

SOME EFFECTS OF ARTISTIC TALENT ON CHARACTER STYLE

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Silenus, a forest god in Greek mythology, was depicted as a shaggy old man with horse's ears, usually drunk, and often riding upon an ass or a wine vessel. Nevertheless, he was reported to be extraordinarily wise; it was rumored that, if caught, he could be made to reveal his wisdom and give answers to universal riddles. The Phrygian king, Midas, captured him on one occasion and is said to have plied him with wine and questions. It is also reported that Silenus gave him astonishing answers. Nobody learned what these were, however; all that Midas could recall, probably having imbibed some of his own beverage, was that it would have been better never to have been born (*r*).

Here juxtaposed in two figures is the allegory of the artist and his character: Midas, the man with the magic gift for transmuting base materials into a beautiful, highly valued metal, and Silenus, an elusive eccentric, a semioutcast whose gold is squandered by turning it back into cruder material. The conclusion of their meeting also suggests the inevitable pain associated with all creative effort. Atypical features of their social relationships, value systems, and behavior often set gifted individuals apart from the rest of the community and may even impel them to form their own semi-isolated 'colonies' and social organizations.

The following discussion, which centers mainly upon rather narrow aspects of ego organization, is bound to give the impression that the principle of overdetermination has been neglected, especially in regard to the role of infantile sexuality and the impact of the various unconscious meanings of creativity upon structural conflict. I have no wish to exclude such phe-

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nomena nor to minimize their dynamic importance. However, I shall put them in the background in order to highlight some special consequences of the talented artist's original sensory endowment. I shall concentrate on how such endowment affects the artist's early relationship with 'transitional objects' and the role of such playthings in the development of a capacity for *controlled illusion*. The capacity for controlled illusion, which will be described in more detail, may be an integral element in all artistic activity, a thread that runs through the whole fabric of the artist's personality organization.

This paper was stimulated in large measure by the study of gifted adolescents which has been in progress for the past eight years at the Treatment Center of the New York Psychoanalytic Institute.¹ A general description of this project has been given previously (18). In this presentation, I shall bring together some observations about these patients, referring especially to three who were addicted to infantile fetishes. Since the whole group consisted of only nine patients and does not conform to the statistician's criteria for a representative random sample, it would be invalid to draw other than impressionistic conclusions from the clinical data.

It should be emphasized at the outset that the attempt to estimate the effect of artistic talent upon the personality of its possessor differs from the attempt sometimes made to reconstruct the character of the artist from a scrutiny of his creative products. The latter aim was neatly disposed of by a young art student who once remarked that all one could know about the personality of Jackson Pollock from his paintings was the way he had played basketball. When I asked him how this was possible, he said, 'You can see how he would have dribbled'.

¹ The study was supported by funds from the Arthur Davison Ficke Foundation and through the generosity of Mrs. Gladys Ficke. The late Dr. Ernst Kris was the organizer and chairman; Dr. Marianne Kris has served in a similar capacity since her husband's death. The following have also been associated with the project: Drs. Phyllis Greenacre, Mary O'Neil Hawkins, Edith Jacobson, Margaret Mahler, Annie Reich, and Leo Stone. Those who analyzed gifted patients as part of the project are: Dr. Leo Loomie, the late Mrs. Christine Olden, Drs. Samuel Ritvo, Allan Roos, Victor Rosen, and Martin Stein.

The problem of individual accommodation to a talent is discussed in a fascinating paper by Edith Jacobson (16). She describes first the effects of disabilities, physical and intellectual, upon character and the structure of neurotic conflict in delineating a personality variant which she calls the *exceptions*. She then continues '... not only those cursed with physical afflictions but also those blessed with extraordinary gifts, with genius or with outstanding beauty, seem [to be vulnerable] to becoming a special variety of exception'.

Greenacre (11, 12, 13, 14) has dealt with this problem perhaps more than anyone else. In one paper (13), she develops the idea that the feeling of 'difference' that arises in artists as a result of their special ability leads many to think of themselves as impostors, especially at the beginning of their careers. 'The possession of extraordinary gifts is apparently not easily taken for granted.'

Clinicians, biographers, and writers have known this and have described it in many contexts. Only one aspect of the problem, namely, the creative individual's preoccupation with illusion, will be considered in detail here. Dealing with illusion produces a special tension between cognition and perception in artistic creation. This, in turn, may contribute to certain characteristics that are more or less peculiar to the artist.

Kris (17) stated that the artist, by directing his artistic activity toward an audience, invites them to participate in an *aesthetic illusion* (cf. 29). He described this as a sharing of a common experience in the mind rather than in action. *Aesthetic illusion* is part of a more ubiquitous process which we shall refer to, for purposes of definition, as *controlled illusion*. This is synonymous with Coleridge's epigrammatic phrase, 'the willing suspension of disbelief', in which both artist and spectator, actor and audience engage (3, 22). It resembles imaginative play in children. There is an implied agreement on the part of both artist and audience to abandon the axioms of logic, particularly the exclusion of contradiction, and to treat the creative product as simultaneously fantastic and real. In children's play, 'make-believe' is an analogous activity. Thus, a

chair may become an airplane, but no normal child will attempt to pilot it through an open window. If either the player or the audience deviates from this contract by treating the make-believe object as altogether real or altogether fantastic, the illusion is destroyed (22). Kris (17) also pointed out that art may contain many motifs: propagandist, religious, pedagogic, therapeutic, or erotic; but as soon as one of these becomes an end that transcends the sharing of the æsthetic illusion, the work loses its special artistic appeal and becomes a polemic, a treatise, or an aphrodisiac. In all these instances, the controlled illusion of the participants is dissipated by the transcendent purposes which aim ultimately to convince an audience that something is either real or fantastic but that it cannot be both. The far-reaching consequences for development that are inherent in the constant exposure to the process of controlled illusion constitute a problem that merits further attention.

Many authors agree that one of the essential precursors of artistic talent is a special sensory endowment which determines the perceptual organization of the individual and later becomes what Klein and his associates (6, 7, 24) have termed a *cognitive style*. This permits the handling of perceptual ambiguity from an optimal distance and with the necessary flexibility that is demanded by the process of controlled illusion. Greenacre (11) also alludes to this. One aspect of genius, she says, is 'an endowment² of greater than average sensitivity to sensory stimulation, with a consequent intensification of experience, and also a widening of it to include not only the primary object, but more peripheral objects related in some degree or fashion to the primary one'. She calls these *collective alternates*. Schachtel (25) also speaks of the primary significance of perceptual modes in the artistically gifted, arguing that creativity is best studied through perception theory rather than depth psychology. Gombrich (9), with the sophistication of both an art historian and a psychologist, discusses the artist's sensory equipment and its characteristics which overlap the observational aptitudes of the scientist.

² A biological core is implied by this term.

Before presenting case material, I should like to make clear that the phrase *character style* was introduced into the title of this paper to indicate that the concept of character is used here in one of its specialized meanings. The 'character of the artist' is likely to conjure up the image of a bearded Bohemian, while those for whom such a stereotype has been dispelled may strongly object to any attempt at categorization. This discussion is not directed toward the usual character nosology which follows psychopathological nomenclature, nor is it concerned with specific traits or colorful peculiarities of behavior which give distinctiveness to the individual. The term *character* is meant rather to convey the sense of an over-all expressive style (7, 24, 26) which determines, in ways that frequently can be predicted, how an individual will react to situations or cope with given tasks.

One stylistic feature of the gifted artist, which often seems externalized in eccentricities or deviations from group conventions and manners, is an unusual capacity to resist the influence of majority decisions on questions of value, particularly of æsthetic value. The deviations and eccentricities produced by this tendency probably result in those characteristics which Jacobson has called the *exceptions*. This is what the present study would describe as *character style* and one which has important roots in experiments with illusion.

The patient was a nineteen-year-old boy from a well-to-do middle-class family, in his second year of college. He was highly talented in the graphic arts. He began treatment with the statement that his problem was 'a question of values'. He no longer felt able to make decisions concerning what was important or unimportant, essential or irrelevant. He had become very tense with his parents and complained that they devalued what was important to him. His own devaluation of all that was important to them became apparent subsequently but did not seem to be a debatable issue for the patient. He wanted to leave college, live in Greenwich Village, and lead the Bohemian life he considered essential to artistic development. His parents

were alarmed by his friends, whose experimentations with narcotics and bizarre living arrangements they considered 'sick'. The patient, on the other hand, regarded his parents as 'squares', and he went to great pains to point out to them (and to me) that the nosology of psychopathology lends itself to misuse as a tyrannical method for imposing traditional values on those whose ideas and tastes one disapproves. He commented that Freud might become the theoretician of a new dictatorship of the Philistines. Not altogether sure of his own artistic talent despite the encouragement of some experts, he was quite willing to investigate his motives before following in the footsteps of van Gogh and Gauguin. Incidentally, he also decided, from some furtive observations of my taste in art, that I was not beyond intellectual and æsthetic salvation. He thought that his influence on me might be healthy for the development of psychoanalysis, and this was an added incentive for undertaking therapy.

Against his mother's desperate opposition, the patient had always expressed his individuality by wearing disreputable clothes and by neglecting to bathe and shave. In high school, he had won a scholarship prize which he refused to accept on the grounds that scholarship should be an end in itself; thus, scholarship and prizes were mutually exclusive. Only with difficulty had his teachers persuaded him to limit his action to returning the award and to refrain from enclosing a letter denouncing the Scholarship Prize Committee for attempting to corrupt his ideals.

Until the age of five, he had had a blanket fetish which he was finally induced to renounce 'of his own free will' after prolonged nagging by his mother. Voyeuristic activities at a bathing beach occurred between the ages of nine and twelve. On one occasion, he was caught and severely punished by a stranger who had found him peeping through the transom of a woman's dressing room. His parents had viewed such behavior with ambivalent tolerance. At fifteen, he began a polymorphous perverse relationship with a female classmate. This was discovered and

he was forced by his mother to renounce the association, again of his 'own free will'. Part of the pressure she exerted was the threat that continuing his activities might cause her to have a nervous breakdown. The renunciation was followed shortly by masturbation with the fetishistic use of pornographic pictures, a secret practice that he did not reveal in treatment for a long time. Subsequently, with even more embarrassment, he told of an obsessional symptom that had begun about the time he first came to see me. This was a fear that, while walking in the street, he would step into dog feces and then track them into my office.

I shall not try to give the patient's history in detail. At first, he was a rather shy, usually mild-mannered, unshaven, and unkempt young man who exuded a strong body odor from prolonged avoidance of soap and water. For a considerable time his sessions were characterized by stormy episodes. Although he had agreed to make no radical changes in his plans without first discussing them with me, this agreement seemed subject to change without notice on his part. Periodically, he would announce that on the following day he was resigning from college and moving into a loft studio in the Village. This was his preferred living environment since it would afford him contact with other artists and provide proximity to the Bowery where he could find his favorite subjects for sketching: derelicts, drunkards, and heroin addicts.

Two characteristic behavior patterns became evident in his sessions. In one mood, he would angrily denounce a person, usually his mother, or a social evil such as capital punishment or segregation. In these soliloquies, he would appear as the antagonist with the clear implication that the therapist was the protagonist in the debate. When it was suggested that he seemed to be contending with a straw man and that the debate might be internal, the patient would shift ground. The following session would generally be characterized by strange, pseudonaïve submissiveness, a caricature of free association, in which the confusion of syntax, the reversal of predicates and objects, and the

use of pronouns without clearly defined antecedents left the listener in a state of bewilderment. The obsession with dog feces persisted during these sessions.

Two discoveries helped prevent the impasse threatened by these seemingly impenetrable resistances. The first produced a fortuitous intervention. As I was deodorizing the office following one of his sessions, I realized that his fear of tracking in feces was no mere metaphor but a reference to an equivalent reality. Shortly afterward, I told him that I conceded no greater admiration for libertarian ideals than my own and would, if the occasion arose, seize a paintbrush and join him on the barricades to defend the right of every painter to mix his pigments according to his own conscience. However, I continued, in our group of two he was dictating æsthetic values for both of us when he came ragged and unwashed to his session. Granting his right to smell any way he wished in his own digs, I reserved the right to be the arbiter of olfactory style in my own establishment. The patient brightened up, applauded my sentiments, and talked calmly and coherently for the first time. He conceded that he had been losing respect for me because of my apparent indifference to the odor. Even he was finding himself disagreeable. He had only been waiting to learn which of us would break down first. Now he would be able to take a hot shower which he enjoyed very much and of which he had been depriving himself. It subsequently turned out that this solved not merely a conventional problem in setting limits for an overindulged child but also had an intrinsic side effect involving the integrity of perception. It should also be noted that, concurrent with his first bath, the fecal obsession disappeared.

The second discovery was that both these incomprehensible dialogue styles had their origin in doubts about some trivial detail of fact—for example, over the exact time of an appointment or the deadline for a term paper. Ordinarily, the facts in such instances were easily ascertainable. They had become ambiguous because of the patient's inattention.⁸ His confusion

⁸ Although this is a typical characteristic of obsessional neurotics, an additional contribution to this process is suggested in the present context.

was usually suppressed until a mounting tension, with increasing incoherence of speech and personal neglect, became familiar signals of this peculiar difficulty.

Some time after the beginning of therapy, on one occasion the hour of his regular appointment was changed for our mutual convenience. The previous time had been ten minutes after the hour in the morning; the new time was ten minutes before the hour in the afternoon. Owing to the exigencies of an analytic schedule, I was often somewhat late for the new appointment. One series of alternating debating and pseudoconfusional sessions could be correlated with the fact that on some occasions the patient arrived ten minutes before the stipulated time and on others ten minutes after. When kept waiting, he usually began the session by strongly espousing a new social issue which he had discovered in the newspaper. When he was late and found me waiting for him, his pseudo stupidity dominated the session. I finally asked him whether he was uncertain about the precise time that we had agreed upon. He shamefacedly admitted that this was the fact: he could not recall whether the time had been set for ten minutes before or ten minutes after the hour. Rather than set matters straight by asking me, he had tried to divine the answer by clocking the departure time of the previous patient. This proved to be an inconstant reference point and not amenable to any logical analysis. In his debating moods, he was allegorically asserting the correctness of his recollection, while in his pseudoconfusional state, he admitted the opposite possibility. It did not occur to him to ask for the information directly. On many other occasions, similar issues of fact were displaced onto questions of æsthetic value and social ethics. The patient also abjured dictionaries and encyclopedias.

His struggle over remaining in school had a similar background. Flights from scholarship were rebellions against required subjects such as languages or science. Courses in philosophy, creative writing, or the fine arts, on the other hand, gave him great pleasure, especially when the prevailing atmosphere was one in which generalization was encouraged and specific information was not essential. Although he contended

that he was opposed to required courses as a matter of principle, it became clear that he was afraid of being influenced by a conventional viewpoint and thus robbed of his originality. The struggle to assimilate factual information fatigued and discouraged him.

Several childhood memories elucidated the role of illusion in the problem. The following is prototypic and is chosen from among many because its banal content was at such variance with the affect engendered in the patient. A precocious child, he had learned to read at an early age. One day, when he was five or six, he called his mother to look at the page he was reading and asked her whether the printing did not seem brown in color. She replied that it might look brown because of the light, but that the printing was black. With mounting irritation, he forced her to look again, repeating that it was brown. Again she agreed that it looked brown but that it really was black. The nascent young painter was deeply offended by this interchange and had a tantrum. He recalls feeling thereafter that he could never again trust his mother's statements about facts.

His derision of his mother's power of observation continues to the present. The meaning of the whole episode, though quite obscure, was somewhat clarified with the aid of a dream. In the dream, he showed his mother a sepia print of a woodcut he had made. It was a figure of a Bowery character, entitled *Rosenbaum*. The dream had followed a session missed because he had failed to read the signs and got on the wrong subway train. It also followed a discussion of his avoidance of technical training because, he alleged, it would teach him representational skills which might interfere with his individual style—a style, incidentally, that covered his deficiencies in draftsmanship and limited his scope. 'Rosenbaum', he thought, might mean 'Rosen-the-bum'. This ambivalent disparagement was a punishment meted out to me for disillusioning him by having 'middle-class values' and for making him feel that his failure to take the correct subway train had 'psychological significance'. He said he does not like to show his art work to his mother because she commits the

unpardonable sin of finding a representational figure in an abstraction, assuming that this is what the artist intended. In the same way, he does not like to submit his 'disreputable' friends to parental scrutiny.

Now the childhood dispute with his mother became clearer. His mother's rejoinder concerning the illusion of the brown print revealed her enslavement to conventional ideas. He knew that, in typically unimaginative adult terms, she was trying to say that in ordinary light the type would appear black and that its apparent brown color was an illusion produced by the peculiarities of the refracted light in which it was being viewed. None of this language, of course, would have been natural for either of them. The child was trying to demonstrate to his mother a discovery in artistic illusion, one that had been made by many generations of painters before him. Since the print is seen only in one kind of reflected light or another, he was demanding to know how one could be certain that one shade was 'true' and the other 'illusory'. Could they not both be 'true' or both 'illusory' if one were free of any preconceptions? Little did he know that he was dealing with questions of local color and tonal gradations such as Constable had struggled with (9). Literal-minded, middle-class, practical mothers have long delegated such distinctions to designers and interior decorators.

At this point I feel we must refine the view that the character of the exception found so frequently in the talented artist comes mainly from feeling set apart by virtue of an asset. In much of a child's education, cognitive correctives for illusory percepts are inculcated to forewarn him against common sources of misconception. The greater the training in any profession or craft, the more a particular body of phenomena is divested of illusion by detailed and controlled inspection. Today there is increasing distrust of illusion and more specialization in various disciplines to keep the cognitive-perceptual field as free as possible of illusory experience.⁴

⁴ Written records, laws, statutes, standards of weights and measures, etc., serve

Webster defines *illusion*, first, as an unreal or misleading percept presented to the senses . . . a state of being deceived, or a misconception. Secondly, it is defined as a perception which fails to give the true character of an object. 'Normal illusions' are thus contingent upon ordinary sense perception. It is in this latter sense, as well as in projected fantasy, that the process interests us especially.

Most persons are capable of so-called 'normal illusions'. As a prosaic example, when we look at a line drawing of a transparent cube in perspective on a plane surface, we are generally unaware that any active process is required to see the two-dimensional abstraction as a three-dimensional figure. Not everyone has the same ability to transpose this illusion. Many are defective in the capacity for controlled illusion and are unable to change the positions of the near and far surfaces of the transparent figure at will. This should be possible if the actual planar and illusory solid attributes of the figure can be simultaneously perceived.

Gombrich (9) gives an illuminating account of the nineteenth-century controversy over the role of sensory experience in art. The inductivist ideal, whose chief proponent was Ruskin, advocated a process of divesting the objects of the external world of all meaning so that they could be seen in their pristine state. This was the tradition of the so-called 'innocent eye'. Only by making every observation without expectations based on previous experience, Ruskin argued, would it be possible for the painter to see nature as it is seen by the untutored child, undistorted by subsequent sophistication. According to the opposite, deductivist approach, as maintained by Karl Popper, every observation is a question we ask of nature, and every question implies a tentative hypothesis. Popper thought that the descrip-

a similar purpose. This selective abstention from the interpretation of phenomena outside the field of one's special competence does not exist for the artist. It may apply to the medium with which he decides to work, although there is a tendency to disregard the boundaries of the medium of a given art as well as the boundaries of the arts themselves.

tion of the way science works was eminently applicable to art. The formula of schema and correction illustrates the procedure. 'There is a starting point, a standard of comparison to begin the process of making and matching and remaking which finally becomes embodied in the finished artistic image.' Yet the ideals of the innocent eye and of deductive observation are not mutually exclusive. The temporary regression from a constricting preconception of apparently proven validity may allow new subtleties in the marginalia of sensory impressions to impinge upon the visual consciousness (3, 22, 23). Once this has been permitted, however, it may be necessary to revert to sophisticated perception in order to match the equivalent relationships of the attributes of objects (the normal illusions) by which we know the natural world.

The work of experimental psychologists in the field of perception has shown that neither the proponents of the innocent eye nor of the experienced eye can explain the variability of illusion. Perception cannot be separated from cognition nor vice versa. Each imposes itself on and is a necessary component of the other. In normal illusions of perspective, texture, solidity, and other formal aspects of the perceived image, cognitive expectation must be superimposed on the percept to make it complete. This cognitive expectation can be reversed or resuspended, so to speak, by a process of disengagement—a reversal of 'the willing suspension of disbelief'. This is a function of a *supraordinate* rather than of a *subordinate* cognitive process as conceived by the nineteenth-century proponents of the innocent eye. Oscar Wilde's epigram, 'There was no fog in London until Whistler painted it', had greater validity than he knew.

Ambiguous forms (6, 7, 22) allow the play of illusion more freely than discrete ones, by permitting a switching from one cognitive reading to another in a polyvalent figure. Gombrich (9) says that we will find it hard to describe and analyze this for, though we may be intellectually aware that any given experience must be illusory, strictly speaking, we cannot watch ourselves having an illusion.

The artist, whether he deals with color or form, linguistic metaphor or musical sound, must continually probe his perceptions, trying alternate interpretations of their ambiguities in the process of matching them within his working medium. The effect of this constant mental operation must have widespread effects upon other aspects of his functioning. One such area of displacement, perhaps better described as concomitant developmental effect, is found in superego functioning. Here the discrete cognitive interpretation of conventional mores and value systems is exchanged for an ambiguous treatment of them. It may be this aspect of the artist's psychic structure that produces the individual not bound by the rules, the character of the exception in his social relationships as described by Jacobson (16).

The other aspects of ego functioning in which one can observe the effects of attaching varying cognitive elements to the perception of objects in the play of illusion are the artist's self-representation, human object choices, and his problems of identity. I know of no statistical validation of the widespread impression that there is a higher incidence of overt homosexuality among the artistically talented than among the rest of the population. Certainly analytic experience would indicate that the ubiquitous unconscious bisexuality of all human beings is more frequently utilized and expressed by artists in creative work than by others (5, 10, 11, 17).

It has been stated frequently that the special character attributes of the artist allow the creative urge to be expressed against the restrictive anxieties inherent in the molding of media. The authors of another recent study of creative adolescents have stated this as follows: 'The creative person's resistance, in the face of opposition to his creative idea, is not the resistance to an id drive or its sublimation, but of the conviction of the truth of the idea, in the face of opposition, by shared autocentricity of conventional perception and thought' (8). This has become a standard notion of the personality of the potential innovator, especially in academic circles. Much has been made of it as an epic quality in the literary biographies of great men

of art and science. In this stereotype, as in any other, there is probably an oversimplification. Is there not rather a reciprocal relationship, one in which the character is determined by the capacity for controlled illusion and, in turn, influences and augments the capacity itself?

What are the steps by which the original sensory endowment of the gifted becomes translated into special superego and self-representative structures other than those familiar in ordinary human development? Kris has described one initial phase in his discussions of the Gifted Adolescent Project (17), namely, 'the crucial discovery' by the child that he has some faculty (i.e., his special sensory endowment) which neither his parents nor others in his environment possess. This is especially true of those children who have absolute pitch and show themselves musically gifted at an early age.⁵ But there seems to be a second and more crucial stage in the childhood determinants of these attributes. This is the period in which playthings as 'transitional objects' assume a special role in ego development. Our clinical data suggest that children with unusual sensory endowment have a peculiar kind of relationship with playthings and that this, in turn, has an important effect on the development of the capacity for controlled illusion.

We are indebted to Winnicott (30) for calling our attention to the importance of playthings in the development of the intellectual life of the child. In spite of being discrete objects, playthings have sufficient ambiguity to serve a variety of illusory purposes as the content of the fantasy being enacted in play changes. Thus, a plaything, or 'transitional object' in Winnicott's terms, is one of the few objects in the individual's life which is 'unchallenged in respect to its belonging to inner or external (shared) reality'. It constitutes a great part of the infant's experience with the inanimate world. Winnicott suggests

⁵ A patient with such a gift recalls lying awake at night as a child, listening restlessly to the whirr of an electric clock with a C-sharp pitch and the drone of a mosquito in E-flat. It was not the mosquito but the dissonance that he could not tolerate.

that throughout life this capacity for re-representing the malleable object in the excitement of play 'is retained in the intense experiencing that belongs to the arts and religion, to imaginative living, and to creative scientific work'. A plaything that changes its character from a valued possession to an obligatory companion is called an *infantile fetish* (cf. 20, 27, 31). This is an important feature of the childhood development of the patient just described.⁶

In two other gifted patients, reported in detail elsewhere (23, 24), we observed infantile fetishes that played crucial roles in their development. One such patient, seen at the age of twenty, confided in the first interview that since the age of two she had been sleeping constantly with a large Teddy bear, a gift from her father some time before his death. This girl, a lonely, highly gifted mathematician, remarked pathetically on one occasion: 'I live very happily alone, with my Teddy bear and with my problems in variables as real functions'. She was also greatly interested in the illusory aspects of experience.

I do not mean to suggest that it has been established that infantile fetishes are a regular part of the childhood experience of the artistically gifted. It seems likely, however, that in their childhood certain factors may shift the balance of forces which determine whether a plaything will be a valued or an obligatory possession. In the gifted child, experimentation with illusion may be one of the forces which have a determining effect and which shift the balance in the direction of fetishistic overvaluation of the transitional object. Nor do I wish to suggest that every child with an infantile fetish is destined, by virtue of this token, to become artistically successful. A closer inspection of the role of playthings in the development of gifted individuals, however, might indicate that they have greater developmental importance than has been assigned to them previously.

