FACULTADE DE FILOLOXÍA

Fictionalising Psychoanalysis: Roger Kennedy´s *Couch Tales: Short Stories* (2009)

Grao en Lingua e Literatura Inglesas

Sofía Carballude López

Titor: Jorge Sacido Romero

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ABBREVIATIONS

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SOLICITO a aprobación do seguinte título e resumo:

Título: Fictionalising Psychoanalysis: Roger Kennedy's *Couch Tales: Short Stories* (2009)

Resumo [na lingua en que se vai redactar o TFG; entre 1000 e 2000 caracteres]:

This essay will approach *Couch Tales: Short Stories* by Roger Kennedy from a psychoanalytical point of view and how psychoanalysis as a therapy is presented in a fictional work. The author, himself a practicing psychoanalyst, presents a series of cases of some patients and their private emotional life as they attend therapy. These tales are based on his own experience as a therapist although both the stories and the psychoanalyst are fictional, a fact that is remarked in the work's "Prologue". In each case, both the therapist and the secondary characters' behavior, speech and thought allow us to witness the mental processes of some of the characters and the therapist's interpretation of those as part of the fiction itself to which we, readers, contribute our interpretation in each case. What is said and how it is, or can be, said/understood is essential for this study.

Sigmund Freud's psychoanalytical theory will work as my fundamental theoretical tool for a detailed reading of these short stories. I will also have recourse to the contributions of later theorists such as Jacques Lacan to complement the set of Freudian concepts.

The interest on how emotional life is expressed in literary forms is the general frame and my inspiration to embark on this research project.

Santiago de Compostela, 21 de novembro de 2017.

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SRA. DECANA DA FACULTADE DE FILOLOXÍA (Presidenta da Comisión de Títulos de Grao)

INTRODUCTION

OBJECTIVES AND METHODOLOGY

The aim of this essay is to provide a psychoanalytical approach to three of the stories included in the collection *Couch Tales: Short stories* by Roger Kennedy, which is itself a collection of what may be called psychoanalytical narratives as they are informed by the discourse of psychoanalysis. Psychoanalysis is in these stories a productive source to create fiction as they are told by a psychoanalyst who writes in a sort of therapeutic way several narratives, some of them loosely based on his patients.The tales also have the apparent purpose of reflecting on his own state as it seems to get worse in the relation to his career and his relationship with his wife. I discuss some of the most relevant points of connection between narrative and psychoanalysis in the second part of this introductory section in order to make clear from the very beginning the importance of narrative discourse in therapy itself.

Once settled these relations, I will analyse in Chapter One and Chapter Two the main aspects of two of the nine stories included in the collection: “Letters from a Castle” and “Diary of a Victorian Lady”. I have chosen these stories because they differ in form from the rest of the collection: the first one is a letter exchange; the second one is presented in diary form. They deal with depression and post-partum depression respectively among other things, and I found interesting how the form of presenting them is itself also an important element within the story. The letters in “Letters from a Castle” are a manifestation of the protagonist attempts to avoid confronting psychoanalysis and a possible cure, while “Diary of a Victorian Lady”

provides an interesting approach to mental diseases in women in a time when they were expected to devote themselves to very restrictive roles.

All the short stories have something in common: they all contain a 'Journal' at the end. There, the psychoanalyst, and fictionalised writer, comments on the tale just told and established a connection between him and some aspects of his characters. This is how the psychoanalyst gradually depicts himself as a fully developed character connected to the experience of 'countertransference', a peculiar phenomenon in psychoanalysis and, paradoxically, the main motor for the creation of these stories. In Chapter Three of this essay, I will discuss the importance of 'countertransference' in the psychoanalyst by analysing the first story of the collection entitled "Mr Samson, or the Game of Love".

These short stories are a fictional creation of English psychiatrist and writer Roger Kennedy. Roger Kennedy is acknowledged as an expert in the field of psychoanalysis as he has worked as a psychiatrist for nearly thirty years and became an Honorary Senior Lecturer in Psychiatry at Imperial College, in London. Aside from his career as a private therapist specialised in individual and family problems, he is also a Training Psychoanalyst of the British Psychoanalytical Society, and has been involved in teaching and training in the psychoanalysis field for years. He has published both theoretical and fictional works based on his profuse experience in this area; acclaimed works such as *The Elusive Human Subject* (1998), *Psychotherapists as Expert Witnesses: Families at Breaking Point* (2005), *The Many Voices of Consciousness* (2007), *Couch Tales: Short Stories* (2009) and *The Psychic Home: Psychoanalysis, Consciousness and the Human Soul* (2014). *Couch Tales: Short Stories* is my primary object of study, yet I will be referring to

other pieces of Kennedy's works. In the Prologue to *Couch Tales*, it is explicitly made clear that none of the short stories is based on real patients and it is all a pure work of fiction. Nevertheless, the influence of many years of study and work in this field probably have helped Kennedy to make up such an elaborate collection regarding the complex psychoanalytic cases that, at the same time, have an impact on the fictionalised writer, something Kennedy may have experienced in his own person as well.

NARRATIVE, PSYCHOANALYSIS AND THE PSYCHOANALYTIC READER

Psychoanalysis is one of the major discoveries of the late 19th-century science and probably the most important advance regarding the study of human mental complexities. It is a set of theories and therapeutic methods based on Sigmund Freud's works that, although both theories and methods have experienced refutations, changes and derivations, the psychoanalytical discovery of an unconscious part of our psyche has utterly changed our perception as human beings. The sociological factor became thus the determining element in our development as individuals. Psychoanalysis is also known as the 'talking cure'. It looks for an incoherent, disordered or confused recount of specific past situations in order to help the analyst to guess where the problem could come from. The fact of not producing a well-organised narration is extremely important in the analysis, as it normally means that something is be being repressed. Therefore, both narrative and psychoanalysis are closely interconnected as psychoanalytical practice depends on storytelling.

> There appears at present to be increasing agreement, even among psychoanalysts themselves, that psychoanalysis is a narrative discipline. As such, it at least implicitly displays the principles of its own "narratology". First of all, the psychoanalyst is ever concerned with the stories told by his patients, who are patients precisely because of the weakness of the narrative discourses that they present: the incoherence, inconsistency, and lack of explanatory force in the way they tell their lives. The narrative account given by the patients is riddled with gaps, with memory lapses, with inexplicable contradiction in chronology, with screen memories concealing repressed material. (Brooks 1994: 47)

The narration is able to portray a complex set of events that may have been repressed, "blocked from consciousness" (Brooks 1994: 48). As a detective, the psychoanalyst has to reconstruct with disguised information about the origin of the problem, a problem that is far from being destroyed, it is alive and determines the patient's state. The 'detective' metaphor is widely used to represent the psychoanalyst work as that of the 'archaeologist', used by Freud to similar ends. In fact, both activities intend to see beyond the surface and go deeper into a hidden truth (intendedly disguised by the criminal in the case of the detective, the passage of time in the case of the archeologist). Psychoanalysis encounters a barrier of a different nature, yet still really complex: the repression suffered by the patient; the unconscious repression of something consciously rejected.

Since narrative and psychoanalysis are closely related, a psychoanalytic approach to literature emerges as a critical approach to literature in itself. It deals

with the application of psychoanalytic theories in order to analyse elements of the text such as characters or even the author himself/ herself through his/her fictional creations:

> By literature and psychology, I mean the application of psychology to explore literary problems and behaviour. [...] People sometimes speak of "psychological criticism", which is literary criticism using a formal psychology to analyse the writing or reading or content of literary texts. Either way, however, what defines the field is the explicit use of a formal psychology, and the psychology that literary critics most commonly use is psychoanalytic psychology. (Holland 1900: 29)

The analytic reader resembles now the detective and archaeologist previously mentioned, trying to find the hidden messages in a literary piece of work:

> The techniques of psychoanalysis are essentially the techniques of close reading, and the posture of the analyst is that of the disinterested but observant interpreter of a text, seeking to discern the unconscious level which can be sensed beneath, or within, the everyday chains of discourse. But that relationship is always complicated: in dreamwork – our attempted recollections of dream – we are always performing an act of naturalization, trying to represent our inadmissible wishes in forms which will not severely dislocate cultural conventions. (Childs and Fowler 2006: 191-192)

The work of the analytic reader is to apply psychoanalytic theories in order to understand the fictional character's behaviour and impulses. However, there is a paradox related with the nature of the composition, which is fictional and, as Shoshana Felman affirms, makes the reader embody both sides of analysis:

> Shoshana Felman notes the peculiar place of the analytic reader when she argues that the profession of literary criticism allows one "not to choose" between the roles of analyst and analysand, because of the "paradox" that: 1) the work of literary analysis resembles the work of the psychoanalyst; 2) the status of what is analysed — the text — is, however, not that of a patient, but rather that of a master… the text has for us authority. [...] The literary critic occupies thus at once the place of the psychoanalyst (in the relation of interpretation) and the place of the patient (in the relation of transference) (Brooks 1994: 58)

In this essay, I will analyse the character's reactions, repressions and impulses in order to understand their state. This close reading is quite peculiar in the case of Kennedy's *Couch Tales* as both the fictional analyst and his patients are subject to a psychoanalytic approach.

