

Spring 2001

Review of Elizabeth Bronfen, *The Knotted Subject: Hysteria and Its Discontents*.

Elaine Perez Zickler

Follow this and additional works at: <https://repository.brynmawr.edu/bmrcl>
[Let us know how access to this document benefits you.](#)

Recommended Citation

Zickler, Elaine Perez (2001). Review of "Review of Elizabeth Bronfen, *The Knotted Subject: Hysteria and Its Discontents*," *Bryn Mawr Review of Comparative Literature*: Vol. 2 : No. 2
Available at: <https://repository.brynmawr.edu/bmrcl/vol2/iss2/3>

This paper is posted at Scholarship, Research, and Creative Work at Bryn Mawr College. <https://repository.brynmawr.edu/bmrcl/vol2/iss2/3>

For more information, please contact repository@brynmawr.edu.

Elizabeth Bronfen, *The Knotted Subject: Hysteria and Its Discontents*. Princeton: Princeton University Press, 1998. 472 pp. ISBN 069101230X (paperback).

Reviewed by Elaine Perez Zickler, PhD, MSW.

The current trend in clinical psychoanalytic theory and practice turns away from drive theory and conflict and toward object relations and deficit. This trend began early when Freud discomfited us with the news of our unconscious drives and desires. The Swiss, under Jung, re-conceptualized psychoanalysis by replacing sex with higher-order drives, some would say with an alternative theology. Later, the object relations theorists beginning with Melanie Klein refashioned psychoanalysis in the direction of pre-Oedipal internalized objects, once again eliding the question of sexuality, sometimes excluding it entirely. Currently, there is also a move back to trauma theory and away from fantasy, away from the Oedipus complex toward the maternal, the pre-verbal, and the material, the actual event. And, across all the schools of thought, Freud's theory of the death drive, articulated in *Beyond the Pleasure Principle*, has often been either rejected outright, or interpreted in ways that dilute and displace its truly disturbing implications. In many cases of theoretical divergence, Freud has been cast as a straw man in arguments that establish polarities not really present in his theory. Freud has become, especially for many feminist psychoanalytic critics writing in the academy, the essential resilient object, capable of taking every abuse and somehow surviving to take more.

In its heyday, literary psychoanalysis depended on the world of the clinic for its fundamental legitimacy. Even now, most psychoanalytic associations still consider literature as a displaced patient, the text functioning as a kind of cadaver for the study and application of psychoanalysis. After Lacan, this relationship has undergone a radical change, driving away the older school of literary psychoanalysts, and, in some cases, alienating the world of clinical psychoanalysis from the academy. Lacan's name, for some psychoanalysts, has come to be a synecdoche for all that is bad about academic theory: that it is only linguistic, obscure and hyper-abstract. In the academy, cultural analysis has come to be used as a code for a hybridized psychoanalytic approach to cultural productions, one that owes nothing in the way of fidelity to actual psychoanalytic practice. This state of affairs seems sad, as both disciplines continue to have much to offer each other by way of dialogue and even dialectic. Freud, after all, did not begin by anatomizing *Oedipus Rex* from a position of theoretical superiority, but made use of the play to see and organize clinical material in a new and useful way.

In *The Knotted Subject*, Elizabeth Bronfen unfortunately exemplifies what has come to be the most common and withering indictment of postmodern critical theorizing, that it is nothing if not high-toned navel-gazing, written in a prose style that obscures where it should clarify, that plays loose both with psychoanalytic language and with theoretical texts, that is grandiosely broad in its reach and frustratingly shallow in its grasp. In choosing to focus on the navel-knot as the non-gendered yet erotic orifice whose privileging might serve to untangle the knotty discourses of literary psychoanalysis, feminism, and postmodern subjectivity, Bronfen argues for the primacy of the navel as both the erotogenic and ontogenic zone *par excellence*. Bronfen's book, to be fair, does not abuse Freud, but does elide his theory and conflate theoretical terms in order to supply the ballast for her own theory of the subject. She makes the claim that Freud's oedipal/phallic theory represses death and death anxiety by using sexuality as a screen, a sublimatory erection of

the symbolic function over what is essentially unsymbolizable. Alongside the phallus, she places the omphalos or navel as the signifier of the hysterical subject of culture itself.