⁶ The close connection between controlled illusion, play, and imagination should be emphasized at this point. A recent paper in *Science* (15) on the moon illusion describes it as an event in 'imaginary space' and the result of a conflict between perception and cognition.

One feature deserving special attention is the attitude of the environment to any demonstration of overinvestment in such objects. An overt or covert hostility toward the fetish on the part of the parent is quite common. This is often revealed by the compensatory devaluation of the fetish in an attempt to divest it of its illusory qualities and thereby loosen the child's attachment to it. The adult's rationalization for this may range from mere matters of housekeeping convenience to pseudosophisticated fears concerning the psychological consequences of such addictions. In this way the prized possession usually becomes ambivalently involved in a set of sharply contrasting value judgments.

In the patient previously described, the childhood relationship with his 'bah' (the blanket fetish) helped to elucidate many of the peculiar aspects of his choices and preferences and to clarify several obscure features of the transference. It explained the emphasis on the negative features of objects and activities that he prized and the need to find a parent surrogate so that the struggle of value judgments and the testing of illusion could be repeated. The patient's seemingly perverse preference for just those negative features that made the object disagreeable to the observer had its reflexive counterpart in the neglect of his personal appearance. The positive aspects of his relationship with the therapist had been paradoxically expressed by turning himself into a 'bah' so that he too would be retained as a prized possession. His choice of friends, his preference for derelicts as artistic subjects, and for girl friends of ill repute were all part of the same pattern. Mention of the anal background of such characterological traits and the metaphorical equivalence to the child's treatment of his fecal product is necessary only to forestall the objection that it was overlooked. It seems less illuminating in its contribution to an understanding of these object-relational patterns than the patient's struggle with his mother over the possession of his notorious 'bah'.

This struggle also apparently provides the prototypic object relationship for understanding other conflictual situations. The

'bah' (as the ultimate in prized inanimate possessions) is a polyvalent object. Like the Rorschach blot, a waterfall, or the flickering flames of the fireplace, it allows the fascinated gazer to play with illusions—that special conjunction of fantasy and perception which almost all human beings can appreciate. Aesthetic experience can be attached to formal notions of ugliness no less than to beauty. About half a century before Picasso and other experimenters in the aesthetics of deformity, an important philosopher named Humpty Dumpty made the following observations:

'I shouldn't know you again if we did meet', Humpty Dumpty replied, in a discontented tone, giving Alice one of his fingers to shake. 'You are so exactly like other people.'

'The face is what one generally goes by', Alice remarked in a thoughtful tone.

'That is just what I complain of', said Humpty Dumpty, 'your face is the same as everybody's. It has two eyes, a nose in the middle, and a mouth under it—it's always the same. Now, if you had the two eyes on the same side of the nose, for instance, or the mouth at the top, that would be some help.'

'It wouldn't look nice', Alice objected.

But Humpty Dumpty only closed his eyes and said, 'Wait till you've tried' (4).

When the 'bah' became a soiled, unpleasant, malodorous remnant as far as the mother was concerned, it still retained its softness of texture and acquiescent malleability of form for the patient. How better could one present one's case for the preservation of this memento than to condense the two aesthetic value judgments in typical primary process fashion? The idea might be paraphrased thus: my 'bah' is a magic possession; it is the touchstone of the omnipotence of fantasy; it can be all things to me—comfort for my lonely hours, an ally in my battles, and an enemy with which to contend when I am surfeited with allies. Beside, it is practical; it is a blanket for cold nights. My mother says that it is ugly, dirty, and smells bad. This only goes to show that what is ugly, dirty, and smells bad is what I want most in the world. Therefore it must be beautiful.

The neurotic counterpart of the innocent eye and the artist's need to probe his perceptual interpretations by remaining free of the 'brainwashing' potential of standardized representations is illustrated by a waggish canard which alleges that a recent Secretary of State had a sign made for his desk which read: 'Do not confuse me with facts; my mind is already made up'.

Another patient (24) treated in the Gifted Adolescent Project revealed both the assets and the liabilities of this mode of operation. A gifted musician and mathematician, his mathematical talents were characterized by a highly individual approach to the solution of problems. His aptitude was protected by a stubborn unwillingness to investigate any previous methods of solution until he was sure he had exhausted his own store of illuminations. He suffered from severe social inhibitions and sexual difficulties. Like the young artist, he was addicted to 'girlie magazines'. The patient also had gone through a childhood struggle with his mother over the relinquishment of an infantile fetish—a special pillow that was necessary to his falling asleep. In his current work he often used a 'pillow image' which was compressed or pushed into various shapes as a means of conceptualizing problems in the mathematical field of topology. This very quiet and unassuming young man also had an unusual capacity for making himself objectionable. He was careless with the possessions of others and had to be reminded to bathe and to change his clothes. In schedule or appointment conflicts with me, he never tried to ascertain the facts that might relate to problems of mutual convenience. Instead, he would act as if he were having an obsessional indecision over two choices that were his alone to make. Like the previous patient, he treated such conflicts as attempts to find an internal validity for an æsthetic preference rather than a practical compromise involving two people. The process followed the artistic pattern of maintaining an external ambiguity in order to foster the potential play of illusion.

The connection between fetishism and the problem of illusion is a complex and fascinating study in itself. Several au-

thors, notably Bak (2) and Greenacre (10), have indicated the relationship of adult fetishism to the maintenance of an illusion of a female phallus. Anthropologists have long considered the religious fetishes of primitive man as phylogenetic precursors of civilized art. A recent study by Muensterberger (19, 20) relates the anthropological data to artistic creativity. The magical fetishes of primitive man were greatly prized, often highly sculptured, and painted objects (19). The similarity in the way they are treated and in their ultimate purpose to the fetishes of childhood produces some stimulating conjectures. Muensterberger says, for example, that from 'the role given the fetish, or any other magically potent object in preliterate cultures, it is possible to surmise that these devices have the task of completing what otherwise would be impossible. They provide the means of *creating an illusion*, characterized not only by the wish for omnipotence but also the denial of dependence.' The same study points out what the adult fetishist (cf. 31) and the artist have in common. Muensterberger says that both are usually male and need an external object to sustain illusion, the one to retain genitality and the other to sustain a belief in his creative capacity.

The hypothesis concerning the role of illusion and the relationship of transitional objects to the development of the character style of artists would not be complete without also pointing out its antithesis. Two authors have written about 'doll phobias' in different contexts. The doll is undoubtedly a paradigm for a plaything with transitional object potentialities.⁶ Although the childhood fetish is a well-observed clinical entity, childhood phobias that refer particularly to potentially fetishistic objects have not been classified, so far as I know, as an entity. Rangell (21) describes a male patient with a doll phobia. The phobia went beyond the specific object, however, and included 'any kind of three-dimensional figure, of dolls with which children play, of manikins, of window dummies, puppets, pieces of sculpture, of figurines, of an ash tray or lamp base

⁶ Stevenson (27), however, would call it a 'secondary' transitional object.

that might be carved as a figure, etc.'—in fact anything that might produce an illusion, artistic or otherwise. Rangell's patient was not only fearful of illusion but was also a stickler for following the advice of authority and adhering to the letter, if not the spirit, of all advice given him. Stewart (28) also describes a doll phobia in a borderline patient whose clinical history shows that a tendency to conventionality and stereotyped ideas which interfered with the therapeutic alliance are implicit in the character of this patient. In both cases, apparently, the fear of the plaything is connected with its illusory possibilities and the disturbance of the patients' capacities for 'controlling' such illusions. An inhibition of imagination and originality, with a consequent dependence upon 'safe' external standards established by majority fiat, seems to be the characterological accompaniment of this symptom.⁷

SUMMARY

The following statement may help to solidify some of the loosely coupled ideas that have gone before: a ubiquitous characteristic of artistically talented individuals, which may be more or less shared by others who are lacking in specific gifts, is a resistance to certain kinds of group judgments. This is largely in the area of values, particularly æsthetic values, where questions of illusion and the standardization of subjective choice and preference produce a special tension between the cognitive experience derived from cultural pressures and the perceptual experience of the individual. In resolving these problems, there is a spectrum of cognitive styles forming a continuum from the artist, who prefers to see polyvalent illusory possibilities in the phenomena that are at variance with conventional interpretations, to the literal-minded, practical 'realist'. The artist insists upon seeing conventional standards as the illusion of the majority. This characteristic also contributes to the quality of exceptional-

⁷ Rangell's patient was a statistical analyst. A statistician, it should be noted, considers himself the great dispeller of illusion.

ism found in so many talented individuals. Though appearing to be based on principle, this may well be a rationalization that conceals its obligatory aspects. The stand against influence of conventional illusions often needs to be sustained by resistance to seeking or registering factual details of the environment.

I suggest that some roots of the obligatory behavior lie in initial constitutional differences which originate in particular kinds of sensitivity to perceptual stimuli. This propensity may develop further during early childhood when separation from the mother and attachments to playthings are paramount problems. Playthings tend to assume a particular importance for highly gifted children, and their value as illusion-sustaining external objects increases the likelihood that transitional objects will become infantile fetishes. This unusual attachment to certain playthings in turn influences many aspects of the parent-child relationship. It may also foster particularly early and sturdy defenses against parental influence in value judgments and, ultimately, similar resistance to cultural conformity. In its turn, this feature of the artistic predisposition becomes an asset for the implementation of creative talent as well as an element in the artist's object relations and internal conflicts. In its final outcome, such a chain of developmental events contributes both to the talented individual's success as an original artist and to his social liabilities as an exception.

More detailed observations of the relationship of children to their playthings in the transitional-object stage might be revealing, particularly if such studies were correlated with estimates of precocious perceptual development and capacities for controlled illusion. Predictive testing of such studies against future creative achievements of the individual, while posing a formidable research task, might reward us richly by increasing our understanding of this important aspect of psychic functioning.

REFERENCES

1. AVERY, C. B., Editor: *The New Century Classical Handbook*. New York: Appleton-Century-Crofts, 1962.

2. BAK, ROBERT C.: *Fetishism*. J. Amer. Ps. Assn., I, 1953, pp. 285-298.
3. BERES, DAVID: *The Psychoanalytic Psychology of Imagination*. J. Amer. Ps. Assn., VIII, 1960, pp. 252-269.
4. CARROLL, LEWIS: *Through the Looking Glass*. Boston: Boston Books, Inc., 1932.
5. FREUD: *Leonardo da Vinci and A Memory of His Childhood*. Standard Edition, XI, pp. 59-137.
6. GARDNER, RILEY W.; HOLZMAN, PHILIP S.; KLEIN, GEORGE S.; LINTON, HARRIET B.; and SPENCE, DONALD P.: *Cognitive Control. A Study of Individual Consistencies in Cognitive Behavior*. Psychological Issues, IV. New York: International Universities Press, Inc., 1959.
7. ———; JACKSON, D. N.; and MASSICK, S. J.: *Personality Organization in Cognitive Controls and Intellectual Abilities*. Psychological Issues, VIII. New York: International Universities Press, Inc., 1960.
8. GETZELS, JACOB W. and JACKSON, PHILIP W.: *Creativity and Intelligence. Explorations with Gifted Students*. New York: John Wiley & Sons, Inc., 1962.
9. GOMBRICH, E. H.: *Art and Illusion. A Study in the Psychology of Pictorial Representation*. New York: Pantheon Books, Inc., 1960.
10. GREENACRE, PHYLLIS: Certain Relationships Between Fetishism and the Faulty Development of the Body Image. In: *The Psychoanalytic Study of the Child, Vol. VIII*. New York: International Universities Press, Inc., 1953, pp. 79-98.
11. ———: The Childhood of the Artist. In: *The Psychoanalytic Study of the Child, Vol. XII*. New York: International Universities Press, Inc., 1957, pp. 47-72.
12. ———: The Family Romance of the Artist. In: *The Psychoanalytic Study of the Child, Vol. XIII*. New York: International Universities Press, Inc., 1958, pp. 9-36.
13. ———: The Relation of the Impostor to the Artist. *Ibid.*, pp. 521-540.
14. ———: Play in Relation to Creative Imagination. In: *The Psychoanalytic Study of the Child, Vol. XIV*. New York: International Universities Press, Inc., 1959, pp. 61-80.
15. GRUBER, H. E.; KRUG, W. L.; and LINK, S.: *The Moon Illusion. An Event in Imaginary Space*. Science, CXXXIX, 1963, pp. 750-751.
16. JACOBSON, EDITH: The 'Exceptions'. An Elaboration of Freud's Character Study. In: *The Psychoanalytic Study of the Child, Vol. XIV*. New York: International Universities Press, Inc., 1959, pp. 135-154.
17. KRIS, ERNST: *Psychoanalytic Explorations in Art*. New York: International Universities Press, Inc., 1952.
18. LOOMIE, LEO S.; ROSEN, VICTOR H.; and STEIN, MARTIN H.: Ernst Kris and the Gifted Adolescent Project. In: *The Psychoanalytic Study of the Child, Vol. XIII*. New York: International Universities Press, Inc., 1958, pp. 44-57.
19. MUENSTERBERGER, WARNER: Roots of Primitive Art. In: *Psychoanalysis and Culture*. Edited by George B. Wilbur and Warner Muensterberger. New York: International Universities Press, Inc., 1951.
20. ———: The Creative Process. Its Relation to Object Loss and Fetishism. In: *Psychoanalytic Study of Society, Vol. II*. New York: International Universities Press, Inc., 1961, pp. 161-185.

21. RANGELL, LEO: *The Analysis of a Doll Phobia*. Int. J. Psa., XXXIII, 1952, pp. 43-53.
22. ROSEN, VICTOR H.: *Some Aspects of the Role of Imagination in the Analytic Process*. J. Amer. Psa. Assn., VIII, 1960, pp. 229-251.
23. ———: *Abstract Thinking and Object Relations*. J. Amer. Psa. Assn., VI, 1958, pp. 653-671.
24. ———: *The Relevance of 'Style' to Certain Aspects of Defense and the Synthetic Function of the Ego*. Int. J. Psa., XLII, 1961, pp. 447-457.
25. SCHACHTEL, ERNEST G.: *Metamorphosis. On the Development of Affect, Perception, Attention, and Memory*. New York: Basic Books, Inc., 1959.
26. STEINBERG, STANLEY and WEISS, JOSEPH: *The Art of Edvard Munch and Its Function in His Mental Life*. This QUARTERLY, XXIII, 1954, pp. 409-423.
27. STEVENSON, O.: *The First Treasured Possession*. In: *The Psychoanalytic Study of the Child, Vol. IX*. New York: International Universities Press, Inc., 1954, pp. 199-217.
28. STEWART, WALTER A.: *The Development of the Therapeutic Alliance in Borderline Patients*. This QUARTERLY, XXX, 1961, pp. 165-167.
29. WAELDER, ROBERT: *Psychoanalytic Contributions to Aesthetics*. Thirteenth Freud Anniversary Lecture, New York Psychoanalytic Institute, May 21, 1963.
30. WINNICOTT, D. W.: *Transitional Objects and Transitional Phenomena*. Int. J. Psa., XXXIV, 1953, pp. 89-97.
31. WULFF, M.: *Fetishism and Object Choice in Early Childhood*. This QUARTERLY, XV, 1946, pp. 450-471.

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THE ARTISTIC COMMUNICATION AND THE RECIPIENT

'DEATH IN VENICE' AS AN INTEGRAL PART OF A PSYCHOANALYSIS

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The role of a specific experience in crystallizing an integrative or disintegrative pattern of life has become a matter of increasing interest in psychoanalysis. This has been formalized in the concept of the 'identity crisis' (2). The following report of how a patient engaged in just such an experience after reading a story by Thomas Mann offers a rare opportunity to understand how a specific stimulus affected the organization of a patient's personality. Psychoanalysts have frequently investigated the relations between works of art and the personalities of their creators; but the present study proposes to reverse the process—that is, to examine the impact of a literary work upon its reader.

INTRODUCTION

In 1911 Mann wrote a short, highly symbolic novel, *Death in Venice*.¹ Much has been written by literary critics and psychiatrists regarding the meaning of the story, which may be briefly summarized as follows.

Aschenbach, an aging and lonely but successful writer, who has just won a distinguished literary award, finds increasing difficulty in writing and goes to Venice in order to recoup his powers. Before and during his trip he encounters four men who resemble each other in certain details of feature and coloring. The first is a man suddenly seen, like an apparition, at a cemetery; the second, a senile, ridiculous man making overtures to boys on a boat; the third, a sinister looking gondolier; the fourth, a street clown who has the smell of death about him.

¹ Mann, Thomas: *Death in Venice*. In: *Stories of Three Decades*. Trans. by H. T. Lowe-Porter. New York: Alfred A. Knopf, 1948.

Aschenbach goes to the Lido where he develops a passionate attachment to a fourteen-year-old boy, Tadzio, a lad of uncommon grace and beauty who usually wears a white sailor suit and is the darling of his mother. He has three older sisters who are unattractive and unloved. Aschenbach watches the boy from a distance and is appalled by his uncontrollable yearning for him. He tries to leave the Lido, but is forced by his desire, against his better judgment, to return. He becomes aware that there is Asiatic cholera in Venice, but does not warn the boy's mother, speculating with some satisfaction that he appears delicate and probably will not live long in any case. As the intensity of his passion mounts, he is terrified to find himself pressing his head against the door of the boy's room. Finally, he has a nightmare which is of so much significance in the present context as to warrant being quoted in its entirety.

That night he had a fearful dream—if dream be the right word for a mental and physical experience which did indeed befall him in deep sleep, as a thing quite apart and real to his senses, yet without his seeing himself as present in it. Rather its theater seemed to be his own soul, and the events burst in from outside, violently overcoming the profound resistance of his spirit; passed him through and left him, left the whole cultural structure of a lifetime trampled on, ravaged, and destroyed.

The beginning was fear; fear and desire, with a shuddering curiosity. Night reigned, and his senses were on the alert; he heard loud, confused noises from far away, clamor and hubbub. There was a rattling, a crashing, a low dull thunder; shrill halloos and a kind of howl with a long-drawn u-sound at the end. And with all these, dominating them all, flute notes of the cruelest sweetness, deep and cooing, keeping shamelessly on until the listener felt his very entrails bewitched. He heard a voice, naming, though darkly, that which was to come: "The stranger god!" A glow lighted up the surrounding mist and by it he recognized a mountain scene like that about his country home. From the wooded heights, from among the tree trunks and crumbling moss-covered rocks, a troop came tumbling and

raging down, a whirling rout of men and animals, and overflowed the hillside with flames and human forms, with clamor and the reeling dance. The females stumbled over the long, hairy pelts that dangled from their girdles; with heads flung back they uttered loud hoarse cries and shook their tambourines high in air; brandished naked daggers or torches vomiting trails of sparks. They shrieked, holding their breasts in both hands; and hairy males, girt about the loins with hides, drooped heads and lifted arms and thighs in unison, as they beat on brazen vessels that gave out droning thunder, or thumped madly on drums. There were troops of beardless youths armed with garlanded staves; these ran after goats and thrust their staves against the creatures' flanks, then clung to the plunging horns and let themselves be borne off with triumphant shouts. And one and all the mad rout yelled that cry, composed of soft consonants with a long-drawn u-sound at the end, so sweet and wild it was together, and like nothing ever heard before! It would ring through the air like the bellow of a challenging stag, and be given back many-tongued; or they would use it to goad each other on to dance with wild excess of tossing limbs—they never let it die. But the deep, beguiling notes of the flute wove in and out and over all. Beguiling too it was to him who struggled in the grip of these sights and sounds, shamelessly awaiting the coming feast and the uttermost surrender. He trembled, he shrank, his will was steadfast to preserve and uphold his own god against this stranger who was his sworn enemy to dignity and self-control. But the mountain wall took up the noise and howling and gave it back manifold; it rose high, swelled to a madness that carried him away. His senses reeled in the steam of panting bodies, the acrid stench from the goats, the odor as of stagnant waters—and another, too familiar smell—of wounds, uncleanness, and disease. His heart throbbed to the drums, his brain reeled, a blind rage seized him, a whirling lust, he craved with all his soul to join the ring that formed about the obscene symbol of the godhead, which they were unveiling and elevating, monstrous and wooden, while from full throats they yelled their rallying cry. Foam dripped from their lips, they drove each other on with lewd gesturings and beckoning hands. They laughed, they howled, they thrust their pointed staves into each

other's flesh and licked the blood as it ran down. But now the dreamer was in them and of them, the stranger god was his own. Yes, it was he who was flinging himself upon the animals, who bit and tore and swallowed smoking gobbets of flesh—while on the trampled moss there now began the rites in honor of the god, an orgy of promiscuous embraces—and in his very soul he tasted the bestial degradation of his fall.

The unhappy man woke from this dream shattered, unhinged, powerless in the demon's grip. He no longer avoided men's eyes nor cared whether he exposed himself to suspicions. And anyhow, people were leaving; many of the bathing cabins stood empty, there were many vacant places in the dining room, scarcely any foreigners were seen in the streets. The truth seemed to have leaked out; despite all efforts to the contrary, panic was in the air.

Shortly after this on a day when Aschenbach has become hot and exhausted in an attempt to follow Tadzio, he eats some overripe strawberries infected with cholera. In the end he dies, sitting watching Tadzio, who ' . . . moving into the open sea, waves his hand as if to invite him outward into an immensity of richest expectation'.

THE BASIS FOR DISINTEGRATION

Robert, my patient, was a Jew in his early twenties who became depressed and anxious about what he described as homosexuality when he finished college and was about to leave home for graduate school to study history. He had been a capable student and been graduated with honors, but was not considered unusually creative. He was rather a practical man with a clear way of thinking and speaking and a pleasant manner in dealing with people. In his senior year, he participated in campus affairs, and was generally regarded as one of the most 'stable' and 'normal' of students. Upon graduation, he found himself weeping frequently and on occasion driving a car at ninety miles an hour. After some abortive attempts he could not bring himself to date girls again, and despaired of being able to marry and have a family. He became increasingly interested in boys, es-

pecially in blond Christian boys. Sailors in white suits attracted him particularly. His sexual life consisted of masturbation with fantasies of 'concurrent mutual fellatio' with these blond males. Sometimes the fantasies included violent wrestling; at other times he imagined burying his face in a man's chest.

Robert was the son of storekeepers in a working-class neighborhood. His father he characterized as easy going; he had surrendered control of his business and household to his active and energetic wife although he had successfully managed a large business before his marriage. He was, however, given to periods of silent rage frightening to the patient. The paternal grandmother had had a long depressive illness before her death. Robert recalled being in the same house with her early in his life and later accompanying his parents while they visited her in a psychiatric institution. The patient's mother was a tense, controlling, and combative woman who achieved her ends in the family by means of physical complaints and the arousal of guilt. Her family had been close-knit and through the years she insisted that her husband and sons accompany her on endless family visits. She wanted to be important in her family by the intellectual achievements of her sons, and she was glad that the patient had chosen graduate school and an academic life rather than a career in business. She had been very fond of her sister's handsome blond son who had lived with her from time to time before the patient's birth.

Robert was the second of three children. The first, a male, died in infancy. Robert's delivery was said to have been very difficult, and his mother did not suckle him, presumably because of an illness she did not care to discuss. He was told that he had always been hungry, and that his mother and two aunts who lived nearby fed him eagerly. All his life he was too fat. He grew to be a short, pudgy child with bright, brown eyes and dark hair, and a sensitive face with a sweet smile. He could have been good-looking but obesity blurred his features, and lack of exercise prevented his developing a manly figure and bodily grace. Needless to say, he was always preoccupied with food.

His early childhood was anxious and troubled and Robert recalled waking from nightmares and seeking his parents' bed. One repetitive nightmare concerned a frightening man. He screamed when left at nursery school and kindergarten, and later vomited each morning when he had to go to school. When he was three years old, his parents bought a store to which they went each day, returning at dinnertime. After school he was always taken to the home of a maternal aunt whom he remembers as a possessive and overindulgent person with whom he felt uncomfortable. Whenever the patient refused to do as his mother wished, she threatened to leave him. He controlled his parents by temper tantrums. They frequently tried to appease him by gifts, and he demanded and received more and more elaborate ones as he grew older, always feeling that they meant little because they were given in appeasement. Such was the beautiful strawberry shortcake brought home by his father when his mother was in the hospital bearing the patient's baby brother. Robert ignored the cake, believing that his father had bought it only on instructions from his guilty mother.

At the age of five, Robert had to have his foot placed in a cast for two years to correct a malformation. He was forced into inactivity at a time when his friends were becoming interested in ball games and other active sports, and he never developed similar interests nor did he share his father's liking for baseball. During this period he established many feminine identifications. He recalls imitating the women of the family to the extent of sweeping and dusting and playing with his mother's old pocketbook. Later, he secretly kept it in his desk drawer until he was eleven. During his early years Robert developed a serious, overly adult manner, fantasizing that he and his mother were actually the adults in the family. It was also during this time that he began to play the role of detached, intellectual observer. His pseudomaturity was accompanied, however, by an inability to live away from home; this persisted and was one of his complaints when he entered treatment.

As for childhood playmates, Robert vaguely recalled that his most constant companion was a little blond boy who wore white sailor suits. He used to let this boy beat him up, because of his fear that fighting would cause him to injure the child. However, upon the encouragement of a kindly (maternal) grandfather, he learned to fight with the boy. His only recollection of childhood sex play was of mutual explorations with a little girl during which he discovered that she had no penis. He recalled feeling disappointed, and in his anger he threw a stone at her which nearly injured her eye and left a permanent scar on her face.

