

FEAR OF THE MIND. THE ANNIHILATING POWER OF THE GAZE

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The concern for the annihilating power of the gaze is not part of the Freudian discourse, but represents one of the most valuable contributions of phenomenology to psychoanalysis. When clear boundaries between the self and the others are not yet established, the gaze is experienced as a disembodied force that radiates from the eyes and can dangerously penetrate into the mind. In this regard, the body or parts of it can be used as a shelter. If the external body is not sufficiently cathected, its sheltering function is also decreased, to the point that the body is experienced as transparent, and the most intimate feelings and thoughts become dangerously available to the others. In primitive societies this situation is experienced as the danger of losing the soul. The unconscious fantasy of obstructing the sight can be used to neutralize the annihilating power of the gaze by introducing an artificial barrier between the minds. In dreams and in other expressions of the unconscious, the black color might hint at such an artificial barrier. What is then blackened are moments of the meeting of the mind that cannot be introjected. Blind spots in the perception of the mind of the other as well as in the perception of the self are a specific consequence of this kind of defense.

KEY WORDS: self as object; gaze; transparency; mirroring function; blind spot.

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Many years ago a strange episode occurred to me. A difficult patient was complaining about a disturbance that affected his eyes: sometimes they became “dull” or “squinting.” He knew it because he felt the impending transformation of his eyes from inside. When he was alone, such self-perception was not at all alarming, but if he was with other people, for instance in a shop, the fact of seeing his eyes from outside triggered a growing anxiety, because what he would have seen was a reaction of fright and terror reflected in the eyes of the others. He was so scared by the effects of his eyes on others that for several years he avoided mentioning

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it in analysis. He felt this mirroring experience was the ultimate proof that he was dangerous.

Despite his relational difficulties he had developed a gentle character, but when the eyes were dull an opening was created through which the others could enter and, by means of their reaction of fright, let him know how dangerous he was.

When he spoke about his fear in analysis I had the impression that he finally had begun to trust me. Indeed, until that moment, he had treated me as a non-living being, and my attempts to take into account our subjective feelings had been regularly dismissed because, as he said, I was and I had to be nothing more than a "ghost." But with this disclosure, I had the impression that he was finally ready to share with me a very intimate experience.

While I was feeling closer that he was than ever before, something very strange occurred to me: I began to see a disquieting change in his eyes and to feel in me a fright that grew into a state of terror. I cannot say how long it lasted. I remember that he was staring at me, that his dull eyes were rotating faster and faster and that I experienced vertigo. It was very hard for me to stay still, and, furthermore, I was worried about the effects of my reaction on him. When the panic was over, I could only say that I had understood his fear. The positive side of the story is that after this strange event, his eye disturbance disappeared.

The patient was not lying on the couch, but was sitting in a *vis-à-vis* position; this position might have increased the relevance of the gaze in both his life and within analysis. Yet, in my opinion, it is difficult to over-emphasize the significance of looking and being looked at in states of enhanced vulnerability. Probably it is the use of the couch that attenuates the relevance of the eyes in our life.

Let me briefly recall what another patient told me, more or less at the same time when I was beginning to write this paper. The patient is a young woman who is living alone in a new town and is suffering the paralyzing effects of her feelings of insecurity and shame. Initially she was developing an agoraphobia, but as soon as she realized that the anxiety of crossing a square was caused by the sensation of having the eyes of the crowd on her, the symptom disappeared. Then it reappeared in the form of a claustrophobia, but this time also the symptom disappeared when she associated her anxiety with the way a young man was looking at her when she was in the queue in a supermarket and could not escape or avoid the look. At this point, becoming aware of how vulnerable she was to the gaze of others, she revealed that she never wore a skirt because she believed that her legs were misshaped.

In the session I am referring to, the patient said that she now understood that probably nothing was wrong with her legs and that the source of her discomfort was to be found in the experience of being the object of the other's gaze. Therefore she adopted a new strategy: she was now using dark glasses as a shelter. Thanks to the dark glasses, she explained, she was feeling safe because the eyes of the others could not reach and hit her own eyes. It became possible to avoid the contact, or better, the clash, between the eyes.

The use of dark glasses as a shelter seems to derive from the infantile belief that if you cover your own eyes with the hand, you become invisible to the others. According to the developmental psychology, this belief is rooted in the original egocentrism of the child: since he has not a visual consciousness of his body, as seen from the outside, and his own experience is not yet differentiated from the experience of the others, the child can believe that it is sufficient to cover the eyes in order to hide from the others.

We also have to consider the fact that when clear boundaries between the self and the others are not yet established, the gaze is experienced as a disembodied force that radiates from the eyes and that can penetrate in our mind; thus, by covering our eyes we also try to protect ourselves from these disembodied and dangerous-looking rays. This is precisely what my patient was trying to do by wearing dark glasses.

