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“That’s What *You* Say”: Response to Fredric Busch

I am grateful to Fredric Busch for taking the time to respond to my paper on mental representation. I will try to clarify my arguments and the ways in which they counter his response.

Peirce’s three registers for representation, iconic, indexical, and symbolic are each “meaningful” in their own right; they are not hierarchically organized such that the first two registers necessarily defend against the third.

Busch makes an incorrect assumption regarding Peirce’s three registers for representation. He assumes that subjective states in the iconic or indexical registers (e.g., somatic states and enactments) are not fully meaningful in their own right, that they require verbalization (“symbolization” in Peirce’s terms) to acquire meaning. He mistakenly attributes to me this same belief, that the role of iconic and indexical representation is to operate defensively against the symbolic or verbal register. Thus, Busch writes,

some somatic states can be identified as emotions and fantasies. According to Erreich, if such bodily states are not represented in a *meaningful way* [in words], it is because of a *defensive function that represses the conscious [verbal] experience* of the associated fantasies and feelings [italics added]. (p. XXX)

Peirce’s three representational registers can be transliterated from one to another, (e.g., the concept of “tiger” can be represented by the picture of a tiger, the footprint of a tiger, and the word *tiger*), but I do not propose that these instances represent some objective hierarchy with the verbal “symbolic” register at the top. Busch, like many analysts, does hold this belief:

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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. (p. XXX)

Here is a counter example to Busch's belief in the hierarchy of these three registers: a young child hits a classmate, recruiting the indexical register to represent a somatic state, in this case, anger. Teachers and parents admonish her to use her words. Using one's words, "I'm angry at you," to represent an affective state appears to be an example of verbalization as a defense against enactment (i.e., hitting someone). The possibility of using the symbolic, verbal register to defend against the indexical register represented by enactment is an ability that civilization depends on.

All three of Pierce's registers carry meaning, and there is no a priori hierarchical organization regarding their defensive use. (Rizzolo, 2016, makes a similar point regarding false hierarchies in his critique of the notion of "regression."¹) There is plenty of complexity here for analysts to sort out on a case-by-case basis. But Busch's notion of hierarchical "levels of representation" and his approval of Levine's two track model are not supported by semiotic conceptualization or clinical data.

The capacity for mental representation is innate, it cannot be learned, and it is not equivalent to verbal ability.

The aforementioned priority afforded to words and verbalization stalks so much psychoanalytic thinking, due, no doubt, to Freud's formulations regarding "thing" and "word" presentations. His misunderstandings have promoted the incorrect view that mental representation requires a link to words: only the verbal can be represented, and only verbal representation can become conscious (Erreich, 2015, 2024). Thus, many psychoanalytic authors in addition to Busch, Stern, and Levine (e.g., Anzieu-Premmereur 2013) conflate the notion of mental representation with the verbal capacities that promote treatment progress such as self-reflection or self-awareness. Thus, Busch writes,

¹Rizzolo correctly argues that regression, when understood as a literal return to childlike modes rather than as an attempt at adaptation in the present, relies on the genetic fallacy and promotes a hierarchical value system in which adult "maturity" is falsely valued above infantile "immaturity."

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Here Busch insists that imagistic or verbal representation (iconic or symbolic expression in Peirce's taxonomy) is necessary for analytic treatment to proceed, despite the often profound significance of somatic complaints and enactments in both preverbal children and in adults in treatment.

Mental representation is not about "symbolic functioning" (see Erreich, 2024, p. XXX ["What Is a Mental Representation?"]). The capacity for mental representation, an indispensable portion of our genetic heritage, is basic to all our other cognitive capacities: perceptual discrimination, memory, reasoning, language, computation, and so on. This innate capacity is what allows us all to navigate in the world, to recognize our mother's face and voice, to refer to an event or person who is not present, to find our analysts' offices. Like both Stern and Levine, Busch assumes that the capacity for mental representation can be learned. This is simply incorrect. For example, Busch writes, "In treatment, some conflicts may be accessed by traditional interpretive approaches, others may require the *development of representational capacities* [italics added] to access the fantasy, or the formulation of elements and representations may be necessary... for a fantasy to exist" (p. XXX). Mental representation does not equate to self-awareness, self-reflection, or self-consciousness, all of which are encoded in conscious verbal utterances, and can be enhanced in the maternal dyad or in psychoanalytic treatment. Rather, mental representations are information bearing structures encoded in memory elements that are generally out of awareness but which contain propositional, analogic and affective valence (Ereich, 2024).