When Robert was seven years old the family moved to an apartment above their store in a Christian working-class neighborhood. Robert was instructed not to associate with the neighborhood boys. He was isolated, for his parents were preoccupied with the store and a new baby. He was given a dog, but the animal died after eating rat poison in the basement of the store. Parental pressure to succeed in school left Robert little time for sports or social activities. His mother finally arranged for the son of one of her friends to play with Robert, and the two boys spent much time together for the next eight years. According to Robert, the friend, Jerry, was a child whom most people would have recognized as 'queer', even at that age. The patient felt trapped in this relationship, but his mother insisted that he maintain it. From the age of twelve the two boys engaged in mutual masturbation and fellatio. This occurred regularly on Saturday nights, when the patient's parents went out and he was left alone in the house with Jerry. As they grew older and began to go with girls, they would get together to satisfy themselves sexually after their dates. They did not like each other; in fact there was a considerable degree of mutual hostility. Robert felt he could find no way out of this morbid relationship in his early adolescence. However, when he entered high school his world changed. He found that he was well received by the other boys and was invited to join a fraternity. He dropped his homosexual friend in his seventeenth year.

In college Robert became closely associated with another Jewish boy. The two spent hours together listening to music and discussing cultural and intellectual interests. Michael shared the patient's preoccupation with homosexuality and his enthusiasm for various male crushes and 'muscle magazines'. They were both intensely interested in food, and every Saturday night when they 'went out to eat', the choice of restaurant was a matter of great moment.

The end of college found the patient an obese, sedentary, dependent, passive, young man. He was controlled by, and controlling of, his mother, and he made heavy demands on both his parents for support, regardless of their resources. He was disparaging toward his father and hostile toward his athletic, rebellious, blond brother. He was unable to leave his family or his close friend. He lived in a tiny, circumscribed world of his books and records, and his thinking and imagination were accordingly limited.

During the last few months at college, Robert was required to write a paper on a contemporary story of his choice. He selected Thomas Mann's *Death in Venice* and became intensely interested in it. Looking back several months later, he recalled that he had been struck by the similarities between Aschenbach and himself, for Aschenbach was an overly serious, intellectual man with little capacity to love, and, like him, Aschenbach was attracted to a golden-haired boy. In both this patient and Aschenbach, the suppressed emotion threatened to build up to the point of breakdown of personality. Robert became seriously concerned about himself as he read of Aschenbach's disintegration and final capitulation to the plague. Heretofore he had regarded his homosexuality as something he would outgrow, and he even let himself speculate on the possibility that homosexuality was a superior way of life, stupidly criticized by an ignorant and uncomprehending world. The story raised serious doubts in his mind.

THE BEGINNINGS OF REINTEGRATION

This case was characterized by a striking growth and movement

during the first year of treatment. By the end of the year, the patient had begun to support himself, had declared his independence from his mother, successfully managed the family business during a severe illness of his father, and like a father had helped his younger brother, whose active, fighting personality he had come to respect. He had so far separated himself from his friend that he began to associate with fellow graduate students, and he and Michael were beginning to indulge in heterosexual fantasies and to date girls. He adhered carefully to a diet to correct his obesity. The depression and anxiety for which he had sought treatment were no longer critical, although much still remained to be done in therapy. These changes came about in connection with profound shifts in the patient's concept of the members of his family, including himself, and in the context of the transference relationship.

The changes in the patient were closely interwoven, in his associations, with the themes of *Death in Venice*. The subject of the story first came up several weeks after treatment had begun, in the following setting. The patient had come to the analyst saying that he wanted treatment very much and that of course his father would pay for it. When it became clear that it was unrealistic to expect his father to pay the full fee, the patient assumed that the analyst would reduce the fee. He seemed helpless and quietly expectant. When the fee was not reduced, the young man readily secured a summer job, and later a fellowship to a nearby graduate school, and thereafter paid his bills promptly. It was when he first paid a bill, partly out of his own earnings, that the story of *Death in Venice* came up. In presenting the money he announced, 'Well, that's that, we'll talk no more about money'. The therapist responded to the finality of this statement by commenting that much that is important in relations with people is expressed in terms of money and that probably we would hear more about it. The patient responded with the following associations.

I have mixed feelings about building up a bank balance, only to see it diminish suddenly when I pay my analytic bill. There

is something satisfying about building the account up to a peak, paying it out, and then building it up again. It reminds me of my mother's enjoyment of spending a whole day in the kitchen cooking, only to have the food vanish in a half hour at dinner-time. It reminds me of sexual orgasm—money, food, and sex, these are things most people seem to think about. In literature food and sex are particularly connected, and frequently a big meal is followed by sexual activity. Thomas Wolfe wrote three novels in which pages were devoted to eating. Death and sex are also frequently connected in literature. In Elizabethan poetry 'to die' means to reach a climax. In Elizabethan poetry the idea seems to be that real union between people is possible only after death, and sexual union is only an approximation of what happens after death. For John Donne, the effect of love is dying, the effect of an orgasm is self-annihilation—consciousness is annihilated. Whenever Shakespeare uses the word 'to die' it has a sexual meaning. Browning wrote about a lover who at the moment of orgasm strangles his sweetheart to preserve that moment of ecstasy. . . .

Here the patient told the story of *Death in Venice* eloquently, commenting, 'It re-enforced what I said about food . . . oh, by the way—the boy wears a sailor suit, and the red buttons on his suit are strawberry colored, his lips are strawberry colored, and later Aschenbach died after eating rotten strawberries. The story describes the decadent, rotting process in Aschenbach's mind. The death figure whom he meets in a mausoleum in the beginning of the story has eyes which are strawberry colored . . . the figure is the personification of death and plague . . . the plague parallels the degradation and demoralization of the writer and finally he dies . . . it is the surrender to attraction which kills Aschenbach.'

Thus the patient communicated to the analyst his own sense of imminent danger. He felt that the story, *Death in Venice*, was the thing that precipitated him into treatment. 'It was as if I looked in the mirror, and suddenly saw myself.' The patient proceeded to touch on aspects of the story linked by chains of association with conscious and unconscious complexes of ideas

of his own. For example, the poisoned strawberries were related to his recollection of the unwelcome strawberry shortcake given him by his father, and also to the recollection of his poisoned dog. In Robert's dreams, the father sold poisoned meat. The giant phallus of Aschenbach's dream proved to be related to his previously repressed recollection of a large iron replica of a penis kept by his father in the drawer of a kitchen table where the father carved meat for the family. An important part of the youth's improvement during this phase of his analysis had to do with becoming aware of a repressed childhood terror of the presumably weak and helpless father.

His old preoccupation with homosexuality recurred persistently, intertwined with his transference experience and with themes from *Death in Venice*. He presented homosexuality as his major problem. He spoke of it in an abstract way, discussed books on the subject, and coolly analyzed the problem of his friend Michael who, he said, remained interested in boys in order to avoid adult responsibilities. He depicted the analyst as opposed to his even looking at boys and when he found himself interested in a boy he felt guilty in relation to the analyst. On occasions when he went to a restaurant where he and Michael sat and admired a handsome waiter, he became panicky and imagined that he saw the analyst's car in the parking lot. During holidays from analysis he would become angry with the analyst and retaliate by picking up a sailor at the bus station, although he never did more than drive the lad home. When he became envious of the analyst's other patients, or angry because he failed in some way to get preferential treatment, he moaned that he was afflicted with an incurable disorder, homosexuality. He expected for himself the disintegration suffered by the serious, intellectual Aschenbach. In this connection he began to notice the intellectual way in which he approached his treatment. With the help of the analyst he recognized that he was 'explicating' his dreams in the literary manner, instead of freely associating to them. 'I can't do a thing with that', he would exclaim in disgust when he failed

to produce a coherent, intellectual interpretation of one of his dreams.

All this was a prelude to revealing the major theme of the golden-haired boys which occupied the patient's waking and sleeping thoughts during the first year of his treatment. Previously his fantasies had involved nameless, faceless males with no hint of individual personality or of any personal relationship with them on his part. A favorite fantasy was that of a procession of indistinguishable males who filed past him as he performed fellatio on each of them in turn. This constituted his only fantasy of relations with other persons except for the scenes of violent wrestling he occasionally reported. Gradually he centered upon certain specific young men each of whom at times became a female figure, usually the analyst, in his dreams.

When treatment was resumed after the summer holiday several months after the analysis began, the patient had become interested in a movie and television actor whom he affectionately called 'Tadzio', emulating the 'Tadzio' of Thomas Mann. This blond young man, who frequently wore white suits and was adored by females, became the patient's chief pre-occupation for some time. However, his interest was now of a much more personal and tender nature than he had previously experienced. In his fantasies they lived together. The patient took care of the house while the actor went to work, assuring the patient that he left only because of his Hollywood obligations, and that he really loved only the patient. When he was ill the patient cared for him tenderly. In his fantasies of love-making the patient was the active one, holding him in his arms, kissing his face and head, and telling him that he loved him. The patient commented, 'Since . . . has taken over my fantasies I don't look at other boys—this business is different from anything I've ever experienced. It's the first time the word *love* has ever entered into anything! It's ludicrous, I'm in love with a blond . . . boy!' All other boys faded into the background. Soon Robert became aware that the actor and the analyst were closely associated

fantasy objects. In a dream the actor suddenly became a golden-haired girl. After an interruption in the analysis due to the analyst's absence, he dreamed that he met the actor at the airport and took him home. He put his arms around him and clung to him begging 'please don't leave me again'. He expressed despair and frustration over his inability to get immediate satisfaction of his need for the actor. Later he vividly experienced fear of being left by the analyst. One day when there was a delay in the arrival of the analyst, the patient became acutely anxious, with profuse sweating.

After a few months the television actor in the fantasy was discarded in favor of a very masculine blond undergraduate, a football player whom the patient saw frequently. The young athlete represented many things to the patient. Sometimes he was the attractive male the patient wished to be, sometimes his mother, brother, or father, and most often the analyst. In one dream a group of psychiatrists were sitting in a semicircle in the analyst's office. The young football player, Dick, sat in the analyst's seat and the patient stood aside watching the doctors being attracted to Dick. Robert gloated because they not only did not have him but could not even admit their feelings of desire for him. In another dream, the patient was in the store, where a girl was seated at the cash register (his mother's usual position, in fact, and the place to which he frequently relegated the analyst in his dreams). He and the girl went for a ride and the girl told him a story, then currently circulating, to the effect that men newly selected for the Cabinet of the United States got their positions by having their wives 'blow' the President. (The patient had already dreamed that his father was President.) At this point the girl changed to a boy, the patient 'blew' him, and the dream ended.²

During this period the patient became increasingly preoc-

² Later, during a period when the patient was experiencing disappointment and dissatisfaction with the analyst, he expressed his feeling that he would get better and faster treatment with her husband, and had a dream in which the stairs of the analyst's house became the steps of the Capitol in Washington down which the analyst's husband descended.

cupied with his oral cravings. He found himself going to sleep each night with a fantasy of fellatio which he described as feeling like a baby being rocked to sleep by a mother. He thought a great deal about his compulsive eating, recognizing his use of it as a means of relieving tension, and he became aware of the significance of his calling attractive boys 'yummy'. The 'looking at boys', which had occupied his time for so long, he conceptualized as 'devouring them with his eyes'. Dick and the analyst appeared more and more in his dreams as interchangeable figures and he became aware that his laments about not getting what he wanted from Dick also applied to the analyst. Characteristically, this became especially apparent when he did not get a desired reduction of his fee. There was much conflict as to who had more to give, men or women. He was inclined to think it was men, and that women merely demanded. The struggle between Dick and the analyst was epitomized in the following dream.

You were seated at the wheel of a car. I came over to drive but you told me to take the seat next to you. As I walked around the car to take the seat I was startled to see that it was no longer you but Dick. I said: 'You're not supposed to be you, you're supposed to be Dr. N'. He asked indignantly, 'Who is Dr. N? You're supposed to be at home with me!'. Repeatedly, in his dreams, a blond young man appeared and stopped him just as he was approaching a female.

In time, his interest in females increased and competitiveness with other males began to appear, if only in an embryonic fashion. In one dream, the patient was allowed to wait in the analyst's waiting room while a throng of her other patients were outside. The analyst was in her office with her husband. In a small room between the office and waiting room, a baby was crying. As the analyst dismissed her husband and invited the patient in, the baby stopped crying. Later there was a dream in which the patient was a strong young man, and his father was old and impotent. Soon Robert's heterosexual interests inten-

sified. He began dating a former girl friend of Michael's, to the latter's chagrin. After this the patient began to have frankly sexual dreams and fantasies about the analyst. He became preoccupied with the theme of Tea and Sympathy, in which an older woman attempts to help a young man by having sexual relations with him. He had a dream in which the analyst sat beside him on the couch in her office, younger than she really was, wearing a loose gown and with long, flowing hair. She informed the patient that she would be taking a longer vacation than usual this year because she was going to have a baby. The implication was that the baby was his.

Around this time several events played a part in the course of analysis. The patient's father had a sudden and unexpected stroke with hemiparesis. Upon recovery he developed a psychotic depression, during which he became extremely demanding and dependent, particularly in relation to the patient, making suicidal gestures. Robert helped to send him to a psychiatric hospital for several months. He then with alacrity took over his father's job in the store. During this time Robert dealt effectively with his mother's dominating behavior. Soon he began to realize that the withdrawn life of historical research was his mother's choice, not his own. However he had discovered that he had a talent for teaching and liked it. By vacation time he had obtained an advanced degree and had secured a full-time position as an instructor of undergraduates. He could now fully support himself and looked forward to having an apartment of his own. The blond boys were fading from the picture, and the patient began to be a person who felt and lived, instead of a withdrawn intellectual living a life of fantasy only.

As might be expected, in situations of special stress, such as periods of separation from the analyst, his old conflicts about sexuality recurred. The boy who occupied his dreams and fantasies now was one of his young students, toward whom the patient felt not only a sexual interest but a genuine concern for his welfare. A number of dreams about babies led the

patient to consciousness of a wish to have a son. This, together with increasingly persistent dreams of females, forced him to awareness of growing heterosexuality. In his attempt to deny this it became clear to him that he saw accepting heterosexuality as succumbing to the analyst, and of course ultimately to his mother. Beside struggling with his desire to use homosexuality as a means of resistance and revenge, he had to establish a new identity for himself. 'You see', he explained, 'for so long I've thought of myself as a fellow who likes boys, I can't quite imagine being anything else'.

With the increase in heterosexual interest, the golden-haired boy took on a new character and became a threatening figure. On one occasion, while sitting at a moving picture the patient became anxious while watching a handsome boy on the screen. Just then a blond sailor brushed past him and the patient became acutely panicky, rushing down to the lobby where, to his consternation, he encountered a handsome boy whom he knew at the university. 'These boys made me think of the men Aschenbach kept meeting, the death-figure', the patient explained. Robert then recalled that his sexual fantasies about boys developed in adolescence as a direct transition from a tremendous preoccupation with such powerful and threatening men as Stalin and Hitler, which had filled his preadolescent years. Immediately after this recollection, he had a terrifying dream in which he and his mother collaborated in the murder of his father, ingeniously arranging to have a gun mounted in the wall of the store go off as the father opened the cash register.

Stimulated by disappointments and frustrations experienced in the transference, the patient continued to have many dreams and recollections regarding beatings and coercion which he experienced at the hands of both parents at an early age, and also regarding his own aggressive feelings and behavior toward others. These were frequently accompanied by clear evidence of release of long-standing sexual inhibitions (such as having a 'wet dream' for the first time), decrease of sexual interest in boys, and increasing heterosexual preoccupation, foreshadowing

the development of satisfying heterosexual activity which actually began a year later.³ The patient became more mature and assertive in his dealings with his male colleagues and superiors. His new male ideal now became a twenty-nine-year-old Christian fellow member of the faculty who had a good relation with his wife and children, and who combined lively intellectual interests with a love of sports and camping. This man and the patient became good friends. There were few references to golden-haired boys and, at this point in the analysis, the central role of Mann's story as a developmental theme seemed to have been exhausted.

DISCUSSION

Death in Venice appears to have crystallized for this patient the sense of danger that he felt as time and the events of life swept him irrevocably beyond the strength of his available resources. As so often happens in the face of impending breakdown of unsatisfactory defenses and the dissolution of outworn object relationships, powerful impulses in favor of new identity-formation began to emerge. As they did so, the story revealed his conflicts more intensely to the patient, who sought a resolution of them in psychoanalysis. The forces that threatened him were, of course, already in operation long before he happened upon the story.

His life history contains much that is familiar to psychoanalysts. He had been an overprotected youngster whose mother had been unable to nurse him. Nevertheless, she placed much stress on feeding him, possibly because a primitive concept of object relations made her regard feeding, without freedom to develop, as all she could give him in the way of love. He grew up needing her yet full of hostile wishes which made it impossible for him to separate from her. His relation to his father was disruptive since his father was like a son to his wife and dealt with his son as a feared rival. His father's in-

³ Four years after the beginning of treatment the patient had married and was working successfully and creatively in his chosen field.

ability to express resentment openly may have contributed to a tense, frightening situation made all the more severe by the patient's desire to have the mother to himself. As a result, this patient was unable to resolve the œdipal situation. Not only did he identify himself with his mother, but his identifications with his father were distorted—for the patient had identified himself with the childlike, dependent, passive aspect of his father's personality, as well as with the competent, responsible man. Thus the patient's adoption of feminine attitudes coalesced from several directions, his identifications with his mother, his identifications with the more passive aspects of his father, and, in a negative sense, the dread of choosing his mother as a love object and the need to defend against it. This led the patient to be ready for the adolescent homosexual relationship, which offered gratification for his oral as well as his passive feminine needs. He thus found himself at an impasse upon graduation from college, when the necessity for leaving home, establishing heterosexual relations, and assuming an adult role in life became urgent.

Implicit in the writings of psychoanalysts regarding æsthetics in general and literature in particular is the assumption that a work of art in some way, no matter how remotely, represents a piece of the psychic life of the creator, and that the unconscious and the conscious mind of the artist, as well as that of the reader, is involved. Kris states: '... the study of art is part of the study of communication. There is a sender, there are receivers, and there is a message' (9, p. 16). 'The message is an invitation to common experience in the mind, to an experience of a specific nature' (p. 39). Greenacre demonstrates how the Mann story may have stirred our young scholar when she writes: 'Art generally touches the feeling-imagery rather than the rational somewhat detached intellectual thought of others. It clarifies by stimulating a unique set of feeling responses in each of its recipients, whether or not there is much conscious intellectual content resulting. Each artistic product is the delivery into an externalized and communicable form of an

economically organized piece of the artist's total interaction with the world around him. In doing this, the creative artist expresses more than he is aware that he knows' (6, p. 73). Interestingly enough, Greenacre quotes Mann in support of this.

With this in mind, we turn to the message of *Death in Venice*. Discussion of the role of this story in a psychoanalytic framework must of necessity include the considerations of Heinz Kohut (8). In his paper an attempt was made to correlate biographical data in the life of Thomas Mann with this short novel. The author considers the influence of unconscious guilt and, possibly, the role of early sexual stimulation in Mann's life as sources for the development of his artistic personality. The disintegration of Aschenbach's creativity is seen as a return of unsublimated libido under the influence of aging, loneliness, and guilt over success. Kohut draws the conclusion that Mann displaced his personal conflict onto Aschenbach and by so doing was able to safeguard his own artistic creativity. It is the author's basic assumption that regression mobilized Aschenbach's oedipal conflict and that the death theme represents Aschenbach's (Mann's) longing for reunion with his mother. The four men encountered by Aschenbach whom literary commentators assume to be messengers of impending death are seen by Kohut as '... manifestations of endopsychic forces, projected by Aschenbach as the repression barrier is beginning to crumble. The four men are thus the ego's projected recognition of the breakthrough of ancient guilt and fear, magically perceived as the threatening father figure returning from the grave . . .' (8, p. 220). The father theme, according to Kohut, is dealt with by splitting the ambivalently revered and despised figure and isolating the opposing feelings. The bad father is embodied in the four men, but Aschenbach identified himself with the good father, giving Tadzio the love he wished he had received from his father. Inevitably he becomes envious of the boy, and this is the basis for his destructive impulses toward Tadzio expressed in the story. However the basic hostility is directed toward the

bad father. This, according to Kohut, is the meaning of the dream in which the father—the foreign god of the barbarians, the obscene symbol of sexuality, the totem animal—is killed and devoured. By the talion law of the archaic ego, Aschenbach also has to die.

In discussing the conflicts of Mann as they were displaced upon Aschenbach, Kohut leans heavily on the dream of the pagan orgy. He interprets it as evidence for experience of a primal scene and for homosexual cravings. He envisions the child as observer of the primal scene, not yet threatened by traumatic overstimulation, passivity, and fear of mutilation. Later, in the face of overwhelming dread, the child returns to the role of the emotionally uninvolved observer, and further elaborations of this defense make for development of creative sublimation. Another contingency suggested by Kohut as alternative to, and mutually exclusive with, artistic creativity is the state of unsublimated homosexual striving.

The preœdipal aspects of the problem, which will serve as the basis for the further discussion here, were briefly developed by Kohut. He recognized the strongly repressed trend toward union with the mother with, of course, its regressive identificatory nature. For the most part, however, he looks upon the themes of death and sexual frustration as punishments stemming from Aschenbach's desire for œdipal union with the mother. Thus at the end of the story when Tadzio is beckoning Aschenbach into the sea, the picture is presented not only of the symbolic identity of death and the sea but also of the connection between the boy, Tadzio, and the 'sea-death-mother motif'. The regressive aspects of the reunion with the mother as preœdipal and very primitive dynamisms, little influenced by relatively advanced functions of superego development such as guilt, are not gone into by Kohut but become matters of importance in the case under discussion here.

The use of death as a symbol for the mother is beautifully depicted by Freud in *The Theme of the Three Caskets* where he describes the repetitive theme of myth and story, in which a

young man gains a beloved woman by choosing a leaden casket, the symbol of death. (My patient had kept his 'muscle magazines' in a locked metal file.) Freud believed that this represented a wish-fulfilling replacement of the theme of death by the theme of love. In discussing the choice between the three sisters in the King Lear story, he makes a comment which is particularly relevant: 'We might argue that what is represented here are the three inevitable relations that a man has with a woman—the woman who bears him, the woman who is his mate, and the woman who destroys him; or that they are the three forms taken by the mother in the course of man's life — the mother herself, the beloved one who is chosen after her pattern, and lastly the Mother Earth who receives him once more. But it is in vain that an old man yearns for the love of woman as he had it first from his mother; the third of the Fates alone, the silent Goddess of Death, will take him into her arms' (3, p. 301).

Freud describes the long-standing connection in the minds of mankind between death and mother, and he refers to a number of female goddesses of death in mythology. For example, the Moerae (the three spinners) are watchers over man's inevitable fate, and the name of one of them, Atropos, means the inevitable: death. Aphrodite, the Goddess of Love, has been conjured up by man by a process of reaction-formation, but she really represents the Goddess of Death. 'Nor was this substitution in any way technically difficult: it was prepared for by an ancient ambivalence . . .' (3, p. 299).

It is a curious fact that, although Freud assumes a female identity for death, mythology contains many references to sleep and death as male figures. The *Iliad* (7) refers to Hypnos, God of Sleep, and Thanatos, God of Death. They are sons of Night and they dwell in subterranean darkness along with their brothers, the Dreams. Hypnos brings pleasant dreams to mortals, Thanatos closes the eyes of men forever. References to them appear in The *Aeneid* (15) and in Ovid's *Metamorphoses* (14). Classical illustrations depict these twins as handsome, nude, winged, blond, young men. That this theme is by no means

confined to the literature of the ancients is demonstrated by a curiously powerful, avant-garde play by Edward Albee. In this play, *The Sand Box*, a grandmother sitting on the beach with her family gradually covers herself with sand, while a good-looking young man in swimming trunks does calisthenics nearby, and the play makes it clear that the central theme is the death of the old woman. The calisthenics are to suggest the beating and fluttering of wings, and the young man is the Angel of Death (1, p. 144).

One wonders what it means that death has been thus given a male and a female form in story and mythology. If we knew the answer to this we might better understand why the blond boy changed his sexual identity so often in our patient's fantasies. And since it has often been observed that a piece of literature owes its power to its re-creation of mythology (4), which is believed by many to be the prototype of human experience, perhaps *Death in Venice* owes much of its power to its foundation in mythology. Could it be that Thomas Mann quite knowingly created in *Tadzio* a counterpart of one of these ancient mythological figures, and could our patient unwittingly have re-created in his blond boys a storied figure out of the distant past of man?

The theme of death and reunion with the mother correlates with the primitive phenomenon of introjection and throws light on the patient's preoccupation with food. It represented a lifelong characterological means of allaying his anxiety and of establishing a union with the mother. That this young man should have come to treatment in a depressed state is consistent with his substantial fixation at the oral level. It is of some interest in this regard that both his father and paternal grandmother had depressive illnesses of psychotic proportions. One is reminded of Lewin's 'oral triad' which he describes as characteristic of states of elation—the wish to eat, the wish to be devoured, and the wish to sleep (12). How often these themes of love, food, and death occur, not only in literature, but in psychoanalysis! And over and over again there are references

to regressed forms of relation to the mother. This theme was employed by Mann, since Aschenbach's death itself was brought about by eating contaminated strawberries—which perhaps symbolize nipples.

