

## BETWEEN KNOWING AND BELIEVING: SALVAGING ILLUSION'S RIGHTFUL PLACE IN PSYCHOANALYSIS

BY RICHARD TUCH

*Illusion has historically received insufficient psychoanalytic attention, even though it plays an indispensable and adaptive role that helps protect individuals from becoming traumatized by the most psychically noxious aspects of reality. Trauma is mitigated by an individual's knowing about the existence of such realities yet simultaneously believing them non-existent, with neither position granted exclusivity. Psychoanalytic theory is surprisingly predicated on the employment of illusions that picture an individual capable of controlling the potentially traumatic actions of others, just so long as the individual effectively manages his own intrapsychic processes (wishes, fantasies, impulses, etc.). The role of illusion in everyday life is highlighted.*

**Keywords:** Illusion, trauma, Winnicott, nameless dread, fear of non-existence, interpersonal control, Freud.

Life is filled with terrifying dangers of many sorts. If one contemplates, really contemplates, all that could go wrong in life—unthinkable torture, anguishing loss, excruciating pain, and the hardest of all to face, non-existence everlasting—one could easily become psychically traumatized by the thought of it all. Thankfully, most individuals find ways to keep them-

---

Richard Tuch is a Training and Supervising Analyst at the New Center for Psychoanalysis, Los Angeles, and a Training and Supervising Analyst at the Psychoanalytic Center of California.

This paper is dedicated to the memory of Jim Grotstein, whose intellect and encouragement have served as a personal beacon.

selves from becoming overwhelmed by such possibilities by employing such illusions as the abiding assumption that one is protected from such calamities, or the reassuring belief that one possesses the requisite skills needed to meet whatever challenge might arise. Without such protective illusions, we would all be forced to face the unthinkable—things we intellectually know *could* happen were it not for our convincing illusions that allow us to believe they never will, that such things are avoidable or, if not, are at least within our ability to manage.

This paper is about such illusions—the ways in which and the extent to which humans rely on illusions of various sorts. The psychic device of illusion can help one cope with the aspects of life that are hardest to face and accept. As such, illusion might be regarded as a defense mechanism akin to denial, though it has never been psychoanalytically categorized as such (A. Freud 1936) and has been alternatively likened to an act of creativity (Milner 1950; Mitchell 1988; Winnicott 1951).

Illusion bears a close relationship to other psychic devices, such as selective attention/inattention (“Pay no attention to the man behind the curtain”), magical thinking (sleight of hand: “Now you see it . . . now you don’t!”), and dissociation (a vertical split that allows us to simultaneously know and not know something in particular, supported by primary process thinking that accepts such inconsistencies without requiring that logic prevail). Illusion might be seen as equivalent to *delusion* save for the fact that illusions are typically built on a grain of truth, whereas delusions are considered to be made up of whole cloth. Illusions are often, though not invariably, unconscious. They cannot stand the light of day and, if exposed, appear to disappear. The illusion of immortality, for example—which Freud (1915) posited as universal—is patently false, though no one will admit to believing such a thing, even though we all do. In this regard, such a belief can only exist so long as it is consciously denied.

This paper endeavors to explore particular aspects of illusion—the way in which individuals indulge a need to believe in illusions while at the same time knowing such things are not factually so. While one may simultaneously know and not know a particular thing, there are times

when *knowing* recedes so far into the background that it seems to be lost altogether, with *believing*—on either a conscious or unconscious level—seeming to occupy the entirety of one’s thinking, analogous to the way in which dissociation operates. I will consider the extent to which the concept of illusion has been overlooked by psychoanalysts, by and large, and will hypothesize why this might be.

This paper also strives to illustrate how illusions can disrupt our capacity for empathy when tendencies to “think it so” (i.e., how we believe we would handle a *hypothetical* challenge) interfere with our ability to appreciate how others *in extremis* are handling themselves. I will emphasize the beneficial effects of illusion and the extent to which it proves psychologically indispensable by illustrating what life could be like were we to lose the ability to maintain illusions that keep us believing we are safe, secure, and in no immediate danger. This view of illusion assigns it a positive and/or adaptive function (Turner 2002) that contrasts with Freud’s outspoken critique of illusion, found in his writings on death (Freud 1915) and in his famed diatribe against religion (Freud 1927). In fact, the latter suggests that illusion represents a failure to face reality, and as such represents a form of dishonesty.

I will explore the relationship between Winnicott’s (1953) concept of transitional phenomena and the subject of illusion, and I will argue that the either/or debate about the legitimacy of the concept of infantile symbiosis, as it relates to Winnicott’s transitional space, can lead to difficulties in appreciating states that exist halfway between believing and knowing, with neither granted exclusivity, where debates about objective reality have no place. I will show that privileging one’s ability to speak with authority about another’s subjectivity may be indicative of an illusion that confuses believing with knowing.

Finally, I will explore how basic psychoanalytic theory rests on an illusion, to the extent that we humans believe we can gain control over externally determined behaviors and events by taking care to closely monitor and control aspects of our psychic life. In so doing, we turn the somewhat random actions of others into things we can do something about.

