treatment.

Blum (2011) even looks at beauty in the mother/infant dyad in prehistoric times. He proposes a fascinating hypothesis based on archeology, paleontology, and his vast knowledge of art. He describes Eurasian cave art from as far back as 40,000 years ago as "superlative rather than amateurish." The almost inaccessible dark caves, within remote recesses of deep tunnels, appear to have been used exclusively as "art galleries."

Blum states that although body art was surely the first prehistoric art, the *cave* art was based on symbolic representations, and the caves were perhaps symbolic themselves. Comparing the caves to later myths and artistic creations, Blum speculates that they served as "transitional spaces" which were symbolic of the mother, her womb, pregnancy, birth, and death. Prehistoric people may have created the sublime art as part of a "communication that began with mother-infant sensory and affect-motor exchanges" (*Ibid*, p. 200). Blum hypothesizes that entering and leaving the subterranean primal cavities could have felt like returning to and then separating from the womb, the primal object, and mother earth, via the birth canal. He suggests that in creating cave art, the artist was perhaps identifying with the life-creating pregnant female. Rather than being swallowed up in a merger with the mother or being consumed in death, the artist transcends a fantasized merger with the mother through an "undying" creation of beauty.

Blum and Lemma both imply that the creation of beauty involves a kind of rejuvenation or invigoration. Viewing Blum and Lemma together, one might say: like the creators of prehistoric cave art, the seeker of beauty tries to dip into the imagined beautiful, powerful body of the mother, produce life-affirming and beautiful creations, and re-emerge into one's own life.

Perhaps following such lines of thinking about being creative when facing weakness, the psychoanalyst Davidson, who practiced in Zululand, notes that "African concepts of beauty and adornments of the body reflect a celebration of life in the face of death. They are derived from ancient times and the sense of man as a biological animal, within the context of life with other beasts" (2010, p. 255). On a daily basis, there is a push to defy obstacles, including dependence and frailty as well as death, through creating beauty. Beauty, as a source of self regard, is achieved for the Zulu through identification with animal power. Davidson contrasts this with Westerners' identification with celebrities and with consumer goods, which she understands as creating a false sense of self. One assumes that she has in mind the chase after objects and people of idealized perfection. The futile search to capture the transient perfection and make it a part of oneself is based of course on fantasies of beauty, power, and, ultimately, immortality.

The Power of Beauty

Freud admitted that "Psychoanalysis, unfortunately, has scarcely anything to say about beauty" (1905, p. 83). Since that time, there has been much less discussion than one might have expected about the enriching and empowering dimension of beauty in psychological life. After reading Meltzer and Williams's 1988 book *The Apprehension of Beauty*, Martin Bergmann's reaction was "This book forced me to realize that psychoanalysis has as yet to answer the question of why the search for beauty is so central in our lives. The need for beauty breaks through even when the most pressing needs of life are not met . . . the question deserves to be raised" (1992).

Beauty and Ugliness

Perhaps the origins of beauty and the centrality of having beauty in life are best understood when contrasted with ugliness, much as good health is most often appreciated in contrast with illness. Rickman (1957, originally published in 1940) was that rare breed of analyst who explored ugliness. In assessing all considerations about judging a work of art—appreciation/distaste; preference for ancient versus surrealistic art; wish to view art in a public or a private space—there are also considerations of unconscious sexual and destructive wishes, for the artist and for the observer. (The myth of Pygmalion in fact illustrates the coming together of these derivatives with artistic impulses. Pygmalion's aggressiveness toward women with whom he was familiar was what originally propelled him to create his own beautiful woman.) Rickman maintained that anxiety about ugliness can also be an important factor in viewing an artistic creation (*Ibid*, p. 75).