CHAPTER 1. DEPRESSION AND SUICIDE: “LETTERS FROM A CASTLE”

“Letters from a Castle” is the fifth story in the collection. It is the exchange of letters between two characters: Professor B and Martha. It is a clever choice to present a story that deals with personal matters and very intimate confessions in the form of a letter as a letter actually entails the use of first-person and second-person discourse and the fact the correspondents are temporally and physically separated. This will be Professor B’s ideal communication vehicle because his mental state has recently made him, as he confesses, significantly restrictive in tolerating face to face communication. He describes himself as a recluse, a reclusion that is not only physical but mental, emphasising his rejection of any other method of communication, including phone calls. The first chronological reference we have is November 2001, the date of Professor B’s first letter. He says he has something to tell Martha, or, better still, something to confess to her. His confessions are related to his state of anxiety and depression, though he never uses these terms. Depression is defined as

> a state of gloom, despondency, or sadness that may denote ill-health. In a medical context the term refers to a mental state dominated by a lowering of mood and often accompanied by a variety of associated symptoms, particularly anxiety, agitation, feelings of unworthiness, suicidal ideas, hypobulia, psychomotor retardation, and various somatic symptoms, physiological dysfunctions (e.g. insomnia), and complaints. As a symptom or a syndrome, depression is a major or significant feature in a variety of disease

> categories. The term is widely and sometimes imprecisely used to designate a symptom, a syndrome, and a disease state. (World Health Organization 1994: 32)

His depression is something we infer from what he tells Martha in a confessional tone, and signs of his mental disorder are to be found in his desperate request for help. The first-person narration is an important narratological choice in this story for two particular reasons: it is a testimony of someone suffering from depression and also a direct rendition of the final stage of his suffering as the exchange ends with a letter in which the Professor announces his suicide. Professor B looked for help in the wrong place: Martha is not a mental health professional. He makes a selective approach to his present and his past, however, he manages to elude important data of his past, mainly his early years, an information a psychoanalyst would have made much of. As Roger Kennedy points out in his theoretical work *The Many Voices of Psychoanalysis*:

> The status of the past is problematical, not straightforward. The pastness of the past is in question. We often know that an event of some kind has happened, but will never know all the details about it. Enigmas about the past are part and parcel of psychic development. Psychoanalysis is constantly dealing with ambiguities about the past. (2007:166)

Psychoanalysis needs a joint labour of both analyst and analysand, both in their respective roles of the process, in order to make the latter articulate the truth of

his/her situation. The teller's expressive spontaneity is required in order to detect an unconscious strange reaction, omission, or mixture of heterogeneous events, hints that make the analyst aware of where the problem could come from:

> The analysand always has a story to tell to the analyst, but it is always a story that is not good enough: links are missing, chronologies are twisted, the objects of desire are misnamed. In this act of narration, the analysand, as Freud puts it in his paper of 1914 "does not listen to the precise wording of his obsessional ideas" (Volume 12, p. 152). Analysis works toward the more precise and orderly recollection of the past, no longer compulsively repeated, insistently reproduced in the present, but ordered as a retrospective narrative. (Brooks 1984: 227)

The elaboration required by a written letter undermines this principle as it is a planned and selective account of events, yet still contains serious confessions the veracity of which is not doubted. Though he never mentions it, depression is the main condition of the Professor´s state. The depressive disorders have been classified depending on the degree of severity. The melancholic state is considered one of the most severe subtypes of depression, whose features had been the object of study in Freud's "Mourning and Melancholia. Here, mourning is defined as a long, painful and non-pathological condition in which "reality-testing has shown that the loved object no longer exists, and it proceeds to demand that all libido shall be withdrawn from its attachments to that object" (Freud 1917: 244). Despite their resemblances, mourning and melancholia differ in one fundamental point: "The

melancholic displays something else besides which is lacking in mourning- an extraordinary diminution in his self-regard, an impoverishment of his ego on a grand scale. In mourning it is the world which has become poor and empty; in melancholia it is the ego itself" (Freud 1917: 245). When Professor B describes himself, he constantly emphasises his misfortunes and his darkest side. He compares himself with a crab and uses this image in two ways: an identification with the crab's lack of feeling ("Like a crab, I am cold-blooded" [*CT*: 61]) and also the parallelism between the crab's and his self-encapsulation when in close contact with the external world: "Well, I am that miserable crab. I do not mean that in a self-pitying way. I am merely being realistic. I have found a way of being close to people, and when I try I quickly retreat into the safety of my crevice. On the way, I lose the odd limb" (*CT*: 61).

The passage just quoted is highly illustrative of his tendency towards self-accusation of being weak, a sign of self-debasement characteristic of depression. In Freud's words:

> It would be equally fruitless from a scientific and therapeutic point of view to contradict a patient who brings these accusations against his ego. He must surely be right in some way and be describing something that is as it seems to him to be. [...] It is the effect of the internal work which is consuming his ego work of mourning. [...] When in his heightened self-criticism he describes himself as petty, egoistic, dishonest, lacking in independence, one whose sole aim has been to hide the weakness of his own nature, it may be, so far as we know, that he has come pretty near to understanding himself; we only wonder why a man has to be ill before he can be accessible to a truth of this kind. For

> there can be no doubt that if anyone holds and expresses to others an opinion of himself such as this (an opinion which Hamlet held both of himself and of everyone else), he is ill whether he is speaking the truth or whether he is being more or less unfair to himself (Freud 1917: 246)

It is not, then, so important how precisely Professor B. describes his state or how well he seems to know himself. The fact of verbalising and sharing these self-accusations articulates self-hatred more fully than a comprehensive detached description of his nature. The main problem he detects in himself is the impossibility and inability of reconciling his emotional life and his professional persona. His pathology is furthermore externalised in having his front garden wall repaired and raised higher:

> I am surrounded by walls, those outside and many within. It is perhaps of some significance that I have just had my front garden wall repaired and raised higher. It was beginning to crumble and was also low enough for passing schools children to sit on. (*CT*: 55-56)

This passage has similarities with the crab image and reminds us of Oscar Wilde's "The Selfish Giant", a tale in which a giant builds a high wall in order to prevent children from playing in his garden. Though written for a different public, these two short narratives share several thematic and characterological features. Wilde's Giant and Professor B are conceived as solitary characters. They reject other people's company with the exception of people of their same condition; in the case of the

Giant, another giant; and in the case of Professor B, his academic peers and students. At the beginning of the tale, the Giant has just come back from a visit to a college and returns to his castle. Professor B is already in his castle when the letter exchange begins. Professor B's colleagues are not aware of his problems because they "are all intellectuals. We have interesting conversations about history, politics and such like, but we do not share our personal suffering. That definitely would not do" (*CT*: 61). Both characters live in a castle. Professor B refers to his home as his safe space, a physical comfort zone that is being more and more restrictive, and progressively, the castle, the walls, are not only physical but mental barriers: "Perhaps it is too late for me to find a way out of my castle. Perhaps the fortifications are too strong. Impregnable". (*CT*: 58).

The title of this story depicts the double meaning of the word castle, meaning his actual solitary house and also his mental prison. Wilde's Giant is presented as selfish because he does not want to share his garden, whilst Professor B is presented as mentally ill. Despite sharing many features, these characters are adapted to the purpose of their respective narratives, which in the case of the children's tale is a moral lesson. The Giant changes his behaviour when he realises his garden is dying as the winter is permanently installed there. This could be interpreted as a metaphor for depression. He needs other people to be happy and his extreme solitude does not make him feel well. The encounter with a little mysterious boy makes him understand the joy of sharing and he will be looking for that kid for the rest of his life. This boy represents happiness, something the Giant partially achieves from that moment onwards, and completely when the boy returns so that he invites him to enter his garden, which is Paradise. The happy ending is

achieved because the Giant stops being selfish, which is the main lesson of this tale, and the protagonist is rewarded with Paradise.

In ”Letters from a Castle”, however, there is neither moral lesson, nor a happy ending. However, paradoxically, Professor B achieves relief through death. Unlike the giant, he does not experience any extraordinary event that immediately changes his life perception, such as the encounter with the mysterious spiritual figure in the form of a child. He remains helpless from a medical or spiritual point of view, writing from a secluded castle.

Professor B’s formal style is a relevant element. The way he expresses himself is, somehow, also part of his problem as he is quite obsessed with the image he projects on others and loves to be respected by everyone. This also reminds us of the selfish Giant at the beginning of the tale, when he gives priority to be respected by kids rather than actually enjoying their company. He puts a notice-board which reads as follow: “TRESPASSERS WILL BE PROSECUTED”. The Giant also adopts a higher style in writing the notice-board, which is useless if we bear in mind the audience to which it is addressed.