## AN OVERVIEW OF THE SUBJECT OF ILLUSION

Loewald (1988) identifies two ways in which illusion can be defined: either as “a belief about the external world which is subjectively determined” or as equivalent to a delusion: “a form of error when measured against a standard of truth we take as absolute” (p. 70). Illusion need not be limited to an error of perception and may entail, for example, the interpretation of an aspect of reality that is neither clear nor distinct, taking shape only as it becomes invested with assigned meaning. A coat hanging on a standing coat rack in a darkened room suddenly becomes a lurking menace of a man.

Illusion is the basis of magic; the illusionist either creates the appearance of something coming from nothing or the appearance of something disappearing into thin air. In likewise fashion, illusion strives to dispense with disagreeable aspects of reality, just so long as one takes care never to note that an illusion is working behind the scene. The illusionist distracts the audience’s attention so that they do not see what is taking place before their very eyes, which are drawn to look elsewhere as the trick unfolds. Illusion requires us to “pay no attention” to the things we wish to wish away—first and foremost, our own nearly unthinkable mortality. We are also required to pay no attention to the device itself—the *way in which* we expeditiously dispose of such disagreeable aspects of reality.

The term *illusion* refers to at least two specific types of phenomena—one involving lived experience, the other entailing a more cognitive phenomenon (e.g., a held belief). Alterations in perception—for example, experiencing oneself floating above a scene in which one is being raped—constitute illusion. An inflated belief in one’s capacities to handle adversity or cope with life also constitutes illusion, as in “I can do *anything* I set my mind to.” Hence, illusion can be seen as either a convincing experience or a desirable belief that makes it easier to cope with life in a number of different ways—for example, by (1) painting a rosier picture than is factually realistic; (2) granting oneself superhuman

powers that are beyond reason; and (3) limiting the consideration of chance calamities to a psychically manageable handful of possibilities, etc.

The term *illusion* refers to a broad array of phenomena. People harbor illusions about human nature, about how the world works, about why others do the things they do, about the extent they can know for sure what others are thinking or feeling. Not all illusions defy reality; some offer a point of view, a way of thinking, a philosophy. Falling in love, which typically entails a degree of idealization, hinges on illusion. We recognize euphemisms as a type of illusion—one that dresses up and makes respectable the rawest aspects of life that we are loath to call by name. Even the act of naming something contributes to the illusion that to *name* is to *know*, with knowledge affording an illusory sense of control over that which is known.

In these varied ways, we enlist illusion to help us avoid facing the naked truth, whatever that might be. Art is all about illusion—so aptly illustrated in the point Magritte paints into *The Treachery of Images* (“*Ceci n’est pas un pipe*,” “This is not a pipe”) that addresses the issue of illusion head on. What looks like a pipe is, in fact, nothing more than a rendering—a representation of the real thing. But if the rendering is sufficiently convincing, some viewers may lose themselves in the illusion to such an extent that they temporarily lose track of the fact that it *is* a rendering, evidenced by their confusion as to the caption’s meaning. These viewers will then semi-accept the painting (halfway between believing and knowing) for what it is *not* (a real pipe) yet very much appears to be.

One developmental epoch during which illusion plays an important role is adolescence, when we see evidence of the illusion of omnipotentiality (Pumpian-Mindlin 1965)—the belief that one has unlimited abilities to achieve whatever one puts one’s mind to. Adolescents notoriously believe in their own immortality and invulnerability—illusions that help them set aside self-doubt so as to be able to act heroically—venturing forth to metaphorically slay dragons when a part of them is filled with underlying doubt about their abilities to meet the world on its terms. On the other hand, believing oneself to be immortal and/or invulnerable

can encourage reckless behavior—illustrating the danger of acting on a belief that one’s loss of all sense is but an illusion—as happens in the case of mania, itself a grand illusion.

The aspect of reality that proves hardest of all for humans to handle is that of one’s eventual non-existence. Freud (1915) argues that “[one’s] whole being revolt[s] against the admission of one’s non-existence” (p. 293), which he considered unthinkable. To illustrate how much easier it is to imagine the loss of a loved one than to conceive of one’s own demise, Freud relates the joke about the husband who tells his wife: “If one of us dies, I shall move to Paris” (1915, p. 298).

How the raw, unmodulated realization of one’s own death can affect one is illustrated in the words of Simone de Beauvoir (1976), who appears to be reacting in the wake of a sudden loss of her ability to sustain an illusion of immortality when she writes:

One afternoon, in Paris, I realized that I was condemned to death. I was alone in the house and I did not attempt to control my despair: I screamed and tore at the red carpet. And when, dazed, I got to my feet again, I asked myself: “How do other people manage? How shall I manage too?” . . . It seemed to me impossible that I could live all through life with such horror gnawing at my heart. [p. 138]

Facing such a truth brings to mind Bion’s concept of O: “a register of existence that lies beyond our capacity to imagine or to conceptualize” (Grotstein 1999, p. 142n).

There are those who insist that they themselves are more than able to stare death squarely in the face—and do so on a regular basis by giving due consideration to their ultimate demise. Such individuals believe this refutes Freud’s claim about the impossibility of grasping one’s own mortality. What I believe these individuals are describing is more accurately characterized as dealing with death *in the abstract*, which keeps them from having to grasp death on the level that de Beauvoir described having experienced it. I myself experienced just such a realization during my latency years when a sudden realization of my own non-existence plunged

me into an unforgettable, anxiety-ridden state of free fall, during which I experienced myself as if unsupported by anything whatsoever that might catch me from falling into a deep abyss. Such is the experience of suddenly being illusionless in the face of the unthinkable.