It is impossible to ignore the amount of observational and research data that demonstrates the innate capacity for mental representation. Prenatally, when viewed on sonogram, 6-month-old fetuses "swim" toward three lights that represent a facial schema rather than the same elements in upside-down form. Postnatally, infants prefer the sound of their mother's voice over other women's voices, and they favor hearing speech in the mother's native tongue rather than hearing a foreign language; surely the sound of one's mother's voice is particularly salient in

the womb. These and many more findings indicate an ability to discriminate and memorialize subjective experience even before birth.

The conflict model is superior to the topographic model, but it is unlikely to be the “final” model of the mind in psychoanalytic theory.

Busch seems particularly vexed by my support for a conflict model of the mind as the best account of data relevant to mental representation:

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 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. (p. XXX)

This is a misstatement and an exaggeration of my meaning. I do not argue that the conflict/defense model is “the only legitimate basis for understanding difficulties bringing fantasies or feelings into conscious awareness” (p. XXX), only that it seems to work better than a deficit model if one is concerned about consilience between psychoanalytic thinking and findings in related disciplines. In my thinking about theory, and psychoanalytic theory in particular, none of our current theories is final or even adequate. We should expect that further psychoanalytic conceptualization and the consideration of findings in neighboring disciplines will overturn the conflict model in favor of an even more compelling theory.

However, in the conflict/deficit dichotomy, uneven performance indicates conflict rather than deficit.

How are we to know when some somatic, behavioral or verbal event is powered by conflict versus deficit? One guiding principle might be that deficit in a critical psychological capacity such as mental representation would result in significant deficiencies across most, if not all, cognitive domains; in contrast, psychodynamic conflict would appear as deficient performance in a delimited domain, one related to conflictual material. We rely on this competence/performance distinction in everyday life. When we make grammatical errors while presenting a paper or teaching a class, both speaker and hearers assume that situational pressures account for the error, not that the speaker doesn’t know the grammatical rules of English. Our performance is only an imperfect reflection of our actual competence. In neurotypical individuals, uneven performance on some

task has always been understood to signal the interference of psychodynamic factors rather than constitutional factors, whether in psychological assessment or clinical material. The corollary is that a neurological deficit, certainly in the all-important operation of mental representation, would generally result in deficient functioning across all domains.²

Thus, Busch and Sandberg (2014) find uneven performance in patients with panic attacks:

“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 [italics added]. 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. (p. 184)

In this example patients *are* able to experience anger, but that affect is inhibited when faced with situations related to “painful developmental experiences or trauma.” This finding appears to be a quintessential description of defense in the face of conflict rather than deficit; that is, patients have the capacity to experience anger but inhibit that capacity for psychodynamic reasons. With respect to alexithymia, Busch again conflates neurological with psychological causes: “somatic symptoms may sometimes be caused by a deficit state...an impaired representational capacity, and sometimes by intrapsychic conflicts and defense” (p. XXX). One would have to examine the presentation of this condition in any given patient, whether it is reliably present or uneven in its presentation, with the latter suggestive of a conflict/defense account. However, if Busch considers alexithymia to be a neurologically based impairment in the capacity to identify emotions, it is tangential to my argument, as well as to the proposals of Stern and Levine, all of which pertain only to neurotypical individuals who are most likely to benefit from psychoanalytic treatment.

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²The application of this principle to the question of learning disabilities raises some very complex issues that are beyond the scope of this communication.

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