Professor B could not have stood showing a behaviour in public different from the one he adopted all his life and that is pushing him to a seemingly inevitable tragic ending. We have to bear in mind that Martha is, as he himself says, the only person who knows what is happening to him, though she is far from being an intimate friend. They barely know each other and the little information they have comes from their professional sphere. He was her professor once. Choosing Martha as a confident is quite shocking as she is neither a close friend nor a relative. However, writing to her is the last chance, he says, “before I give up completely on living in the social world”

(*CT*: 57). Martha answers for the first time in December and, though she is quite mistrustful about Professor B's intentions, she agrees on sharing personal information. Somehow, we get the impression that she also needs to talk, yet not as urgently as Professor B, perhaps. She is afraid of being seen as manipulable, wondering why he chooses her to confess such delicate matters: "Did you write to me because I am vulnerable? It's difficult enough for a woman to succeed in academic life. The positions of power are held by men" (*CT*: 58). The reason why she is suspicious of him is the fact that she did not notice anything wrong in Professor B's behaviour while attending his lectures and being under his supervision. Surprisingly, despite finding a bit abusive his desire to know about her, she confesses to him that she is in a delicate personal situation as she is involved with a married man, and so maybe also needing some piece of advice. Professor B's confessions reach its highest level of intimacy when he describes two very significant dreams. The first one reveals a lack of protection and, consequently, his need for it comes to the fore:

> I want to tell you a dream I had the other night. There was someone, probably a woman, looking down on me from a great height. I become aware of my face, which feels like a lunar terrain, with great pits and craters. It feels as if I am being subject to constant bombardment. I feel like this women's satellite, following helplessly the ebb and flow of her emotions. Pity me, I plead. I need protection. But I lack a protective layer and feel raw. Her look strips me to the bone. I turn into an edible crab with half-eaten limbs, trying to stir up the sand

in a rock pool. “Leave me alone”, I say, as I retreat into the small world of the crustacean. (*CT*: 61)

This dream is a perfect synthesis of his inability to find protection and his unconscious need of it. In Freud’s discussion about the material of dreams, he considers that memory plays an important part in their construction:

> The dreamer is therefore in the dark as to the source which the dream has tapped, and is even tempted to believe in an independent productive activity on the part of the dream, until, often long afterwards, a fresh episode restores the memory of that former experience, which had been given up for lost, and so reveals the source of the dream. One is therefore forced to admit that in the dream something was known and remembered that cannot be remembered in the waking state. (Freud 1900: 6)

Though the Professor’s dream is not a real-life experience but an oneiric production, it is nevertheless unconsciously constructed from unconscious life material. Furthermore, the relation between dreams and mental diseases is highlighted by Freud in *The Interpretation of Dreams*:

> When we speak of the relation of dreams to mental derangement, we may mean three different things: (1) aetiological and clinical relations, as when a dream represents or initiates a psychotic condition, or occurs subsequently to such a condition; (2) changes which the dream-life undergoes in cases of

> mental disease; (3) inner relations between dreams and psychoses, analogies which point to an intimate relationship. (Freud 1900: 30)

Dreams comprise a good source of information about the life of the unconscious. Freud put his efforts into justifying that some parts of the dream be interpreted. It is hard to determine to whom/what we can relate the woman's figure, a superior asteroid to which Professor B is just a satellite, as he says? It could be a personification of his feeling of solitude. Roger Kennedy distinguishes solitude from loneliness in *The Psychic Home*:

> There is a difference between loneliness and solitude, though with some overlap. Loneliness is about being cut off from other, even in their presence. In solitude, one often requires being alone, yet I am by myself with myself in some kind of internal dialogue, very much part of the soul territory. (Kennedy 2014: 143)

The feeling of solitude is undeniably present in Professor B, however, the oneiric woman figure that Professor B describes allows us to keep thinking of other possible interpretations. Does the woman represent a mother figure, idealised to the point she is superior and able to give that protection? This last option seems to be the more suitable because the mother is the only relative of whom he talks in a nostalgic way. Some other relatives are just mentioned in a vague way suggesting complete disinterest in/for them. Depicting his childhood as "not interesting" unconsciously leads us to think a part of his distant past is being repressed. We may

say that he is experiencing the feeling of abandonment, a concept that applies not only to children but also to grown-up individuals who feel abandoned:

> Abandonment raises the fundamental problem of object loss and renunciation of the love object, or the work of mourning. It also calls into question the metapsychological status of anxiety. [...] According to Freud, this fundamental anxiety expresses the original state of distress (Hilflosigkeit, literally: helplessness) linked to the prematurity of an individual at the start of life, which renders him or her completely dependent on another for the satisfaction of both vital and affective needs. The resulting need to feel loved will never cease throughout life. This need seems to be more narcissistic than object-related because through it is expressed a nostalgic desire that precedes any differentiated object relationship: the desire to recover, in a fantasied fusion with the mother, a state of internal well-being and complete satisfaction, protected from the outside world, free of all conflict, of all ambivalence and all splitting. (Mijolla 2005: 2)

The mention of his mother leads us to think about a problem of relationship, a problem whose nature we can barely guess as little information is provided. The only thing he says about his childhood involves memories of being with his mother: “What I do recall with some pleasure is the sound of my mother singing melancholy folk tunes […] Certain tunes still fill my eyes” (*CT*: 62)

The second dream he describes reinforces the idea of lack of self-confidence, manifested in oneiric experience:

> I dreamed last night that I was in a boat, padding through still waters. I came to a halt among some clear shallows. The contour of the shore was the shape of a woman's smile. The beach felt sensuous and inviting. I tried to get out of the boat but, as I did so, I began to sink into the lake, which became a mirror. I woke up feeling tremendously sad. [...] I have a horror of mirrors, and especially my reflection [...] I do not wish to be reminded of how much I dislike myself. (*CT*: 66)

The self-hatred is so intense he cannot stand his own image. His depressive state makes him to be repulsed by his own reflection in the mirror. Lacan introduces the concept of the mirror stage in psychoanalysis, described as "mirror test". Every child feels fascinated with its reflection and assumes it as his own image. Professor B's depression is the condition that makes his self-perception change into an intolerable image. As opposed to his childhood, he does talk about his adolescence. Indeed, it comprises an important account of his early years' experience regarding his abilities: "I never had a full adolescence. I seemed to have skipped the usual developmental stage, the heartaches, and the passions. Instead, I was devoted to my studies. I did not seem to interest girls, and I never had the courage to ask them out" (*CT*: 66). He describes his adolescence far from being usual. The lack of courage and, perhaps, the fear of being rejected, were his main dreads during in his teenage years. He seems to have shifted his libido from sexual activities into non-sexual activities. His devotion to his studies is something his present self shares with his early self: "It is only when I study, when I delve into the past and immerse

myself in the richness of past lives, that I begin to feel whole" (*CT*: 61). The Professor's could be understood as a long-lasting case of the Freudian definition of sublimation:

> The task is then one of transferring the instinctual aims into such directions that they cannot be frustrated by the outer world. Sublimation of the instincts lends an aid in this. Its success is greatest when a man knows how to heighten sufficiently his capacity for obtaining pleasure from mental and intellectual work. Fate has little power against him then. This kind of satisfaction, such as the artist's joy in creation, in embodying his phantasies, or the scientist's in solving problems or discovering truth, has a special quality which we shall certainly one day be able to define metapsychologically. Until then we can only say metaphorically it seems to us higher and finer, but, compared with that of gratifying gross primitive instincts, its intensity is tempered and diffused; it does not overwhelm us physically. The weak point of this method, however, is that it is not generally applicable; it is only available to the few. It presupposes special gifts and dispositions which are not very commonly found in a sufficient degree. And even to these few it does not secure complete protection against suffering; it gives no invulnerable armour against the arrows of fate, and it usually fails when a man's own body becomes a source of suffering to him. (Freud 1930: 9)

Sublimation appears early in Freud's works as one of the mechanisms of defence, consisting on the repression of sexual instincts considered unacceptable and having obsessional ideas as a consequence.