The themes of sex, food, and death are also inextricably bound together in this patient. His dreams repeatedly revealed the connections in his mind between his longing for the blond boys and his longing for the original nursing situation, as well as his longing for and fear of the father. His initial comment, by means of which he first introduced his interest in *Death in Venice* and called attention to the close interrelationships of love, food, and death, foretold the importance of these themes throughout his analysis. The relation between sex and food has of course been well known in psychoanalysis since Freud introduced the concept of psychosexual stages of development. A fixation at the oral stage such as this patient exhibited implies failure to develop adequate object relations, and it appears that his preoccupation with feeding, blond boys, and death represented his relation with a symbolic mother at a regressed level.

Finally, an additional major theme deserves consideration, that of the patient's aggressive impulses, brought out most clearly in his fantasies of violent (and often murderous) struggles with his fantasied boys. It would be a mistake to regard the imaginary boys only as objects of the patient's love. Kris (9, p. 76), in speaking of Pygmalion, who fell in love with the statue he created, reminds us that such substitutions may take place not only on the basis of love, but also under the primacy of aggression, and that the created image may be an object of punishment and destruction. Such destruction of an image represents image magic, which is characteristic of illiterate societies, of children, and of states in which affects—particularly anxiety—predominate. It is characteristic of inadequately developed or lessened ego control. The consideration of these concepts helps to bring into focus the degree of regression or lessening of ego control in this patient during the first part of his treatment.

Returning to the impact of *Death in Venice* on the psycho-

analysis of this patient, it is interesting to examine it as an interaction involving three persons: the artist who created the story with its message, the patient who received the message, and the analyst, who received the communications of the artist and the patient and played an important part in the regressive and reintegrative process undergone by the patient. Some consideration has already been given to the effect of the story on the patient in our discussion of the threat he experienced when he identified himself with Aschenbach.⁴ However, this identification was by no means perceived solely as a threat. For the first time the patient perceived, however dimly, that another human being had experienced conflicts similar to his. This experience relieved guilt and stimulated the upsurge of feelings which he could not have permitted himself in relation to his own conflicts. Freud and many others after him (notably Kris) describe the reintegrative effect of this kind of outlet of dammed-up feelings, since it enables the ego to re-establish control. Thus an increased sense of self played a part in this patient's seeking treatment.

It is a matter of considerable importance that the full effect of the story was not experienced at once. There was a lapse of time. This evidenced by the fact that, although the patient wrote his paper in the spring and began treatment in July, the story was not mentioned in the analysis until September after a certain significant interaction with the analyst described above. It was several weeks after this latter event that the fantasies of the golden-haired boys began to make their appearance. In considering what might have been going on between the patient's first acquaintance with the story and its later effects, we must take note of some remarks of Kris regarding the response

⁴ One wonders if the patient's sense of danger as well as his identification with the decaying Aschenbach was related to his identification with his father, whose physical and mental breakdown occurred not long after treatment began, and possibly had been impending for some time. The weakening of the father made the patient feel relatively stronger and gave him the courage to go ahead with some important unfinished business—namely, bringing his oedipal conflicts to a more successful resolution than he had in the past.

to an artist from his public. ' . . . There is first the simplest and most unambiguous stage, which may be called recognition. The subject matter is found to be familiar and is brought in relation to a memory trace. There is secondly a stage in which some experience of the perceived and recognized subject becomes part of the spectator. . . . We change imperceptibly from identification with the model into the stage in which we imitate the strokes and lines with which it was produced. To some extent we have changed roles. We started out as part of the world which the artist created. We end as co-creators' (9, pp. 54-56).

The recollections and dreams which emerged during this analytic process indicate some of the memory traces to which *Death in Venice* was related. As the patient's fantasy life was further stimulated by the analytic process, he began to use imaginary figures based in part on the Tadzio theme. It is interesting at this point to draw certain comparisons between Mann and our patient. Both sought an audience and a resolution to a problem, but each did it in his own way. Each made extensive use of preconscious as well as conscious processes in his efforts, bringing a rich supply of fantasies to the task. In writing *Death in Venice*, Thomas Mann of course used fantasy figures, not only as libidinal objects (as in the case of Tadzio) but as objects onto which he could project his own struggles through those of Aschenbach. One feels that this was not so much a use of fantasy figures for the specific purpose of resolving a conflict as it was the direct expression of unresolved conflicts in artistic form. According to Kohut, however, this also served a defensive purpose for Mann, aiding in the preservation of his ego at a time of stress in his life. Whether or not Thomas Mann could have safeguarded his ego by displacing his conflict on Aschenbach is a question that deserves careful scrutiny. A number of writers (5, 9, 11) have called attention to our imperfect knowledge of the process of artistic sublimation, and recently Kubie has questioned whether we are justified in using the term at all (10).

For the patient, as opposed to Mann, the chief purpose of his fantasies on entering treatment was the attempted resolution of conflict. His fantasy figures were objects of love and hate, and his preoccupation with them was clearly symptomatic of his difficulties. Robert's fantasy objects became less fantastic and more real as treatment progressed, changing from a procession of nameless, faceless males, to a remote moving picture star, to an athletic student whom the patient saw in his daily life, and later to a young student of his with whom he had a satisfying, constructive relationship. All these individuals represented persons whom he had known closely in his growing up. Also, as treatment progressed, they represented the analyst and became an important part of the patient's developing capacity for more realistic and mature object relationships.

The analyst's participation in this relationship was based upon her concept of the patient as an able, growing person who needed help in maturing, and upon her refusal to share his defensive view of 'homosexuality' as his basic problem. Characteristic of her activity throughout the treatment was a firm refusal to control, indulge, or infantilize the patient, prompt attention to his hostility and revenge toward her (frequently expressed in terms of seeking solace in men), recognition of loving impulses toward her, and a growing understanding of his loneliness, hunger, and fear. The analyst moreover listened with great interest and understanding to the many references to literature and drama by means of which the patient communicated his dilemma.

Concomitant with these activities, the analyst carried out her traditional role in the psychoanalytic process by which a patient is enabled to release repressed thoughts and feelings and to reconstruct his earlier life experience. In this respect, the analysis may be said to have potentiated the effect of Death in Venice on the patient. Beyond this, the analyst aided in the correction of transference distortions and served as an object for the development of new object relations. In particular, her participation in certain integrative reactions was crucial to

renewal of the patient's arrested ego development (13). This participation by the analyst was sometimes an activity, at other times a controlled refraining from action. A good example of this is the incident described above in which the patient attempted to force the analyst to subsidize his treatment, without verbally asking it, and the analyst advisedly did not respond to this mute appeal. In this response, the analyst expressed her confidence in the patient, her concept of his role in society, and her intention to contribute nothing to his overdependency. This eventually precipitated the entry of the story, *Death in Venice*, into the analysis. It is my belief that much of what is essential in psychoanalytic psychotherapy results from this kind of interaction and that, when properly timed, it can initiate a restitutive process in the patient that enables him to make significant strides in treatment. Our patient was able to do this when he could say, 'You know, it's a funny thing, I find that whenever I get mad at you, I think about the boys'.

SUMMARY

A young graduate student found himself unprepared for adult life because of fixation at the oral level of personality development, causing inability to leave his mother and symptoms of depression and homosexuality. A chance acquaintance with the novel, *Death in Venice*, led him to see himself more clearly, and served both as a threatening and a reassuring experience, with the result that he was able to enter analytic treatment. It appears that during this process threads of the story were associated with memory traces from the patient's past. Then he, as it were, in the company of the author, was able to re-create and re-experience figures from his own past with emotional intensity. Under the influence of the transference, these figures merged and blended with that of the analyst and gradually developed into realistic objects. It appears that reading the story and undergoing analysis worked together to advance the patient's hitherto arrested ego development through induced regression, with ego

disintegration and reintegration, and subsequent development of more mature object relationships.

REFERENCES

1. ALBEE, EDWARD. *The Sand Box*. In: *Three Plays*. New York: Coward-McCann, Inc., 1960.
2. ERIKSON, ERIK HOMBURGER: *The Problem of Ego Identity*. J. Amer. Ps. Assn., IV, 1956, pp. 56-121.
3. FREUD: *The Theme of the Three Caskets* (1913). Standard Edition, XII, pp. 291-301.
4. FRYE, NORTHROP: *Myth, Fiction and Displacement*. Daedalus, Summer 1961, pp. 587-607.
5. GLOVER, EDWARD: *Sublimation, Substitution, and Social Anxiety*. Int. J. Ps., XII, 1931, pp. 263-297.
6. GREENACRE, PHYLLIS: *Play and Creative Imagination*. In: *The Psychoanalytic Study of the Child, Vol. XIV*. New York: International Universities Press, Inc., 1959, p. 73.
7. HOMER: *The Iliad*. XIV, 231; XVI, 672.
8. KOHUT, HEINZ: 'Death in Venice' by Thomas Mann. *A Story About the Disintegration of Artistic Sublimation*. This QUARTERLY, XXVI, 1957, pp. 206-228.
9. KRIS, ERNST: *Psychoanalytic Explorations in Art*. New York: International Universities Press, Inc., 1952.
10. KUBIE, LAWRENCE S.: *The Fallacious Misuse of the Concept of Sublimation*. This QUARTERLY, XXXI, 1962, pp. 73-79.
11. LEE, HARRY B.: *A Critique of the Theory of Sublimation*. Psychiatry, II, 1939, pp. 239-270.
12. LEWIN, BERTRAM D.: *The Psychoanalysis of Elation*. New York: W. W. Norton & Co., Inc., 1950. Reprinted by The Psychoanalytic Quarterly, Inc., 1961.
13. LOEWALD, HANS: *On the Therapeutic Action of Psychoanalysis*. Int. J. Ps., XLI, 1960, pp. 16-33.
14. OVID: *Metamorphoses*. XI, 592.
15. VERGIL: *The Aeneid*. VI, 893.

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THE FEAR OF BEING SMOTHERED

BY W. N. EVANS (NEW YORK)

1

In comparison with other anxieties the unconscious fear of being smothered has not received the attention it deserves and yet its manifestations are many and varied. It is a theme, however, to which Lewin often returns, especially in his 1952 paper (17) where he applies the principles of dream interpretation to the analysis of the phobias.¹ In this communication it will be discussed as it appeared in two patients: in the conversion symptoms of one and the phobias of the other.

The structure of dreams and neurotic symptoms was stressed early in psychoanalysis and particularly in Freud's 1909 paper (11), as Lewin points out and concludes that a comparison of the conversion symptom and the dream might be useful. In considering the fear of being smothered as it is expressed in dreams one is led, inevitably, to consider the nightmare. The hallucinatory re-enactment of the primitive experience of being smothered distinguishes the nightmare from every other kind of anxiety dream.

Jones (15), to whom we owe most of our knowledge of the nightmare, attached the utmost importance to understanding this phenomenon of the dream world. Since his massive researches into the subject other contributions have been incidental, as, for example, some of the comments on the dream screen. One reason for the apparent reticence on the subject is to be found in the fact which he emphasizes: 'True Nightmare is beyond doubt much rarer than the more complex forms of *Angst* dreams' (p. 52). He goes on to say that the notion that it is common 'is obviously based on an unduly wide conception of Nightmare'.

In discussing the pathology of the nightmare Jones asserts

¹ This paper contains a comprehensive bibliography. Since that date there have been a few more references and their contributions will be noted.

that the central feature 'is the sense of stifling oppression on the chest as of an overpowering weight that impedes the respiration to the extreme limits of endurance' (p. 21). He stresses that there are various types of *Angst* dreams but that they differ from the true nightmare in 'not having the sense of direct physical oppression' (p. 52). It is, then, the sense of oppressive weight and the consequent feeling of suffocation that gives the classic nightmare its quintessential quality and establishes it as a distinct species within the broad genus of anxiety dreams.

In his first chapter where he discusses the pathology of the nightmare Jones amasses a quantity of valuable evidence from informants from differing countries and centuries, many of whom had been 'self-sufferers'. What is impressive about this testimony is its unanimity and its ring of clinical veracity.

A nineteenth-century German writes: 'If the interference with the breathing increases to the point of suffocation, felt in the waking state as a great difficulty in drawing breath, then there comes about the greatly dreaded Nightmare'. An eighteenth-century Englishman speaks of a 'difficult respiration, a violent oppression of the breast'. A Frenchman gives this factual account: '*Au milieu du sommeil, le dormeur est pris tout à coup d'un profond malaise, il se sent suffoqué, il fait de vains efforts pour inspirer largement l'air qui lui manque, et il semble que tout son appareil respiratoire soit frappé d'immobilité. . . . La sensation la plus habituelle, est celle d'un corps lourd qui comprime le creux épigastrique.*'

'At any hour of the night', a German testifies, 'the dreamer feels either suddenly or gradually, that his respiration is impeded. Some kind of Being, most often a shaggy animal, or else a hideous human form presses on the sleeper's breast, or pinions his throat and tries to strangle him. The terror increases with the suffocation, every effort at defense is impossible, since all his limbs are paralyzed as though by magical power.' This writer concludes: 'These are in short the signs of Nightmare: invariable symptoms are the suffocation and the dread accompanying this, the sensation of a heavy body on the breast and

the impossibility of offering any defense or of making any sort of movement'.

There is much more in the same vein. Jones discriminates three characteristics of the nightmare: first, inexpressible dread; second, the stifling oppression of overwhelming weight; third, complete powerlessness amounting to paralysis. His thesis, which he presents at the end of his chapter on the pathology of the nightmare, is: 'An attack of the Nightmare is an expression of a mental conflict over an incestuous desire' (p. 44). The remainder of the book is devoted to an elaboration of his thesis.

It must be borne in mind that the writing of this book preceded Freud's publication of *Totem and Taboo* which in some ways it resembles. That is to say it was written over half a century ago when, against the backdrop of history, psychoanalysis was a mere stripling among the sciences. Jones revised and published it in its present form in 1931. In that same year Freud reported his discovery of the preœdipal phase and he described his 'surprise' as comparable in another field with the effect of the discovery of the Minoan-Mycenaean civilization behind that of Greece (10, p. 254). Following the genetic principle of interpretation it should be emphasized that the discovery of an earlier origin does not invalidate that which comes later, but rather gives it a deeper significance. And the same principle applies in placing the origin of the nightmare in a preœdipal setting. It is, however, a cardinal principle of interpretation, as Brunswick warns us, that 'the phenomena of this early phase must be described in their own terms and not in the terms of the œdipus complex' (3, p. 297). Thus, it was a common superstition that those who slept on their backs invited the nightmare for, it was said, 'an old woman rides and sits so hard on them, that they are almost stifled for want of breath'. In addition to the sexual interpretation that Jones puts on this, one would also add that the supine position renders the sleeper more liable to be smothered. For it matters little from the 'viewpoint' of the sufferer whether the two rounded orbs be buttocks or breasts: the end result is suffocation.

II

The sonnet by Erasmus Darwin with which Jones prefaces his work and which in turn is a commentary on Füessli's painting, *The Nightmare*, which forms the frontispiece of his book, ends with a couplet that makes a fitting comment on both the symptoms and dreams of the following patient:

While with quick sighs and suffocative breath
Her interrupted heart-pulse swims in death.

A man in his early thirties presented two symptoms: severe asthmatic attacks from which he would wake in the night with a panic fear of being unable to breathe and consequently of dying; and secondly, a skin complaint that was limited to the backs of the hands and wrists, his cheeks and neck. Both symptoms had existed since childhood. He had consulted many specialists concerning the second symptom but was no wiser and no better.

The most striking feature of the early part of his analysis was the entire absence of dreams. If there were psychological elements in his asthmatic attacks, then one might ask why the underlying anxiety could not find a normal expression in dreams. Was the attack, with its abrupt panic awakening, a crude way of warding off an anxiety dream? The first weeks of his treatment were much concerned with this particular resistance: his inability to dream and his voyeuristic inhibitions. No reference was made to his symptoms.

The surmise was justified, for he produced a series of dreams with a common theme. They were devoid of elaboration, primitive as those of a child, and accompanied by naked fear. In the first he was watching his mother walking a tightrope at a great height. She slipped and fell on him. He was unable to breathe because of the mass of flesh that weighed upon him. He awakened in terror, gasping for breath. Then followed dreams in which he awakened on the brink of being drowned. Most important was a dream in which he was being smothered by an enormous breast. All these dreams resembled the asthmatic

attack in that there was a sudden awakening and a panic gasping for breath. For the patient the immediate gain was the quick cessation of his asthma. An anxiety-producing symptom had been supplanted by an anxiety-producing dream. The analyst was saved the hazardous task of trying to decipher an inarticulate piece of mime, an imageless dramatization of a nameless dread which was not even being enacted in his presence. The evidence of the dreams was incontestable: the asthmatic attack was the dramatizing of the experience of being smothered by the enormous body and breast of his mother.

To call these dreams anxiety dreams would be vague and imprecise, since they had the characteristics of the classic nightmare. The ineffable dread of the nightmare is concerned with one thing: being suffocated, smothered, stifled. To paraphrase the definition of the Oxford English Dictionary, the name was first applied to a female monster that settled on the sleeper and produced suffocation. It was then used to describe the feelings of suffocation and the accompanying distress: 'a nightmare experience'. In the sixteenth century the word was applied to the type of dream that produced these sensations.

The patient provided further evidence as to the origin of his fear of suffocation. He had married a widow with two children. Shortly after the beginning of his analysis the third child was born. It was a matter of prime importance to him that his European wife should breast-feed his child, which she did despite professional opposition. Whenever possible he was present at feeding times. But he noticed that he behaved like a fussy nurse. He required constant assurance that the baby was getting enough air. He would press back the breast from the infant's nostrils if he thought there were the slightest possibility of suffocation. He also gave up smoking at this time and persuaded his wife to do the same, thus ensuring that the supply of air should be as unpolluted as possible. Perhaps the fact that his wife was breast-feeding the child may have touched off his fear of being smothered at the breast. But at least his identification with the infant at the breast was plain enough.

His conspicuous skin complaint would flare up for no

apparent reason and at such times he was highly irritable. It was soon evident that this symptom, too, was unconsciously self-produced in order to demonstrate what he had suffered at the hands of the figure who had oppressed him in his dreams. The image of her that he had preserved and which, as he later conceded, did not altogether coincide with reality, was of an oversolicitous, fussy, and doting mother. If one were to believe this ironic New Englander, 'love' was everywhere. It was inescapable, something apparently one had to live with like the invisible fallout in the atmosphere. He was in fact a self-constituted victim of 'smother-love'.

But where the mother's solicitude bore most heavily upon him was on the subject of clothes. They seemed to be the subject of an eternal battle, not something to wear but to argue about. She was most concerned that he had 'enough on'. He accused her of 'bundling' him in clothes so that he could hardly breathe. He recalled the physical struggles that took place as he was being prepared to meet the rigors of the New England winters and his furious accusations that he was being 'stifled' by the heat, no doubt self-generated. But the gravamen of his indictment was that she had 'muffled him in wool'—woolen gloves over his hands and wrists and irritating wool about his head which, if he were to be believed, made life unendurable. Thus the rash on the backs of his hands and wrists, his face, and his neck constituted his 'stigmata'. They were a memorial and a reminder of what he had suffered at the hands of a female oppressor who had so unwarrantably interfered with the rights and privileges of the subject.²

Such was the origin of the symptom. But in the analytic setting it was not difficult to see that the skin became 'inflamed'

² What Freud says of little girls applies also to boys when he speaks of the germ of paranoia and the anxiety connected with it: 'It would seem plausible to conjecture that this anxiety corresponds to the hostility which the child develops toward her mother because of the manifold restrictions . . . of training and physical care and that the immaturity of the child's psychical organization favors the mechanism of projection' (10, pp. 254-255). To some extent all the disciplines are felt by the child as infringements.

and 'angry' in any emotional situation that reminded him, however indirectly, of being stifled, the commonest being in connection with his work. He was second-in-command of a department of an international company. He had more than the necessary competence to do his job. But there were times when he would behave as if he were passively overwhelmed by the weight of his tasks. The job was 'on top of him'. It was 'getting him down'. He would feel fatigued. The smallest chore would become a burden. He would think of the bronze statue of Atlas in Rockefeller Center supporting on his bowed shoulders and bent knees all the problems of the world: what if those mighty knees gave way?

The person who was responsible for these impositions was his superior officer, though in reality they were of his own contriving, as he ultimately had to admit. As he verbalized this pseudoparanoid attitude toward the man above him, and also toward those unseen and inscrutable powers that dwelt in the Head Office, the skin complaint disappeared. The metaphorical language in which he couched his grievances added up to this picture: a large pile of problems and somewhere beneath them an organization man, crushed, unable to breathe.

One other symptom was connected with his unconscious fantasy of being smothered and also provided a curious commentary on Lewin's body-phallus equation: he was invariably impotent when he 'wore' a condom.

The value of the evidence provided by this patient lay not so much in the fact that he tells us by whom he was smothered—for mankind seems to have had an inkling as to who this female monster was—but that he tells us by what means: an amorphous mass of flesh.

In one other instance the evidence was unequivocal. A man in his forties was a vigorous but needless nose blower. He was always expelling an imaginary obstruction from his nostrils. He observed this of himself: going to the bedroom he found his wife asleep and stooping to kiss her breast was immediately aware of the imaginary obstruction and a fleeting feeling of

suffocation. This patient had attempted suicide by suffocation from the exhaust fumes of his car some years prior to analysis.

The evidence, therefore, would point to the conclusion that the origin of the fear of being smothered as it was expressed in the nightmare or the patient's conversion symptom is to be found in the nursing situation.³

A most important confirmation has been supplied by Kubie (16, pp. 179-180) in which he reports a patient's recurring dream of childhood. According to the patient, 'it is hard to describe, because it was almost pure emotion'. It was 'the worst nightmare of his childhood; it was like drowning, always accompanied by fear and horror, so that he had an absolute terror' of it.

The dream was of something pure white, like an endless wall that you don't see—perhaps as though your eyes were closed and you just felt it, or just knew it was there without any senses; almost like gazing through a window into a milky substance, or you were pressed up so close to the wall that it was all-enveloping and endless and you were both in it and part of it and at the same time against it.

Kubie then reports on a set of escape dreams which are preceded by a flash of the nightmare. At this point he inserts this clinical observation: 'In one such flight dream during the analysis, the flight was definitely observed to be a current reaction to the fact that his sister was nursing her baby'.

Here we have the constitutive elements that go to make up the classic nightmare: elemental, inarticulate dread, the sense of all-enveloping oppression, and the feeling of suffocation: 'it

³ Lewin, following Fenichel and Oberndorf, interprets the difficulty of breathing 'as repetitions of the feeling of being smothered when a baby's nose is pushed into the breast. More generally, it repeats the difficulty a baby has in managing its breath while nursing' (18, p. 107).

Cf. also Heilbrunn's report of his nightmare (14, p. 200) and the comments by Garma (12, pp. 369-382).

Azima and Wittkower, discussing the case of a nightmare, comment: 'The patient here experienced what appears to be the infantile fear of being smothered by the mother's breast. . . . The small infant, especially if close to the "huge" breasts, cannot encompass visually the whole mother' (1, p. 197).

was like drowning'. But most important is the statement that the flight from the nightmare occurred at a time when his sister was 'nursing her baby'.

Another feature of the nightmare that all Jones's informants emphasize is the feeling of utter powerlessness. This could be explained by two facts: first, that at this early stage of development the baby is literally helpless and its motor coördination feeble; and second, that the immensity of the oppressing weight has its origin not in reality but rather in the unconscious image of the body.

There is still the question of why this patient expressed a primordial fear in a conversion symptom rather than in a dream, for the dream has a beneficent aspect: it does not harm the dreamer. As the nightmare is by definition a re-enactment of the primitive experience of being smothered it has this much in common with the conversion symptom: it is nonverbal. As an informant put it, 'the person has the consciousness of an utter inability to express his horrors by cries'. He 'feels as if pent alive in his coffin', says another. All one is capable of are 'obscure moans forced with difficulty and pain from the stifled penetralia of his bosom' (15, p. 23). If the hypothesis advanced here is correct as to the origin of the smothering experience, then one can add that it is nonverbal because it originates in a period of development that is preverbal and which Ferenczi (7, p. 222) called 'hallucinatory'; that is, disagreeable affects can only be discharged by crying and uncoördinated movements.

Further, at this early stage the development of the sense of reality is imperfect. This would account for another feature of the nightmare, that while it expresses unutterable dread it is itself the object of dread. These 'self-sufferers' state that they would stay up night after night following an attack of the nightmare. Another used to sleep in his chair. From one's own observations one could add that insomnia is equally effective. It is this hallucinatory effect that convinces the dreamer that the experience has been real 'unless', says another, 'he could have had the evidence of other persons to the contrary who were

present and awake at the same time'. Parents can testify to this hallucinatory effect only too well for unless the young dreamer can be kept awake for some time he will sink back into the nightmare. The parental assurance that it is 'only a dream' is from one point of view the most important fact about the experience and far from being banal is an affirmation of one of the functions of the ego, to distinguish between fantasy and reality—the prime function, one should add: for if the ego lacks this, of what use are the others?

Finally, the dream is self-produced. So is the neurotic symptom. The patient will accept the first truth but can reject the second. Even when he intellectually accepts it, he will inveigh against the symptom in the belief that if he were rid of it, all would be well with him, overlooking the fact that in the politics of the unconscious the symptom maintains a powerful lobby backed by strong vested interests whose only intent is to preserve the status quo. Mankind has always believed consciously or unconsciously that illness is a 'visitation', implying that the suffering has been inflicted by some outside power and carrying with it the notion of retributive punishment. Unconsciously the patient can carry on this tradition in relationship to the neurotic symptom: hence his reluctance to acknowledge that the neurotic symptom, as the dream, is unconsciously self-produced.

III

Fenichel saw a connection between the fear of suffocation and the claustrophobic fears of those who are afraid of 'trains, boats, and planes where there is no possibility of escape'. His explanation: 'the excitement is projected onto the vehicle that precipitated the excitement' (5, p. 203).