The question of the role of death in Freud's theory is key to Bronfen's argument for the necessity of the omphalos or navel as signifier. Bronfen aptly quotes Lacan's "The Function and Field of Speech and Language" [*Écrits* (New York and London: 1977)] where he writes of the role of death in symbolization and in the human creation of meaning. However, she does not contextualize his remarks within his extensive exegesis of Freud's *Beyond the Pleasure Principle* in that same essay. Asserting that Freud omitted death in his writings on hysteria and in *The Interpretation of Dreams*, and relegating Freud's writings on death and transience to sometime "very late" in his career, Bronfen inserts her omphallic theory into a seemingly large theoretical gap. In truth, Freud wrote *Beyond the Pleasure Principle* in 1919, only halfway through his analytic career, and had already written *On Transience, and Thoughts on Death in Times of War* at the time of the First World War. Furthermore, *The Interpretation of Dreams* does not fail to give death its due, whether as fears or as wishes represented in dreams. Although Bronfen can see that Lacan's theory, by grounding castration in the symbolic order and not only in the physical body, gives us an expanded sense of human subjectivity, it is still in opposition to Freud's early work on hysteria that Bronfen supposedly grounds her own theory.

Concentrating on Freud's early work with hysterics and his first theory of the traumatic etiology of the neuroses, Bronfen is, not surprisingly, able to find Freud's blind spots and errors (thanks in large part to his willingness to publish his process for the edification of others). At the same time, she asserts her own theoretical framework as one which will reject the Oedipal and the phallic in favor of what she calls the "omphalic" or "omphallic"—it is spelled both ways in the book. (Here, the first of several key confluences should be noted: the oedipal/phallic equivalency that she draws. In psychoanalytic theory, the two are distinct stages.) The distinction Bronfen makes between the phallic and omphalic is an important one. She defines the phallic function as "relinquishing and repressing" in order to erect the symbolic function, while the omphallic function is seen as "preserving and encrypting" (38). (Her terminology itself is confusing here. To relinquish is not to repress; repression has more to do with preserving and encrypting, to use her own terms, than with relinquishing. Relinquishing, like renouncing, has the flavor of will and consciousness about it, more of what can be accomplished with the lifting of a repression, than with the enforcing of one.) Nevertheless, she argues that the essence of hysteria is the refusal of the traumatic memory to be displaced, even onto language, or especially onto language. This assertion, in my view, removes trauma (or hysteria—the two tend to conflate in her argument) from the purview of psychoanalysis at the outset. Bronfen is careful to state that her arena is that of cultural constructions and not the clinic. Additionally, she asserts that her argument remains firmly within the realm of the symbolic, although her theory would seem, in her own words, to reject the symbolic as it has come to be defined. Her argument relies heavily on the use of the early, clinical literature on hysteria, and her thesis asserts a psychoanalytic theory that she hopes will supplant Freud's Oedipal and phallic mythology. So, while it seems disingenuous to exclude consideration of the clinical and practical consequences of her assertions, the value of such an exclusion for Bronfen is that it frees her from the constraints of reality-testing and allows her to speculate across a broad field of literature, medical history, cinema and performance art that includes Woody Allen's *Zelig*, Alfred Hitchcock's *Marnie* and *Psycho*, Anne Sexton's poetry, Cindy Sherman's work, Roland Barthes' *Camera Lucida*, Ann Radcliffe's Gothic novels, the

writings of Anton Mesmer, Jean-Martin Charcot, Pierre Janet, Josef Breuer and Sigmund Freud on hysteria, and David Cronenberg's films, among others.

Bronfen explains her project as a concern for "the navel as a critical category for cultural analysis, namely, the enmeshment between connection, incision, bondage, and negation, that is, the bond constructed over naught. To speak of the knotted subject emphasizes not that the subject is split and multiple but how this multiplicity offers a new means of integration. The metaphor of the knotted subject yields an image for the condition of being culturally determined, with identity resulting from the inscription of cultural representations" (9). Furthermore, she defends her choice of "the navel as an anatomical sign to designate this other force field constituting the subject" by citing Mieke Bal on the "democratic" nature of the navel "in that both men and women have it. And unlike the phallus and its iconic representations disseminated throughout post-Freudian culture, the navel is starkly indexical" (11).