> Between the patient's effort of will, which succeeds in repressing the unacceptable sexual idea, and the emergence of the obsessional idea, which, though having little intensity in itself, is now supplied with an incomprehensibly strong affect, yawns the gap which the theory here developed seeks to fill. The separation of the sexual idea from its affect and the attachment of the latter to another, suitable but not incompatible idea--these are processes which occur without consciousness. Their existence can only be presumed, but cannot be proved by any clinico-psychological analysis. (Freud 1894: 308)

The seriousness of these confessions made Martha advise him to ask for professional help as she is unable to help him:

> I do not know how I can help you- I am so preoccupied with my own problems. I was moved by your confessions. Your dream was vivid, but why did you tell it to me? Perhaps you should see someone who can understand them and help you. Maybe some kind of therapy would help. I am thinking of having some myself. Friends cannot help with everything. (*CT*: 67)

Professor B's next letter is a resistance response to the idea of having therapy, an aggressive reaction and a complete rejection of the possibility of

curation. This reaction is far from being unexpected on account of his state. Freud pointed out the resistance to treatment of some individuals, a resistance that includes aggressiveness: “What was to begin with such an excellent, honest fellow, becomes low, untruthful and defiant, and a malingerer” (Laplanche and Pontalis: 1988: 18). The Professor, who started this exchange in a peaceful and sincere tone, is reacting aggressively to the idea of having some professional help: “I really couldn’t care less about your squalid little affair with your married man [...] I am too angry to continue this letter, so I send it incomplete, but with all my disappointment (*CT*: 68). Next there are two letters from Martha: one from Russia (in which she talks about her trip) and another one after reading Professor B’s last letter of profound disappointment. She says: “you are obviously cruel at heart” (*CT*: 70) and gives him some superficial bits of advice obviously not aware of the seriousness of his situation. Indeed, he is cruel in that letter. But the truth is that his aggressive reaction is a consequence of the enormous sense of guilt he suffers. As a result of the self-denigration we have been seeing during this story, self-punishment reaches its peak in his eventual suicide:

> A result of the psychoanalytic study of melancholia was a more elaborate theory of the sense of guilt. This trouble, as is well known, is characterized in particular by self-accusations, self-denigration and a tendency towards self-punishment that can end in suicide. Freud shows that we are faced here with an actual splitting of the ego between accuser (the super-ego) and accused. (Laplanche and Pontalis 1988: 414)

His inability to reconcile both egos led him to make the decision of committing suicide. His last letter is a suicide confession. Death instincts are:

> opposed to the life instincts, strive towards the reduction of tensions to zero-point. In other words, their goal is to bring the living being back to the inorganic state. The death instincts are to begin with directed inwards and tend towards self-destruction, but they are subsequently turned towards the outside world in the form of the aggressive or destructive instinct." (Laplanche and Pontalis 1988: 97).

It is very difficult to determine the cause of his depression, the original loss that has determined his condition. He manages to elude information from important life periods such as childhood and adolescence, unconsciously suggesting that something from his past is the origin of his present predicament. A psychoanalyst would have gone deeper into those informational gaps in order to find the loss (physical or ideal) that has provoked the depressive state. As I have mentioned, melancholia presents a particular feature regarding the nature of that loss:

> In one set of cases it is evident that melancholia too may be the reaction to the loss of a loved object. Where the exciting causes are different one can recognise that there is a loss of a more ideal kind. The object has not perhaps actually died, but has been lost as an object of love [...] This would suggest that melancholia is in some way related to an object-loss which is withdrawn

> from consciousness, in contradistinction to mourning, in this there is nothing about the loss that is unconscious. (Freud 1917: 3)

The psychoanalyst's journal praises Martha's transformation. She was able to drop that married man and achieved independence. However, the letter exchange was not productive in Professor B's case. As I have argued at the beginning, the lack of direct communication prevents Professor B from curation. Despite being sensitive, "he hid his more human side, with the result that he shrivelled up as a man and felt like a crustacean" (*CT*: 72). The psychoanalyst considers his suicide inevitable on account of the useless help he searched for. Furthermore, the chosen communication method allows him to remain in his comfort zone. The psychoanalyst also points out a possible dependence on Martha: "Presumably, his anger with her was his way of dealing with his increasing dependency on her, but he could not escape his self-loathing, and suicide was inevitable" (*CT*: 72). Roger Kennedy reflects in *The Psychic Home* on the development of every child and his/her task to understand his/her mother as an independent individual:

> I suggested that there is always a tension, or strain, between the mother as a mere physical object and the mother as an elusive human presence, capable of appearing and disappearing when she wants to, or need to, whether it is to go to the father or elsewhere, the mother who stirs up the child's yearnings and desires. In the for/da one can see the working out of the difference between mother as material object and the mother as elusive human presence; out of this difference one can see human subjectivity, with all its

> dilemmas and possibilities, beginning to emerge. The task of the developing child, as well as that of the analytic patient, is, in a sense, to come to the realisation that the mother is not a mere physical object, or at least not an object under the child's omnipotent control, but a subject with a mysterious life of her own, relating to other subjects, the father and other. (2014: 143)

In the process of acceptance that the mother has a life apart "there is always a certain amount of strain involved" (Kennedy 2014: 143). The solitude experienced as a result of absences, in this case on the part of the mother, can provoke a sense of loneliness. Perhaps Professor B's sense of solitude is related to her mother as his dreams seemed to suggest. However, it is not clear if he had grown up feeling his mother's absence, or if she died or, maybe, she abandoned him. The nature of his loss, that is to say, the origin of his depression, remains an enigma.

CHAPTER 2. POST-NATAL DEPRESSION AND INFANTICIDE: "DIARY OF A VICTORIAN LADY"

"Diary of a Victorian Lady" is the seventh story in Kennedy's collection. It is mainly presented in diary form except for the first lines, which are used to settle the story and present the characters: Lady Mary Y., Lord William Y. and Mabel Hope. The latter is the author of the diary, which gives information about the characters' experience during the summer of 1891. Mabel decides to spend some time with Lady Mary Y. because of the Lady's state after her baby's death. Though it is never mentioned in the story, Lady Mary Y.'s state is caused by a post-natal depression that lead her to commit infanticide, an extremely aggressive act whose causes and consequences she is unable neither to understand nor to manage. Post-natal depression is defined as

> [A] state of affective disturbance, usually transient, following childbirth. The clinical features range from brief lowering of mood ("maternity blues"), to severe depression with anxiety and apprehension, feelings of indifference or hostility towards the child and father, and disordered sleep. (World Health Organization 1994: 32)

Nevertheless, we get to know that she killed the baby just before her suicide in a confessional letter addressed to Mabel, near the end of the story. The diary deals with the events occurring between the 7th of July and the 13th of August. The

psychoanalyst and fictionalised writer justifies the creation of “Diary of a Victorian Lady” in the immediately previous journal, the one corresponding to the sixth story in the collection. He explains that he came up with a new story that has been inspired by his personal experience with his wife and also the post-natal depression suffered by a patient. He decides to place the story in the Victorian Age, “in the fairly distant past” (*CT*: 90). Placing the story in the Victorian Age is not done by chance. The reasons he gives is that he finds a lot easier to place the events in the past “partly out of shame, and partly to disguise the identity of my patient” (*CT:* 90), but also he confesses to feel fascinated by that historical period.

The Victorian Age itself is a significative moment in history regarding women’s mental health for several reasons. It is known to be a period of rigid gender roles and strict behaviour codes. The only possible role for women within the medical sphere was that of a patient. Women were banned from the scientific world not only by rejecting them on the professional sphere, but also by refusing to consider their diseases an important matter. A proof of this is the massive diagnosis of a highly controversial disease: hysteria, a disease that seemed to be a predisposition in women. Hysteria involved a wide variety of symptoms and it can be considered, from a historical perspective, a general name given to something not clearly defined:

> Historically linked with femininity for hundreds of years, hysteria’s involuntary, uncontrollable, somatic symptoms were coming to be understood in the emerging critical feminist discourse not as a medical condition but a cultural one, an embodied index of forms of oppression that Showalter described as “a specifically feminine protolanguage, communicating through the body

> messages that cannot be verbalized" (["Hysteria, Feminism, and Gender" 286]) (Devereux 2014: 20-21)

The main misapprehension was the little importance given to the sociological factor within the development of mental diseases. This would radically change with the emergence of psychoanalysis as a discipline, in which the sociological factor will be progressively put in the centre of the debate as an essential part, if not the most important, in our development as human beings. Women's struggle to reconcile their preferences as individuals with what society demanded from them is one of the main sources of both self and social incomprehension. Social roles were so static that anything that was not in accord with them was considered unnatural. Freud discussed the importance of society and how it affects our development as individuals in the following manner:

> The desire for freedom that makes itself felt in a human community may be a revolt against some existing injustice and so may prove favourable to a further development of civilization and remain compatible with it. But it may also have its origin in the primitive roots of the personality, still unfettered by civilizing influences, and so become a source of antagonism to culture. Thus the cry for freedom is directed either against particular forms or demands of culture or else against culture itself [...] A great part of the struggles of mankind centres round the single task of finding some expedient (i.e., satisfying) solution between these individual claims and those of the civilized community; it is one of the problems of man's fate whether this solution can be arrived at in some

particular form of culture or whether the conflict will prove irreconcilable. (Freud 1930: 17)

Society imposes certain values on its members in order to preserve the species. However, to facilitate living in a community with basic rules of coexistence is not the only function of society. In Western Civilisation, each community provides a pattern of development and behaviour according to the sex you were born with, considering sex as a category that divides people into men and women. Women were a vulnerable group as their dependence on men affected nearly every sphere of life. They were both externally and internally forced to comply with social expectations. Externally because their society wanted them to do so, and internally because they ended up believing the discourse, internalising it, making it part of themselves. Certain symptoms emerge as responses and reactions against the frustration provoked by these fixed roles and eventually, in some cases, become illnesses. In fact, many critics consider the massive manifestations of frustration in women the main reason for Freud to start his theories of an unconscious life. Thus, the inexplicable symptoms of hysteria become manifestations of the unconscious rather than symptoms of a loosely diagnosed disease. The medical inability to consider women's environment as a possible source of disturbance on account of the restrictions imposed upon them also contributed to the historical characterisation of women as weak, ill and depressive. The patriarchal system left those women hopeless to reach curation because the proposed therapies were completely inadequate.