A competent woman of forty presented symptoms of this type: a sudden impulse to rush out of a bus as the doors were about to close, a similar impulse to rush out of church, and a paralyzing fear of tunnels. The evidence she supplied neither confirmed nor denied Fenichel's statement, but the symptoms disappeared as her fear of being smothered was analyzed in

connection with other phobias.⁴ There was, however, a hint of it in the reasons she gave for seeking treatment at this particular time. This active and ambitious woman was already in retreat before her symptoms, allowing them to encroach on her activities and to impoverish her social life. She was taking long and circuitous journeys in order to avoid going through the tunnel—and here the nature of her fear was only thinly disguised. Thus she had already begun to envisage a time when, as she put it, she would be ‘pinned into a corner’ by the relentless advance of her fears. Above all the fear of death had begun to absorb her which, as a religious woman, she found embarrassing to confess and also inconsistent with reality, for she had acquitted herself with bravery when actually faced with death during the London bombings.

As to whether or not one can fear death in the abstract can be the subject of prolonged, casuistic debate. But it is a common observation that those who preoccupy themselves with it do so only because the word is an abstraction and therefore a synonym for vague, undefined calamities which may some day overtake them. It is a five-letter word but within it can be included an anthology of hypochondriacal fears. The sufferers are virtuosi in the art of administering psychic pain in small but measured doses.

So with this patient, but once one used the present tense of the verb ‘to die’, the true nature of her fear could be seen. The mental picture she conjured up was of the body shut in the coffin, with no possibility of escape, the earth being heaped upon it, and eventually its being devoured by worms. Lewin has emphasized the kinship between the idea of being smothered and of being eaten; it is ‘the thought of what happens *after* falling asleep, after death, or after being buried’ (17, p. 305). In other instances it was clear that the fear of dying was one of being buried alive, suffocated, and eaten.

⁴ In discussing primordial fears Bergler has frequently referred to the ‘fear of being choked’. He cites two derivatives of it, fear of confined places as in claustrophobia and, he adds, ‘contributaries are visible in the psychological aspects of asthma’ (2, p. 36). Whether one is ‘choked’ or smothered is merely a difference of wording. Therefore, the two cases here cited would confirm his assertion.

One might speculate on a number of things. The particular attraction of the Christian religion, and what in fact enabled it to triumph over the 'pagan creeds' of the classical world, was its assurance that the believer will survive the experience; in so doing it uses the exact words of this primitive dread. In the English Book of Common Prayer the burial service opens with these words: 'though after my skin worms destroy this body, yet in my flesh shall I see God'.⁵ Hence, such high importance is attached to Easter Day when, the believer is assured, 'this corruptible shall put on incorruption'. Further, one should consider the scrupulous care that is taken even by those who are 'not believers over-much' that their children be baptized, for it is stated in the burial service: 'Here is to be noted that the Office is not to be used for any that die unbaptized or excommunicated'. Also, one might speculate on the marked aversion to cremation that existed among Jews and early Christians, and which still exists to some extent. This could be connected with the notion that it might preclude a resurrection of the body. It may also have too close a resemblance to the process of being cooked and eaten. One has only to recall the childhood fantasies of patients in which they identified with that which was being prepared, placed in an oven—i.e., smothered, cooked, and eaten. There is a well-known maxim of country people: 'never make a pet of that which you intend to eat'. Such a fantasy was present in one patient renowned for his ability as a fly-fisherman, his secret being that he could 'think like a fish'. Having caught his trout he could not bear to see it cooked, still less bring himself to eat it. This man had left a direction in his will that on his death his body be cremated and his ashes strewn on a certain pool of his favorite trout stream to provide, presumably, food for the fish in assimilable, if not 'instant' form.⁶

⁵ This is not to suggest that this is the only element in the universal fear of dying. Jones's concept of *aphanisis* may also play its part.

⁶ Man's capacity to identify with a fish is elaborated in this sonnet by Spenser where he describes the fate of those who have been hooked by a beautiful woman:

The phobic fears of the patient began at a specific date in her life history, some twelve years prior to her treatment. She and a small party of friends had gone out in a motor launch to watch the liner *Queen Mary* enter Southampton Water. As the liner drew nearer they lined up on one side of the launch to get a better view; she rushed to the other side in panic to counterbalance the weight of the others. The importance of the incident lies not merely in the obvious content of the fear of drowning, but in the unforgettable impression she had of the liner's towering immensity as viewed, not from the quay-side, but from a small craft at water level.

This sense of immeasurable disparity of size was evident in her social activities where she was afflicted by a sense of inferiority based on a feeling of physical smallness in relation to those about her. But the size of the image depended entirely on the social status of the other guests. The higher up they were in the social hierarchy the smaller she felt, and she never felt so small in her life as when she attended a garden party where a member of the royal family was present. She had to control an impulse to flee in panic from the press of the crowd. But the body image of her smallness affected her only when she was a guest. When she was in the active role of hostess she retained a proper sense of perspective.

This irrational fear of being overpowered by something larger than herself determined her sleeping position in bed, which was as far from the middle as possible. Even when she had occasionally slept with her young daughter she still kept well to the edge of the bed. This unconscious fear of being 'overlaid' originated, not surprisingly, in her childhood dread

Whom, being caught, she kills with pride,
And feeds at leisure on the wretched prey.

Yet even whilst her bloody hands them slay,
Her eyes look lovely, and upon them smile,
That they take pleasure in their cruel play,
And, dying, do themselves of pain beguile.
O mighty charm! which makes men love their bane,
And think they die with pleasure, live with pain.

of sleeping with her mother who, she now recalled, weighed over two hundred and twenty pounds. It is not perhaps irrelevant that her younger sister had asthma.

Nevertheless, it was not the actual size of the liner nor of her mother that was the source of her fear, but the 'image and appearance of the human body', as Schilder has it. Thus, as a grown woman she perpetuated the disparities of childhood and behaved as if she were a toddler in a world peopled by human skyscrapers. In discussing the vicissitudes of the body image, as they appeared to that indefatigable traveler, Gulliver, Greenacre points out that he who appeared as a giant to the Lilliputians is a mere pigmy in Brobdingnag—'small, helpless and endangered by giants'. She effectively quotes Gulliver's opinions of his nurse: 'her monstrous breast. . . . It stood prominent six foot and [was] sixteen in circumference. The nipple was about half the bigness of my head' (13, p. 58). It is not necessary to comment on the measurement of 'six foot'.

This quality of illimitability was demonstrated in the dream of a patient cited recently (4, pp. 165-180). He is a small boy standing in the street looking up at an enormous breast which bulged over the housetops and 'reached to the sky'. This could well be the view of the 'knee baby' as distinct from that of the 'lap baby', and it matters little; what is important is that for both the 'outside' world as mediated by the breast or the body of the mother is one of infinitude. To be more precise, then, the origin of the fear of being smothered, whether it be in the conversion symptom we have examined, or the phobias of the second patient, or the dreaded nightmare, lies not so much in the reality that confronts the child, but rather in the image that he has of the fleshly amplitudes that enfold him which only gradually achieves 'a local habitation and a name'.⁷

In the final section of his book Jones carries out a detailed

⁷ In listening to preschool children playing, one notices that they will use the terms, breast, belly, buttocks indifferently to describe any rounded piece of flesh. One cannot agree with Ferenczi that all convex objects are necessarily phallic symbols.

etymological research into the origin of the 'mare' in nightmare, which he finds in the 'primordial MR root'. One of its meanings is 'to crush'. From this derives 'mara', the night fiend or 'crusher'. From this original root springs another class of words which are cognate: maritime, marine, etc. From the earliest times the central fear of the nightmare was associated with water. Fenichel (6, pp. 313-326) states that the phobic mechanism makes use of animistic thinking and gives us the useful phrase, 'animistic *misunderstanding*', and he demonstrates its operation in relation to the forces of nature. One can elaborate on one aspect that has exerted the greatest fascination on human imagination, namely, the sea. For the sea is pre-eminently the screen whereon can be projected the whole spectrum of human emotions: it can be calm, moody, angry. It can be 'the cruel sea' and we are told that on the last day it will give up its dead. Not only with this phobic patient but with others the sea lends itself easily to anthropomorphic thinking.

This leads to another of Fenichel's statements: 'A factor common to all phobias is regression' (p. 315). It was this impressive fact that distinguished the second patient from the first. With the first, the intensity of the dread was unmistakable. With the second, one was conscious of a histrionic element, as if she had cast herself as the central figure in a drama of her own devising wherein she played the part of a frightened, cringing little girl in a world of self-created phantasms.

In considering the phobias in general one is impressed by this histrionic element. To be sure one can point to the sexual dangers of the street. But these dangers and temptations are always accompanied by violence, and sex is thought of only in its dangerous aspects. The melodrama has a 'gaslight' element in which the prostitute and the lecher are stock figures. These dangerous properties are the product of dramatic inventiveness aided by animistic thinking. Hence, the whole phobic drama resembles a bad dream from which the dreamer awakes in the nick of time. Thus, this woman's absolute refusal to set foot on any boat, even if it were the world's largest conceivable liner,

reminded one of a little girl's refusal to go to sleep lest she have a bad dream.

This phobic patient had produced a series of dreams which were invariably the same: she is on the point of going out into the street, but awakes in terror. However, after she had successfully taken her children rowing on the river she dreamed that she went out into the street and continued to walk but, she reported, 'there was nothing there'.

IV

It can be truly said that both these patients had possessive mothers and argued that they therefore were responsible for the neuroses that ensued. Not only is the contention plausible in that the inevitable imperfections of the mother can always be construed as evidence; it is also attractive in that it satisfies man's age-old propensity to shift the 'fault' onto his 'stars'. There is no need to stress the inner complicity between the unconscious of the parent and that of the child, nor need one stress the enormous influence that the parent can exert on the child. But the constant preoccupation with what the mother was like in *reality* is to underestimate the role of the maternal imago. Because of the differing angles of refraction each child has a private and personal version of the same parent and it is this that will to some extent always dominate his thinking and actions.

'A tendency arises', Freud noted, 'to separate from the ego everything that can become a source of such unpleasure, to throw it outside and to create a pure pleasure-ego, which is confronted by a strange and threatening "outside"' (9, p. 67). Hence, anything that gives rise to pain, whatever its source, is 'thrust forth' like Glover's patient in the dental chair who dreamt that he saw his pain on the ceiling. As distinct from the 'environmental' view one could state that what is decisive is not the event but the reaction to it and this will ultimately depend on the unconscious representation of that which is 'outside'. As to why these unconscious representations should

vary so much in intensity and in some instances be so uninfluenced by the corrections of reality testing is a question to which as yet psychoanalysis has no satisfactory answer.⁸

One of the earliest anxieties would be connected with respiratory sensations. It is possible to understand, therefore, why Fenichel could write, 'every anxiety, to a certain extent, is felt as a kind of suffocation' (5, p. 250). As 'animistic misunderstanding' sees all pain as coming from 'outside', it is possible to understand that that which first mediates the external world, the breast, or the body of the mother, should be imagined as the source of the danger.

REFERENCES

1. AZIMA, H. and WITTKOWER, E. D.: *Analytic Therapy Employing Drugs*. This QUARTERLY, XXVI, 1957.
2. BERGLER, EDMUND: *The Superego—Unconscious Conscience*. New York: Grune & Stratton, Inc., 1952.
3. BRUNSWICK, RUTH MACK: *The Preœdipal Phase of the Libido Development*. This QUARTERLY, IX, 1940.
4. EVANS, W. N.: *Serendipity*. This QUARTERLY, XXXII, 1963.
5. FENICHEL, OTTO: *The Psychoanalytic Theory of Neurosis*. New York: W. W. Norton & Co., Inc., 1945.
6. ———: *Remarks on the Common Phobias*. This QUARTERLY, XIII, 1944.
7. FERENCZI, SANDOR: *Sex in Psychoanalysis*. New York: Basic Books, Inc., 1950.
8. FLUGEL, J. C.: *Man, Morals and Society. A Psychoanalytical Study*. New York: International Universities Press, Inc., 1945.
9. FREUD: *Civilization and Its Discontents* (1929-1930). Standard Edition, XXI.
10. ———: *Female Sexuality* (1931). Coll. Papers, V.
11. ———: *General Remarks on Hysterical Attacks* (1909). Coll. Papers, II.
12. GARMAN, ANGEL: *Vicissitudes of the Dream Screen and the Isakower Phenomenon*. This QUARTERLY, XXIV, 1955.
13. GREENACRE, PHYLLIS: *The Mutual Adventures of Jonathan Swift and Lemuel Gulliver. A Study in Pathography*. This QUARTERLY, XXIV, 1955.
14. HEILBRUNN, GERT: *Fusion of the Isakower Phenomenon with the Dream Screen*. This QUARTERLY, XXII, 1953.

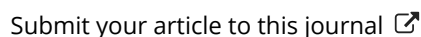
⁸ Flugel (8, p. 114) has pointed out that some writers 'have been so impressed with this element of aggression that is projected onto the parents that they have been tempted to think that the parents' real aggressiveness is a comparatively negligible factor and that, such as it is, it is "exploited" by the child, as affording a convenient "rationalization" of his own fantastic fears'.

15. JONES, ERNEST: *On the Nightmare*. London: Hogarth Press, 1931.
16. KUBIE, LAWRENCE S.: Quoted in Lewin, Bertram D.: *Reconsideration of the Dream Screen*. This QUARTERLY, XXII, 1953.
17. LEWIN, BERTRAM D.: *Phobic Symptoms and Dream Interpretation*. This QUARTERLY, XXI, 1952.
18. ———: *The Psychoanalysis of Elation*. New York: W. W. Norton & Co., Inc., 1950. (Reprinted by The Psychoanalytic Quarterly, Inc., 1961.)

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SUPERVISION. A METHOD OF TEACHING PSYCHOANALYSIS

PRELIMINARY REPORT

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Learning to practice psychoanalysis as a treatment technique is a crucial phase of a student's training. The training analysis and the theoretical phase of his education prepares him for his first analytic case, yet the problems which this clinical learning experience poses for both student and teacher have been given little attention. The various aspects of clinical teaching stimulate many questions of interest beyond the scope of this presentation. However, this paper is only a preliminary report of an investigation of supervisory teaching as it was revealed in an intensive study of recorded supervisory sessions.¹ Before describing the project as it developed and the formulations derived from the data, it seems useful to recall briefly some of the special problems confronting both students and teachers.

First, the learning tasks for the student are highly personal and individualized. Success depends on the student's ability to develop and use his own personality as an instrument in the treatment process. Such a goal involves far more than theoretical knowledge or practical rules of thumb. It is intimately connected with achievement of insight and self-discipline. Many other professions require a high level of self-discipline but none demand the degree of insight necessary for the practice of psychoanalysis. In no other profession is personal insight and integrity so consciously and deliberately made a goal of the training experience.

This basic learning is provided in the training analysis, a personally therapeutic experience, in which self-knowledge is an end in itself. The student-analyst begins to learn from his experience as a patient how to listen to associations, perceive mul-

¹ A monograph of this investigation is being prepared.

tiple meanings, and use his interpretative functions on himself. In his training analysis he works to understand his own life history and the developmental experiences which produced his present personality. In the recapitulation with his training analyst, he acquires conscious insight which permits him to change his patterns of behavior that would otherwise interfere with his profession. Next, he has to learn how to use his self-knowledge in treating a patient. In this phase of his training, his role is shifted and the student takes the position of analyst instead of patient. The same learning objectives persist, however, as he continues to learn about himself and to exercise his perceptiveness, his introspection and empathy, and his interpretative skill which is now directed toward the therapy of another person.

For this practical learning task, a student-analyst continues his experimental learning under the 'observing eye and ear' of a supervising analyst. It is a different situation from the training analysis in that a third party, the patient, enters the picture and is constantly in focus as the primary object of the activity of both student and teacher. The student's native talent for self-understanding, developed further in his training analysis, is now put to clinical use. Unlike the training analyst who works only as a therapist to open up his student-patient's channels of communication with himself, the supervising analyst works toward helping his student-analyst to recognize persisting blocks to learning and to develop skill in applying what he has learned of self-knowledge and theory. As a teacher, the supervising analyst evaluates the student's competence, tries to determine the cause of learning difficulties, and attempts to relieve those difficulties that are amenable to supervisory teaching.

The supervisory task is complicated by the highly personal and individualized nature of the teacher-student relationship, just as the same factors complicate the learning tasks for the student. Not only is each patient different from another and therefore presents different therapeutic problems, but students differ in their endowments and aptitudes for analytic work, in the ease with which they can integrate self-knowledge, and the

tempo for developing professional skill. Moreover, the teaching situation deals with experiences as intimately affect-provoking as the analysis itself and, therefore, the personality of the analytic teacher plays a more significant role in supervision than in any other clinical teaching. In this setting, a supervisor needs to make use of his clinical judgment in carrying out his teaching assignment. Emotional problems of his student often intrude as obstacles to the therapy of the patient and thereby become targets for the teacher's attention. They call upon his ingenuity as well as his therapeutic attitudes and knowledge. To recognize and solve these problems is a learning objective for the student and a teaching objective for the supervisor. To know where the functions of therapist and teacher overlap and to define the limits of each is a learning task for the supervising analyst as he develops his skill as a teacher.

The double role of the analyst-teacher was elucidated by Helen Ross at a Chicago Training Analysts' Seminar in March, 1956. Speaking of this twofold function, she said, 'The complexity [of supervision] seems to be because it is two-dimensional. The supervisor is a teacher, but he is trying to help the candidate know how to deal therapeutically with people. The teacher is concerned both with pedagogic and therapeutic concepts at the same time. As an analyst, the supervisor cannot help being aware of the difficulties of the pupil. It is a Janus job. It is very difficult to remain a teacher when he sees the emotional flounderings, not just of the patient, but of the student as well. How to keep the balance so that he can continue to be a teacher, to help the patient, and to help the student deal with his own emotional problems is the most difficult task I know' (7).

There is a growing awareness among psychoanalytic educators of the special problems presented by supervision as a method of teaching psychoanalysis. Supervision has been considered almost as private and confidential as analysis itself. As long as this attitude persists very little can be known about what happens in this teaching-learning situation. What is taught and how is it taught? How does a supervisor contribute to the develop-

ment of a student's personality as an instrument in the psychoanalytic treatment process? What kinds of learning difficulties appear in the work of a beginner compared to that of an advanced student? Do they change in response to supervisory teaching? How do different teachers deal with similar learning problems?

Due to increasing interest in these questions a careful study of typescripts of electrically recorded supervisory sessions was undertaken. At first our project was not planned but grew out of a chance discovery that each of us was supervising the same two students. One had supervised both students on their beginning cases and the other had supervised both students on their advanced ones. This provided material from four analyses conducted at different stages of learning for the students. We hoped to examine our own teaching techniques, the learning problems and progress of these two students, and to formulate some general principles for supervisory teaching.

Several procedural questions arose in the early stages of the work. The first concerned the reduction of an enormous quantity of collected material to manageable size. The second involved the personal nature of the material which contained information about the student and the patient which is usually considered confidential. Similarly, it revealed information about the supervisor's teaching techniques that is usually considered to be personal and confidential. We wondered whether we could achieve objectivity in these sensitive areas and could protect both patient and student from undesirable exposure. The third question was how to approach the material with a common frame of reference for our observations.

Transcripts of the supervisory sessions for each of two completed analyses were available. They covered several hundred analytic hours for each student on his elementary case and ninety-four and ninety-two hours respectively of supervision. One advanced case had been in analysis for over a year and the other for about four months when a study of the material was

begun in August, 1960. To date, both advanced cases are continuing, although one is approaching termination. Unfortunately, recording was begun on the first supervisory hour with only one student; for the other, from three to twelve supervisory sessions occurred before starting to record. Each supervisory hour covered four to eight analytic hours, depending on the frequency of supervision. Each analysis was conducted at a frequency of four times a week.

Originally, study of the material was limited to the first five recorded supervisory sessions. Each of us first read five supervisory hours for each student on his elementary case and then proceeded to the comparable five hours on his advanced case. Notes made on the material of each supervisory session attempted to identify learning problems and how the teacher had dealt with them. Since we were primarily interested in the educational process we paid special attention to the communication between the student-analyst and the supervisor. This procedure was carried out independently for a total of twenty transcripts before discussing our observations.

When findings on each of the four cases were compared, the material divided itself into observations on the therapeutic process and those on the teaching-learning process. The student reported on the therapeutic process, giving a picture of the patient and of his interaction with him. Sometimes he spontaneously gave a report of his own responses to the patient's behavior as well as his explicit interpretations and his formulation of the movement in the therapy. The fact, known to every supervisor, that a good student presents his supervisor with a clear picture of the patient and that such a picture is necessary for a good job of teaching, was well documented in these transcripts. From the therapeutic material reported the supervisor is able to empathize with the analytic process and to detect the student's difficulties in understanding and technique. The teaching-learning material consisted of exchanges between the supervisor and the student-analyst. These exchanges constituted units of each session which gave data on the teaching process. From

these data observations were made on what the supervisor considered to be the immediate teaching objectives, the learning difficulties, if any, and the pedagogical techniques.

As we discussed our notes, we found ourselves describing the experience of reading the written material. We discovered that we had approached the material in similar fashion and had many similar reactions. These experiences should be mentioned because they belong to a statement of our procedure, and also because the insights they generated contributed to other observations on the processes of interaction between communicating systems in the therapeutic and the teaching situations.

We went through several steps as we studied the material. First, we read descriptively, trying to establish a feel for what was happening. This was not difficult since even the written word permitted an empathy with the experiences of the patient, the analyst, and the supervisor to a degree which surprised us both. We found ourselves participating vicariously in the supervisory hour which we were reading.

From the discussion of this shared attitude in approaching the transcript, our attention was focused on the role of the supervisor. We observed that we read as a supervisor would listen to the student's report of analytic material and that we reacted as a supervisor would, empathizing, first, with what the patient was saying and trying to diagnose the meaning of his behavior on its multiple levels. In this operation, a supervisor is oriented to the role of analyst of the patient. But, simultaneously, a supervisor is in empathic communication with the student-analyst and as he listens to his own associations to the patient's material, he also listens to what is going on in the analyst. Studying the records we became aware that in listening to the student's report, the supervisor 'tunes in' with the student. In other words, there is an unconscious accommodation to the student's mode of functioning. We realized that we intuitively became less active with a student who was slower to verbalize the dynamic process and who needed time to develop better awareness of his emotional responses to the analytic and

supervisory experiences. Under other circumstances, there was more teaching activity relative to the student's learning needs and capacity. This general attitude of the supervisor constituted the foundation for rapport with the student.

In the usual supervisory situation, there are two persons present, both in empathic communication with a third person, the patient. In studying transcripts of supervision, it became obvious that investigation introduces a new factor. The investigator is called upon to empathize with the supervisor in order to understand his teaching behavior, yet he must maintain distance for objective observation. This should be taken for granted, but we became increasingly aware of the effort required when faced with evaluating our own supervisory activity. We had before us the evidence of what we had said to the student-analyst. While listening to our responses to the analyst-patient transaction, recalling our own associative thinking at the time, we also had to remain detached from that vividly recalled experience and keep the goal of the project in mind. The investigative goal demanded an objective view which would permit observations on our own ability as an analyst of a patient's material, an evaluator of a student's competence, and as a teacher of psychoanalysis.

It was gratifying to discover in the preliminary phase of our investigation that we identified the same material as evidence of a learning difficulty in the student and a teaching problem for the supervisor. We were generally in agreement regarding the dynamics and source of each problem. They could be grouped into factors having to do with the therapy, the student's learning needs, and the teacher's technique. We were not always in agreement regarding the way in which the therapeutic situation between the analyst and his patient was interpreted for teaching purposes by the respective supervisor. As one would expect, our own individuality influenced our teaching technique.

The next investigative task of conceptualizing was more difficult. Our psychoanalytic orientation tended to keep us focused on the individuality of an experience which was ade-

quate to describe the psychoanalytic treatment experience as a process of interactions with particular motivations, but we found ourselves at a loss when we tried to conceptualize the teaching-learning experience in terms of process. We turned to social science and received assistance from the work of Lennard and Bernstein and their collaborators who reported a study of verbatim material from the psychotherapy of eight patients over a period of a few months (6). The authors approached their material from the framework of social-interaction theory, and attempted to 'dissect' the factors and the processes that were observable in therapy. Stimulated by this work we began to examine the supervisory experience in terms of system interactions and to think of the teaching-learning process in this 'small group' in terms of the problem-solving concepts of Robert Bales (1). It is not practical in this report to discuss further these interesting and helpful concepts.

The concept of process and systems is intrinsic in psychoanalytic theory. Psychoanalytic psychology conceptualizes psychic events as the consequence of exchanges between systems of the psychic apparatus tending toward equilibrium. Thus the intrapsychic communication of the patient among his conscious, preconscious, and unconscious systems has been the subject of study since the beginning of psychoanalysis (3). This communication process has been influenced by psychoanalytic treatment. The 'therapeutic process' has been understood as an interaction of systems in communication. It has been implicit that the 'psychoanalytic situation' facilitates an undercurrent of psychological relationship in which the verbal or nonverbal communications of the patient elicit responses in the psychoanalyst who, in turn, by his response—whether this be silent, verbal, paralinguistic, or nonverbal—induces a change in the intrapsychic processes of the patient.²

² Systems can be defined as '... two or more units related in such a way that a change in the state of any one unit will be followed by a change in the state of the remaining units which in turn is followed by a change in that state of that unit' (6).

