

war now hinges not on pleasure versus pain, or even envy versus gratitude, but on emotionality (stirred by beauty) versus anti-emotionality (the recoil from beauty)” (pp. 210–211).

This is a selective review of the book, but I hope it conveys how Meltzer’s writing and teaching have inspired many to want to write, and to teach his concepts.

Angela Sheppard  
7 Rosecliffe Crescent  
London, ON N6K 3X9  
contactas@mac.com

### **Body Talk: Looking and Being Looked At in Psychotherapy**

by Janice Lieberman

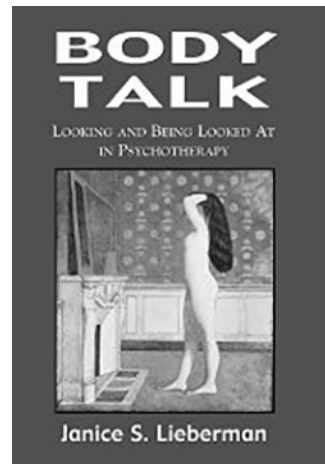
Northvale, NJ: Jason Aronson, 2000, 277 pp.

In an article titled “The Dowdy Patient,” in the *New York Times*, 18 June 2015, a (male) therapist complains that he has the bad luck of always seeing dowdy (female) patients. He asks why, in one example he gives, his patient’s friends had not informed her about how to dress and apply make-up. There are many reasons we shudder in reading his plea, most of them covered in *Body Talk*, by Janice Lieberman.

Lieberman is an accomplished writer, psychoanalyst, and also a lecturer at the Whitney Museum of American Art in New York City. The last gives away her interest in the visual, which is integrated in her psychoanalytic thinking and treatment, described in detail in this extremely readable work.

Dr. Lieberman’s thesis is that “vision, language development, and the development of body narcissism are intimately connected” (p. 14). She states, “It is time for the therapeutic lens to focus on the important but neglected role of vision—of looking and being looked at, of seeing and being seen—in the development of self and self-esteem, in object awareness and object interaction, and in the psychotherapeutic situation itself” (p. 15).

The book opens with a discussion of the visual ego, a study of the positive and negative feelings about our bodies that we get from being looked



at by others and by our experience of looking—and comparing. Lieberman states that as therapists and analysts, we reflect back to our patients what we hear, but are inhibited about reflecting what we see, thereby missing the opportunity to increase self-awareness in areas where self-consciousness and shame play a significant part. Our patients, she states, often suffer from being seen incorrectly, falsely mirrored, or not being seen at all—feeling invisible.

The book discusses the vicissitudes of voyeurism and exhibitionism, gaze and the development of body narcissism. The overemphasis traditionally placed on feelings about genital differences in the development of body narcissism is examined. She advises about the pathological effects of familial and peer group teasing of children who do not meet “ideal” standards of good looks. However, she does not mention here that often projection plays a large part in this; in my experience, patients are taunted or denigrated by friends or parents who feel they themselves have not “measured up.”

In her chapter “A Developmental Perspective on the Mirror,” Lieberman states that experiences with mirrors, both metaphorical and real, are important in the development of healthy body narcissism in children—establishing an image of how one looks and how one feels about oneself. She reminds us that in Winnicott’s view, the first mirror is the mother’s face. Although she acknowledges the psychological concepts of mirroring, particularly as Kohut and Lacan described them, Lieberman stays with real mirrors and their impact. She reviews the developmental literature from the perspective of how a child interacts with a mirror at different developmental stages.