The definition of "ugly" evolved from the Old Norse word meaning fearful, terrifying, and hateful. A person with a deformity or a mutilated body part is often seen as frighteningly ugly. Ugliness induces anxiety. Even a statue which has missing parts can arouse anxiety in some viewers, relating to unconscious identification with the mutilated person. The underlying dynamic process, which may at times be characterized as castration anxiety or at other times as anxiety about disintegration, can also be understood as fear of persecutory retribution for one's own primitive unconscious destructiveness.

In keeping with much of what has been explicated in this book, Rickman understood ugliness in the context of the tension between love and hatred. Similarly, the author and semiotician Eco (2007) traced the history of both the horror and the mesmerizing attraction which physical monstrosity evokes. For many centuries, ugliness was linked with sin, greed, lewdness (especially that of women, within misogynistic societies), and decay. Everyone unconsciously identifies to some degree with these traits and views them with mixed emotions. The aggression can be felt lurking behind all of the debasements of these impulses. How does one deal with feeling aggressively destructive, bloodthirsty, defective, ripped into parts, and therefore weakened? One answer is that a person can experience renewed wholeness and power through creative, reparative beauty. The artist and the child, indeed everyone, face the emotional anguish, anxiety, and guilt of unconscious destructive forces, existing alongside love. One attempts to have loving creativity dominate over aggression and death. Creating something beautiful satisfies a need to be connected to someone about whom one cares. Like Winnicott's (1971) idea of the area of cultural experience, creating beauty exists in a potential space between inner subjective experience and objective, external reality (Loewald, 1988, p. 24; Hagman 2002, p. 666).

In a similar vein to the creators of prehistoric cave art cited by Blum, or the Zulu whom Davidson describes, the artist (and every woman who creates a beautiful self) possesses an inner generative power, *in part* incorporated from the original relationship with the mother, to combat hate and death by conjuring beauty. Freud (1929) talked about art and love assisting us in our struggle with despair and death. Rickman asserted "Our wish is to find in art evidence of the triumph of life over death; we recognize the power of death when we say a thing is ugly" (1957, p. 87).

Optimally and most healthily, during development and analysis there is a resolution of difficulties: beauty and love can be perceived, and are not continually threatened by annihilating destructiveness. Mother or analyst, like an artist, has facilitated the baby or analysand to tolerate the painful frustration of the aesthetic conflict. In part this occurs by the mother or

analyst viewing the baby and the analysand, including angry and imperfect and fearsome aspects, as beautiful. The child/analysand grows to be able to respond passionately to beauty, and to love.

Ugly Worms in the Apple of Beauty

It is worth singling out for notice some of the affects which people consider among the ugliest in themselves and in others. Like the Devil, the affects go by many names: envy, jealousy, covetousness, greed, green-eyed monsters. Envy, jealousy, and resentment, whether conscious or unconscious, exist universally, across developmental stages, and throughout the life span. These affects frequently occur in counterpoint to the desire to be beautiful.

There are distinctions among envy, jealousy, and resentment. Klein (1975) defines envy as the "angry impulse to take away or spoil" something good that another person possesses. She sees envy as an expression of innate destructive urges, ultimately a fantasy of the death instinct Shengold (1994, pp. 627–628) explains that the most primitive kind of envy is intense, hateful, murderous, malignant envy: feeling that what the other person has, or is, has been robbed from oneself. The patient has thereby been impoverished. Of great clinical significance is Shengold's noting (1994, p. 615) that this primal functioning never completely disappears, and that the primitive feeling may occur in an otherwise predominantly rational and mature person, at least transiently. He states that all children experience intense hatred toward even the best of parents, who have all inevitably failed "to provide eternal bliss and life." These feelings are revived in the regressive dependency that is part of transference (2011, p. 717).

Kernberg explores the problem of envy in narcissistic patients. He comments that their envy of the therapist leads them to feel that there can be only one great person in the room, who necessarily will depreciate the other, inferior one. Therefore the patient tries to stay on top, although at the risk of being abandoned due to the loss of the devalued therapist. The patient also envies the fact that the therapist can creatively understand the patient and invest in the relationship: capacities that the patient knows he lacks. Treatment interventions center on bringing the patient's pathological grandiosity into the therapy. Primitive object relations and primitive affects can then "show clinically in the breakthrough of aggressive reactions" (2007, p. 206).