The intrapsychic communication of the patient goes on continuously as an imperceptible soliloquy. In psychoanalytic therapy, however, the privacy of the activity is invaded by the analyst who becomes a factor in the interpersonal interactions of two sets of intrapsychic systems, the patient's and his own. Within this interpersonal system, A-P, the analyst operates receptively and responsively by means of his own associative and interpretative functions directed toward the patient and concurrently toward his own mental activity.

The supervisory situation adds a third intrapsychic system to that of the patient and the analyst, that of the supervisor, thus creating another interpersonal system, S-A. Both components of this system are in relation to a third person, the patient, S-A-P, which creates a complex triadic system³ with processes of interaction in two directions and on multiple levels. The supervisor perceives P through A and is simultaneously tuned in on A and on the system, A-P. From this position, the supervisor observes the student as he functions with his patient and as he functions with the supervisor himself. With his 'scanning attention', the supervisor empathizes with each intrapsychic system individually and on several levels and with the A-P system as a unit, moving back and forth between the reporting analyst and the patient as indicated by what A reports.

Studying the written documents of our supervisory sessions, we identified the various systems that were in communication

³ We become aware of the complexity of this triadic system if we consider the 'subsystems' which might influence the student-analyst in relation to the supervisor or to the supervisory situation. Primary among them is the incorporated image of his personal analyst as well as his relationship and reactions to other teachers and/or also to the 'training system' as a whole. The 'training system' might have similarly a motivational influence upon the supervisor who, in his attitude toward the student, might be influenced by his own status in the training system, or by his relation to the training analyst of the student, etc. But our discussion can only deal with the main participants of the S-A system; the protagonists are evaluated according to their motivational influence in any given situation. In the same way, one could describe the subsystems influencing the A-P system; these also enter into the supervisory process, creating a variety of problems according to their significance.

and isolated units of interaction. We were able to follow the movement from one unit to the next so that the configuration of systems interacting within each supervisory session and over longer periods of time became apparent. As the phenomena of shifting tensions within the S-A system during supervisory sessions came sharply into focus, the significance of the concept of equilibrium within a system and interacting systems became observable. This enabled us to delineate and evaluate the supervisor's activities as they were directed toward maintaining optimal tension in the teaching-learning relationship.

Just as in the psychoanalytic situation, in spite of its rigors, the analyst intuitively supports the 'therapeutic alliance', so does the supervisor direct his activities, sometimes deliberately, at other times intuitively, toward maintaining a 'learning alliance'. Just as a therapeutic alliance is a basic factor in the success or failure of therapeutic work, so the equilibrium in the learning alliance may determine success or failure of a supervisory experience.

Our records demonstrated the marked influence of the 'learning alliance' on the teaching-learning process. The supervisor's preconscious and conscious concentration on establishing this alliance was very apparent. Much effort, especially in the early stages of the relationship, was directed toward maintaining equilibrium in the alliance or toward improving it. Later, each supervisor deliberately put the alliance under stress when such a teaching maneuver was indicated. Disturbances which appeared in the equilibrium of this relationship seemed to originate in the student-analyst's attitude toward being taught—in other words, his 'problems about learning' to use the phrase of Ekstein and Wallerstein (2). Diagnosis of the state of this working relationship gave clues to the student's anxiety about exposing himself and being judged, to his capacity for self-examination, to his objectivity about his supervisor, and to his tolerance of criticism.

Equilibrium in the learning alliance is also a function of the supervisor's personal reactions to the student-analyst's problems

about learning, especially where specifically personal behavior patterns on both sides of the S-A relationship could upset the balance and interfere with good learning. The learning alliance is based on mutual confidence and respect and both of these attitudes become more firmly established as a good learning experience proceeds.

One phenomenon which stood out in our study was the way in which 'system sensitivity' (6) on the part of the supervisor played a role in the teaching. 'System sensitivity' enables a supervisor to use his scanning-diagnostic-evaluative functions on both himself and the student-analyst. As he listens to the student's responses to his teaching interventions (questions, criticisms, interpretations, praise), the supervisor assesses the student's rapport, resistance to learning, and to being taught. From this assessment he arrives at a choice of his response to the student in order to maintain a system equilibrium which facilitates learning.

As we proceeded with the examination of our material, we identified and classified activities. From these observations, a diagram was constructed (Chart I). It attempts to picture activities which might occur in a supervisory session. Obviously, not all of them appear each time. The supervisory focus changes depending upon the needs of the patient, the competence of the student-analyst, and on the pedagogical choices of the supervisor. We call this chart a model of supervisory activity.

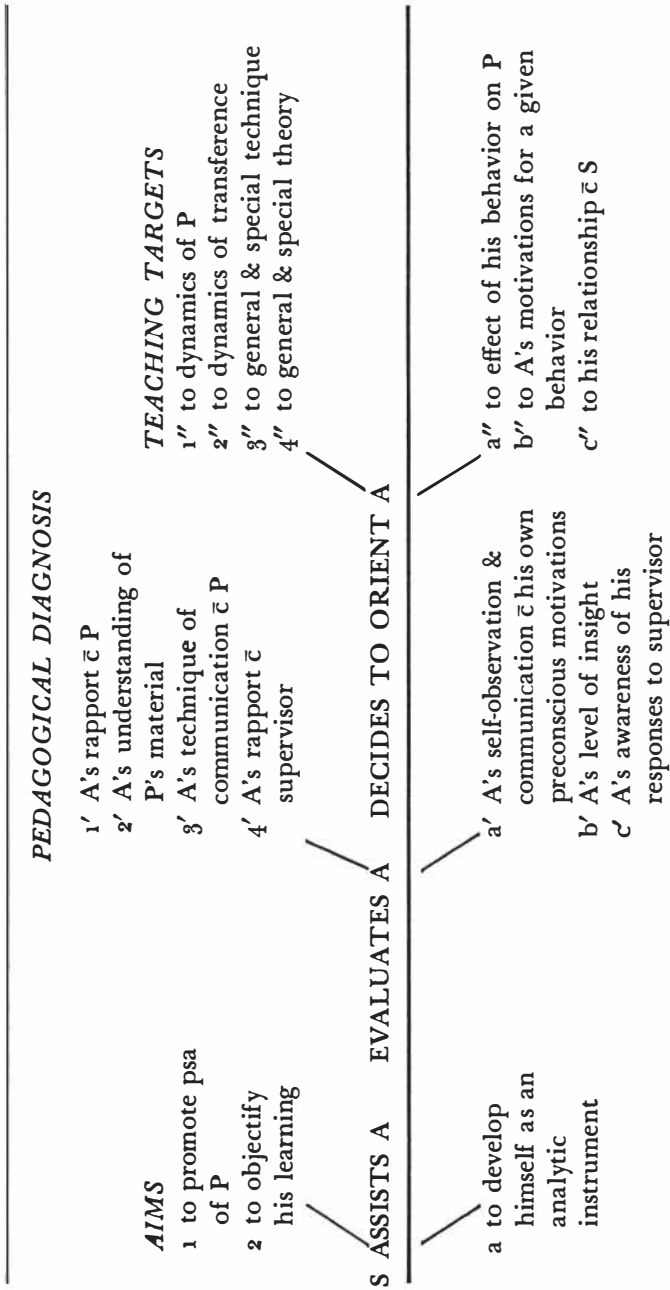
Within the time limits of a supervisory session, the supervisor's tasks are focused around 1, his over-all teaching Aims; 2, his Pedagogical Diagnosis; and 3, the Teaching Targets toward which he directs his teaching maneuvers. In Chart I, these three sets of tasks are grouped in three columns. A horizontal line goes through all three columns and can be considered the line of interaction between supervisor (S) and analyst (A). What is above the line has more to do with the behavior in the A-P (patient) system as it is understood by the listening supervisor. What is below the line refers to the S-A interaction in relation to A's intrapsychic functioning as an analytic instrument.

We have represented on the line in the diagram how S relates to each set of tasks. He assists A to achieve the aims of supervision; as he works in this direction, S evaluates A and comes to a pedagogical diagnosis; on the basis of this diagnosis, S decides to orient A to particular teaching targets.

Three over-all aims of the student and supervisor were formulated. Two of these are primary, one chiefly related to the A-P system and one to the system within A. The first, of course, is to promote the psychoanalytic treatment of the patient (Aim 1). Working in this direction, the teacher has responsibility for protecting the patient as well as he can from mistakes stemming from the student's ignorance or lack of experience. Closely interrelated with promoting good treatment for the patient is the over-all aim of assisting the student to develop himself as an analyst (Aim a, below the line). This aim is directed toward increasing the student's knowledge and technical skill as well as working to relieve the learning difficulties which are rooted in unsolved personality problems. These obstacles to both technical knowledge and the development of his self-analytic function were referred to earlier when we stressed the relationship between self-knowledge and professional competence.

A third over-all aim for the supervisor can be expressed in the phrase, to assist the student to objectify his learning (Aim 2, above the line). In some ways this goal is beyond the level of mere practical skills in understanding and therapeutic responsiveness. Achieving this goal is a result of learning to draw conclusions about human behavior and psychoanalytic technique on a broader, more general level. It involves development of a capacity to see how a particular patient falls into a more general theory or in what respects the patient's problems stimulate questions not answered by what is 'known'. This adds a dimension of scholarship and scientific attitude that reaches beyond the purely technical into the creatively intellectual with the possibility of contributing to scientific concepts and theory. In the study of the transcripts of four analyses, we saw many instances where this aim was part of the specific teaching activity.

Chart I—MODEL OF SUPERVISORY ACTIVITY



For the supervisor, the fundamental activity is to listen empathically to the student-analyst's presentation of the analytic material. He 'tunes in' and compares the analyst's diagnostic thinking and therapeutic responses with his own. He evaluates accordingly both his own understanding and that of the analyst. On the basis of his conclusions, he makes a pedagogical diagnosis in one of several areas.

The content, the manner, and form of the student's selective reporting of the analytic material give the supervisor clues as to A's rapport with the patient (1'); his understanding of the patient's material (2'); and A's technique of communication with P (3'). In other words, the supervisor evaluates the student-analyst's skill in establishing a therapeutic alliance and facilitating development of the transference, his understanding of the dynamics of the patient, and his competence in interpretation. A fourth area for diagnosis refers to the learning alliance (4'), A's rapport with the supervisor.

The supervisor also evaluates A's perceptiveness, his empathy and capacity to respond appropriately, his ability to observe himself and communicate with his own preconscious motivations (a'), all aspects of his native psychological talent. A's level of insight or self-knowledge (b') is closely related to these capacities for communication, but his level of insight also measures the effectiveness of his training analysis in developing his talent to a level of independent functioning in self-analysis (4).

Learning problems are revealed in these areas and the supervisor is constantly evaluating how well A is using his talents and whether his difficulties result from a lack of aptitude for analytic work, a lack of knowledge, inexperience, or from deficiencies in the area of self-knowledge and countertransference reactions.

A diagnosis of the student's awareness of his reactions to the supervisor (c', Chart I) aids the supervisor in estimating both A's endowment for analyzing and his success in applying his theoretical and self-knowledge. All these qualities of a competent analyst are reflected in the tensions that develop in the learning alliance. Here the supervisor can obtain additional direct in-

formation on a manifest behavioral level of persisting anxieties and conflicts which stir up defensive behavior with both patient and supervisor, behavior which interferes with therapy and learning.

Having diagnosed some learning difficulty, the supervisor must go on to determine to what extent the problem influences A's work with his patient. But the problem facing the supervisor is only partially diagnostic. His pedagogical technique is even more important. He must decide how to deal with the learning difficulties in relation to the teaching objectives as well as to the state of the learning alliance. In so doing, he chooses among a number of alternatives. His time is limited and there is usually much that could be discussed. He must decide on a teaching target and how to communicate with A about it (how to teach). Should he pay primary attention to the dynamics of the patient (1'') or in some way increase A's sphere of theoretical understanding (4'')? Should he concentrate on A's technique of interpretation and the transference phenomena (2'', 3'')? Should he do this by explanatory instruction or a more Socratic method? Should he demonstrate his own associative processes or is there a way to catalyze the student's associative operations so that marginal awareness can be recalled and made more explicit?

In compiling our observations on the teaching targets on which the supervisor chose to focus in any given supervisory session, we decided to describe this activity as 'decides to orient A', i.e., to explain, clarify, instruct (to teach regarding the various topics in the right-hand column of Chart I).

When the problem is primarily lack of information or inexperience in understanding multiple meanings, the choice of teaching moves is relatively simple. In such instances, the supervisor needs only to indicate, to explain, or to demonstrate his own interpretative thinking. He may make suggestions about what he thinks the student-analyst might have done in a given instance or should look for and interpret in the next period of analysis. However, in the case of a character defense or a

persisting neurotic conflict in the student-analyst, the supervisory task is more complicated.

These latter teaching targets are summarized in the items below the line in the model. Again, the supervisor is interacting in the S-A system and attempts to orient A to the effect of his behavior on the patient (*a''*). Counterresistance may prevent A from seeing his patient's response to some behavior or interpretation of his own. The supervisor needs to decide whether or not to do more than confront A with the evidence for his blind spot. When the supervisor chooses to work with A on the motivations for a given bit of behavior (*b''*), he is going more deeply into A's intrapsychic system. Such teaching technique as appropriate questioning may catalyze A's self-analytic functions and bring sharper self-awareness. This phenomenon was observed frequently, as we studied our records, especially where the learning alliance was optimal. It is this kind of teaching activity that assists A to develop his capacity for self-observation and introspection. Often, with this assistance, his self-analysis is able to alleviate the difficulty or to influence his return to his analyst.

The last teaching target (*c''*) refers to the supervisor's activity in orienting A to his problems about learning, i.e., to some difficulty in the learning alliance. This is a complex problem and offers many opportunities for skilful teaching technique. Rich illustrations of such problems and some techniques for handling them are described by Ekstein and Wallerstein (2). Discussion of our findings on this subject would be inadequate without pertinent illustrations which cannot be presented in this report.

One example, however, illustrates a learning problem and the supervisor's teaching technique in assisting the student to solve it. This episode is taken from the first case of a student who had good psychological aptitude but appeared initially more reserved than usual with the patient and defensive toward the supervisor. The patient was an attractive, unmarried woman.

The supervisor recognized without interpreting the inhibition of A's awareness of the ongoing process as 'defense against being involved'. In one of the supervisory sessions, A had demonstrated awareness of his tendency to identify with the patient.

In the thirteenth supervisory session, the first recorded (presenting material of the fifty-second to fifty-sixth analytic sessions), A reported from his notes, was in good contact with S, and did not appear to be disturbed by the audiograph. The supervisory session began by his reporting transference demands of the patient who complained that A did not answer questions. A did not comment. Then P reported a vivid dream which contained elements of a repetitive childhood nightmare; in the old dreams, P felt covered by insects and awoke in a panic. In the current dream: a single cockroach was crawling out from under the woodwork; she watched its crawling intently; 'Then it made a U-turn, bit me, then it was gone'. P awoke with anxiety. She associated a vague memory: 'I was nine years old; it was summertime; I was standing alone behind a wooden gate looking through the slats into an empty yard'. The memory as it was told by P and reported by A conveyed to S a sense of loneliness and longing. Yet A did not seem to sense it, did not seem to respond to it even when S asked several questions around the topic; he appeared almost blank. S wanted to mobilize him. She told him about a patient of hers whose father died when he was four and one-half years old. This patient often repeated in the analysis how he used to look through the window with vague feelings of sadness, watching the rain falling quietly on the gray ground of the yard; in this patient's nostalgic fantasies, it was always fall and seemed like the weather at the time of his father's funeral.

Nothing was explained, neither S's intention in telling the story nor the parallel between the two patients.⁴ S simply gave an example of how she used her free associations, in supervision, as in analysis. The student responded, 'I am just thinking—why did I not ask her to elaborate on this? And *now* I just

⁴ A's patient was six years old when her father died.

thought of that because I had some sort of feeling about the kind of summer she was talking about, from my own childhood—the bees, the wasps, the fruit ripe, the idleness of the summer when nobody is around and you wander alone—you know.’ Indeed, A actually responded to P’s present mood, and to the mood of her screen memory, yet he suppressed the intrusion of his associative response which caused inhibition of his response to P and also to S. An elaboration of his fantasy as A responded to S certainly cannot, should not be communicated to P. Yet a more experienced analyst would have been able to separate his own memory from P’s memory, find the common denominator and a way of responding to P.

Considering A’s inhibition toward P, what was S’s task? She could have left the whole issue alone and listened to the continuation of A’s reporting. But by this behavior S would have done what A did: just listen. This might have reassured A that maintaining silence is the most adequate response for an analyst. S also could have said to A, ‘You actually did have empathy for what P was talking about. What do you think now you could have said to her?’ This would have led to the discussion of one of several topics, more or less profitable, e.g., A had a tendency to overrespond to P’s mood and he defended himself against this tendency. In this particular instance he was not experienced enough to isolate his own associations and find an adequate response to P.

S, responding intuitively to the sensitiveness of A, avoided a discussion which would have attacked A’s defenses and only said, ‘Yes, such nostalgic feelings of childhood have many meanings . . .’. To this A replied, ‘Age of nine—that was the time when her older sister, the substitute mother, went to work’. Thus, the intervention of S was successful. It revealed A’s empathic response to P, relieved the tension in the S-A system, and by this turned A’s thinking toward P. He recalled the genetic material relevant to the screen memory.

This teaching-learning situation can be expressed in terms of the model:

1. S evaluates: A's rapport with P: good on Pcs level
inhibited on Cs level
A's inexperience
A's technique which is inhibited and inadequate
2. S teaches by: demonstration of associative processes
avoidance of confrontation and attack on A's defenses.
3. S protects A's defenses: strengthens the learning alliance.
A's response to S is immediate and constructive by associating to genetic material of P. This demonstrates an intuitive understanding not yet fully integrated with technique.
Whether and how this experience will affect A's self-observation and communication with P, only the future development of A can show.
4. The main aim in this episode was assisting A toward development of himself as an instrument of the psychoanalytic process.

In an attempt to find out whether the teaching produced an effect on learning problems, we studied supervisory sessions from the later stages of four analyses and from the terminating phases of two of them (the others are not yet finished). We traced the course of the analytic process. We followed the vicissitudes of the supervisory process and evaluated its effectiveness in the professional development of each student. In the case of these two students, we could recognize progress in learning by evidence for modification of the learning problems manifested in the beginning case compared to the advanced case. In some instances, the problem diminished in intensity from the early phases of a case to later phases of the same one.

It was clear that changes in learning needs paralleled the movement of the analytic process as the beginning phase developed into a transference neurosis with ultimate working through to termination. This led us to formulate the supervisory process as a longitudinal experience.

Chart II represents the correlation of the therapeutic material which A reports to S with the learning objectives hoped for in an ongoing supervisory experience. In the left-hand column are enumerated the kinds of therapeutic material which constitute the basic information for the work of both analyst and supervisor: 1 includes the communications from P to A-P's associations, verbal, paralinguistic, and nonverbal. A reports to S words used by P and also what he heard and what he perceived in other ways. His report is a result of his own selective processing influenced by many factors including repressions, inhibitions, anxieties which may distort the valid picture of the patient and the A-P interaction. 2 refers to another kind of information, namely, the analyst's associations to the patient's material which he becomes aware of as a result of his own introspection. These associations lead him toward understanding the meaning of the patient's communications and are essential information for the supervisor in his evaluation of A's capacity to associate effectively in his therapeutic role. When this kind of information is not available, it is usually a sign that the student has a learning block or an inadequate concept of the psychoanalytic process. Many students have to be taught the importance of providing this material. 3 includes A's responses to P in the form of interventions and interpretations which he has made as a result of his empathic understanding of P's dynamics and the process of therapy. 4 refers to A's responses that intrude inappropriately or to self-questioning in trying to understand the motivations in P and in himself. These motivations may offer facilitation or resistance to the ongoing therapeutic process, something A needs to recognize.

The student's report of his case material is, however, not only the vehicle of the supervisory teaching, it is also one of its objectives. It is the supervisor's task to develop the student's awareness of the dynamic lines of the ongoing psychoanalytic process, his role in it, and his responsibility for it. As the student's reporting improves, as it becomes more complex (i.e., he is able

Chart II—SUPERVISORY EXPERIENCE

<i>Therapeutic Material</i> As presented to S by A	<i>Learning Objectives</i> In relation to functions active in psychoanalytic work
1. Patient's associations (verbal, paralinguistic, non-verbal)	1'. To listen with free-floating attention → develop associative processes → self as instrument (receptive, perceptive, synthetic functions)
2. Analyst's associations toward diagnostic meanings	2'. To make diagnostic interpretations to self → introspection → synthetic & integrative functions
3. Analyst's responses to patient (interventions, interpretations)	3'. To estimate resistance & anxiety → empathy with affective & regressive state of patient ("system sensitivity")
4. Analyst's self-questioning or responses that intrude	4'. To judge timing & dosing → sensitivity, empathy, responsiveness (in time \bar{c} system equilibrium)
5. Phenomena of transference & countertransference → identify repetitive patterns \bar{c} genetic roots → in patient & self	5'. To become aware of transference & countertransference — in patient — own behavior as causing patient response
6. Awareness of psychoanalytic process — in patient — between A and P — from hour to hour — from phase to phase	6'. To recognize dynamic lines, their shifts in relation to stimuli inside & outside the analytic situation
7. Awareness of and evidence for insight & growth in P & self	7'. To recognize movements toward transference neurosis, working through and termination

to include more factors of the interaction and more of the relevant meanings) and, at the same time, more dependable, the presentation of the material becomes an indicator of the student's learning.

The right-hand column of Chart II gives the learning objectives which are primary for learning how to practice psychoanalysis. These objectives can be formulated as: 1'—to learn to listen with free-floating attention permitting the development of A's associative processes and leading toward effective use of himself as a receptive, perceptive, and synthesizing instrument; 2'—to learn to make diagnostic interpretations of meaning to himself, exercising his introspective capacity, his synthetic and integrative functions; 3'—to learn to estimate the patient's resistance and anxiety level. This task involves capacity for empathy with the affective and regressive state of the patient. It requires the development of 'system sensitivity' on the part of A as he communicates with the intrapsychic system of P. 4'—to learn to judge timing and dosing of responses also requires sensitivity and empathic responsiveness in tune with the equilibrium in the A-P system; in other words, A's awareness of the therapeutic alliance and the tact required for skilful interpretation.

To follow the changing levels of learning in relation to the ongoing therapeutic process, we turn back to the therapeutic material and find a different kind of information. Item 5 (Chart II) refers to the transference and countertransference phenomena as A perceives them and reports to S. From this information the supervisor can evaluate A's awareness of the various aspects of P's transference, especially the genetic roots of the repeated patterns of conflict and defense. The same holds true for countertransference phenomena in so far as A is aware of these reactions in himself.

Item 6 includes information about the psychoanalytic process—A's awareness of the oscillations and vicissitudes of system interactions: in P as therapeutic regression takes place and shifting cathexes permit deeper preconscious derivatives to become manifest and then conscious; changing levels of resistance and

affect discharge between P and A; changing levels of regression and ego integration from hour to hour, and from phase to phase of the analysis.

Item 7 refers to material from the later stages of the treatment and includes how A sees the movement of the patient toward insight and growth. This material should demonstrate A's own growth as well.

The learning objectives which correspond to the material just described are at a more advanced level. Beginning with Item 5', the content of the learning experience refers more specifically to an ongoing dynamic process of system interactions moving toward a therapeutic end point of change and maturation. The steps in learning about the analytic process include an appreciation of transferences and countertransferences as having mutual influences offering facilitation or resistance to the analytic work. Recognizing the effect of analytic interpretation on the focusing of dynamic lines and producing shifts in one direction or another (Item 6') is a complex technical task. It constitutes a large share of the teaching effort as the student's level of integration of what he has already learned progresses to more refined skill in interpretation. The student needs to recognize that external events can interfere with a smooth therapeutic movement, or they can sometimes be of assistance. In other words, the supervisor should teach the student analyst to remember that he and his patient live in a world of social reality in the present that often requires at least temporary adaptations outside the immediate phase of the analytic process. Item 7'—learning to recognize movements toward the transference neurosis and working through to termination is measured by A's reporting of the material on insight and growth. P's manifest material may be very similar to what has gone before, but evidence of new integrations and changing internal structure should be identified by A.

It can be seen that these objectives represent an ascending order of complexity. They begin with a simpler task of listening and gathering information. Then they proceed to processing

that information with organization of it—the discovery of meaning on many levels—the diagnostic phase of the interpretative work of an analyst. They then continue on to an integrative, responsive, and expressive phase—a selection of what to say to the patient. This requires a more complex system sensitivity which enables the analyst to take into account many elements and many levels of organization. In other words, the choice of therapeutic interpretation is determined by sensitivity to the ego state of the patient—the equilibrium in P's intrapsychic system—dynamically, genetically, economically. To recall the concepts of Ernst Kris (5), this level of learning objective has to do with techniques that help to regulate discharge of affect and speed and depth of regression, factors which are part of the integrative process in achieving insight. Chart II, for the supervisor, breaks down the complexity of his tasks in a progression. The sequence in this progression is not predetermined; individual variations depend on the student, the patient, and also on the supervisor-analyst interaction. Yet, in spite of the limitless variations of this process, this chart can also be used to guide a supervisor in his evaluative functions, e.g., diagnosis of learning difficulties (aptitude, knowledge, inexperience, or character problem); or the estimation of the student's initial competence and evidence of his progress in learning and development of skill. Further discussion of the details of this chart must be left for a fuller presentation of our investigation.