## ILLUSION'S PLACE IN PSYCHOANALYSIS

While illusions are known to serve an important psychological function, the topic of illusion has more or less been largely marginalized by psychoanalysts. Neither of the two standard dictionaries of psychoanalytic terms (Laplanche and Pontalis 1967; Moore and Fine 1990) make mention of the term. Aside from the work of Winnicott (1953, 1960, 1965, 1971) and Milner (1950, 1952, 1955)—much of which was written a half century ago—and a few more recent works (Klauber 1987; Rycroft 1968), there is a relative dearth of papers that seriously take up the subject.

Why the topic of illusion has received so little attention is a bit unclear, though it may have to do with Freud's strongly expressed feelings about the subject. The concept of *illusion* got off to a bad start in psychoanalysis to the extent indulging in illusions was judged by Freud to be "patently infantile" (1930, p. 74), indicative of a "weakness of intellect" (1927, p. 48). The fact that many human beings rely on religious illusions in particular to get by in life greatly bothered Freud, who dedicated his life to facing reality head on.

Freud did not have much patience for what he saw as the immature human inclination to indulge in such illusions as a belief in God and the hereafter. Freud (1927) strongly believed that man can and should do without illusion, and he anticipated a time when humankind would be able to dispense with what he considered utter nonsense. Freud (1915) regarded religion as a quasi-delusional belief system that helps individuals avoid the harsh reality that man is alone in the universe and ought to face the fact, rather than placing faith in illusions that offer fanciful solutions and encourage unrealistic hopes. Freud (1927) called individuals who believe in religious illusions "the great mass of the uneducated and oppressed" (p. 39, italics added). Here his thinking is in line with

that of Karl Marx (1956), who called religion *the opium of the people*, implying that religion results in becoming too accepting of one's circumstances as one surrenders to a God-determined life (i.e., fate).

To whatever extent man refuses to accept personal responsibility for his days on earth and instead turns the matter over to God, argued Freud (1915), his life is impoverished and his ability to make the most of life is greatly diminished. Freud felt that religion insinuated complacency into life, encouraging tendencies to resign oneself to accept the way things are, rather than working to better one's lot or striving to improve the human condition. Better that people accept and face the truth, argued Freud (1927), than live in "the fairy tales of religion" (p. 29).

To whatever extent the weight of Freud's words cooled psychoanalytic interest in the topic, by mid-century, Donald Winnicott (1953, 1960, 1965, 1971) and his analysand Marion Milner (1950, 1952, 1955) were diligently working to retrieve the concept from the waste bin and to honor illusion as an essential feature of development and human nature. "If Freud wished to rule out illusion and destroy it," notes Meissner (1984), "Winnicott wished to foster it and to increase man's capacity for creatively experiencing it" (p. 177).

Sorenson (1994) felt likewise:

Rather than viewing [illusion] as a flight from reality . . . Winnicott (1971) saw the child's capacity for illusion as one type of transitional phenomenon that is prerequisite for increasing relatedness toward reality. This capacity for illusion, moreover, is not something that is ever outgrown or renounced in the name of emotional maturity. [p. 635]

Further along in this paper, I will return to the topic of Winnicott's thinking as it relates to illusion.

## COMING TO TERMS WITH CATASTROPHE

Unlike the sorts of defenses used to help us cope with intrapsychic tension arising from conflicts within a particular psychic agency or between agencies, as stipulated by psychoanalytic theory, the sorts of illusions I

will address are chiefly—though not exclusively—*outward looking*, to the extent that they are meant to address environmental dangers (including those involving the body, which lies outside the mind) and *forward looking*, anxiously focused on what the future holds. Environmental dangers include a wide array of catastrophes—those imposed by others (assaults such as rape, beheadings, castration, sexual molestation, etc.), natural disasters (e.g., floods, fires, famine), physical accidents, and so on—as well as personal losses of every imaginable sort that result in a diminishment or loss of personal capacity (e.g., loss of cognitive ability, loss of bodily integrity, loss of mobility, and ultimately the loss of the self through death). Illusions designed to address external dangers that may take place in the future include a belief in the ability to foresee such dangers before the fact, and a belief in the eminent ability to handle whatever challenge may arise. A belief in one's capacity to read minds likewise proves oftentimes to be an illusion.