The complicated affect of resentment usually entails long-standing feelings of being horribly short-changed. It may be rooted in envy and jealousy and experienced as injustice. The clinician often encounters patients who resent that they have been treated unfairly; they have not gotten their just desserts. This frequently has led to blaming, a distortion of the recognition of inner causality and self-agency (Wurmser, 2004, 2006).

Chapter 9 discussed Modell's and Lakoff's ideas about the body as a container of feelings, which are experienced as concrete substances. Modell (2007) noted the fantasy that containing something "good" in oneself feels as concrete as food. Chapter 14, looking now at envy, proposes that some people view traits such as beauty as also being *a substance,* and as being in limited supply. Therefore if one person possesses beauty, then someone else is deprived of it. An analogous embedded fantasy is that if someone possesses beauty (or goodness or food), then she has taken it away from someone else. One person has damaged the other person. Pervasive guilt about being greedy and destructive ensues. This helps to explain some of the fierce rivalry and vengeance in the mythology and fables which were detailed in the book, as well as in real life.

Envy, jealousy, and resentment can exist about a vast array of attributes. Female genital anxieties are among various sources of envy, which appear to focus on concrete aspects ("she has bigger breasts" or "I want a classically-shaped nose like she has") or in disguised, more symbolic form. As indicated previously, envy may express a longing to be complete or to snatch something away from another person, forcefully subduing (usually symbolically) that person so that there is no doubt who comes out the victor. There is the envy which a tiny girl may experience when she feels that she has so little, compared to her mother's body and power; there is envy of the mother's pregnant body and the capacity to become pregnant (Balsam, 2003); there is envy of another person's beauty, which may represent diverse treasures; and for some women there is penis envy, literal or metaphoric.

Envy can prove to be crippling to the envious person in many ways. Not infrequently it leads to intense desire for revenge against the mother or against other women. Depending on the etiology and the degree of pathology of envy in any particular person, it is accompanied by painful affects such as longing, anxiety, shame, and/or guilt. Defensive maneuvers attempt to regulate affects. Wishing vengefully (unconsciously) to rob and destroy the mother/other women is threatening because of the danger of feeling internally depleted of the ambivalently loved person. Vengeful affect may cause someone to resort to self-punishing attacks, such as inhibiting her own creativity or limiting the freedom to achieve. It may feel safer to 'stay below the radar' and hide one's accomplishments, because of fear of other people's envy or jealousy, whether the fear is projected or is not projected. If a little girl or woman envies the mother and wishes to rob her (of breast, procreative capacities, sexuality, beauty), then the mother's retaliation can make the girl dread being emptied and destroyed herself (Ellman, 2000).

Klein (1928, p. 175) highlighted the destructive tendencies once directed by the little girl against her mother's body, organs, and children in the womb. "Here we have also one root of the constant concern of women (often so excessive) for their personal beauty for they dread that this too will be de-

stroyed by the mother. At the bottom of the impulse to deck and beautify themselves there is always the motive of *restoring* damaged comeliness, and this has its origin in anxiety and sense of guilt."

Rey (1994) contributes an explanation of anorexics' attempts to deal with their envy and greed by concretely, even magically, declaring a total lack of need. (It is interesting, and seemingly paradoxical, to think about envy and the desire to be thin. The anorexic, or any woman striving for an ever-thinner body, feels that the *less* she weighs, the *more* she wins the 'beauty contest.')