We have to question the validity and usefulness of an *index* or an *indexical* mark in the field of psychoanalysis and cultural productions. According to Charles Peirce, who distinguishes in his philosophy of signs between "icon," "index," and "symbol," the index is defined "by being really and in its individual existence connected with the individual object" [*Peirce on Signs: Writings on Semiotic*, James Hoopes, ed. (Chapel Hill: University of North Carolina Press, 1991), p. 251]. Symbols, by contrast, require interpretation. So, for instance, while lactation may be a clear index of parturition in the mother, and navels are clear indices of parturition in all mammals, it is problematic whether the navel ever achieves the status of a signifier of human subjectivity in the way that the phallus can, and has done. Is psychoanalysis, in all its manifestations, a field of inquiry concerned with indices?—or with symbols? I think the answer to the first question is no, and the answer to the second question is that psychoanalysis is always operating in the symbolic order, even when attempting to come to terms with the pre-symbolic and pre-verbal.

When Bronfen invokes the *indexical* as somehow a bedrock or a touchstone, the reader also has to wonder if she is proposing that we have here a reality we can all agree on; or, does she mean that the navel is an index of the real? Certainly she assigns it a set of unvarying meanings. Rather than assuming a structuring function in the emergence of the human subject, as the phallus does for Freud and Lacan, the navel serves as a code for the repressed knowledge of our mortality; it is never overdetermined, but always indexical. It is Alan Sheridan, translator of *Écrits*, and not Lacan himself who designates the real as "the umbilical cord of the symbolic" (*Écrits* x), and as such it "remains foreclosed from the analytic experience, which is an experience of speech" (ix-x). Bronfen, however, claims that her use of the navel or omphalos places it firmly in the symbolic, while standing in for all that remains unspeakable or unsymbolizable. It seems to be, simultaneously, an index of a biological fact and a symbol for what is essentially unsymbolizable. A symbol or an index? A subjective temporality that depends on *nachträglichkeit* and historicizing, or one that is coterminous with the trauma of parturition and is repeated and screened over with later developments and traumas? It is not clear what Bronfen is proposing, and what the logic and logical consequences for psychoanalysis (and psychoanalytic discourse in the cultural sphere) can be. She seems, at times, to be supplementing the phallic and Oedipal significations with the navel or Omphalos, and at others to be supplanting it. One might ask whether, in the first instance, a supplement is necessary, and in the

second instance, whether it is possible, given the manifold problematics of such a theoretical move.

In her introductory chapter, "Navel Inversions," Bronfen distinguishes between Freud's early and later theories of the etiology of hysteria, privileging the early theory in her writing and thinking because, as she writes, "Returning to Freud's initial theory of the *traumatic* rather than the *sexual* etiology of hysteria, I am interested in hysteria as a clinical syndrome only insofar as the nosology points to cultural constructions that set up the category hysteria—and negotiate theories of representation. My interest lies in hysteria as a structuring of the subject, as a strategy using multiple self-fashionings, even as these are constructed over—but also shield from—radical negativity" (35). And again here: "What makes Freud's *early* theory of the traumatic etiology of hysteria so compelling today is that it rests on a fundamental contradiction. Though related to an origin, the crucial point about psychic representations of trauma is that no one primary event can be located. All symbolization occurs *after* the significant event, demarcated by a psychic gap" (39). Here is the project, and it is set forth against a complete misreading of Freud's early and later theories of the etiology of hysteria.

In fact, Freud's early theory (and here I agree with Bronfen and every other reader that "early" means 1892-1898) states most explicitly that it is always and only a sexual seduction that produces hysteria. Bronfen's strategy of insisting on a traumatic theory, but one without the structuring of sexuality, is not in fact, a reading of Freud's early theory, either. It was by following the trail of sexuality and its representations in the discourse of his patients that Freud arrived at the Oedipus complex.

When Bronfen asserts that the navel is a knot covering an incision, this is already an imprecise description of what the navel is. The navel is the mark, not even a scar really, left after the umbilical knot dries and falls off the body. There is no incision in the body which has scarred over. There is neither a knot that could (hypothetically) be untied again, nor is there an underlying cut or scar; there is, actually, a whole body, unmutated, unblemished, except for the unique mark left behind. It is not the same as, say, circumcision, which leaves behind an observable lack and difference in the body, and by virtue of this difference and this cut, ushers the subject into his or her relational field.