Though hysteria was a representative female disorder of the time, post-natal disturbances were equally frequent and wrongly treated as any other mental disorder. The misinformation regarding the delicate process of giving birth and the lack of medical support were the two main factors. The protagonist of this story suffers from post-natal depression. The doctor suggests holidays for her condition and her husband feels disturbed by his wife's behaviour. The medical support is clearly not much help and the fact that Lady Mary Y. lies about her state not to disturb her husband makes her recovery completely impossible. The protagonist of this story belongs to a well-to-do family, which must be taken into account when discussing her character:

> The perfect wife was an active participant in the family, fulfilling a number of vital tasks, the first of which was childbearing. She was expected in the lower classes to contribute to the family income. In the middle classes she provided indirect economic support through the care of her children, the purchasing and preparation of food and the making of clothes [...] The predominant ideology of the age insisted that she have little sexual feeling at all, although family affection and the desire of motherhood were considered innate. [...] Once married, the perfect lady did not work; she had servants. She was mother only at the set times of the day, even of the year; she left the heirs in the hands of nannies and governesses. Her social and intellectual growth was confined to the family and close friends. He status was totally dependent upon the economic position of her father and then her husband (Vinicius 2013: 9)

For Lady Mary Y., her ideal in terms of femininity is her mother, described as a synthesis of what a perfect mother-wife should be:

> "Mine was very beautiful, but we hardly saw her. She was either in bed or entertaining. The servants ran the house, although she was in control, from afar. They would all defer to her. My father doted on her. She could do no wrong. It's a hard act to follow. William expects me to be like her" (*CT:* 94)

'Perfect lady' and 'Perfect wife' were two fixed and extremely restrictive behaviour codes for women, whose aspirations are expected to be fulfilled by being a mother and a wife. "The cornerstone of Victorian society was the family; the perfect lady's sole function was marriage and procreation." (Vinicius 2013: 10). The generally accepted idea of women performing these 'innate' roles, which restricts their lives to the family sphere, are known to be the cause, or at least an important factor, in the development of severe mental health problems. When natural instincts collide with socially accepted codes, an inner crash takes place with important consequences. The Victorian code is widely known for being very restrictive in sexual matters. Sexual frustration derives from considering sex acceptable only for reproductive purposes. The belief that respectable women should not be interested in sex beyond its reproductive function depicts a society that deliberately wants women to be sexually dependent on men: "The lady before marriage must be innocent and sexually ignorant" (Vinicius 2013: 9). As Freud affirmed in *Civilization and its Discontents*, society may demand another sort of satisfaction apart from

sexual gratification, something that can cause not only sexual frustration, but also other complex disturbances:

> Psychoanalytic work had shown that these frustrations in respect of sexual life are especially unendurable to the so-called neurotics among us. These persons manufacture substitute-gratifications for themselves in their symptoms, which, however, are either painful in themselves or become the cause of suffering owing to the difficulties that create with the person's environment and society at large. It is easy to understand the latter fact, but the former presents us with a new problem. But culture demands other sacrifices besides that of sexual gratification. (Freud 1930: 23)

We barely know anything about Lady Mary Y.'s marriage, except the fact that "William is apparently not much help" (*CT*: 93). William is performing his male role in which he is the financial supporter of the family. He only cares about his professional life and he does not want to be disturbed from his duties because of his wife's 'stupidities'. He does not give much importance to his wife's state in spite of the fact that her symptoms are highly alarming. He functions as the permanent reminder of Lady Mary Y.'s obligations as a wife as he urges her to recover as fast as possible. She is clearly afraid of sharing with him her actual state of desperation and her episodes of hallucination because she does not want to disappoint him. He represents what a man should be, so disappointing him also means failing as a woman, a wife and a mother. He perpetuates the immobility of the period's code with his apathy towards his wife's state. The misogyny of his acts is proved when he feels

annoyed at being disrupted from his business in the country instead of feeling close to his wife in such a delicate moment. Playing down the importance of women's problems, because they are trivial, is the peak of a misogynist society:

> Big scene with William, who was annoyed at being called down to London to sort out Mary's "silliness". He stayed only a few hours, saw that she was fit, and then left. She was very apologetic to him and obviously guilty about causing trouble. I do not know whether to pity her or feel angry with her for being so compliant. Is there any real love in their marriage? Or is this what love in marriage is like? Maybe he just blames her for what happened to the baby. Typical. Must be the woman's fault. (*CT*: 96)

Lady Mary's interiorisation of the social discourse is probably the cause for justifying her husband's behaviour "When we talked, she would not have anything said against William. She defends him to the hilt, and takes all the blame on herself. Unfair" (*CT*: 96). The process of internalisation of what the society demands from her as a woman constitutes her identity, the ideal form of being, or, in Freudian terms, the ideal self.

> The ego ideal is therefore the heir of the Oedipus complex, and thus it is also the expression of the most powerful impulses and most important libidinal vicissitudes of the id. By setting up this ego ideal, the ego has mastered the Oedipus complex and at the same time placed itself in subjection to the id. Whereas the ego is essentially the representative of the external world, of

> reality, the super-ego stands in contrast to it as the representative of the internal world, of the id. Conflicts between what is real and what is psychical, between the external world and the internal world. (Freud 1923: 18)

Lady Mary Y. believes herself a complete failure as she is not being a perfect woman, mother and wife, the concepts that constitute her ideal self. Obviously, her depressive state makes her commit a murderous act that radically opposes these ideals. She is afraid of her husband's reaction, that is why she does not tell him either that she is having hallucinations, or that she has killed the baby. The Lady describes to her friend what is disturbing her sleep, a recurrent hallucination that progressively gets more and more importance in the story as her mental state gets worse. Lady Mary Y.'s only confessor is Mabel, who advises her to see a doctor urgently. However, the doctor is useless:

> "I have tried, but it's no help. He recommended my holiday, which did help for a while. But as soon as we returned, the screams began again. I can't tell William. He'd never forgive me for being so weak and foolish. We've never been that intimate, anyway. Actually, I didn't want the baby." (*CT*: 97)

This is the first time Lady Mary Y. speaks openly about her refusal to have the baby. At the same time, she says her relationship with her husband is not that intimate to be sincere with him, a quite shocking idea considering they are close family. She seems to be desperate to recover with the doctor's prescriptions, however, they are far from being helpful. Post-natal depression posed an important

problem in the Victorian period mainly because of the disinformation regarding this process. Despite its being a fairly common condition, an adequate treatment remains unclear even at the present time. Relatively recent studies point out that a significative number of women suffer an episode of depression after giving birth:

> In a study of 700 pregnancies, Tod (1964) found that 3% of the mothers suffered from port-natal depression of sufficient severity to require psychiatric help. All depressed mothers had shown marked anxiety during the pregnancy [...] A comprehensive study by Pitt (1968) found that 10% of a random sample of 305 women were depressed postpartum [...] Dewi-rees and Lutkin (1971) also found 10 % of 91 mothers and 77 fathers were depressed both before and after childbirth, which adds weight to Pitt's contention that there is a large pool of emotional distress in mothers during puerperium. (Ball 1987: 20)

It is difficult to determine what can be the cause of post-natal depression as many factors are involved. The physical maladjudgement of giving birth is one important factor, but not the only one. The social environment and the support received are known to be essential. However, some other factors such as the predisposition to suffer from depression or other inherited mental tendencies can complicate the search for a cause. What is important is to empathise with the patient and to support her. The patient should be under professional control in order to prevent her from committing irreversible acts against herself or her baby, something Lady Mary Y. lacked. "The provision of skilled care for women in childbirth has developed rapidly in this century and one of the major changes has been the

replacement of home by the hospital as the usual place for birth to take place" (Ball 1987: 27). The support of health professionals and the fact of changing a taboo topic into a subject of importance are the main changes regarding post- partum diseases. The Victorian asylums were full of post-natal depressed women, and the expectations to reach a cure purely depended on the patient rather than on the treatment:

> The Royal Edinburgh Asylum case notes have one further feature, which is a boon to the historian ploughing through hefty case books, with their varies legibility. At the top of the most entries a diagnosis is clearly recorded: 'puerperal mania' or, less often, 'puerperal melancholia', 'insanity of pregnancy' or; 'lactational insanity'. (Marland 2004: 6)