Extreme envy, as part of a history of trauma for some people, can accompany the terrifying wish/threat of fusion, passive submission, nameless terror, and loss of identity. For such people, fusion with another serves as the repository of their own destructive impulses (Fonagy, 1991). Ms. D had been raised in an ascetic, depriving, and disapproving cult. There was rarely even milk in her childhood refrigerator, yet her cult was "called to service" more privileged communities. Although she grew up to be an admired, acclaimed leader in her chosen profession, she severed out of her life, certain close friends and her two female therapists after a five-year period of relationship with each. Her envy of the beauty of their lives and her inner aggression, although more attenuated than that of some people, nevertheless grew unbearable. In essence, Ms. D cut herself off from the milk of human relationships. In these intimate areas, she had an impoverished capacity to reflect on herself and on the minds of others. In the face of unbearably painful envy, she defensively disavowed and obliterated their mental existence *while* retaining their perception. This can be compared with the distortions of agency and causality indicated in the section on resentment and blaming. Fonagy (1991, pp. 648–49) described an even more envious patient who defensively retreated from an understanding of his own or his analyst's mind. Shengold reminds us that "Malignant envy lurks in the unconscious and can potentially be evoked in everyone" but there is a range and intensity of "ordinary envy." The achievement of the ability to love is what neutralizes primal, malignant envy and paves the way to integrative mastery (Shengold, 1994, pp. 631, 636).

There are many degrees of envy or jealousy. Envy does not have to mean wishes to destroy someone else. The affects may instead focus more on feelings of inadequacy, self loathing and sadness at not measuring up to one's ego ideal.

Can these affects ever play a *constructive* part in ambition, competition, and innovation, when the affects do rear their heads, as they surely will? Do they always have to be destructive? Does envy always have to include spoiling what another person has? Envy so often seems to glide imperceptibly into shades of admiration, wishes to merge, and even a respite for conflicts about owning one's own treasures. Glimmers of understanding envy, jealousy, and resentment *can* motivate progress in one's own life toward acquiring or

reaching some of the envied abundance. One does not necessarily have to find an exorcist to expunge all traces (a futile endeavor, in any case) of these potentially insidious feelings. Nevertheless, they must be acknowledged, harnessed, and utilized.

What about Perfect Beauty?

In point of fact, the worms in the 'apple' of beauty give a clue about the beauty itself. Being strikingly, stop-in-your-tracks beautiful often proves to be significantly destructive. A woman can feel objectified, a collection of parts, viewed by men as a trophy to obtain, treated as non-human, and therefore frighteningly isolated. The gorgeous actress Rita Hayworth is reported to have said "Men went to bed with Rita Hayworth, but they woke up with me." Where is the space for a mere human, within such a facade?

How does one achieve an integrated, stable self-concept in the face of the dilemma of being concomitantly idealized and degraded? Always having to wear a 'mask' of cosmetics, couture, or even a powerful professional career can be a heavy burden if a woman just wants to watch "American Idol" on TV while dressed in XXL-sized sweatpants.

One is reminded of Freud's 1915 work on "exceptions" and of Jacobson's (1959) clinical vignettes of "exceptional" female patients who had particular, although different, narcissistic difficulties. One patient who had a congenital defect believed that she was an "exception" to whom ordinary rules did not apply. Another patient, also with a bodily defect, felt that she was another sort of exception. She had an unconscious masochistic need for punishment which resulted in her feeling that she must be angelic and self-sacrificing to a special moral calling. A third patient, who happened to be exceptionally beautiful, paid for being "exceptional" with lifelong unhappiness and a sense that she was kept immune from actually having 'lived.' She had never had to truly confront the reality principle. Jacobson said that of the several beautiful women whom she had treated "their beauty seemed, if anything, to have had a devastating effect on the lives of those close to them, or on their own lives, or both. Their fates made me wonder why I had hardly ever met beautiful women whose lives had been happy or at least harmonious and peaceful." Freud's 1915 work on characters wrecked by success is pertinent. In addition, there is the fact that beautiful women must know, on some level, that their beauty arouses envy in people whom they encounter. Complex reactions result.