Unlike the penis or vulva, and contrary to Bronfen's claim, the navel does not really mark the site of a past, or a potential or a fantasied trauma; by the time the navel is understood in its indexical sense, it becomes the site of, if anything at all, intellectualized meditations on origins. In the early stages of development, it is eclipsed in interest as well as in traumatogenic potential by the oral, anal, and genital zones and their corresponding drives. Therefore, it is not erotogenic in the strictest sense of the word; and when it is, it is not sex-neutral or non-gendered, as Bronfen asserts.

To cite one of Bronfen's own examples: the navel was censored in Hollywood under the Hays code because it simulated an "erotogenic orifice." We have to assume it was the vagina, the female orifice, and that the navel was censored in women *and* not in men because the simulation or upward displacement from vagina to navel was commonplace and obvious in women, and therefore considered lewd. We do not commonly imagine, or at least the Hays code didn't, that in

men and women, the navel might displace the anus or the mouth, and in erotic ways. It seems impossible to escape the implications of sexual difference even in considering the universal mark of our mortality.

Indeed, Bronfen is careful not to specify the navel as the site of birth-trauma in fact, but as the site of a generalized "traumatic vulnerability." What does this mean? Here are Bronfen's words: "By shifting the emphasis in my reading of the Oedipal story from incest and patricide to failed matricide, and by interpreting the ensuing self-castration as the metonymic substitute for a desire to eradicate the site of one's origin—the mother's womb and the child's remnant of this connection via the navel—I am moving away from the sexual encoding of castration. I want to suggest that at the epicenter of all traumatic knowledge, including what Freud calls the recognition of human impotence, lies recognition of mortality" (15). Here, "epicenter," like "core" in the previously cited passage, seems to imply an actual traumatic event and a temporality. Bronfen seems to posit the situation Freud cites in his critique of Rank, that is, "an ambivalent attitude toward the mother's genitals (or womb) from the very beginning" [Letter from Freud, written in February 1924, quoted by Ernest Jones in *The Life and Work of Sigmund Freud, Vol. III* (1957), 62]. This speculation, of course, is problematic for analysis as a practice, because this information is never available. What is available is symbolic reconstruction, beginning with the interdiction of the father, beginning with the advent of language, regardless of when one wants to position the Oedipal complex developmentally, or if, like Lacan, one discounts such developmental narratives. The point remains that for psychoanalysis questions of origin are always deferred to a later time, and then referred to language, considered in its broadest contexts.

This is all old hat, but Bronfen revisits these issues with the claim that her maternal/omphalic narrative is superior to the oedipal/phallic one because it does not screen over mortality with sex: "Psychoanalytic theory can be said to screen a recognition of mortality by sexually encoding narratives about the traumatic knowledge of human vulnerability in terms of the castrated or the demonic woman. As the feminine equivalent of the phallic masculine subject, she comes to harbor the denied recognition of death" (17). The evidence of the regressive effects of trauma, of the reactivation of archaic, maternal, pre-Oedipal horrors, by definition unspeakable and unsymbolizable, has long been acknowledged both in psychoanalytic theory and in literature. Is it any easier to degender the maternal horror, to separate psychic inscriptions of trauma and loss from their symbolic representation in the woman and the feminine, than it has been to separate phallus from penis? Certainly, trauma, like absence or loss, (Bronfen does not distinguish between these terms) is a nongendered construct in that it happens alike to male and female; however, there is an unavoidable way in which the working through and narration of trauma becomes gendered itself, regardless of the sex of the narrator. I'm thinking here of the same texts Bronfen cites in support of her thesis, as well as others—Pat Barker's First World War trilogy; Russell Banks's *The Sweet Hereafter*—all of which unavoidably cast the woman as representation of the maternal horror evoked by scenes of trauma.

Kristeva's theory of the abject, elaborated in *Powers of Horror* (New York: Columbia University Press, 1982), provides the contemporary standard against which to read Bronfen's theory of the omphalos, especially because Bronfen cites Kristeva extensively in her bibliography, but does not seem to make use of her work in a contextualized way in her own theorizing. The difference

between Kristeva on the *abject* and Bronfen on the omphalic lies in the relation each describes (and affirms or negates) between pre-symbolic and symbolic states and in the primacy of the Oedipal conflict for women as well as men. Where Kristeva perceives, and describes, a pathological relation to the paternal signifier, Bronfen perceives and describes an alternate structuring of the human subject, one "alongside" and competing with the Oedipal. I would like to focus this comparison on Bronfen's chapter, "Anne Sexton's Writing Suicide."