There is a very interesting chapter on what Lieberman calls “the rush to metaphor,” where we get a clear idea of how she works with her patients, as it includes illustrative clinical examples from her practice. In this discussion, she highlights the problem that we analysts have of thinking in metaphor mostly, or only, and states that sometimes patients who have been traumatized—in this case, in regard to bodily issues—will evidence a diminution of metaphoric thinking and revert “temporarily” to concrete thinking. This could last a short or a long time. She states, “It is my impression that the need for concreteness of language and thought coincides frequently with times of preoccupation with the external, physical body” (p. 121); she is not talking about inner body issues and fantasies about genitalia. She addresses their concerns in concrete language, instead of offering them a metaphor or an interpretation that they cannot make use of at that time. Lieberman writes that disturbances in higher-level thinking

and speech are often linked to disturbances in body narcissism. She stresses that patients who have shown the ability to think abstractly, once the trauma has been worked through at the concrete level to which they have regressed, will work symbolically again and begin to understand the genesis of their narcissistic problem.

This book gets better and better as it goes along. There is a clear and detailed account, throughout the second half of the book, of the dynamics of narcissistic patients and the treatment of them. The current ideal for both women and men to be thin and muscular is also analyzed.

Introducing her chapter on counter-transference, Lieberman cites Gore Vidal: "A narcissist is anyone better looking than you are." She writes about the counter-transference evoked by patients who need to be seen and who need to see—emotions we have all felt—in a skilful manner that will enable therapists to understand and accept these reactions. Lieberman writes personally about feeling excluded, attacked, and admired when seeing these patients, interweaving her own observations with the literature on this subject. She quotes Ogden as reporting that when he found himself straining to look at the designer labels on the jackets of his patient—which had seemingly been left on the chair for his scrutiny—he became aware of his own voyeuristic and exhibitionistic wishes.

Because Lieberman lectures at, and is very involved in, the Whitney, her chapter entitled "The Artist as Spectator and Spectacle" is written from the perspective of a dual expert. Contemporary art reflects the contemporary psyche, she states, noting that Freud, Klein, Winnicott, and Lacan have greatly influenced the artists of the past thirty-five years. "Psychoanalytic writings are now included in the curricula of our major art schools and psychotherapeutic treatment is now a part of many artist's lives" (pp. 222–223). In this chapter, she explains how art can force us to see what we do not want to see. "It activates conflicts around scopophilia, exhibitionism, voyeurism, and sadomasochism—in short, it evokes a lot of anxiety" (p. 228). Lieberman says that patients who are involved with the therapist in perverse transferences, who induce the therapist to look at them in ways that make the therapist uncomfortable, or in ways that cause the therapist to feel trapped, activate similar responses in the counter-transference. The work of significant male and female artists is discussed from this perspective.

Lieberman also devotes a chapter to visual themes in film and literature. She states that to the extent that literature and film reflect our lives and ourselves, "they do it in a Lacanian mirror: that is, they reflect back to ourselves in a form greater and more heroic than we really are" (p. 257). She

describes the vicissitudes of the gaze in such films as *Death in Venice*, *Basic Instinct*, and *American Beauty*. In terms of the postmodern film *Female Perversions*, Lieberman comments that we can see, in the fact that this film was made, the current tendency to thrust into public view what was once kept private and hidden.

*Body Talk: Looking and Being Looked At in Psychotherapy* was published in New York close to the events of 9/11. Lieberman, a New York analyst, did not become involved in its promotion, and the book got lost in the subsequent horrific events. For this reader, it is time for *Body Talk* to take its place in the literature. It is easily approachable and extraordinary in its documentation of the vicissitudes of working with narcissistic patients, patients with body dysmorphia disorder, anorexics, and patients who have become slaves to whatever the going standard of beauty is in their culture—and the necessity for us to *see* them.

Lieberman states at the end, “I have meandered from the evil eye and looks that kill to the mutual gaze of mother and child, to the mirror and its many meanings, and to voyeurism and the arts .... I hope here to have shed some light on the important role of vision and what it means in the therapeutic encounter, and to allow vision to assume its proper status in our profession as listening’s twin” (p. 278). I would say Janice Lieberman has done just that in an original, highly intelligent, and deeply sensitive manner.

Sarah Usher  
170 Bloor Street West, Suite 906  
Toronto, ON M5S1T9  
[susherica@gmail.com](mailto:susherica@gmail.com)