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Vol. XX / No. X

Comments on Anne Erreich's Article "The Innate Capacity for Representing Subjective Experience: The Infant's Mind Is Neither Primitive nor Prerepresentational"

Anne Erreich (2024), in her article "The Innate Capacity for Representing Subjective Experience: The Infant's Mind Is Neither Primitive nor Prerepresentational," makes a crucial point about the lack of clarity of what is meant by unformulated or unrepresented states. More needs to be done to define these terms, including what is and what is not being represented, and how clinicians are making this determination. In addition, she notes that for something to be experienced in the mind it must be represented in some form. As she points out somatic states, often referred to in discussions of unrepresented states, are represented in the mind as the experience of bodily sensations.

What is most problematic in the paper is the misapplication of data from outside of psychoanalysis to push a particular psychoanalytic theory. Such a development occurred with the discovery of mirror neurons, which were seen as proof of immediate, nonverbal resonance (Gallese, Morris, & Migone, 2007), a popular concept at the time. Without going into great detail, our understanding of mirror neurons has become far more complex, and their basis for supporting any specific metapsychology or clinical approach has been questioned (Heyes & Catmur, 2022). In this case, Erreich has taken data demonstrating the "competent infant" to argue against unrepresented states and to support the defense model as the only legitimate basis for understanding difficulties bringing fantasies or feelings into conscious

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awareness. In this view, everything is represented in the mind of the infant from its earliest life, so if some feeling of internal experience is not accessible to consciousness, it must be defended against.

However, just because something can be represented does not mean that it will be in a way that can be worked with in psychoanalysis. While the competent infant might register experience in indexical form (e.g., in the form of somatic experience), we cannot prove that the child will achieve iconic or symbolic functioning. Though difficult to demonstrate in specific instances, it remains highly likely that the registration of certain data in representational form will be disrupted by poor mirroring by caregivers, trauma, or temperamentally based representational incapacities (e.g., alexithymia). To give just one example, evidence suggests that disruptions occur in the memory of traumatic events in part due to the traumatic impact on hippocampal function (Bremner et al., 1997).

Another way to potentially understand how experiences come to be known in the mind is through different levels of representation. In this view, somatic sensations, described by Erreich as indexical, may need to be translated into images (icons) or words (symbols) to be effectively addressed in psychoanalytic treatment. For example, some somatic states can be identified as emotions and fantasies. According to Erreich, if such bodily states are not represented in a meaningful way, it is because of a defensive function that represses the conscious experience of the associated fantasies and feelings.

However, deficits in the capacity to identify bodily feelings as emotions have also been described in alexithymia, which has been associated with somatic disorders and acting out (Taylor, Bagby, & Parker, 1991). Although some analysts have referred to this condition as a defense, data outside of psychoanalysis suggests that this can be a deficit state: some individuals lack the neurological or psychological capacity to identify emotions. Indeed, a genetic component has been found to be associated with this condition (Jørgensen et al., 2007). This inability to identify emotions indicates that somatic symptoms may sometimes be caused by a deficit state, such as alexithymia or an impaired representational capacity, and sometimes by intrapsychic conflicts and defense. Thus, in some instances the analyst would work to build higher level representations through identifying somatic states as emotions or as meaningful and at other times interpret the contributing conflict and defense (Taylor, 2003).

These data demonstrate that the concept of levels of representation and the two-track model suggested by Levine are useful as a metapsychology and not contradicted by the competent infant research data. Busch and Sandberg (2014), for example, suggest how unmentalized states and intrapsychic conflict both contribute to and interact in panic disorder. We state that

The mechanism of symptom development deriving from deficits in representational capacities does not rule out the significant contributions of conflict to symptoms. Repressed symbolized conflicts within a tripartite structure can exist alongside representational deficits. Representational capacities can be disrupted by conflict. In treatment, some conflicts may be accessed by traditional interpretive approaches, others may require the development of representational capacities to access the fantasy, or the formulation of elements and representations may be necessary... for a fantasy to exist. For instance, in many panic patients anger is accessible and relatively well tolerated in certain situations or mental constellations, whereas in others, often related to painful developmental experiences or trauma, it is not. In the latter instances the path to further psychic representation may be blocked or not present, and the anger may emerge in bodily symptoms or dissociated from a traumatic memory. This anger must be identified before a conflict about potential damage or disruption of relationships can be formulated. (p. 184)

Erreich refers to the long history of theories of conflict and defense in psychoanalysis as if that was evidence of the correctness of the model and the abandonment by recent analysts of the essence of psychoanalysis. However, as Busch (2017) notes, psychoanalysts have a long history of wrestling with issues of dissociation without representation vs. conflict. This stems back as far back as Janet's conception of dissociation in relation to trauma. Freud and subsequent analysts struggled repeatedly with the concept of "actual neurosis" as representing states without psychic meaning, such as anxiety neurosis. According to Freud, such problems may require a behavioral rather than psychoanalytic intervention. Freud's topographic model described how drive must become symbolized in some form to be represented in consciousness.

Erreich's reference to Rachel Blass in support of her views is noteworthy, in that Blass has been fervently opposed to the consideration of neuroscience in psychoanalytic conceptions and ideas, viewing such information as irrelevant and potentially dangerous (Blass & Carmeli, 2007). It would have been useful for Erreich to address the arguments of

those who decry the consideration of scientific data from outside of psychoanalysis in addition to those she believes have simply failed to take these data into account.

Indeed, in arguing against siloing psychoanalysis from other fields of knowledge, Erreich creates a silo of her own, stating that conflict and defense are the only relevant models to psychoanalytic theory and treatment, and that this notion is definitively supported by research outside psychoanalysis. A more useful effort would have looked at how such knowledge helps broaden and clarify our theories and what further work and studies need to be done in determining whether there are indeed “unrepresented states” or levels of representation that are relevant to psychoanalytic work. As I noted regarding the harsh critiques of Diamond’s (2020) theory and clinical work, “We need to do further clinical and research work to determine what works best in given clinical circumstances but retreating to our various theoretical and clinical silos will make this process more difficult” (Busch, 2021).

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