Bronfen's thesis in this chapter rests on Sexton's dual performance of poetry and suicide, finding in Sexton a unique, even *sui generis*, example of the female-hysteric-performer-poet-suicide. She finds it extraordinary that Sexton could be suffering from "psychic disturbance" and yet be a public success and discovers that her "psychic demons" and her "creative potential" both had their roots under the "surface normality" of her "discontented" life as a wealthy suburban housewife and mother. Bronfen's chapter lays out the ways that Anne Sexton's "hysterical performances of the self used the act of confession to transform private, intimate disturbances into a public broadcast of her discontent" and defines four modes of performance for Sexton: her illness, her analysis, her poetry, and her public performance of all of these roles (305). The chapter gives us a new, but not very different, reading of Sexton, than we have had from other feminist readers. The targets for Sexton's discontents are her father (and all figures of paternity) and her constrained life as a housewife and mother in mid-century America. Bronfen writes that Sexton essentially transformed her madness into poetry and performance, but that these transformations offered only temporary containment of her madness and suicidal impulses and, to the extent that her public persona as well as her private existence were composed of these performances, she became locked into this loop of madness-therapy-poetry-performance until she exited in her final performance, her suicide. This is a cogent feminist analysis of Anne Sexton's life and career, but it doesn't depend on a new reading of psychoanalysis or a new signifier for the subject. The literature on borderline states, as well as the newer literature on dissociation of trauma, describes Sexton's symptomology well enough; the theoretical divergences depend on whether one infers actual trauma at the origin of the symptoms (hence, an "encrypting," even in split-off alter ego-states, of incest with the father, for instance) or whether one takes the more Freudian-Lacanian position that the hysteric's desire for the father oscillates between insistence and refusal. Bronfen's theory attempts to straddle both positions at times, but to privilege the hysterical subject in the realm of cultural productions, inasmuch as she is construed as a disruptive and "dismantling" force in the bourgeois family.

But it strikes me as odd, finally, that the traumatic knowledge that undermines paternal authority and the paternal function of symbolizing, is knowledge of death, as if it is the death of the father (and Bronfen emphasizes the death of the fathers of hysterics in Freud's cases) that makes him fallible, instead of establishing his authority even more firmly, as Freud theorizes in *Totem and Taboo*, for instance. Bronfen writes, "His demise not only forces the daughter to confront her own helplessness in the face of death but also the tear in the family structure, which was always present though often successfully screened by the protective fictions of home romances. Yet in the gap that opens up, as the hysteric is called on to recognize that the father is a mortal and fallible person, which is incompatible with a figure of paternal authority expected to guarantee the permanence and harmony of her social world, a desire for another interpellator surfaces. If then, by virtue of dying, this desired agent of paternal interpellation fails, the hysteric finds herself compelled to resurrect the desired master at her own body. . . . Producing hysterical

symptoms proves to be her only viable mode of articulating her discontent, yet she does so in a discourse that uses the language of the body precisely—because paternal discourse has failed" (318). Here I would ask, what about the daughter's guilt, her desire, her sense of unrequited love at the death of the father? Is it paternal discourse that fails or is it the girl who experiences Oedipal failure, as the death of her father destroys forever her hope of fulfilling her own fantasy? And isn't it also the double disappointment of the girl thrown back into the threat of maternal engulfment, whose father has failed to rescue her? Here, for instance, is an example of Bronfen's insistence that it is Sexton who (like Freud) screens death with sex: "Significantly, one gender distinction runs through Sexton's obsession with death. The father figure appears only as the *sexualized* version of the traces of death in her desire, the figure to whom she can address, in a gesture of intermittent deferral, her hysterical love for death by and in representation" (330). The girl child loves death before she loves her father in this scheme of things. I would ask then, what does sex have to do with it? Why focus on women at all if not to talk about the particular difficulties they may have in traversing both the Oedipal stage and the cultural stage of representation?