The fact that illusions are often fashioned to address external factors and future possibilities underscores the limit of our control over such matters. The future is notoriously unpredictable. To deal with the anxiety aroused by uncertainty, an individual may rely on the illusion that he is able to foresee the future, which he is actually able to do only on a very limited basis. Knowing as much does not stop certain individuals from dedicating inordinate amounts of time and energy to anticipating the future, which often results in the unfortunate habit of obsessively considering a litany of “what if’s,” one more bothersome than the next, ostensibly entertained in the service of lessening one's sense of powerlessness as one faces an uncertain future. In this fashion, a process that starts out as an attempt to contain one's anxiety ends up doing just the opposite.<sup>1</sup>

Consider the following everyday example of illusion, drawn from the pages of the *Los Angeles Times* (August 25, 2014), which illustrates how we may simultaneously accept and deny the reality of chance calamities. A California shop owner muses about the 6.0-magnitude earthquake

<sup>1</sup> I am not suggesting this is the sole or even predominant reason why individuals act in this fashion; rather, this theory is offered as one of the many motivations for such behavior.

that rocked his town the day before: "You anticipate the Big One all your life. It's a part of what you expect living in California. *Just not on some Sunday in August.*"

The shop owner is simultaneously acknowledging and negating his acceptance of the reality that big earthquakes can and will occur. He accepts *in theory* the idea that a large earthquake will happen someday, but *someday* and *today* are not at all the same thing. Large earthquakes are in our future, but the future is the future—it is not now! So we are safe for the time being. Such is the logic of illusion, particularly with respect to time—a common element of life that is especially vulnerable to illusion.<sup>2</sup>

One daring proposal suggests that psychoanalysis endeavors to study a wide variety of illusions or myths, collectively held or personally fashioned, that aim to cope with daunting possibilities—external dangers and potential catastrophes—that could occur randomly, save for the fact that we develop a story line/fantasy suggesting the outcome is of our own making, to the extent our thoughts, wishes, actions, intentions are pictured as bringing about the feared outcome. Take, for example, castration anxiety—the possibility of suffering the loss of a prized body part. By tying such a possibility to something he has done, thought, felt, or desired (e.g., daring to challenge the father's rightful position vis-à-vis the mother), the child takes a potentially random occurrence that is out of his control and converts it into one that can be averted—so long as he manages to divert, hide, or otherwise negate what it is he is wanting and scheming to make his own.

The centuries-long durability of the oedipal myth suggests it serves an essential psychological function for humankind. That function, I am proposing, lies in its ability to grant the individual an illusory sense of control over random catastrophe, and while this successfully allays fear to the extent that he imagines himself capable of controlling such a possibility, it burdens him with conflict as he struggles with the need to rein in the acting out of his impulses, turning an external danger into an internally manageable one.

<sup>2</sup> This is the type of illusion that populates the stories of Jorge Luis Borges.

The same principle applies to the frequently noted tendency for children to believe they have only themselves to blame for the mistreatments they suffer at the hands of their parents. Such commonly encountered myths exist in the service of maintaining the illusion that caregivers are essentially benign and would never act in such ways, were it not for the misbehavior of children who cause them to do so. Such a myth helps the child ignore the distinct though unthinkable possibility that parents can harbor hateful feelings toward their children.

## THE ILLUSION OF PERSONAL SAFETY AND EFFICACY

One central task of life is to find ways to avoid getting too close to the unstable edge of the ability to feel safe and in control of one's own life situation. Humans can handle fear just so long as it is reasonably contained and kept from mushrooming into overwhelming shock or terror. Trauma entails the breaking through of a protective (psychic) shield that results when defenses no longer prove sufficient, or when we fail in our ability to continue "buying into" the sorts of illusions needed to psychically encapsulate the situation at hand. When our belief in the illusion of safety is shattered—for example, when we become the sudden victim of an awful occurrence—Post-Traumatic Stress Disorder frequently ensues. One moment we are blithely going along our merry way; the next moment a catastrophe occurs. Since no one can live life constantly contemplating such daunting possibilities, we try to avert our attention with the aid of illusion—convincing ourselves that danger is distant, that "such things happen to others and not me," so that we can sleep at night without tossing and turning, haunted by the "what ifs" that occupy the minds of those who cannot make effective use of illusion.

At the core of such trauma is the erosion of the ability to psychically cope with whatever challenges might arise that threaten the continuity of the twin illusions of safety and of having the necessary control to handle whatever comes along. Freud (1926) defined trauma as entailing "the subject's estimation of his own strength compared to the magni-

tude of the danger and in his admission of helplessness in the face of it—physical helplessness if the danger is real and psychical helplessness if it is instinctual” (p. 166).

Bromberg (1993) notes that the experience of shock involves “the real or perceived threat of being overwhelmingly incapacitated by aspects of reality that cannot be processed by existing cognitive schemata without doing violence to one’s experience of selfhood, and sometimes to sanity itself” (p. 164). Terror ensues when one exhausts one’s ability to psychically cope with overwhelming conditions—for example, when illusions cease to be believable—resulting in psychic trauma and states of dissociation (Bromberg 1993). Like Humpty Dumpty, once shattered, illusions can be hard to piece together again.

While illusions manifest in different ways and serve different functions, my focus here is on those that support either an overriding sense of safety or a sense of personal efficacy. Illusions that provide a sense of being safely protected include a belief in the almighty; a belief that “bad things happen to others, not me”; a belief that one lives a charmed life, etc. Beliefs in having nearly limitless capacities include illusions of utter self-sufficiency,<sup>3</sup> invulnerability, and immortality, as well as the capacity to know what others are thinking or feeling.

Illusions of substantial personal ability picture an individual as capable of actively influencing his fate so long as he remains perennially alert and is willing to give his all should adversity arise. Such illusions include an inflated belief that one can foresee and effectively dodge calamity—or, if adversity cannot be avoided, that one is infinitely able to rise to the occasion if required.