Let me also recall that on drawings made by little children the eyes are often located out of the head, not for a cognitive mistake but because they are experienced as if they were "jumping out" from the head. In this case children are in good company, since according to the ancient Greek thinkers, including the Pythagoreans, the eyes were able to see because they emanated rays of lights produced by an internal fire. Moreover, in very ancient (Aeolic) Greek, the expressions "to look at" and "to blow within" were identical (Onians, 1954), as if what was projected and introjected by the eyes were pieces of the soul.

Among contemporary thinkers, the power of the eyes has been emphasized especially by Jean Paul Sartre (1943), who related the experience of the body to the existential condition of being visible, and in this way to the danger of being transformed into an object by the gaze of the other. Maurice Merleau-Ponty (1945) has related further the experience of being viewed as an object to the emergence in the child of painful self-consciousness (Kramer and Levitt, 1980).

The concern for objectification is not part of Freud's original thought, but represents one of the most valuable contributions of phenomenology to psychoanalysis. It has been "infiltrated" into the latter mainly by authors who were studying the experience of shame, like Broucek (1991), who has

described the feeling of being an “object” in relation to the experience of shame and to the fragmentation of self-cohesion:

In the state of sudden, unsought, or undesired self-objectification the immediate experience of one’s actuality of being may be lost, resulting in shame and a disorienting transformation of the interpersonal and phenomenal world. At such times one’s world may seem in danger of collapsing ... resulting in a kind of vertigo. (p. 40)

The body can be used to prevent or reduce such a collapse, as in the case of the young woman who believed that her legs were misshaped. In order to preserve the cohesion of the self, she has renounced to the legs. We may also say that only this part of the body became an object, and that, thanks to this sacrifice, the objectifying gaze of the other was stopped before reaching more intimate and central parts of the self. We can draw an analogy with war, where the enemy is invited to shoot fake targets: with the same intention, we can put forward our visible body in order to neutralize the gaze of others before it reaches our most vulnerable parts.

As mentioned previously, the idea that we are an object does not belong to the Freudian discourse, which is based on the fundamental discovery of the *desire*. Thanks to *The interpretation of dreams* (Freud, 1900), painful images of a sick and suffering body also entered into the psychoanalytic discourse, but they were seen as expressions of the inner conflicts stirred by desire. In the aforementioned case, we can easily agree with Freud that the legs, being the vehicle of an exhibitionistic desire, were chosen because of their symbolic value; yet, if they were concealed from the eyes, it was not because of the guilty nature of the desire but because of the annihilating power of the eyes. The difference is relevant, because in the first case we have to deal with an internal conflict, whereas in the second case we have to deal with the intentional states of the others. It is in fact the mind of the other what we ultimately are frightened of.

When the external body is not sufficiently cathected, then its sheltering function also is decreased to the point that the body becomes transparent. In this case the struggle against objectivation can take place in the internal parts of the body. This is what occurred to another patient of mine which I will now recall.

This patient—a 30-year-old woman—in her first year of analysis was concerned only with the internal body. This was in a way understandable, since she was under treatment for infertility and was, therefore, deeply concerned with the integrity and vitality of her internal organs. Nevertheless, the fear that her organs were damaged had to do also with her present and past experience of becoming an object. She had indeed been exposed to an eye that penetrated her body, since she was the object of gynecological

logical inspections and scrutiny. Yet the medical inspection was a literal repetition of the experience of being the object of the gaze of the mother during puberty: when she was 12 or 13 years old, before getting out and getting in the family apartment, she had to stand at the door while her mother was silently looking at her. Such an "inspection" elicited in her feelings of objectivation, shame and humiliation. Especially unbearable was to feel the eye of her mother entering her vagina in search of traces of sexual activity. Recalling this memory, she said that this eye—the "evil eye," as she labeled it—had since then remained inside her body.

This remark allowed us to understand that in her present concern with the internal organs she was mainly looking at herself through this evil eye, unconsciously perpetuating the experience of being the object of her mother's gaze, along the pathway first described by Ferenczi (1932) as "identification with the aggressor." Later on we gradually understood, mainly through the transference, some of her difficulties in dealing with her mother's internalized eye.

In her third year of analysis she reported the impression of being "transparent," as if sometimes the others could see directly inside her. This new awareness of being visible was very different from the initial concern for the internal organs, firstly because the gaze was now localized outside of the body, and secondly because what was now visible were the contents of the mind: thoughts and affects. Still there was a common element, the fear. Before, she was frightened about what the gynecologist would say about her organs (for instance that she had cancer), now she was frightened about what I would think about her mind. In brief, she was afraid of becoming my object.