Kristeva does not, as Bronfen does, revert to hysteria as a privileged nosological category for the consideration of cultural productions. Rather, basing her theory, lyrical as it is, on a firm grounding in the theorists in the line beginning with Melanie Klein, who have taken on the pre-Oedipal period in their work, Kristeva speaks of borderline conditions rather than hysteria. The borderline conditions have inherited the legacy of hysteria, but have, by now, a massive theoretical and clinical literature of their own. Kristeva's notion of the abject, then, was part of a more widespread effort to address these borderline states, their relation to the structuring of the subject, particularly in the fixation of borderlines in a pre-objective, and therefore pre-subjective, state that tends toward foreclosing on the paternal function, that is, toward psychosis.

Rather than reifying this state as an alternate structuring of the subject, as Bronfen does, Kristeva tends to the pathology that underlines and threatens the integrity of the Oedipal configuration. Kristeva's writing on the construction of the borderline patient, which ends with the following direction for treatment, could serve as a gloss on Bronfen's chapter on Anne Sexton's poetry: "The problem then, starting with transference, is to tap these remainders of signifying *vectorization* (which the paternal metaphor makes fast and stabilizes into "normal discourse" in the case of the normative Oedipus triangle, which is here absent) by giving them a desiring or a deathly signification. In short, one unfailingly orients them toward the other: another object, perhaps, another sex, and why not, another discourse—a text, a life to relive" (*Powers of Horror* 49-50). This seems to be the project Martin Orne, Sexton's psychoanalyst, initiated with her in encouraging her poetry writing.

We can agree when Bronfen writes, "On the one hand 'Anne's' extended negotiation with 'father' came to perform a hysterical reiteration of the Oedipal trajectory, sustained by relentless self-inquiry. On the other hand, however, the solution to this journey was a return to the maternal position, to Jocasta. . . . One month before her forty-sixth birthday she chose a narrative beyond hysteria, the scene of suicide: another answer to the daughter's discontent" (331). I cannot agree that "father" is only a sexualized version of Sexton's love for death. Death, rather, seduced Sexton as a substitute for both father and mother, for the impossibility of either Oedipal victory or return to the mother.

Bronfen's privileging of hysteria as a trope for cultural performance and production insists too much on its power to "dismantle" the bourgeois family and to "disrupt" the sublimations of the paternal. Catherine Clement confronted Helene Cixous on this same issue in discussing the case of Dora. Clement asks, What of the disruptions of the obsessional? Or the psychotic? When Cixous insists that Dora, as synecdoche for a "certain force" operative in culture, has functioned to break and disrupt the bourgeois family, Clement disputes this global claim, but also challenges Cixous' analysis as limiting this disruptive force "to the hysteric and hence to the feminine." On similar grounds, what Bronfen calls "protective fictions," supposedly woven only by hysterics, seem at times to be more correctly understood as symptoms, which are always protective and always overdetermined. Delusions are "protective fictions," as are dissociated states and denials and phobias and rituals. At other times, she seems to be referring to the more "useful fictions" that the trauma victim may come to in narrating and reconstructing her trauma and which have been found to be curative, like those Bessel Van der Kolk and Cathy Caruth write of in relation to trauma. I don't think anyone has ever made the kind of truth claims for the psychoanalytic narrative that Bronfen sets up in order to knock down by way of the "protective fictions" of the hysteric.

In Bronfen's practice of reading, the theoretical differences seems less apparent; one comes away asking if her close reading of Sexton, illuminating as it is, depends at all on her own elaborate theorizing. It seems, finally, like something added on. Again, in her analysis of David Cronenberg's films, she seems to be reiterating Kristeva's notion of the abject, but under the symbolic structuring of the omphalos, insisting on the "alongside" status of the hysterical subject. Actually, it is in Bronfen's discussions of films, more than of texts, that her theory becomes more compelling, and it may be because the visual metaphor of the navel becomes more demonstrable and less attenuated. Consequently, Kristeva's formulation of the abject is a more elegant theory because it eschews a visual signifier in favor of an abstraction that encompasses the multifarious borderline states that she, and here Bronfen, addresses: inside-outside, dead-alive, body-mind, moral-amoral—in short, all those cases, male and female, where the sublimatory function of the paternal signifier fails and the maternal underlining shows through. It is this notion that informs Bronfen's analyses most thoroughly and strongly. Her omphalic theory depends upon a weaker argument, and on an untenable claim.