I will somewhat arbitrarily subdivide illusions of power and control into four basic types:

- (1) *Heroic illusions*, which picture one’s efforts as sufficient to prevail against daunting conditions that require mustering *extraordinary* strength, courage, foresight, etc.;

<sup>3</sup> Since a reliance on others is another externally determined danger, the “illusion of self-sufficiency” (Modell 1975, p. 275) can lead one to believe that one does not require anything from anybody, which seems to mitigate the problem of dependency.

- (2) *Magical illusions*, which picture the self as capable of influencing conditions that are not within the self's control—by employing magical maneuvers that are half believed to be capable of saving the day;
- (3) *Illusions of power and control*, which picture the outcome of a particular struggle as going just as one had hoped, contrary to the evidence that suggests one had actually wanted to see the situation play out differently in the beginning. By *surrendering to the inevitable*, one employs an illusion that snatches victory from the jaws of defeat by “signing on” to the direction in which things are inevitably heading, even to the point of picturing oneself as having been instrumental in shepherding the course of the process—even to the point of claiming it to have been of one's own making. *Interpersonal control* is a variant of this type of illusion; and
- (4) *Illusions of privileged access to the subjectivity of others*, which picture the individual as knowing and claiming to know more than he can possibly know *for sure* about the other's thoughts or feelings.

### *Heroic Illusions*

Heroic illusions are advantageous to the extent that they provide psychic protection by fostering the belief that we have nothing to fear as we make our way through life, sometimes treacherously close to the edge of random calamity. While such illusions oftentimes prove helpful to the extent they quell anxiety about the possibility of chance occurrences that might seriously challenge our ability to cope, such illusions sometimes have the unfortunate effect of impairing our ability to empathize with and think realistically about the actions of those presently confronting extreme adversity. Illusions that picture oneself equipped with extraordinary courage and/or capability, far in excess of what one is likely to be able to muster when put to the test, are easiest to sustain when—metaphorically speaking—the lion is safely ensconced on the other side of the fence.

Occasions on which we imagine ourselves performing laudably in facing a *hypothetical* challenge can lead us to fault the performance of

others who are presently in the midst of such a struggle. In such cases, empathy for others is often sacrificed in favor of our maintenance of the illusion that we are optimally equipped to handle adversity. Only when we ourselves come face to face with actual danger might we discover how limited our own powers may actually turn out to be, as we scramble to scrape together enough presence of mind to cope—exhibiting behavior that is often short of what might be considered heroic. Such sobering moments tend to fracture our abiding illusions about being safe and able.

### *Magical Illusions*

Magical illusions picture an individual as able to influence processes over which he has little, if any, true control. Such magical illusions can be illustrated with the help of a relatively trite example: imagine a bowling ball headed down a lane veering to the left as the bowler, with tremendous intention, leans mightily to the right—believing in the illusion, *but not really*, that his efforts might somehow save the day, *knowing it will not*. Again, illusion positions one halfway between believing and knowing.

Superstitious rituals are of this kind. Consider the anxiety-lessening attempts (“knock on wood”) to avert a calamity that one superstitiously believes has been set in motion by the verbalization of optimism about one’s present situation—as if outwardly expressed hope is tantamount to hubris and must accordingly be neutralized, lest “the gods” punish those who do not know their place and dare to try to influence fate by imagining a positive outcome. The same can be said of superstitious attempts to avert the realization of a verbalized *negative* outcome (“God forbid!”, “bite your tongue!”, or the Jewish practice of repeating “*peh, peh, peh*”—as if spitting out the words that have just been spoken in a magical effort to negate the act of having said something that could lead, it is feared, to its actualization). Illusions of this sort are a commonplace occurrence, illustrating the extent to which humans—at least those who are superstitiously inclined—rely on such practices in order to feel safe.

*Illusions of Power and Control*

The third type of illusion includes instances when we implicitly recognize and acknowledge that we are powerless to steer a given process in the direction we wish, leaving but two options: either resist with all our might or surrender to the process, which then runs its course. Consider toilet training. Surrendering to the process involves accepting the fact that, try as one may in the short run, one cannot resist forever, given the fact that one's bowels will have their way in the end. An individual's recognition of the extent to which he is powerless and suffering the narcissistic blow that results when he is forced to face the limits of his ability to effect change sometimes translates into his talking himself into believing he had wished to see the process play out just as it has, which may then support the illusion that the outcome of the process was his idea all along—as in “if you can't beat them, join them.”

To understand such situations requires us to consider early psychoanalytic theories that tie the anal phase to the development of the child's sense of autonomy and his will to control.<sup>4</sup> With all its limitations, the anal phase works as a remarkably good metaphor for describing the dialectic of paired psychological processes: of *holding in* (collecting, retaining) and *letting go/letting it happen*. But herein lies the rub: while a child typically considers himself responsible for the creation of his feces—believing he has labored it into existence—this is not at all the case. In actuality, passing feces is a passive act that comes about by surrendering to the process (*relaxing* the anal sphincter), thus permitting (“letting it happen”) the involuntary musculature of the colon to “do its thing”—*for which the child may then take credit*. While the end result, the “making” of a fecal bolus, may appear to be the result of one's active effort, this is not so, *though it may appear so*, particularly to a child who struggles against relinquishing control. Hence, taking responsibility for an outcome one did not bring about—and, at best, has “allowed” to

<sup>4</sup> It should be noted that others (notably, Stern [1985]) have argued convincingly that control issues cannot reasonably be seen as limited to the anal phase, and in fact can be shown to operate in each of Freud's psychosexual stages.

happen—illustrates to a T the illusion of control. One knows otherwise, but one is positioned halfway between knowing and believing.