Lady Mary Y.'s fear of sharing her actual hallucinations with the doctor and, therefore, with her husband, make Mabel her only confessor. There was an actual gender barrier between sexes that was unbreakable, and that also included the medical sphere:

> I would like to look at what in historical experience appears to be an intermediate or semi-detached area between public and private. I want to call this the borderland, defined in orthodox terms as 'a land or district on or near a border.' This alerts us to the presence of a boundary, frontier, or brink in gender relations. Whilst there is some ambiguity involved in using a geographical for a social concept, its usage was not unknown to the

> Victorians themselves. Revealingly, the term borderland made its appearance in writing on insanity, and on social degeneration, during the late nineteenth and early twentieth century. [...] Boundaries of gender behaviour were being challenged at this time not just by feminists but also by men who were termed 'decadent males' because of their subversion of established patterns of masculine behaviour (Digby 1992: 196)

The traumatic experience of suffocating her own baby is the source of Lady Mary Y.'s hallucinations, which have a baby figure as a constant. ""Oh, when will it stop? [...] It's the child, the child"" (*CT*: 94). Her postnatal depressive state makes her reject her own child and projects an aggressive response towards him. The infanticide is the tragic result of a non-treated depression. At the same time, the hallucinations are a result of her guilt. She has terrible hallucinations in the middle of the night "her face was pale, her hair was all over the place, and her nightgown was dishevelled" (*CT*: 94). Her hallucinations tend to occur at sleep hours, in fact she escapes the night of the 13th of July in order to prevent a hallucination to occur. It is quite significant that her dreams and her hallucinations share some features. Actually, both experiences imply a transformation of thoughts into visual and auditory images, however, they differ in a fundamental fact: while dreaming is common to all human beings, either healthy or diseased, hallucinations are considered an alarming symptom of a psychological problem.

> And in every dream of any considerable length there are elements which have not, like the rest, been given a sensory form, but which are simply thought or

known, in the kind of way in which we are accustomed to think or know things in waking life. It should also be remembered here that it is not only in dreams that such transformations of ideas into sensory images occur: they are also found in hallucinations and visions, which may appear as independent entities, so to say, in health or as symptoms in the psychoneuroses. (Freud 1900: 537)

Hallucinations occur while the person is awake, transforming the reality shared by all the individuals into something different. The visual and auditory images that emerge in the psychotic state are believed to be real during the process and slightly related with the cause of the psychotic state, in the case of Lady Mary Y., the murdered baby. Hallucinations are a consequence of the psychological breakdown suffered and a manifestation of her guilt feelings:

Freud (1953) felt that hallucinations are very similar to dreams and that both conditions represent a psychotic state in which there is a complete lack of time sense. In this process, thoughts are transformed into visual images, mainly of a visual sort, that is, word presentations are taken back to corresponding “thing” presentations. According to Kolb and Brodie (1982), hallucinations represent a breakthrough of preconscious or unconscious material into consciousness in response to certain psychological situations and needs, e.g., wish fulfilment, enhancement of self-esteem, guilt feelings. The contents of hallucinations are thought to reflect their psychodynamic significance. (Kumar, Soren and Chaudhury, 2012)

It is hard to determine if Lady Mary Y.'s oneiric state influences the production of hallucinations, however, Freud pointed out the relation between hallucinations and the night as a time in which they are more likely to occur:

> Allison [1868] (quoted by Radestock, 1879 [225]) has described a 'nocturnal insanity,' in which the patient appears completely healthy during the day but is regularly subject at night to hallucinations, fits of frenzy, etc. Similar observations are reported by de Sanctis [1899, 226] (a dream in an alcoholic patient which was equivalent to a paranoia, and which represented voices accusing his wife of unfaithfulness). (Freud 1900: 114)

In Freud's *Studies on Hysteria*, there is a similar case of a woman suffering from hallucinations. These delusional episodes also feature persecutory and terrifying figures:

> She suddenly saw a stranger before her, rushed to the door to take away the key and fell unconscious to the ground. There followed a short fit of anger and then a severe attack of anxiety which I had great difficulty in calming down. Unluckily I had to leave Vienna that evening, and when I came back several days later I found the patient much worse. She had gone entirely without food the whole time, was full of anxiety and her hallucinatory absences were filled with terrifying figures, death's heads and skeletons. Since she acted these things through as though she was experiencing them and in part put them into

words, the people around her became aware to a great extent of the content of these hallucinations. (Breuer and Freud 1895: 27)

Lady Mary Y.'s hallucinations are visual and auditory. Kolb and Brodie in *Modern Clinical Psychiatry* attribute the auditory delusions to "[d]isowned desires and feelings of guilt [that] are projected as auditory hallucinations that, as the voice of conscience, accuse and criticize" (Kolb and Brodie 1982: 368). The baby's voice is Lady Mary Y.'s unconscious projection of her extreme feeling of guilt. The shock result for having killed her child provokes a guilt she is unable to manage. The impossibility of sharing what she has done out of fear of the consequences contributes to make the baby's hallucinations of her murderous act and an acute experience of guilt:

> "I keep seeing its little eyes, trying to focus on me, searching and not finding. I hate the thing [...] It's certainly having its revenge now. There's no rest at night, for, even if I do manage to sleep, it's still there, only ten times bigger and hungrier. I tried running away from home the other night, in the hope that I might escape, but no avail. He will not let me alone. His eyes keep accusing me of negligence for letting him die." (*CT:* 97)

She imagines a baby who wants revenge, that is to say, it wants to kill her. Her friend Mabel ignores the real implications of what the hallucination of the child truly implies. Lady Mary Y. manages to avoid the fact of confessing that she was its murderer. Consequently, Mabel reacts as an advisor diminishing the importance of

what the Lady is experiencing. Probably she considers it temporary: “But it happens to many mothers. You have been lucky until now”. (*CT:* 97). The hallucination of the 1st of August makes Lady Mary Y. panic:

> Mary awoke in the early hours fighting for breath. She confesses to Mabel that someone tried to kill her, a demoniac force wants her to join him “It tried to kill me [...] You know, the baby. I could not breathe. It wanted me to join it. It’s alone and desperate. Still hungry and pining for me. I thought it had died”. (*CT*: 99).

Mabel asks what happened to her baby as Lady Mary Y. has never mentioned anything regarding its death. She vaguely responds that one morning she just found him dead. It is not until she wrote a letter during Mabel’s visit to her mother when the latter gets to know the truth.

> I left out the essential fact that I had suffocated the baby. It did not take long. The cries stopped, but of course they have not gone away. I do not know what will become of me now. You must think that I am an evil woman. I did not feel right during the pregnancy. For the first time, I resented having a living thing inside my body, taking the life out of me. Also, the joy of my marriage had gone. William does his duty and expects the same of me. But love has gone. I could not bear to suckle the child under these circumstances. At least the others have known some love, however little and inadequate. The baby I

should have loved and cared for seemed merely thing to hate. I tried to keep these feelings under control, but it knew. (*CT*: 101)

Letters are in this story a confessional communicative vehicle such as they were in the short story “Letters from a Castle”. This method is adopted by Lady Mary Y. in order to avoid personal contact during the confession, perhaps to avoid being judged. She confesses that her body refuses to have a living human creature inside and infanticide is the eventual result of a lack of support during her post-natal depression. Infanticide is a taboo topic, even in present-day society. The lack of information regarding post-natal reactions is a real problem, even today:

> “The exact cause of postpartum psychiatric illness is not clear; however, some researchers believe that it is a ‘biopsychosocial’ illness. This term implies that the illness is caused by the many biochemical, emotional, psychological, and social changes a woman experiences after childbirth” (Nelson, 1991, p. 95) The widespread ignorance of postpartum disorders may be the reason why women suffering from postpartum disorders are not helped before infanticide results. The lack of available medical attention for women suffering from postpartum disorders is a significant problem. (Schwartz 2000: 105)

Lady Mary Y.’s rejection of the baby is what led her to kill it. This irrevocable act made under the influence of an extreme state of depression is the cause of her psychotic state:

> In Manuscript H (1894), Freud designated three conditions as psychoses: hallucinatory confusion, paranoia, and hysterical psychosis (which he distinguished from hysterical neurosis). [...] The fundamental mechanism of paranoia is projection. The feeling of hatred toward the object is projected outward and then turned back onto the subject in the form of persecutory hatred. (Mijolla 2005: 1404)

The psychoanalyst's journal agrees that her depression "may have been a reaction, in part, to her rather loveless marriage, or perhaps a reflection of her social position- she had all the privileges of her class, but still no effective voice of her own; she remained subservient to her husband" (*CT:* 103) Although William's last letter announces an accident, Mary Lady Y.'s depressive and psychotic state lead us to think of a possible suicide (the aggressive impulses towards oneself remind us of Professor B, who openly announced that he was going to commit suicide). Plus, Mary Lady Y.'s last confession make her a criminal in the eyes of the Victorian society: indeed, she kills the baby, however it is actually the mistreatment or, better still, lack of treatment what lead her to do it.