Being born or developing into an "exception" or "a great beauty" can unconsciously be equated with having one's pre-oedipal or oedipal fantasies realized: boundaries of reality do not apply, and unbridled anarchy lurks. Inner psychic reality seems to become external reality. How many winners of the lottery end up in great misery? A huge number. How many well-known

politicians, therapists, rock stars, and beauty queens crash and burn after multiple violations of civilization's norms? Many. Masochistic punishment for violations, for flaunting one's exceptional status, and for living out unconscious fantasies may be meted out to oneself for having 'surpassed' everyone else. Both envy and triumph are often felt to deserve punishment. Idealization by other people does not match one's internal self-knowledge and ego and superego values. Toward the end of his life, the world-famous author Maurice Sendak said "People do say awfully nice things, but it doesn't change the fact that you're a stinky person by nature" (Cook, 2012, "Wild Things," *The New Yorker*, p. 58.) In all of these situations, there may thus be 'the Devil to pay.' To use another cliché, "all good things must come to an end."

Aging and Loss

Beauty is one of the attributes which must end. As Lax reminds us, people have always wanted to live long, but not to get old. (2008, p. 834) For most if not all women, the body and its beauty are life-long central concerns. Physical appearance remains exceedingly important. By later adulthood, most people have more or less successfully negotiated and developed a relatively solid sense of identity, with the body as a basic component. Physical growth and changes, amid shifting life events, have occurred in the context of interactions with other people. A consistent inner sense of identity is always influenced by "awareness of external attributes" (Greenacre, 1958, p. 624). These "external attributes" importantly include how one regards one's own body and how one feels that other people judge one's beauty and allure. Optimally, these factors have been consolidated into a whole.

What looms ever more apparent is that such consolidation is being undermined by physical aging and decline. These facts are true for everyone, but can lead to more or less pathological results if there has been an underlying instability of self identity. Issues arise about acceptance or denial of physically aging, losing a sense of one's fertility and sexuality, accepting distinctions between generations, becoming like one's mother or grandmother, and confronting deterioration and death. In addition, some women have a sense of being 'neutered,' as beauty and vigor not only lapse; they seem to *collapse*. Beauty salons and gyms are sites of acute, concrete confrontation with image and competition. It is difficult to maintain ideas of a grandiose self when staring into the mirror.

As the body 'betrays' familiar and established identity, the narcissistic blows can exact quite a toll. There is a growing gap between what one has *felt* oneself to be and what is reflected in the mirror and in other people's faces. There can also be a gap regarding what one still *hoped to become*. Time and capacity to remedy attractiveness, to re-beautify, are running out—

as so many other achievements may be: career, power, status, health. Is there a sense of losing oneself, and one's place in the fabric of life too? Shame, self-loathing, anxiety, depression, and feelings of hopelessness may follow.

The body's betrayal of established physical identity and beauty are not infrequently felt to potentially expose a degree of inner dis-equilibrium as well. Sendak's late-in-life self-description (Cook, 2012) of being "stinky" suggests inner turmoil and shame about being anally smelly, dirty, degraded, and angry. Aging and loss of physical allure and vitality unconsciously threaten a sense of control and power over established psychic equilibrium. The terror might be stated as: If my body—my outer identity- gives way, will the ugliness of my inner fantasies and secrets be revealed? Will I then be ostracized and abandoned? These fears are typically projections of archaic drive and superego derivatives, although external interactions with people may reinforce the fears.

In people with less healthy narcissistic development, particularly where there has been significant dependence on the admiration of others, aging and loss of beauty can lead to profound vacillations in self-esteem, even experiences of the absence of the self, and preoccupation with self-delimitation, including body surface phenomena. Certain individuals regressively attempt to redress the wrongs of aging, to seek narcissistic restitution with primitive sadomasochistic fantasies (Schwartz, 1973). Psychotherapy can include work on the revival of early traumatic disruption, catastrophic losses, and rage. These issues are particularly intense in the transference, and they may stir up complementary counter-transference feelings.