Of the varied ways in which *illusions of power and control* may manifest, none is more relevant to the work of psychoanalysis than the erroneous belief that it is literally possible for one person to capture and subjugate the will of another—the illusion of *interpersonal control*. There are instances when both parties involved become deeply immersed in such a shared illusion—when each “buys into” the concept that it is possible for one person to control another—as *appears* to happen when the hypnotist induces a trance, for example. Seduction is another excellent example of a mutually accepted attempt on the part of one party to make it appear as if he has seized the will of the other in *doer/done to* fashion (Benjamin 2004), with the seducee *pictured* as passively along for the ride, disavowing responsibility for unfolding events. Believing in the illusion allows the seducer to feel particularly powerful while affording the seducee the distinct pleasure of feeling swept up in a powerful process that *appears* to leave him no other option but to submit—a terrifying experience for some, a deeply pleasurable one for others, who feel relieved of the heavy burden of being responsible for their own life and subjectivity.

One often sees the illusion of control in operation when treating couples. One of the partners charges the other with maneuvering in an attempt to control him. The spouse who claims to have succumbed to the control of the other disowns responsibility for his own actions by loudly proclaiming, “Look at what you made me do!”—which is an illusion of *lacking* control. In that moment, that individual may genuinely believe in the illusion that he had no choice in the matter, losing track of reality as he becomes amply convinced by the illusion.

### *Illusions of Privileged Access*

The illusion that one can speak with authority about the thinking or subjectivity of another is a fourth type of illusion, one not infrequently encountered in the clinical setting. The patient claims to know *for sure* something about the inner workings of the analyst’s mind and is not open to the possibility that there may be reasons for him to believe what

he believes. One approach to working with such illusions is to explore the patient's personal epistemology by directing his attention not to the content of what he is thinking, not to the affects being experienced, but to his conviction that his beliefs represent truth rather than hypotheses. This *metacognitive* approach (Tuch 2011) involves, for example, highlighting the extent to which the patient confounds *knowing* with *believing*, and, furthermore, disallows for the possibility that he may be mistaken. This is illustrated in the following clinical vignette (Bass 1997) in which a patient insists her analyst accept *her* view of *his* subjectivity as indisputable.

This patient, who had a habit of keeping certain thoughts to herself (fearing her analyst might become critical of her), is late for an early-morning session and asserts that she knows the analyst is mad on account of her lateness. The analysis has recently focused on the patient's tendency to repress any expression of her own aggression, which sets the stage for the analyst to interpret her assertion that it is *he* who is mad as most likely a matter of projection. Such an interpretation may seem in order—save for the fact that, as Bass points out, the patient's communication contains not one but two important bits of information, either of which could profitably be addressed analytically. First is her assertion that she “knows” something to be true, and second, there is the content of what she claims to know—her fantasy.

When the analyst calls into question the patient's “knowledge” by treating it as a projection/fantasy, his intervention backfires. The two are drawn into a distracting power struggle about which of them is right. What gets overlooked in the process is any exploration of

. . . the patient's desperate *need to know* (the known devil is worse than the unknown devil), her *need to unquestioningly know* (terrified of the alternative of not knowing), and her *plea to be permitted to continue to know* that which she claims to know.  
[Tuch 2011, pp. 779-780, italics in original]

Bass (1997) notes that reorienting the analytic work toward the question of why the patient needs to know and insists on knowing, rather than the content of what it is she believes she knows, permits therapeutic

progress to resume—which constitutes a *metacognitive* approach insofar as the focus is not on the content of the patient’s thinking, but rather on the extent to which she conflates knowing and believing. She fails to appreciate that what she regards as knowledge is, in fact, more a matter of belief—an illusion. In this instance, a metacognitive approach focuses on an exploration of how the patient’s insistence on knowing precludes her from keeping an open mind about other possibilities, which is a very different clinical approach than translating the symbolic content of the patient’s fantasies.

### WINNICOTT’S THOUGHTS ON ILLUSION

The writings of Winnicott (1953, 1960, 1965, 1971) contribute greatly to our understanding and appreciation of the ways in which illusion functions throughout life. His thoughts on illusion are based on a prototype—the infant’s illusion that he “creates the breast” (Winnicott 1953, 1971). Winnicott sketches a developmental line culminating in the child’s capacity to tolerate the realization that he is a separate individual, which comes about as he is weaned from the “maternally provided psychological matrix” (Ogden 1985, p. 360) that had protected him from the premature and potentially traumatic realization that he is a separate, *and hence dependent*, entity.<sup>5</sup> Until such a time that he is able to face reality, the infant relies on the illusion that he created the breast, has omnipotent control over it, and is therefore shielded from having to struggle with an idea he is not yet ready to face—the extent of his powerlessness and dependency.<sup>6</sup>

Winnicott (1971) describes the transitional phenomenon as representing “the early stages of the use of illusion, without which there is no meaning for the human being in the idea of a relationship with an object that is perceived by others as external to that being” (p. 11).