This story seems to have a significative importance for our psychoanalyst. In the journal he expresses his fear of continuing writing, as he being too explicit with his own life and details:

> Should I disguise my personal details as I have done with my patients? Should I retain my anonymity, or have the courage to come clean? It feels

easier to divulge details of my individual history than to tackle my marriage. I feel guilty about indirectly using Kathy for the last story. (*CT*: 103)

This takes us back to the previous journal in which he explains the composition of this story "[i]n part been inspired by my experience of Kathy's distress, as well as that of one of my patients who became depressed after the birth of a baby" (*CT*: 90). He uses his personal experience to create a piece of fiction as he was inspired by Kathy's probable depressive episodes. This makes him feel quite guilty, though he draws from his own experience throughout. In the next chapter of this essay, I will discuss the thin line between his fiction and his life, which is precisely the main motif for writing these short stories.

CHAPTER 3. COUNTERTRANSFERENCE: "MR SAMSON, OR THE GAME OF LOVE"

'Transference' and 'countertransference' are inevitable phenomena in psychoanalysis as the special relationship that is established between analyst and analysand. The analyst-analysand relationship becomes relevant to the point the patient's attitudes towards the analyst can determine the cause of the original problem. Transference is

> a process of actualisation of unconscious wishes. Transference uses specific objects and operates in the framework of a specific relationship established with these objects. Its context *par excellence* is the analytic situation. In the transference, infantile prototypes re-emerge and are experienced with a strong sensation of immediacy. As a rule what psycho-analysts mean by the unqualified use of the term 'transference' is *transference during treatment.* Classically, the transference is acknowledged to be the terrain on which all the basic problems of a given analysis play themselves out: the establishment, modalities, interpretation and resolution of the transference are in fact what defines the cure. (Laplanche and Pontalis 1988: 445)

The phenomenon of transference does not explicitly appear in these stories because we lack the actual process of psychoanalysis. Instead, there is a selective account of events "based loosely on my work" (*CT*: 6) that allow the analyst to reflect on his own state. The absence of an analysis makes the process of transference not

so important in these stories as the countertransference, yet still essential to understand the latter. Countertransference comes to the fore as an essential feature of this collection not only as another element of the plot but also as a means of creating the psychoanalyst a full and complex character. Countertransference affects the analyst, who experiences a transference of the analysand's feelings and attitudes; however, this process is much more complex than that and it has had many different connotations from its discovery up to present-day psychology:

> A large measure of disagreement exists regarding the extension of the concept: some authors take the counter-transference to include everything in the analyst's personality liable to affect the treatment, while others restrict it to those unconscious processes which are brought about in the analyst by the transference of the analysand. Daniel Lagache adopts the latter, more restricted definition, and he clarifies it by pointing out that the countertransference understood in this case- i.e as the reaction to the other's transference- is not found only in the analyst but also in the subject. On this view, therefore, transference and countertransference are no longer seen as processes specific to the analyst and the analysand respectively. In considering the analysis as a whole, we have to ascertain the part of transference and the part of countertransference in *each* of the two people present (Laplanche and Pontalis 1988: 93)

Countertransference was initially “restricted to undue and unwanted reactions of the analyst” (Akhtar 2009: 61). Freud considered countertransference a problem for the analyst, although the term rarely appears in his writings:

> Consequently, for Freud, the feelings and the countertransference temptations experienced by the analyst in his or her work with patients must not be denied; rather, the analyst should try to reach a position of uninterest towards them in this regard (Stefana 2017: 3)

The negative connotations of this phenomenon have been replaced since countertransference is found out to be inevitable. Countertransference comes to define all the feelings experienced by the analyst during the analysis, and different positions can be taken by the analyst regarding this phenomenon

> a. To reduce manifestations of countertransference as far as possible by means of personal analysis so that the analytic situation may ideally be structured exclusively by the patient’s transference. b. to exploit the countertransference manifestations in a controlled fashion for the purposes of the work of analysis. This approach takes its cue from Freud’s remark that ‘everyone possesses in his own unconscious an instrument with which he can interpret the utterances of the unconscious in other people’ c. To allow oneself to be guided, in the actual *interpretation*, by one’s own countertransference reactions, which in this perspective are often not distinguished from emotions felt. This approach is based on the tenet resonance ‘from unconscious to

> unconscious' constitutes the only authentically psychoanalytic form of communication. (Laplanche and Pontalis 1988: 93)

Once the analyst is aware of countertransference, he can position himself and employ countertransference for therapeutic purposes. Our psychoanalyst creates fiction based on his experience as an analyst but with a personal purpose: to reflect on his own state. The stories he writes help him, somehow, to reconsider personal matters of his interest such as the frustration he is experiencing with his marital relation, his family and his career. This is countertransference: the psychoanalyst feels a connection with his patients, unconsciously embodying others' feelings:

> Other considerations in regard to the phenomenology of countertransference include its intensity (from mild to severe), duration (acute or chronic), and clinical visibility (gross or subtle; the latter was termed 'mini-countertransference' by Ernest Wolf in 1979); the early 'classical' position that 'countertransference' was a manifestation of the analyst's unresolved conflicts [...] The rise of relational and intersubjective perspectives (Mitchell, 1988, 1993; Ogden, 1986, 1994) has, however, shifted the pendulum to the midpoint of its arc by emphasising that both 'transference' and 'countertransference' are essentially co-created phenomena; and there also have been a shift in the degree to which 'countertransference enactment' is deemed inevitable. (Akhtar 2009: 61)

The unifying element of the collection is the psychoanalyst that systematically appears in the 'Journals'. These journals are the main manifestation of countertransference as he finds similitudes, in each case, with some aspect of his patient's state. This is also the method used to create the psychoanalyst as a fully developed character, as we get to know him better in each journal. To exemplify countertransference in this collection, I choose the first story, entitled "Ms Samson, or the Game of Love". I consider it to be an interesting story to start the collection as it seems to have a clear purpose: the features shared with Ms Sansom allows the analyst to introduce himself as a character. His main conflict is related to his wife and his marital relationship, something shared with Ms Samson, although there are some differences:

> I wish I were satisfied with what I have. The happiness I find is never enough for me. The more I enjoy the moment, the more enjoyment I want in the future. Perhaps I am a little like Mr Samson, too distant and controlled as a person (*CT*: 8)

This first story is shorter than the following ones and the journal deals in its majority with the psychoanalyst case more than with Ms Samson, a story about love fantasy. But, unlike the stories discussed above, the psychoanalyst is the narrator. 'Mr Samson, or the Game of Love' is the story of a man who is completely unable to find love, or better still, passion, real interest in his relationships, and he is finally able to achieve it through a game or fantasy with a prostitute. Mr Samson is introduced as a physically strong man (as the fictional name suggests) but with a

weak inner self: “physically powerful, but emotionally vulnerable” (*CT:* 1). He was married once but this marriage was was neither solid nor passional. He started a relationship with another woman, Jane, but they lacked passion although their personalities seem compatible. She left him for another man. “Rather as he had walked out on his first wife for good and with no intention of meeting her again, Jane had done the same to him” (*CT*: 5). He starts to feel depressed as many symptoms arose as prove of this state:

> He became increasingly filled with loneliness and despair. He hardly ate or slept. He would spend hours at night looking out of his flat in the hope that she would return. Recalling what he had done to his first wife, he had bouts of remorse; he even thought of contacting her again, but thought better of it [...] He began to deteriorate physically and mentally. He lost weight and looked ill, with a haunted expression on his sallow face. (*CT*: 5)

As I mentioned in the previous chapter of this essay, the feelings of guilt, despair and the physical deterioration allows us to determine that he is suffering from depression. In an attempt to relieve the pain, he goes to a brothel. He s becomes more and more interested in a prostitute, Lisa, despite the fact he knew she did it for the money:

> He surprised himself one evening after a session by having the thought that he loved Lisa. It was ridiculous, for he was only one of many clients. Yet in a

> sense that only increased his fervour, for he imagined that he was her favourite, the special client, who understood her and cared for her: (*CT*: 6)

He insisted in acting like a couple after her refusal to start a serious relationship with him. He achieved happiness through a fantasy, the fantasy of being loved. Their relationship was far from being real since she openly rejected him and their relationship was possible only if money was involved. When she left the brothel unannouncedly, he felt a new person:

> She was the love of his life. Who is to tell whether or not this form of love is more or less worthy than other forms? [...] He did not repeat his fantasy with other prostitutes, but remained faithful to Lisa. He cherished her image and the good time they had had together. He became a much happier man. (*CT*: 7)

The fact of being unable to connect with someone is what makes this fantasy work. Furthermore, I consider his depressive state the main cause of this fantasy, as he fantasised with being loved, with having a fulfilling relationship as a result of the traumatic loss of his mates. His inability to love seems to disappear with this pretended relationship, as he affirms it was the first time he was in love. Fantasies are a way of distracting oneself from reality, usually painful:

> Freud suggested that daydreams were a continuation of childhood play and were the product of wishes that compensated for life's frustrations. Person

> has pointed out that fantasies are a type of imaginative thought that serve many different functions (Person, 1995). As Freud observed, they may represent wishes evoked in response to frustration in order to convert negative feelings into pleasurable ones. They may soothe, enhance security, and bolster self-esteem, or repair a sense of having been abandoned or rejected. Fantasies may (temporarily) repair more profound damage to the sense of self that occurs as a result of severe trauma. (Downey, Friedman 2000: 568)

He looks for deep love in an unusual place, but we should bear in mind he is making use of the most patriarchal manifestation of power, which is having access to a woman though money. Teela Sanders points out several psychological lacks related to paid sex, usually associated with the male public:

> Motivations that are driven by social as well as sexual need challenge the pathologizing of earlier theorists. Drawing on Freud, Glover (1969) argued that men who buy sex suffer from a psycho-pathological condition, where they regress to an infant stage of sexual development and have subconscious separations between love and erotic desire. Gibbens and Silberman (1960) suggested links between psychological problems and buying sex. The psychoanalytical theory of Stoller (1976) took the pathologization of men who buy sex one step further by suggesting that it was a perversion stemming from internal anxieties relating to one's painful sexual history resulting in the erotic manifestation of hatred and revenge. (Sanders 2012: 44)

In addition to fantasy, another process is involved in his infatuation with this woman. A process of idealisation took place since Lisa is not the way he thinks as she is a complete stranger who wants their relationship to remain professional. Idealisation happens in any type of love, however, this love is characterised as one-sided and purely fictitious:

> Idealization, indeed, is a permanent and universal phenomenon, being manifested in various forms depending on socio-cultural circumstances and in function of individual effective vicissitudes. This shows, in my opinion, that it is a process that originates in the affective prehistory and that underlies and generally orients the human psyche. [...] According to Freud, "[i]dealization is a process that concerns the object; by it that object, without any alteration in its nature, is aggrandized and exalted in the subject's mind. Idealization is possible in the sphere of ego-libido as well as in that of object-libido" [...] Idealization is thus a phenomenon proper to love. (Vergote 1998: 196)

It is hard to determine which infantile events are responsible for his inability to love without the production of fantasy as little information is provided about his early years. Freud discussed the process of idealization in "On Narcissism: An Introduction" (1914): "Idealization is a process that concerns the object, by the object, without any alteration in its nature, is aggrandized and exalted in the subject's mind" (1914: 94). Love is connected with this process as "[T]his sexual overvaluation is the origin of the peculiar state of being in love, a state suggestive of a neurotic

compulsion, which is thus traceable to an impoverishment of the ego as regards libido in favour of the love-object. (Freud 1914: 88).

The psychoanalyst finds similarities between him and Ms Samson's marriage and the relationship with Jane. He finds his relationship with Kathy, his wife, "too comfortable" (*CT*: 8), maybe monotonous, and he is afraid that this would be a problem. He does not tell her wife about his fears, instead he writes about them, suggesting he fears her reaction in case the problems were actually true. He prefers to think that it must be the stress from work that is making them distant. "Why deny it? Why can't talk to her about my fears? Would that make them go away, or implant more doubt in her mind? A dilemma." (*CT*: 9)

We already know the creation of these fiction stories has a therapeutic aim for the analyst as he points out in the Prologue:

> But I am deeply suspicious of writing that aims merely to be therapeutic for the writer, as it veers towards the self- indulgent. In order to guard against that temptation I shall make some comments about each story in a journal, as I go along. Yet knowing me, something else may well intrude.

Writing is a method of expression, liberation and, as Doubrovsky said, a form of self-observation. Our psychoanalyst is probably aware of this and, perhaps, he is trying to make a sort of self-analysis by writing fiction.

> As for Doubrovsky, autofiction is considered a radically new practice of self-observation and écriture de soi, and an alternative for the classic case history, auto-analysis and autobiography. The plurality of selves, the interaction of subject and object and the complex fragmentation of time can only be rendered in a hybrid, experimental form of writing. Although the group has borrowed the term 'autofiction' from the theorizations of Doubrovsky, Lejeune, Lecarme and others, its theoretical sources of inspiration and the examples of its practice are not the narratological inspired autofictions, but the works of Wilfred Bion and his French successor Didier Anzieu. (Maschelein 2010: 127)

Writing fiction is, perhaps, the method employed by our psychoanalyst to reduce the unproductive levels of countertransference. An self-analysis is needed in order to do so and keep analysing patients successfully. Despite having deepened on his own feelings, he has not overcome his frustrations as it is suggested at the end of this collection: "But I have no solutions, only more questions. I cannot yet find an end to my personal story. Perhaps I have to change course, set sail in another direction, launch out on another journey" (*CT*: 133). This proves that, although the writing of the collection has not completely cleared his mind, now he has the certainty that some important change in himself has taken place.

CONCLUSIONS

The aim of this essay was to provide a psychoanalytic approach to some of the most relevant aspects in Roger Kennedy's *Couch Tales*, commenting on three short stories to exemplify the dynamics of the collection. Chapter One and Chapter Two of this essay were focused on non-treated depressions, although the nature of the depression changes in each story. "Letters from a Castle" is the story of a man the origins of whose depression remain unrevealed in the story. We infer that his problems came from his childhood, however, he made a selective account of events in order to elude referring to this important life period. Paradoxically, this is what makes us think of a problem coming from this decisive life period. It is significant how the story is presented: the letter exchange also helped Professor B to remain in his comfort zone in which he did not have to confront his problems. Eventually, he committed suicide, understood as an extremely aggressive response against oneself, something far from being strange on account of his delicate state. We have pointed out the importance of dreams in this story as they are truly revealing. They have helped to depict what we started to suspect: a man who had an extreme feeling of abandonment and rejection. Furthermore, Professor B's presumably might have been a long-lasting case of sublimation, in which the libido is displaced from sexual activities to more artistic and sophisticated matters such as studying. This man failed in his last attempt to overcome his depressive state because he looked for help in the wrong place.

“Diary of a Victorian Lady” immerses us in Victorian society, a society extremely restrictive as to sex roles. Being a woman meant to have to confine oneself to roles such mother and wife, something that our protagonist had deeply interiorised, constituting, in Freudian terms, her ego ideal. The problem came when she suffered a terrible post-natal depression, who left her helpless since medical response and treatment were inadequate and she started to have hallucinating episodes. The hallucinations are the eventual response of the infanticide committed as a consequence of her depression not being treated, something at the farthest remove from the ideal mother-wife both her society and herself demanded from her. The sex barriers existing in this society made Mabel, the owner of the diary and our main source of information, her only confessor. She was presumably the only person aware of her suicide as she knew what Lady Mary Y. did. Her husband wrote in a letter it was an accident. The hallucinations that drove her to death were a product of her guilt after having murdered the baby. The aggressive response against the baby is an extreme manifestation of the depression.

Chapter Three of this essay dealt with countertransference, a phenomenon that refers to the relation existing between analyst and analysand in which the analyst’s feelings start to connect with his patient’s. It is the transference of the patient’s feelings toward the analyst. Since its discovery, countertransference has changed its negative connotations: it is an inevitable and fundamental phenomenon in analysis. The analyst must be aware of it and employ the countertransference for therapeutic purposes. In this collection, countertransference is essential not only as another element of the plot but also as a way to turn the psychoanalyst into a full,

developed character. The actual writing of this collection is precisely justified as a means to reflect on his own state. “Mr Samson, or the Game of Love” is the first story of the collection and, therefore, the one that helps us to understand the dynamics of this book: a story is presented and later a journal accompanies it. The features shared with Mr Samson allow the psychoanalyst to introduce himself, mainly because Ms Samson’s story is the story of a man with relationship problems, like our psychoanalyst. Mr Samson was unable to feel passion before going to a brothel and started a fantasy game with a prostitute. His depressive state probably helped the fantasy to occur. In this story, fantasies appear as a mechanism to redeem pain, a pain that can have a past origin, however, as in “Letters from a Castle”, the childhood context is omitted so the answer to why he was unable to love before the fantasy game remains an enigma.

The differences with Mr Samson also help us to know the psychoanalyst better. He thinks his marriage is getting too comfortable and monotonous, although he does not try to find love somewhere else. The degree of countertransference present in the collection is highly important, however, I have speculated with the purpose of its writing. Apart from the therapeutic sense of this writing, writing fiction is known to be a productive method of self-observation, a sort of auto-psychoanalysis exercise. This is important for our psychoanalyst, but also necessary on account of his countertransference, which can be seen as excessive. Reducing the levels of countertransference is necessary to continue psychoanalysing patients effectively. Thus, a self-analysis is needed.

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