There is a conflation of the phallic and Oedipal in Bronfen's arguments that compels her to posit the omphalos as a way to break up or intercede in the masculine/feminine projective identifications that have polarised gender identities, as well as the cultural discourses of gender. It is useful to distinguish the phallic from the Oedipal so as to situate hysterical and borderline states more clearly in a pre-Oedipal stage which is not yet the Oedipal stage of triangulation and mourning over loss of imaginary omnipotence in both males and females. In the phallic stage, there is certainly a defensive posture of omnipotence and an equally defensive need for clearly polarized gender definition that must resolve into the more submissive, asymmetrical posture of the resolution of the Oedipal stage. The fact that this happens successfully only rarely does not argue for the need for a new theory based on the navel, but only for better analysis.

There is no question or argument that the maternal has priority as the ground for anxiety, as the site of both plenitude and engulfment, life and death. The psychoanalytic narrative comes to a dead halt in the realms of the pre-verbal. It may be true that in life, and then in psychoanalytic

theory, the vicissitudes of the phallus come to symbolize most readily, and to displace by association, all previous losses, as Freud theorizes in *Inhibitions, Symptoms, and Anxiety*: loss of the object, loss of the love of the object, castration, and punishment by the superego. Freud's praxis depends, not on fixing origins, but on symbolic proliferation; not on return, but on repetition and working through.

André Green speaks directly to the centrality of the paternal, even for the infant in a recent article: "More evidently, it takes two to make a baby. If in the mother-infant relationship there is no place for the father, I think we can expect some trouble in the mother's mind. The three-person relationship, then, is always at play, including the child, the mother, and, *from the beginning, the father in the mother's mind* (emphasis mine). Later the father will shift from a potential presence in the mind of the mother to an actual presence external to her. So the passage is not from two to three, but from two with a potential third in the mother's mind to a three-person relationship involving both the sexual difference between the parents (by which the child is affected) and a generational difference" ("Commentary on The Analyst's Witnessing and Otherness," *JAPA*, 48/1, Winter 2000: 64-65).

By declining to grapple with *Beyond the Pleasure Principle* at this juncture, Bronfen enables herself to screen over both the sex and the death drives with existential anxiety. She quotes the existential psychotherapist, Irvin Yalom, on "real death anxiety" that he also feels Freud avoided in his theory, or screened over with the sexual drive. A basic problem seems to be the way terms get elided in her text. For, although our unconscious, as Freud writes, does not recognize our own death, and therefore we cannot be said to have a "real death anxiety," as Bronfen implies, there is no question in his writings, at least, that we all have an unconscious drive toward death or dissolution. Here is a point of real controversy, but Freud must be given his due for laying it out with more precision than Bronfen. The existential issue for Freud is one that comes rather late in life, that we are faced with the choice of how we are to die, not whether we are to die. Death, contrary to the assertions on which Bronfen builds her theory, holds a prominent, if not preeminent, place in Freud's theory; although he comes to it later in life than he does to his theory of the neuroses, it nevertheless provides a point of rereading that alters Freudian theory in significant ways, as Lacan and other writers have realized and acknowledged in their writings. Jean La Planche's *Life & Death in Psychoanalysis* provides, perhaps, the most trenchant commentary on this difficult theme in Freud's work.

In Freud's theory, sublimation is always an achievement, but never a permanent one, never a question of phallic omnipotence in the way Bronfen insists. The question of which way a displacement is working at any time in any given subject is an important one, to be sure. Bronfen's book grapples with the question of origins so as to fix in place the first displacement and the first anxiety; she finds it in birth, it would seem, as the navel is indexical of parturition. But she immediately makes what she defines as a more Derridaean move toward indeterminacy, but what is yet another elision or conflation, by displacing birth with death and mortality, then with vulnerability and anxiety, as if to deny what she has just asserted. Indeed, she would probably not argue with the observation that her text performs all the displacements and elisions of the hysteric in enacting and yet refusing to name the traumatic event that is, nevertheless, there, at the beginning of everything. One can concede that anxiety connected with the maternal body, may be associated with the sight of the navel, but it doesn't logically follow that anxieties

related to one's own death and mortality are coterminous with the sight of that indexical mark, or that sexuality follows later as a screen over this anxiety. With the articulation of a theory based on the navel, Bronfen seems to be cutting and tying off whatever umbilicus was left between the discourses of the clinic and the discourses of the academy with regard to psychoanalysis. I see this as a very sad state of affairs if indeed it points to an involuntional trend in future writing and theorizing.