<sup>5</sup> This also touches on a shift from the paranoid-schizoid to the depressive position.

<sup>6</sup> Ogden (1985) sees the situation a bit differently—as the infant’s illusion that he has no needs whatsoever. Ogden proposes that this illusion of needlessness, which keeps the infant from having to directly experience his own needs, is supported by the way in which the mother carefully tends to those needs, thus shielding the infant from realizing *what it would be like to have to do without*.

While the transitional space is one in which the child is thought to experience a *state of oneness*—symbiosis<sup>7</sup>—with the object, to the extent that the object is seen as of the infant's making and under the infant's control, the notion of symbiosis flies in the face of current psychoanalytic thinking. This thinking views the concept of early infantile symbiosis (perceived merger of self and other) as having been disproven by infant researchers, who present experimental evidence demonstrating that infants can and do differentiate self from other at a much earlier age than had once been thought (Lichtenberg 1983; Stern 1985; Zeedyk 1996). Against such questioning of the viability of the notion of normal infantile symbiosis, many analysts continue to think in terms of *states of oneness* (see Silverman's [2003] review of the literature in this regard). Grotstein (1997), for example, talks in terms of oneness, though he is quick to qualify his use of the term by specifying that he is referring only to an *emotional/psychological* merger, and not to the sort of *perceptual/physical* merger that infant researchers have now ruled out.

Freud also believed in the reality of symbiosis. One of the last things he wrote demonstrates his belief that the infant's first way of relating to others is by imagining himself *to be* the other, followed later by the idea of *possessing* the object—which is still viewed as a part-object until it eventually becomes recognized as an entity unto itself. Freud alludes to symbiosis when he writes of the infant's relationship to the breast: "The breast is a part of me, *I am the breast.*' Only later: 'I have it'—that is, 'I am not it'" (Freud 1941, p. 299).<sup>8</sup>

The point that gets lost in the debate about whether symbiosis is merely a figment of one's imagination—hence an illusion—is the fact that this polemic hinges on an either/or distinction that is unbecoming to analytic thinking. In fact, the momentary loss of a sense of one's existence as a distinct object need not contradict background awareness that one is, in fact, a separate and distinct entity unto oneself, given that one can believe one thing yet know another. Winnicott's transitional phe-

<sup>7</sup> It might be more correct to say that the infant does not see himself as the same as the object, yet he fails to see himself as insufficiently differentiated from the object as well—a true in-between or transitional state.

<sup>8</sup> I want to thank Albert Mason for calling this to my attention.

nomenon represents a psychic state in which one is positioned halfway between believing and knowing, particularly when it comes to *moments of illusion* (Milner 1950) during which the awareness of the distinction between self and other is lost, placed in temporary abeyance.

While Freud expected individuals to see stark reality for what it is no matter how daunting the task, the glare of unfiltered reality may be more than most can bear on anything but an intermittent basis, as suggested in Winnicott's (1971) words:

It is assumed here that the task of reality-acceptance is never completed, that no human being is free from the strain of relating inner and outer reality, and that relief from this strain is provided by an intermediate area of experience (cf. Riviere, 1936) which is not challenged (arts, religion, etc.). [p. 13]

This transitional space between believing and knowing then becomes the lifelong basis of illusion, which adults can utilize to fend off traumatic realizations that are more than they can psychically bear.

## SUMMARY

Illusion has a way of making things seem just so, or so it seems. While psychoanalysts dutifully dedicate themselves to stripping away facades, illuminating "truth," and facing "reality" head on, sans illusion, we might wonder whether humankind can ever do without the protection that illusion offers—shielding us from harsh realities that sometimes prove too much to bear. Accepting that this is so, rather than *expecting* humans to consistently see reality for what it is, seems to be a more tenable position from which to operate.

Illusion is far from the lie some claim it to be. It need not be characterized as a refusal to grow up and face facts. Winnicott contributed greatly to our appreciation of the utility of illusion—how it helps the infant keep from having to face what he is not ready to face. As humans develop, they remain comparably unready to accept *certain daunting realities* without the help of illusion that, in effect, says it is not so—at least for the time being.

The debate over the illusion of oneness proves spurious. Milner (1950) writes that, in her opinion, it is “a mistake to call an experience only imagination . . . to try to decide which was more ‘real,’ thoughts or things, imagination or perception, [since doing so] creates a false dichotomy which ignores the true nature of the relation between them” (p. 34). Commenting on Milner’s thoughts, Turner (2002) writes: “Her argument is directed against what she calls the puritanism of classical analysis for its excessive reliance upon denotative or objective thinking” (p. 1071).