Aging confronts almost everyone with loss of power in life, and perhaps loss of fantasies of omnipotence; these are painful consequences, especially when physical beauty has been a notable source of power. Freud indicated that beauty can function to transcend feelings of loss and vulnerability (1916). As beauty *fades*, there may be a rigid, unconscious insistence on immortality and undying power. Narcissus, after all, is the son of an immortal god who does not age, and to whom realities of transience, frailty, and generational boundaries do not apply.[2]

Narcissus, and others like him, identify in fantasy with such a parent. Indeed, everyone's parents seemed like gods when they were young. A person may strive to deny limitations, boundaries of reality, and conceivably death itself—perhaps by hypo-manic behavior—while the mechanism of splitting allows the person to acknowledge that reality of course affects her too. Ohlmeier refers to "a wildness of old age" which manifests itself as anger toward anyone younger (Ohlmeier, quoted in Teising, M., 2007).

When individuals defensively deny or split off recognition of the ravages of aging and loss of beauty, they feel themselves to exist in a state of timelessness, unending abilities, and a world where nothing changes. An apropos, apocryphal statement attributed to Alice Longworth about herself was "the

secret of eternal youth is arrested development." Bell (2006, p. 800) gives a clinical vignette of a woman who wished to remain forever young, but who concluded (apparently wryly) that "My anti-wrinkle cream doesn't work." Like Dorian Gray (Wilde, 1992), denial of the progression of life is fueled by terror of the persecution of aging and what is felt to be the imminent catastrophe of death. Shengold (2011) speaks of the rage "not to be able to control space and time." In today's society, aging people—physically diminished and past the bloom of youth—are often seen as damaged goods. Nussbaum (quoted in Boxer, 2001), citing Paul Rozin's work on "core objects of disgust," asserted that objects of revulsion are all things that remind people of their own animality and decay. Rickman (1957) had noted comparable reactions when judging a piece of art as 'ugly:' the observer is projecting her own unconscious feelings. When older people sense that they are seen as damaged, feelings are evoked in them of intense loss and worthlessness, and fears of no longer being loved, lovable, or even visible.

The denial of existing in time is never fully successful. A heavy price is paid for the illusion of timelessness and for denial of reality: the price of self knowledge. The fantasy of being self-made and giving birth to oneself can become part of a pathological retreat from feeling dependent and at the mercy of time marching on. Loss is real. Mourning can be agonizing, but it is a developmental achievement, and a testament to the capacity to love, as well as to separate from beloved ones (Bell, *Ibid*).

Aging does *not* mean that issues of beauty are dealt with pathologically by all individuals. Aging does not inevitably have to equal feeling worthless. The unconscious is timeless, and many people feel young in spirit. Zest for appearing attractive can accompany zest for continued inquisitiveness, activities and adventures. Body modification, for example via cosmetics and fashion, may or may not include elements of denial of aging. The pursuit of looking attractive is most often a playful creativity, an adventure in a transitional space, to use Winnicott's concepts (1971). Such spirited, playful adventures of course do not always *play out* the images in one's mind. Here one thinks of a comment sometimes attributed to Mae West: 'She didn't exactly look young. Just un-old.' Fantasies of beauty and power certainly are not pathological: they can be invigorating and restorative.

In addition, as Strenger discusses (2003), there is the desire for a sense of authorship and self-experimentation with one's individuality. He considers these objectives in relation to a young female patient. Such experimentation is also important *throughout* life, although with an eye to realities of maturation and aging. One has to *grow into* changing life stages. Psychotherapeutic work is fueled in part by motivation to grapple with life stages, and a sense of self agency and individuality are important goals in treatment.

The hope is that mourning for one's former self is successful enough for a person to become reconciled with, and appreciative of, the self who has evolved. These goals can be the creation of a beautiful self in this later chapter of life.

NOTES

1. Compare Medusa.
2. Furthermore, Narcissus is promised a long life and eternal youthfulness only if he remains ignorant about himself. In fact, he is mortal and ultimately *must face* his image and his mortality.

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