She was indeed frightened of what I would say about her since the very first session, but the fear was so strong and she was so vulnerable that it was impossible to keep the fear in her mind. Her expectation of my verdict was therefore deviated into the body and then, from there, slowly reloaded into the mind during the following two years.

This process went through a series of crises with a common pattern: A state of harmony is suddenly disrupted by some misunderstanding, which becomes the proof of my chronic incapacity of understanding her. The first time I did not remember an important aspect of the gynecological inspection, the second time I didn't recall a reaction of the father, the third time I remained silent after her telling a dream, and so on. On each of these occasions, my un-empathic response provoked a severe collapse that took time and energy to be overcome. Nevertheless, each time we were able to overcome the crisis.

It was not easy to understand what was going on. On the one hand, it was clear that she had experienced a severe mortification, but on the other,

I was unable to explain such a reaction intra-psychically, on the basis of a deformation, nor to reconnect it to my words, behavior or attitude. In brief, the “gulf between the patient and the analyst” suddenly appeared, which was described by Michael Balint (1968) as typical of the area of the “basic fault,” and which I have tried to describe as a *breaking of the solid ground of common sense on which the patient and the analyst are standing* (Bonomi, 2003). This ground was again becoming “solid” through the experience in overcoming the crises, yet this did not prevent new gaps.

In the case of my patient, the gap had to do with something that she had understood but did not want to know, as she later said: the idea that her parents did not want her. This idea did not elicit rage or persecution, but a mere sense of annihilation. If her parents did not want her, then she did not exist and never existed.

Our feeling to exist does not derive only from the way others see us, irrespective of how important they are, but also from our subjectivity, from our perception of ourselves as agents. However, my patient never thought that she could exist in spite of her parents, and, when I first mentioned such a possibility, she was very surprised. In short, until that moment she was completely identified with the object of a rejecting parent.

The crises that broke out during analysis made this identification alive again and again. The fact that we were able to overcome the crises favored a process of *disidentification*, restoring the capacity of experiencing oneself as both a subject and an object, moving back and forth between these two perspectives of the self and integrating them into the representational world, as it has been stressed by the authors who have elaborated a model of the mind based on self-reflexivity (among many others: Bach, 1985, 1994; Auerbach, 1993; Auerbach and Blatt, 1996; Aron, 1998, 2000).

There is, however, still something else that escapes these structural considerations, since it concerns the content of the representations. The feeling that her parents did not want her was not a formulated thought, but an undifferentiated feeling which she had labeled “the spell,” containing many things, including the idea that she could not or should not have children. This spell was experienced as a concrete thing represented by a black substance that appeared in a series of dreams. In the first dream, which occurred at the very beginning of the analysis, she had lost two teeth and from her gingiva a black liquid came out; in the second dream, she dreamt her grandmother’s kitchen completely black; in the third dream, a cat had eaten and then vomited black hair; and in the last dream, the mirror of the car she was driving was completely black.

The black liquid from the first dream was associated with “living dead” and to a change that occurred in her mother; she had previously worn colorful clothes, but then all of a sudden put on only black dresses, becoming

dark, closed in herself and non-responsive. Thereafter it became usual for us to see in the black substance the representation of something alien, impossible to assimilate, that had been transmitted to her from the family. It is only with the last dream of the dark mirror that it became possible to trace back the spell to the process of primary mirroring, and to understand that the spell consisted precisely in her feeling compelled to recognize herself in the image of herself acquired through the mind of her parents. In other words, the spell consisted in having to swallow an ailment which was necessary and, at the same time, indigestible: to see herself with the eyes of her mother and father.

Why the color used to represent this substance (in this case as well as in others) is so often black? Here black was associated with the suppression of a colorful sense of vitality. However, I believe that, as in the case of the dark glasses, black was used as a shelter. Black neutralizes the gaze, makes impossible to see, creating a barrier between the minds, as I was able to reconstruct in relation to another patient who described her body as full of a deadly black liquid: in her case the black liquid was sheltering a mental state full of pain and despair which the father had made accessible to her in a moment of great vulnerability (the case is narrated in Bonomi and Borgogno, 2006).

Coming to conclusions, basing on Winnicott's (1967) seminal paper on the mother's mirroring function, many authors have emphasized the infant's need to find his mind in the mind of the parents; some of them have tried to identify models of absent or deviant mirroring (Gergely and Watson, 1996; Fonagy and Target, 1998, 2000), and in general, within contemporary psychoanalysis it has become more and more usual to trace various forms of psychopathology back to the lack of the reflective function. I do not fully agree with the last point. What the patients I have referred to were lacking was not the capacity to think, imagine and reflect on themselves, but to go beyond the "black mirror" and to elaborate a theory of the mind of the other, overcoming in this way the condition of object. Here, I believe, we meet the still precious teaching of Ferenczi and his idea that the most difficult developmental task is to deal with the fear of the enigmatic mind of the other.

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