I will conclude with Winnicott’s (1951) response to Milner’s ideas:

What is illusion when seen from outside is not best described as illusion when seen from inside; for that fusion which occurs when the object is felt to be one with the dream, as in falling in love with someone or something, is, when seen from inside, a psychic reality for which the word illusion is inappropriate. For this is the process by which the inner becomes actualised in external form and as such becomes the basis not only of internal perception, but also of all true perception of environment. Thus perception itself is seen as a creative process. [pp. 391-392]

#### REFERENCES

- BASS, A. (1997). The problem of “concreteness.” *Psychoanal. Q.*, 66:642-682.
- BENJAMIN, J. (2004). Beyond doer and done to: an intersubjective view of thirdness. *Psychoanal. Q.*, 1:5-46.
- BROMBERG, P. (1993). Shadow and substance: a relational perspective on clinical process. *Psychoanal. Psychol.*, 10:147-168.
- DE BEAUVOIR, S. (1976). *Memoirs of a Dutiful Daughter*, trans. J. Kirkup. Hammondsouth, UK: Penguin.
- FREUD, A. (1936). *The Ego and the Mechanisms of Defence*. New York: Int. Univ. Press, 1946.
- FREUD, S. (1915). Thoughts for the times on war and death. *S. E.*, 14.
- (1926). *Inhibitions, Symptoms, and Anxiety*. *S. E.*, 20.
- (1927). *The Future of an Illusion*. *S. E.*, 21.
- (1930). *Civilization and Its Discontents*. *S. E.*, 21.
- (1941). Findings, ideas, problems. *S. E.*, 23.
- GROTSTEIN, J. (1997). Integrating one-person and two-person psychologies: autochthony and alterity in counterpoint. *Psychoanal. Q.*, 66:403-430.
- (1999). Melanie Klein and Heinz Kohut: an odd couple or secretly connected? *Progress in Self Psychol.*, 15:123-146.

- KLAUBER, J. (1987). *Illusion and Spontaneity in Psychoanalysis*. London: Free Association Books.
- LAPLANCHE, J. & PONTALIS, J.-B. (1967). *The Language of Psycho-Analysis*, trans. D. Nicholson-Smith. New York: Norton, 1973.
- LICHTENBERG, J. (1983). *Psychoanalysis and Infant Research*. Hillsdale, NJ: Analytic Press.
- LOEWALD, H. W. (1988). *Sublimation*. New Haven, CT: Yale Univ. Press.
- MARX, K. (1956). A contribution to the critique of Hegel's philosophy of right. In *Marx: Early Writings*, ed. T. B. Tottomore. London: Watts.
- MEISSNER, W. (1984). *Psychoanalysis and Religious Experience*. New Haven, CT: Yale Univ. Press.
- MILNER, M. (1950). The necessity of illusion. In *On Not Being Able to Paint*. London: Routledge, pp. 31-38.
- (1952). Aspects of symbolism in comprehension of the not-self. *Int. J. Psychoanal.*, 33:181-195.
- (1955). The role of illusion in symbol formation. In *New Directions in Psycho-Analysis*, ed. M. Klein, P. Heimann & R. E. Money-Kyrle. London: Tavistock.
- MITCHELL, S. A. (1988). *Relational Concepts in Psychoanalysis: An Integration*. Cambridge, MA: Harvard Univ. Press.
- MODELL, A. (1975). A narcissistic defence against affects and the illusion of self-sufficiency. *Int. J. Psychoanal.*, 56:275-282.
- MOORE, B. & FINE, B., eds. (1990). *Psychoanalytic Terms and Concepts*. New Haven, CT: Yale Univ. Press.
- OGDEN, T. H. (1985). The mother, the infant, and the matrix: interpretations of aspects of the work of Donald Winnicott. *Contemp. Psychoanal.*, 21:346-371.
- PUMPIAN-MINDLIN, E. (1965). Omnipotentiality, youth, and commitment. *J. Amer. Acad. Child Psychiat.*, 4:1-18.
- RIVIERE, J. (1936). On the genesis of psychical conflict in earliest infancy. *Int. J. Psychoanal.*, 17:395-422.
- RYCROFT, C. (1968). *Imagination and Reality*. London: Hogarth.
- SILVERMAN, D. (2003). Mommy nearest: revisiting the idea of infantile symbiosis and its implications for females. *Psychoanal. Psychol.*, 20:261-270.
- SORENSEN, R. (1994). Ongoing change in psychoanalytic theory: implications for analysis of religious experience. *Psychoanal. Dialogues*, 4:631-660.
- STERN, D. (1985). *The Interpersonal World of the Infant*. New York: Basic Books.
- TUCH, R. (2011). Thinking outside the box: a metacognitive/theory of mind perspective on concrete thinking. *J. Amer. Psychoanal. Assn.*, 59:765-789.
- TURNER, J. (2002). A brief history of illusion: Milner, Winnicott, and Rycroft. *Int. J. Psychoanal.*, 83: 1063-1082.
- WINNICOTT, D. W. (1951). Critical notice of *On Not Being Able to Paint*. In *Psycho-Analytic Explorations*, ed. C. Winnicott, R. Shepherd & M. Davis. London: Karnac, 1989.

- (1953). Transitional objects and transitional phenomena. *Int. J. Psychoanal.*, 34:89-97.
- (1960). The theory of the parent–infant relationship. *Int. J. Psychoanal.*, 41:585-595.
- (1965). *The Maturation Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*. London: Hogarth/Inst. of Psychoanalysis.
- (1971). *Playing and Reality*. London: Tavistock.
- ZEEDYK, M. (1996). Developmental accounts of intentionality: toward integration. *Devel. Rev.*, 16:416-461.

---

1800 Fairburn Avenue  
Suite 206  
Los Angeles, CA 90025  
e-mail: rtuch@aol.com