Also omitted from this list of learning objectives are the extras which can be provided after the basic objectives are achieved, or at any time when the student's interests and psychoanalytic maturity permit him to reach out beyond the immediate necessities of the therapeutic process. (Examples of surpluses were suggested in referring to Aim 2 of the model.) These 'surpluses' have the objective of stimulating the curiosity and investigative interest of the student. Such attitudes are basic values for a psychoanalyst whether he is a practitioner or a researcher. When it is possible to provide 'surpluses', the supervisory situation has been found to be a valuable research training experience.

SUMMARY

In this presentation of our study of psychoanalytic supervision as a teaching method, we have indicated how we collected our data and studied it. We stated the questions which we originally asked of the data, and we have given, in condensed and abstracted form, generalizations related to educational objectives and teaching techniques as they were revealed in the recorded material.

We have presented a frame of reference in which to identify and organize the process of the teaching-learning experience in the interaction between the supervisor and the student-analyst. In the model (Chart I), we have represented in cross section the tasks and activities of a supervisor. Our data demonstrate the significance and vicissitudes of the relationship between supervisor and student-analyst—the learning alliance—a relationship on which effective learning depends. From a longitudinal point of view, we developed a sequence of learning objectives ranging from elementary to advanced levels. The relation between basic objectives and native aptitudes was stressed.

Learning to apply psychoanalytic theory to behavioral phenomena in psychoanalytic transactions rests fundamentally on combining the acquisition of practical techniques with freeing the learning blocks in the student. The two roles of therapist and teacher fuse in the functioning of the supervisor when the recognition of the importance of insight and an ability of the analyst to 'analyze himself' become an educational objective. To teach how self-understanding operates as an asset or lack of it as a handicap in the therapeutic process is a central task in supervision and calls for the exercise of delicately applied teaching skill. The supervisor's self-knowledge and his training as a therapist prepare him especially well for the first step in this teaching-learning experience, e.g., to diagnose the way in which the student-analyst's self-analytic function is working for or against the therapeutic goal for the patient and his own development as an analyst. Attempts to relieve learning difficulties in

diagnostic and interpretative skill are basic teaching goals but success is dependent on the growth of this function of self-analysis.

In making this study and these generalizations, we have proceeded from fundamental assumptions that psychoanalytic skill depends primarily on native endowment consisting of an interpersonal sensitivity and capacity for empathic responsiveness that cannot be imitated but must be developed. Without the aptitude, little can be learned from teaching or experience. With the aptitude, much can be learned from experience alone, but more can be achieved by good teaching.

REFERENCES

1. BALES, ROBERT F.: *Interaction Process Analysis. A Method for Study of Small Groups*. Cambridge, Mass.: Addison-Wesley Publishing Co., Inc., 1950.
2. EKSTEIN, RUDOLF and WALLERSTEIN, ROBERT: *The Teaching and Learning of Psychotherapy*. New York: Basic Books, Inc., 1958.
3. FREUD: *The Interpretation of Dreams* (1900). Standard Edition, V, pp. 509-621.
4. KRAMER, MARIA: *On the Continuation of the Analytic Process After Psychoanalysis. (A Self-Observation.)* Int. J. Psa., XL, 1959, pp. 17-25.
5. KRIS, ERNST: *On Some Vicissitudes of Insight in Psychoanalysis*. Int. J. Psa., XXXVII, 1956, pp. 445-455.
6. LENNARD, HENRY L. and BERNSTEIN, ARNOLD, et al.: *The Anatomy of Psychotherapy. Systems of Communication and Expectation*. New York: Columbia University Press, 1960.
7. ROSS, HELEN: *Minutes of Chicago Training Analysts' Seminar, March 1956*. Unpublished.

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FREUDIAN OR NEOFREUDIAN?

BY EDWARD GLOVER, M.D. (LONDON)

With a few notable exceptions—from which may be singled out the Collected Papers of Freud, the Contributions of Abraham, and Ferenczi's and Jones's Papers—volumes of collected and especially selected papers on psychoanalysis are exercises in scientific autobiography, embarked upon when the author is nearing the age of retirement and wishes to put on record the trend of his scientific thought from his professional nonage to the date of publication. Provided his thinking is of more than personal interest, something can be said for the custom; for when nearing the close of his professional career, an analyst should at least be able to indicate to future readers what he thought he was talking about most of the time. Whether his readers will accept his autobiographical valuations is naturally on the lap of the gods—in this case, candidates in the sophomore year of professional training.

Of course, the system has some drawbacks. The author may have already published in book form his most enterprising contributions in various areas of psychoanalysis, so that, however well selected the papers may be, it is impossible to avoid great lacunae in presentation. This is certainly true in the present instance. With a natural aptitude for exposition fostered by upbringing in the metaphysical atmosphere of an academic home in Budapest, Franz Alexander has set his name to a number of treatises which for some time to come will certainly engage the attention of psychoanalysts and often the devoted interest of 'neofreudians' in various branches of the International Association, to say nothing of psychiatrists at large, whose criterion for a good 'neofreudian' is that he should contradict Freud on some vital point or points of theory. Perhaps it would be a good idea if the authors of 'selected' papers interpolated between their various contributions a brief summary of their thinking in the intervening periods; but readers can always make this out for themselves. Candidates are, on the whole, lazy or at least cursory readers, and it would do them no harm to address them-

Comments on *The Scope of Psychoanalysis, 1921-1961: Selected Papers*, by Franz Alexander. New York: Basic Books, Inc., 1961.

selves to the task of filling up gaps in a potentially fruitful trend of thought.

But what, it may be asked, is a 'neofreudian'? It is sometimes assumed that a neofreudian is one who advances the established principles and practices of psychoanalysis, modifying, where he deems it necessary, some of the allegedly more outmoded concepts of its founder and removing what he considers irrelevant accretions to the central body of psychoanalytic doctrine. This is an apparently reasonable, if rather superfluous, definition based on the not so reasonable assumption that psychoanalysis, like other sciences, inevitably progresses. It may be held, however, that the answer to the conundrum, 'When is a freudian not a freudian?' runs, 'When he is a neofreudian'. In other words, some observers of psychoanalytic progress or regress, jaded by long years of browsing through the literature, may well be inclined to the view that neofreudianism is characterized by abandonment of some of the essential concepts of psychoanalysis and a retreat to the clichés of preconscious psychology, even if these are wrapped in allegedly modernistic terminology. Naturally, each generation cleaves to the view that its favored doctrines are 'advances' and looks back with indulgent antiquarian interest on the pioneer dogmatisms that held sway in the 1920's. It seems to them inconceivable that the science of unconscious psychology should not progress; whereas it is equally inconceivable to some of the older analytical scholiasts that the phenomena of resistance should pass undetected in the field of modern theory.

This at any rate seems to me to be the central issue that arises when working one's way through these selected papers. When I first met Alexander in the early 1920's, he was the blue-eyed boy of the Berlin society who had rapidly acquired a reputation for his theoretical and clinical gifts. His first theoretical effort, *Metapsychologische Betrachtungen*, was hailed as a masterpiece of virtuosity; equally so his clinical contributions on the castration complex and the neurotic character. He was in fact regarded as one of the pillars of classical psychoanalysis. Forty years later his name occurs with increasing frequency in lists of 'neofreudians'. As recently as 1962, Birnbach (2), whilst at first ready to admit that Alexander's membership of the neofreudian group is perhaps 'the least certain of all', ends by placing him squarely in the list. On the other hand, Alexander himself has several times been at pains to dissociate

himself from neofreudian thinkers; and it must be conceded that his review (1940) of the work of that archneofreudian, Karen Horney, is on the whole a model of classical polemic. It is inevitable therefore, and indeed highly necessary, that the psychoanalytic reader make up his mind on the matter, at the same time deciding whether Alexander's own contributions constitute an advance on or a retreat from established freudian principles.

But what are the established principles of psychoanalysis? In a much neglected classic (5), T. W. Mitchell, one of the wisest and most fair-minded British psychologists, maintained that whoever accepts the concepts of the unconscious, of infantile sexuality, repression, conflict, and transference is entitled to the designation 'psychoanalyst'. Per contra, ask a British Kleinian what is the hallmark of a psychoanalyst nowadays, and you will no doubt be told that he must at least believe in, discover, and analyze in his patients a three-to-six-months-old 'depressive position', to say nothing of paranoid-schizoid phases: '. . . in a successful Kleinian analysis', says Money-Kyrle (6), 'the defenses against the depressive position are analyzed to make it again manifest'. Were he still alive, Brill would certainly have voted for Mitchell's criteria: did he not say in 1944 (3) that psychoanalysis was 'practically speaking a finished product when I became acquainted with it' (i.e., in 1907)? To be sure, one must distinguish between psychoanalysis as a dialectic and as a collection of therapeutic rules. Even so, pronouncements like that of Brill are calculated to raise a puzzled frown on the brows of our forty-year-old colleagues born about the time Freud first adumbrated the structural and dynamic aspects of the superego. Setting aside these emotional valuations, let us see how Alexander's selected papers fare when passed through Mitchell's grid.

At first sight they would appear to pass the test with flying colors, for Alexander certainly accepts the concepts of the unconscious, of infantile sexuality, repression, conflict, and transference. Was Mitchell then too easygoing? Alexander is at pains in this book to underscore what he asserts are advances and reorientations; in short, improvements in most quarters of the classical psychoanalytic field. To arrive at any reasonable conclusion in the matter, we must fall back on the dichotomy of theory and practice, dealing separately with the two sections, and in the case of the present collection of

papers, making due allowance for the chronological development of the author's ideas.

Of the five criteria suggested, two at least need not detain us. Alexander accepts freely the concepts of repression and the dynamic aspects of the unconscious. With regard to the closely related concept of unconscious conflict, he also maintains on the whole the classical analytic approach. To be sure he amplifies this with the notion, advanced quite early in his writings, of a 'corrupt bargain' between the id and the superego in which by accepting punishment the id purchases a certain freedom of gratification, an anthropomorphic conception which he later modifies (or amplifies, according to the reader's taste) in two respects: first, by the emphasis he lays on the instinctual aspects of conflict; second, by substitution of the concept of 'ego functions' in place of 'more statically conceived structural compartments of the personality'.¹ These later formulations are essentially metapsychological ventures and do not alter the fundamental concept of conflict. It has always been desirable to extend the clinical scope of conflict in terms of dynamics, structure, and economics and, so long as the formulations can be supported by or throw light on clinical data, the practice justifies itself. Needless to add, Alexander is very ready to support his ideas with illustrations gathered and hallowed in the analytic consulting room.

To a strictly limited extent the same comment might be made regarding his views on infantile sexuality; but while in the clinical sense he continues to support the multiphasic nature of pregenital sexuality, culminating in the *œdipus complex*, this is overlaid by theories of instinct which go beyond metapsychological elaboration to enter the realm of psychobiological speculation. The result is clearly indicated in the introduction to this book when he says of himself, '... the author gradually moved away from the original libido theory. Instead of operating with two qualitatively different instincts—sexual and nonsexual—he found it more adequate to differentiate sexual from nonsexual impulses by the degree of their participation as organized components in the goals of the total personality.' And again later: 'Every gratification of an impulse has an erotic character if it is performed for its own sake and is not

¹ Incidentally, the very term 'ego function' involves structural as well as economic concepts as also does the term 'personality'; and what after all is a 'stable personality' but a static concept?

subservient to the needs of the organism as a whole. . . . if this statement is correct we do not need two kinds of instincts of different quality'. In other words, 'sexuality in all its multiple manifestations [is] a special form of discharge of any impulse'. It is 'the expression of a surplus excitation within the organism which it is unable to relieve in other ways. . . . *the erotic value of an action is inversely related to the degree to which it loses the freedom of choice and becomes coördinated* [italics added], subordinated to other functions, and becomes a part of an organized system of a goal structure'.²

All this leads back to a fundamental biological speculation traceable originally to Ferenczi (4). 'Energy which is not needed to maintain life', says Alexander, 'I call surplus energy. This is the source of all sexual activity. . . . In spite of retention in the form of growth, there is still much surplus energy neither stored nor used to maintain existence. The residuum is released in erotic activities. . . . The so-called pregenital manifestations are connected exclusively with the process of growth . . .'.³

At this point those psychoanalysts who have taken the trouble to familiarize themselves with the theories of Jung (and in my opinion it is very necessary that some modern psychoanalytic 'advances' be checked by this means) may be led to entertain the horrid suspicion that Alexander's instinctual hypotheses bring him closer to Jung than to Freud. This would be manifestly unfair to Alexander. Although his 'surplus energy theory' resembles in many ways Jung's monistic theory of *élan vital* (Jungian libido), Alexander does not seriously recant, as did Jung, his clinical views of the importance of infantile sexuality and the clinical significance of aggressive impulses, whether reactive or sadistic. Admittedly he has his doubts about the universality of the oedipus complex, believes that it is 'the biological expression of the possessiveness which the little child feels toward the main source of his security and pleasure', and states

² Borrowed from Thomas French, the term 'goal structure' indicates the inevitability of using structural images to extend some aspects of mental activity.

³ It would take us too far afield without adequate psychological recompense to embark on a biological rating of these somewhat actuarial postulates. Anyway we would not get far without much more stringent definition of terms which in their present loose form would seem to beg the clinical question of instinctual differentiation, to say nothing of the relation between individual and phylic life. These and other issues are simply smothered in such phrases as 'the needs of the organism as a whole'.

that 'the significance of certain premature, genitally tinged, sexual interest of the little son in his mother is, according to my experience, overrated' (a view with which Jung, on those rare occasions when he took cognizance of the 'problems' of childhood, would have heartily agreed). But these views are not overemphasized; indeed they are sometimes self-contradictory. He then goes on to say, 'The jealousy aspect of the œdipus complex is certainly *universal* [italics added] and is based on the prolonged dependence of the human infant on its mother's care'. Here is no whisper of the cultural selectivity of the œdipus complex which elsewhere Alexander is at pains to emphasize.

Of course he could very well plead that he is as entitled to speculate outside the limits of metapsychological discipline as Freud was to postulate life and death instincts (eros and thanatos). This is undeniable. In the long run these matters must be measured by their clinical utility, in other words, how far they illuminate the antithesis of love and hate, sexuality and aggression. Indeed, from the clinical point of view, it might well be said that if the concepts of sexuality and aggression had not existed it would have been necessary to invent them, for it is inherently probable that the most important forms of instinctual drive are those which give rise to the most important forms of mental disorder. It will scarcely be disputed that the majority of mental disorders can be traced to crises in sexual and aggressive drives, acting either separately or in combination. In short, when assessing the importance of Alexander's instinctual theory, one might well quote his own comment on Freud's discernment of the repetition compulsion: '... such a concept is an abstraction and has but little to do with the understanding of the emotional problems of patients'.

At this point we are left an uneasy prey to lurking suspicions. Is Alexander a freudian, a neofreudian in the constructive sense, or a *ci-devant* freudian? Perhaps as in many similar ideological dilemmas the proof of the pudding is in the eating. Let us therefore consider what light can be thrown on the subject by an investigation of his technical devices and conceptions.

At first blush Alexander's views on transference and the transference neurosis are in the classical sense beyond reproach. Indeed, in the case of the transference neurosis, he is more royalist than the king,

or at any rate more positive than those weather-beaten analysts who, while recognizing characteristic transference neuroses during the treatment of the transference psychoneuroses, are more sceptical about their appearance during the treatment of the psychoses, of perversions, and of a large proportion of character disorders. Either Alexander has had a remarkable capacity for inducing transference neuroses in his patients, or he has rated as transference neuroses some of the manifestations of floating (spontaneous) positive and negative transference which might be manifested also in such other of the patients' contacts as endure for more than a few weeks or months at a time. When, however, one comes to assess Alexander's later theories of the processes of psychoanalytic 'cure', one reason for his insistence on the transference neurosis becomes clear, namely, his concept of the 'corrective emotional experience'. The essential point in psychoanalytic therapy is, according to Alexander, not or not so much the development of the transference neurosis as the fact that it is experienced emotionally in a therapeutic setting, which at least dilutes its infantile content and in successful cases enables the patient to correct it. There is of course nothing new in the concept that the expectant and receptive attitude of the analyst to both positive and negative transferences has a modifying effect on fixations to early experiences. Strachey, for example, would regard it as a mutative influence based on a new introjection permitting an ultimate effective interpretation and resolution of the patient's symptom-formations or constellations. What Alexander does is simply to embody his theory of cure in a special transference caption. In other words he begs the question of processes of cure by maintaining that when they occur they are corrective. When they cure they are curative! Therefore the term has no special virtue.

But the matter does not end here. Alexander, amplifying his concept of the corrective experience, maintains that the attitude of the analyst can be regulated and dosed in such a manner that correction is more immediate and effective. Here we have a vital issue which can be expressed in one or other of two questions, viz., can countertransference be exploited as a form of psychoanalytic technique; or is there any fundamental difference between deliberate technical maneuvers calculated to modify the reactions of the patient and the unconscious countertransferences of the analyst?

Alexander is himself aware of possible confusion arising from the

policy of quantitative and qualitative variations in the classical procedure and agrees that many experienced analysts will regard them as 'dilutions' of the classical technique. This he feels might apply with particular force to his attempts 'to put a brake *from the beginning of treatment* [italics added] on the regressive dependent component of the transference'.⁴ This is effected by 'well-timed reduction of the frequency of the psychoanalytic interviews and well-timed shorter or longer interruptions'. The issue here is clear enough and again can be put in the form of a question: is there any fundamental difference between deliberately dosed countertransference and the forms of short psychotherapy beloved of general psychiatrists? Alexander leaves us in no doubt as to his own opinion. He says, 'As long as the psychological processes *in the patient* and the *changes* [italics added] achieved by these processes are of a similar nature, it is not possible to draw a sharp dividing line between psychoanalysis proper and psychoanalytically oriented psychotherapy. The only realistic distinction is the distinction between primarily supportive and primarily uncovering methods.'

He does not, however, stop here. 'Psychoanalysis and dynamic psychotherapy', he maintains, 'have the corrective emotional experience in common', and are presumably therefore of a similar nature. The effect of this pronunciamiento is not hard to detect in the writings of latter-day practitioners. Saul (7), for instance, following in Alexander's footsteps or, as he says, following 'the principle of greatest economy', maintains that, given the necessary experience and appropriate selection of cases, analysis can be effected on the basis of three, two, or even one session a week. Szurek (8), apropos shortened psychoanalysis, tells us that '... if the analyst is generally or is becoming more and more of a psychoanalyst with the particular patient, then his work cannot be other than psychoanalytic'. Obviously there is no time to lose. We must hasten to re-examine the basic criteria of psychoanalytic therapy; else we may soon see a complete flattening of the distinction between analytic and nonanalytic 'uncovering' therapies, a contingency that would no doubt be welcomed by most general psychotherapists.

The hardy pioneers of psychoanalysis entertained no doubt

⁴ One is irresistibly reminded here of Klein's habit of early interpretation, as for example, the explanation of the 'primal scene' on the first day of analysis (Cf. Money-Kyrle, *op. cit.*).

regarding this matter. Ernest Jones was accustomed to say quite bluntly that the only two forms of psychotherapy were psychoanalysis (by which he meant the classical technique) and suggestion (in which countertransference is employed in one way or another to induce positive rapport). This is an old story. In the early twenties a battle royal raged round Ferenczi's suggestions for an 'active' technique, the essence of which was that the analyst at certain times, usually in the latter half of an analysis, abandoned his expectant and receptive role to issue fiats on various matters of conduct. Ferenczi thought these maneuvers would accelerate the emergence of repressed content and mobilize unconscious conflict. After a good deal of heated discussion, this practice was pretty generally tabooed on the grounds that, by overstepping the normal limits of analytic countertransference, it produced a refractory and insoluble rather than an ameliorative transference neurosis.⁵ Freud said the last word on the subject when apropos termination he maintained that the best way to carry through an analysis was to practice the technique (by which he meant the classical technique) correctly.

Whether Alexander is fully aware of it or not, he has reawakened this old issue for it can be argued that his quantitative and qualitative manipulations of the transference situation are simply milder forms of Ferenczi's active therapy and exceed the limits of pure analytic practice. Granted that the old concept of presenting a 'blank screen' to the patient may have been reduced to absurdity by many psychoanalysts, the fact remains that *deliberately adopting special attitudes and time restrictions for special cases changes the character of therapy in these cases, converting it into a form of rapport therapy*. This may indeed have excellent results. What form of psychotherapy cannot produce its quota of excellent results or, for that matter, condign failures? It may indeed be the only alternative in cases which are inaccessible to the customary technique. The important issue cannot be burked. Do such practices constitute psychoanalytic therapy or are they simply forms of rapport therapy?

Alexander, it must be said, is in no way abashed by this theoretical and practical dilemma. In his view the blank screen policies of

⁵ The countertransference nature of these suggestions became apparent when, toward the end of his professional life, Ferenczi rescinded his earlier position, recommending as a therapeutic device open manifestation of positive countertransference (in short, countertransference 'love').

classical analysis are 'highly studied attitudes'. Why not, he argues, expand the principle of selected attitudes? It may be countered that blank screen policies are intended to reduce as far as possible the complications and risks arising from more personal manipulation of the analytic situation. No doubt it is impossible to eliminate factors of countertransference by even the most careful observance of 'neutrality'. It can be argued that, in spite of the utmost care to avoid inducing transference reactions, the outcome of an analysis may be determined in the first few interviews by the activation of early and barely accessible transferences. The issue however still remains: shall we purposely seek by manipulating the countertransference to *manipulate* rather than to *analyze* the transference? If we do, are we entitled to regard the proceeding as coming within the scope of psychoanalysis? Alexander thinks that we are so entitled; for although he concedes that 'only time will decide the *practical* [italics added] usefulness of these variations', nevertheless, '... one thing is certain: the mere repetition of routine—and the rejection of new suggestions as a threat to the purity of psychoanalysis—can lead only to stagnation'.

This is a point of view which he applies not only to technical variations but to most of his amplifications or emendations of classical theory. Here we cannot do better than quote his own comments on the validity of the view that he is a neofreudian, in the more pejorative sense of the term. 'That sometimes I also seem to be included in this group comes from the fact that I, too, recognize the need for re-evaluation of cultural factors in personality development and share the views of this group concerning certain gaps in traditional psychoanalytic formulations.' Here I think Alexander does himself less than justice. Whereas he frequently refers to this tendency in his psychoanalytic thinking and in certain cases specifies the situations in which cultural factors seem to him to be decisive (e.g., in the development of the oedipus complex and, in the case of certain types of crime, the social consequences of blocked opportunities for pioneering adventure caused by the closing of frontiers in America), and whereas he sets his signature to the generalization that 'parental attitudes themselves are strictly determined by cultural factors', he castigates the neofreudian in general and Horney in particular for neglecting the importance of emotional factors in the familial development of the child. The truth seems to be that when Alexander speaks as a clinician interested in etiology, he is as

thoroughpaced in his assessment of the endopsychic factor as any classical freudian, but when he is seduced by the attractions either of psychobiological thinking or of social science, he tends to abandon his clinical allegiances in favor of loose psychosocial (preconscious) generalizations. Alexander clearly enjoys his incursions into psychobiological speculation. He enjoys equally, as indeed do many classical analysts, venturing on the uncharted seas of social speculation, where he feels free to underline those more sophisticated (complex preconscious) derivatives of fundamental conflicts which are not so obvious in the consulting room except as a form of resistance. No doubt it is true that psychoanalysts have in the past neglected the detailed study of preconscious factors, leaving these to the untender mercies of the descriptive psychologist and his laboratory techniques. No doubt they have not pursued their sociological studies to the point where the precipitating factors in group events can be isolated, leaving these to the myopic (preconscious) vision of the sociologist. This may be due to a prior interest in primary processes or to a conviction that between biological tendencies and precipitating factors lies an endopsychic territory which no rational sociology of motive can penetrate. But to omit or minimize these fundamental patterns is no answer to the problems of group psychology. In point of fact Alexander gives his own case away, when in the very paper (1) in which he deprecates the wholesale application of individual factors to group manifestations, he ends by underlining precisely these factors.

We need not, however, take too seriously these re-creative exercises in the psychosocial sphere. Sufficient for our immediate purpose is the fact that Alexander has never, or practically never, allowed himself to disown the *clinical* findings on which psychoanalytic theory has been based from first to last. As a matter of opinion I think it would be unfair to determine Alexander's professional status on the strength of his theoretical predilections. On the whole they are either excursions into psychobiological metaphysics or paraphrases of already accepted analytical generalizations in the idiom of psychobiology. Admittedly they are more readable than many recent attempts by classical analysts to expound metapsychology. For in this genre Alexander is an undisputed master.

What Alexander, nevertheless, does in his ambitious attempt to merge psychoanalysis with 'dynamic psychology' is to throw the whole problem of psychoanalytic technique into the melting pot.

Some confirmation of this assessment can be obtained by studying the final section of these selected papers where he deals with the teaching of psychoanalysis. In these more recent papers (1947-1961) what he has most at heart is the *Gleichschaltung* of what he considers to be simply specialized aspects of psychotherapy which, in his opinion, have existed too long in arbitrary opposition. To be sure, nothing could be more praiseworthy than a crusade in favor of flexibility as opposed to petrification of method, or for that matter, petrification of the theories on which method is supported. His plea for teaching theory by the technique of the clinical seminar has a lot to be said on its behalf; however, it can be argued that flexibility in both psychoanalytic theory and practice has in the past been a frequent preamble to abandonment of basic principles. As a matter of fact, Jung used to advance the criticism of petrification (or obsession) to support his abandonment of everything fundamentally valuable in psychoanalysis. No doubt this view was shared by other spectacular schismatics—Stekel, Adler, Rank—not to mention the modern deviants many of whom retain their membership in psychoanalytic societies. Under these circumstances it seems essential that students be thoroughly grounded not only in the basic principles of psychoanalysis but in the basic *differences* rather than *identities* in various psychological systems. If one confines oneself to the (pre)conscious aspects of mental activity, it is easy enough to establish identities between methods. The acid test of an analytic approach lies, however, in the correlation of these factors with primary processes. In short, in this concluding section of his selected papers, Alexander is careful to defend himself against the imputation that he is a dynamic psychologist rather than a freudian. Indeed, were it not for the fact that defendants have a prescriptive right to defend themselves, Alexander's diatribes on the subject of fixed teaching might well be considered as a valid illustration of the slogan of reaction-formation: *qui s'excuse, s'accuse*.

All in all, it is no easy task to assess Alexander's existing status. I think he is, theoretically speaking, on balance a neofreudian but whether in the constructive or the pejorative sense must be left to the predilections of the reader. From the clinical point of view, the situation can best be described by saying that as a diagnostician, an etiologist, and a prognostician he is a classical freudian; but that as a therapist he is a neofreudian to the extent that it is his deliberate

policy to merge the techniques of general psychotherapy with those of psychoanalysis or vice versa. He is in short the *doyen* of those psychoanalytically oriented psychotherapists who seek to combine psychobiological and cultural forces and to harness them within the framework of consulting room techniques.

It remains only to pay a thoroughly deserved tribute to the services Alexander has rendered psychoanalysis, abundant evidence of which is to be found here as well as in his other publications. A skilled dialectician with a nose for metapsychological problems, a careful clinician with an unusual aptitude for developing research techniques, and a fluent writer with a strong didactic bent, he boxes both theoretical and clinical compasses in this survey of the scope of psychoanalysis. It is indeed an intriguing thought that in his polemic against the standardization of teaching and in his plea for flexibility in approach and receptivity to new ideas, Alexander displays a didactic yearning which, if fulfilled, would simply add to the standardized teaching of psychoanalysis. In short, whether he is a neofreudian or not must be left to the critical judgment of analytic societies or their research committees whose manifest duty it is to survey and evaluate from time to time the accretions to psychoanalytic theory and practice.

REFERENCES

1. ALEXANDER, FRANZ: *Psychoanalysis and Social Disorganization*. Amer. J. of Sociology, XLII, 1937.
2. BIRNBACH, MARTIN: *Neo-Freudian Social Philosophy*. Stanford, Calif.: Stanford University Press, 1962.
3. BRILL, A. A.: *Freud's Contribution to Psychiatry*. New York: W. W. Norton & Co., Inc., 1944.
4. FERENCZI, SANDOR: *Thalassa: A Theory of Genitality*. New York: The Psychoanalytic Quarterly, Inc., 1938.
5. MITCHELL, T. W.: *Problems in Psychopathology*. London: Kegan Paul and New York: Harcourt, Brace & Co., 1927.
6. MONEY-KYRLE, R. E.: *Melanie Klein and Her Contribution to Psychoanalysis*. London: Association of Psychotherapists, Bull. No. 4, 1963.
7. SAUL, LEON J.: *Technic and Practice of Psychoanalysis*. Philadelphia: J. B. Lippincott & Co., 1958.
8. SZUREK, S. A.: *The Roots of Psychoanalysis and Psychotherapy*. Springfield, Ill.: Charles C Thomas, 1958.

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BOOK REVIEWS

THE EXPERIENCE OF REALITY IN CHILDHOOD SCHIZOPHRENIA. Monograph Series on Schizophrenia No. 6. By Austin M. Des Lauriers, Ph.D. New York: International Universities Press, Inc., 1962. 215 pp.

Many psychiatrists and psychotherapists who work intensively with psychotic children wonder about the effectiveness of their efforts. It is true that changes occur which may be observed by the environment as well as by administering psychological tests. Most workers, however, feel that even in those cases where a favorable change can be noted, the diagnosis remains unchanged. Frequently such changes are not sufficient to enable psychotics to function adequately in society, either during childhood or in later years. It is therefore a refreshing surprise to find an author who sees not only a change in functioning of his patients but also a change in diagnosis. Des Lauriers explains here a definite and concise treatment program by which he achieves this.

Each therapist has his own individual approach, doubtless based on his theoretical convictions. In working with a psychotic, the person of the therapist enters more into the treatment picture than in work with a neurotic, whether the therapist be an analyst, a psychologist, or a social worker. In working with children, this is true to an even greater extent.

Out of the total complex symptomatology of the schizophrenic patient, Des Lauriers places the relationship to reality in the center of his approach. He has read an impressive amount of literature on the subject, especially by psychoanalysts. He finds specific support for his thesis in the work of Paul Federn, particularly in Federn's thoughts on ego boundaries. In a book of two hundred fifteen pages, the bibliography requires thirteen pages. However, the author uses the literature solely to substantiate his view on reality testing.

Des Lauriers quotes Freud's view that in psychosis the conflict is between ego and outside world. Although this is so in classic psychosis, the pathogenesis of the psychoses, also according to Freud, is much more complex. Moreover, since Freud wrote this, the concept of psychosis has undergone many changes and still is

in a state of flux, especially since the introduction of such concepts as borderline schizophrenia and schizophrenic character.

The author deals with the problem of reality testing and its relation to body ego and self-representation in an oversimplified way. Writing of the relation to reality and the patient's experience of it, Des Lauriers emphasizes the lack of boundaries of the body ego in the schizophrenic patient. Many authors, including this reviewer, understand this to evolve as a result of insufficient differentiation between ego and love object, between self and nonself, conscious as well as unconscious. Des Lauriers does not mention this aspect and its ramifications. He deals only with the establishment of ego boundaries on a conscious level and, according to him, this results in a cure of the psychoses. He supports this thesis by quoting fragments of psychological test reports.

His work with psychotic patients consists of a deliberate intrusion on the patient. Some patients react to this intrusion with hostility. Des Lauriers then responds with a simple retaliation; for example, if a withdrawn patient is not willing to be with him, he will insist and may resort to a physical encounter, such as pushing and pulling. When an adolescent girl bit his finger in such a physical encounter, he slapped her face. From then on the relationship was established. The same thing happened when a boy urinated over him. Des Lauriers slapped the boy's thigh. But he then also interpreted that the boy was angry at him.

Contrary to what the reader is led to expect by the title of this book, Des Lauriers describes only adolescent patients. They had been patients in a state hospital for prolonged periods prior to Des Lauriers's treatment. Unfortunately, we have no anamnestic data on them, nor a description of the course of treatment, even if it was only environmental, in the hospital before and during therapy. The author describes his initiation of the treatment in detail and his method of working at length in one case. What stands out is the emphasis on simple, concrete facts and an avoidance of discussing motivations with his patients. Wherever he can, Des Lauriers will talk about dry facts, such as dates, age, the day of the week, who is older, or who is a man or a boy, and drill his patient in learning such facts. The reader finds occasional observations on his patient, such as, 'He acts more paranoid', or 'He is relieved that I am not angry at him'. However, for the most part Des

Lauriers avoids discussing this with the patient but guides the patient's attention to the simple facts of everyday life. For example, when the doctor goes on vacation, he does not discuss with a patient the latter's resentment about being left and the fear of loss of his love object, but merely tells the patient that he will be gone ten days and has him repeat the date of return until the patient knows it by heart.

After the therapist has forced himself on the patient, his treatment is geared to a conscious realization of the body ego, to establish ego boundaries, along the lines of: This is me. You are you. This is your right hand; this is your left hand. You are a girl. I am a man. I am older than you.

The aforementioned boy, who most of the time took out his penis and wanted to urinate over everybody and everything, was not given a chance because Des Lauriers kept throwing objects at him. These the boy had to catch fast, which prevented him from urinating. At the same time the doctor would describe the hands, whose hands, the act of catching, and so on.

It is interesting that Des Lauriers mentions a striking change in his cases on the projective tests after nine months of treatment. Is this a fantasy of rebirth? The improvement is not described minutely in a clinical progress report. However, excerpts of psychological tests on a comparative basis are added. In the experience of this reviewer, especially with adolescents, discrepancies between the clinical diagnosis and projective test findings are frequent, and test results cannot be regarded as a reliable diagnostic criterion.

The author treated his patients for several years, and undoubtedly shifts did take place on many levels, thanks to the therapy. However, Des Lauriers underestimates the importance of the steady relationship which he had established with his patients.

We know that in child analysis the analyst, beside being a parental figure in the transference, is also a real friend and a real love object. Since the psychotic patient is fixated at or regressed to infantile levels, the therapist must adapt himself to these levels. Therefore his work with adult psychotics has many similarities to work with children. The fixation and regression of such patients should not be regarded as over-all or total. The various ego functions and the multiple aspects of the object relationship show in-

dividual regressions to deeper or less deep levels of fixation, and some show none at all. The therapist, consciously as well as pre-consciously, assesses each of these and establishes his relation to the patient accordingly. Thus in treating psychotic adult and adolescent patients the therapist also enters much more into the relationship, beside being a transference figure. This in turn determines the extent and the kind of personal involvement required in the treatment relationship.

It is this reviewer's opinion that the intensity of regression and fixation of the object relationship is crucial in the assessment of the psychotic illness. The level of maturation of object relations hinges on the libidinal development and the degree of development of the autonomous ego. Reality testing is one of the most important ego functions and the most precise indicator of psychological health or sickness.

One welcomes the emphasis on reality testing in the treatment of psychotics. Des Lauriers's account of his work is impressive. Unfortunately it leaves many questions unanswered, because the accounts are so sketchy. The excerpts from the treatment are chosen to illustrate the handling of simple realities, and therefore one does not gain an understanding of the dynamics of the therapeutic process in the patients.

In spite of these criticisms, this book should be read by all who work with schizophrenics. The author drives home his point about the importance of a forceful confrontation of the patient with the person of the therapist, and the reality of their bodies and their immediate environment, with the same intensity as he forces contact with his patients. Just as the patient is impressed, so is the reader. Since there are so many limitations in working with schizophrenic patients—adults, adolescents, or children—it is important to keep Des Lauriers's technical approach in mind. It has a definite place in the handling of certain patients at certain moments. The treatment plan—to deal only with immediate, concrete reality in the case of withdrawn patients—seems sound. How to approach this is a choice of the individual therapist. This reviewer has misgivings lest some imitator of Des Lauriers's technique should establish a therapeutic alliance based on the acting out of sadomasochistic fantasies.

ELISABETH R. GELEERD (NEW YORK)

THE WIDENING WORLD OF CHILDHOOD. PATHS TOWARD MASTERY. By Lois Barclay Murphy, et al. New York: Basic Books, Inc., 1962. 399 pp.

How the average child, who is not fated to become a seriously disturbed adult, handles the inevitable problems of maturation becomes increasingly subject to intensive study. Lois Barclay Murphy, from the study of thirty-two children, here presents a wealth of observations on the behavior of the preschool child in situations of stress. The children she describes are typical, the situations those any child may face, and the reactions are familiar to anyone who has contact with other than severely disturbed children. Her empathic and clear description of their responses under comparable circumstances offers a panorama in brilliantly distinctive coloring. The book contains many excellent vignettes which refresh the reader's knowledge of the various patterns of child behavior. They also offer teaching material to balance against that so frequently drawn from records of severely disturbed children. The vignettes should sharpen diagnostic acumen. The particular response of several of these children to the episodes described could also be found among the severely neurotic or psychotic; Dr. Murphy's children are neither. The result of the child's attempt to cope with the disturbing situation, not his immediate response, appears to be the answer to the diagnostic question.

The theoretical discussion is stimulating. The author sees in her findings a new facet of the multisided gestalt of human psychology; to the term 'mastery', an aspect of psychological responses that has been stressed by several writers, she prefers the concept of 'coping'. She states, '... the study of coping puts the emphasis on the process of developing ways of dealing with new and difficult situations. Once such methods are consolidated, competence or mastery may result.' During this process, among other significant developmental steps, the adaptive and defense mechanisms take shape or are re-enforced. Coping is a basic, inherent response of the average child to a new situation; it is not a defense mechanism per se but has a positive goal which is, when achieved, rewarding in itself.

We must understand Dr. Murphy's use of such terms as 'aggressive' and 'passive' if we would evaluate her tentative conclusions. For example, she implies the possibility that there is a relationship

between her concept of 'active' patterns of response and an aggressive drive, but then equally implies a doubt that there is an inherent aggressive drive because she does not see hostility or destructiveness in the infant's activity. Different interpretations of her evidence are possible; understanding of the small child is still in its infancy. This book provides enough case material to permit others to speculate; it also presents a theory of psychological maturation and development of the child that seems important.

The organization of the book makes for rather difficult reading. Names of children are used with the assumption that, having met the child a hundred pages earlier, the reader is as well acquainted with him as is the author. It is hard to know how this could be avoided. Perhaps the only answer is that this book, in spite of its deceptively simple vocabulary and style, is not to be skimmed but rather to be studied.

IRENE M. JOSSELYN (PHOENIX, ARIZ.)

THE FUTURE OF PSYCHIATRY. Edited by Paul H. Hoch, M.D. and Joseph Zubin, Ph.D. New York: Grune & Stratton, Inc., 1962. 271 pp.

Sixteen essays and six discussions by twenty-three contributors from various fields comprise this book. The venture into prophecy is the central and unifying purpose of the symposium; it arises from the challenge to the essayists by the editors to enter thoughtfully into the science fiction of psychiatry. Interdisciplinary collaboration is emphasized; one curious theme is the insistent questioning of the future of psychoanalysis, which seems to be considered doubtful.

The papers by Rioch, Kallmann, Bender, and Lewis are outstanding reviews of basic research that lends excitement and promise to what lies in store for psychiatry. However the explicit predictions are not so imaginative as might have been expected from the advances reported. Basic research in neurochemistry and neurophysiology is well recounted and need not be recapitulated here. Though it is not possible to list all the predictions made, some of them we should discuss.

Kallmann tells of the genetic research on mongolism and sex deviations and predicts that research at the molecular and chromo-

somal levels may unravel many psychiatric mysteries. Gottlieb is convinced that biochemical research will soon be able to isolate and identify those factors in plasma that are active in the production of schizophrenia, and that enzymes affected by a factor in the serum of patients with schizophrenia will be demonstrated. He believes that the schizophrenic is not able to form and efficiently utilize his biologic energy. The neurophysiologist, Evarts, is more conservative as he points out that there is no dearth of neurophysiologic theory, all far from adequate, and that it will be necessary for discovery to precede more satisfactory theory. He also suggests that more refined analytic techniques are needed for correlation of the complex data. Hoch, psychiatrist and coeditor of the book, is less hopeful that biochemical research will permit easy correlation between the observations on functional disorders and those on serum factors. Waelsch, the neurochemist, suggests that the biochemist will be able to describe the biochemical aberrations but will be unable to translate them into functional terms since the psychiatric maladies do not express themselves in biochemical terms. He predicts that the properties of macromolecules will occupy biochemists for many years. He also speaks of the attempts to show that the storage of information is related to the metabolism of neuronal proteins and nucleic acids. The conservative position is also represented by Marrazzi who predicts the development of new laboratory techniques and analysis that will permit study of the physiological and chemical activities of the synapses.

Some of the essayists, despite awareness of the differences between behavioral and physiological concepts, work in essential recognition of the unity of the organism without becoming involved in the mind-body dichotomy and use appropriately the observational data and ideas of both physiology and behavior. Rioch, for example, states that physiology and psychiatry are different observationally and conceptually, and that present physiological knowledge cannot bridge the gap between them. Yet he predicts that there will be improved methods for modifying certain symptoms and a beginning made on investigation of the mechanism of memory. He does not expect a simple solution to the problem of mental illness.

Lauretta Bender and Nolan D. C. Lewis, like Rioch, integrate and give proper weight to functional and organic hypotheses. How-

ever, some of the essayists, including most of the psychologists, stray from science into social reform and cultural manipulation.

Sandor Rado, wishing to construct a medical psychodynamics from physiologic and dynamic concepts, interprets Freud as having, in 1905, abandoned (with his 'arbitrary expansion of the concept of sex') medical and scientific theories for speculative and magical ones. Objecting to all the metapsychological developments, especially those of *The Ego and the Id* and *Beyond the Pleasure Principle*, Rado proposes that dynamic concepts be understood in terms of systemic interactions with the environment. His redefinitions of analytic terms, especially the ego, are of interest; he seems partially to incorporate some analytic concepts and reject others without adequate justification, and the biological basis of analytic thought is implicitly negated by the assertion that the 'adaptation psychodynamics' is a physiological system. He also seems to imply that analytic psychology is mystical whereas his substitute is psychological. As usual, Rado rejects infantile sexuality. Hoch finds Rado's bridge between physiologic and psychologic concepts semantic and hence unsatisfactory.

Kenneth Appel attempts to evaluate psychoanalysis as a cultural phenomenon, but does so without explicitly examining it. He raises questions concerning the length, cost, and efficacy of analytic training and therapy. He calls for more careful examination of analytic theory, and asks 'whether classical analysis which may require three to five years in its execution, is not cultivating a noncritical adherence to some established doctrine and becomes rather deadening to scientific and intellectual growth'. He predicts that in fifty to a hundred years psychoanalysis will have a much closer relationship to other scientific disciplines.

Paul Meehl's logical and useful analysis of the concept of purpose leads to his conclusion that psychotherapeutic efforts must be directed toward 'response strengthening' and 'shapening through positive re-enforcement', for example, by setting tasks. He suggests that some therapeutic failures may not be due to seeking or avoiding but may be the result of some repetitive state, a thoroughly overlearned, massively conditioned state of the central nervous system. His moral is that analysis of drive is insufficient for the understanding and the therapy of neurotic illness. Whether the technical devices he advocates are relevant to his argument about

the concept of purpose must be carefully evaluated; and certainly the ways in which the techniques may or may not be applicable to psychotherapy and psychoanalysis must be thoroughly analyzed and probably differentiated, as does Kurt Eissler in his considerations on parameters. John A. P. Millet applauds Rado and Appel for 'some well-taken criticisms of the freudian metaphysics and the authoritative methods by which the supposedly proven truths of certain theoretic formulations have been handed down from teacher to pupil through the traditional psychoanalytic institutes'.

It must be pointed out that Appel's criticisms are essentially directed toward the cultural impact of analysis, while Rado's substantive arguments and criticisms are a play on words. This reviewer believes that the criticisms of Appel and Rado are not directed at the theoretical structure and observational data of analysis but are constructed out of the same sources of misunderstanding that lead to the misapplication of psychoanalytic theory by those who are being chided by Rado, Appel, and Millet. Millet believes that the future of analysis lies in its absorption into programs of general psychiatric training in hospital and university, that nonmedical psychoanalysts will swarm over the social scene, while the economic benefits to analysts will diminish, and the results of analytic therapy will become more correctly evaluated by the 'suffering public'. The fallacy that psychotherapy is the function of anyone who has had a personal analysis will be widely accepted, medical psychoanalysts will be sought out as heads of departments of psychiatry, and they will re-evaluate psychoanalytic theory and engage in collaborative research.

Funkenstein and Farnsworth are ready to apply what psychoanalysts know to the task of changing the attitudes of society. They wish to achieve early diagnosis of mental illness by extensive psychological testing in schools; they emphasize prevention and predict that mental health clinics will become part of the schools of all levels since the educational system is the most important place to attack mental illness. They predict the types of training and functions of psychiatrists as the preventive program spreads. Their mixture of social reform and preventive psychiatry contains an inherent morality difficult to reject but not to be accepted without scepticism. It is doubtful, for example, that teachers can be trained toward maturity by the program suggested, and it is an even more

doubtful concept that teachers need to be 'mature' in order to provide adequate identificatory figures for special groups such as deprived orphans. Mental health, which the authors wish to attain by their program, is certainly a commendable goal and the definitions and methods of achieving it advocated by Funkenstein and Farnsworth are morally laudable but oversimplified. Many considerations are neglected and we must be at least a little sceptical of their program.

VICTOR CALEF (SAN FRANCISCO)

VALUES IN PSYCHOTHERAPY. By Charlotte Buhler. New York: The Free Press of Glencoe, 1962. 251 pp.

This broad survey of the literature on values in psychotherapy is too cursory, unfortunately, to be instructive to the uninformed. There is, however, a bibliography of one hundred eighty-three titles which should be useful to anyone studying this subject.

Although the author pays lip service to psychoanalytic concepts, the issues are presented in mechanistic terms and the clinical case studies are superficial. Values are seen in exclusively relativistic terms and seem to depend entirely on what best fits in with the patient's drive toward 'self-actualization', whatever that may be. No effort is made to differentiate between values as they emerge in the mature adult in service of the reality principle and goals which are only remotely related to values and are more properly understood in terms of infantile neurosis.

The following case history quoted from the experience of one of Dr. Buhler's colleagues best illustrates the superficiality of the approach to the problem. This case is presented as an instance in which a therapist felt it necessary to express his own value judgments in order to further the therapeutic process. The adolescent patient believed he had seen his father driving with a woman not his wife and proposed to blackmail him.

'Now, from my own value orientation, blackmail is personally repugnant to me, even if it worked! My decision in that particular value situation was to directly express to Mortimer my own feelings about blackmail as well as to explore with him the possible repercussions to this act. I indicated that in my judgment blackmail was

always immature behavior and even if it did succeed in "making the old boy aware" of him, it could never succeed in getting someone to judge him as an adult. His counterargument was that in his world adults frequently used blackmailing techniques to win their point! We ended the hour by my indicating to him that I was one adult who would not re-enforce this (distorted?) perception of all adults—that I wanted him to know how I felt about blackmail—but that I respected his right to judge for himself how he would use the information about his father—if at all.'

One wonders what were the therapist's value judgments concerning the father's lies and infidelities. The author seems to be in the curious position of sanctioning, or at least overlooking, the father's moral lapses while prohibiting, or at least focusing exclusively on, those of the patient. (Other defects in the handling of this hour will be obvious to the psychoanalytically trained reader.)

Much hard work obviously has gone into the preparation of this book, and the author is to be complimented for bringing together the fruits of her excellent bibliographical study.

LOUIS LINN (NEW YORK)

PSYCHOLOGICAL DEVELOPMENT IN HEALTH AND DISEASE. By George L. Engel, M.D. Philadelphia: W. B. Saunders Co., 1962. 435 pp.

It is probably no longer necessary to observe that psychiatry is in the midst of a great revolution. Patients with major mental illnesses who just a short time ago received custodial care only in remotely situated sanitariums are now treated intensively on an ambulatory basis or in general hospitals within the patient's own community. The effectiveness of these new patterns of patient care has been demonstrated statistically. The widely publicized report of the Joint Commission on Mental Illness and Health has outlined a program for expanding these concepts, both theoretically and in their practical applications. All levels of government are providing enthusiastic financial support for their implementation.

What has been the impact of these changes on psychoanalysts? They are leaving the seclusion of couch practice in large numbers and are undertaking positions of great responsibility on the facul-

ties of medical schools and on the staffs of general hospitals. Their presence is having a profound influence on curricula and medical schools and in residency training programs.

Dr. Engel, Professor of Psychiatry and Associate Professor of Medicine at the University of Rochester School of Medicine and Dentistry, is one of the towering figures in this group. He has pioneered not only as an investigator but as a medical educator in psychiatry and psychosomatic medicine. He presents here a distillate of many years of experience as a teacher and provides a document that will be invaluable to psychoanalytic colleagues in their growing responsibilities in medical education.

The book is divided into two parts. In the first, Engel takes up the process of psychological development. Psychoanalytic theory is presented clearly and includes the most recent formulations of basic concepts by Hartmann, Rapaport, Erikson, Spitz, and others. He introduces his student audience to the basic concepts of Piaget; to the findings of investigators of animal behavior such as Tinbergen and Harlow; anthropologists like Róheim, Benedict, and Mead; and sociologic findings concerning the family as described by Kluckhohn, Spiegel, Parsons, and others.

In the second part of the book he presents a unified concept of health and disease, and then focuses on psychological stress as a factor in disease. Under this heading he considers, first, the psychiatric diseases, and finally, the somatic consequences of psychological stress.

Engel introduces his text with a chapter, *On the Use of This Book*. He states at the outset: 'I have prepared this work mainly for medical students and psychiatric residents', and adds, '... the main function of this book should serve to free the teacher to teach'. It is in the hands of a creative teacher that this book will find its richest application. In his discussion of *Teaching Aids in Preclinical Instruction*, he reveals most clearly his special skills as a teacher. His discussion of the use of motion picture films and tape recordings should go far to abolish traditional lecturing as a method of teaching psychiatry.

Psychoanalysts are in the happy position of knowing not only the importance of dynamic psychiatry but also some of the reasons medical students resist study of the subject. The analysts' grasp of motivation in depth and the role of unconscious conflict as a barrier to the learning process may in time lead to more successful psy-

chiatric teaching than has prevailed heretofore, to which end Dr. Engel's book will prove a valuable help.

LOUIS LINN (NEW YORK)

PSYCHOANALYSIS IN GROUPS. By Alexander Wolf and Emanuel K. Schwartz. New York: Grune & Stratton, Inc., 1962. 326 pp.

Recent months have seen the publication of several books on group psychotherapy, among which the present volume is of special interest. It describes the type of group psychotherapy developed by its authors, particularly Wolf.

In the first chapter, concerning method, six phases of group psychotherapy are described. In the first phase, the patient is evaluated by tests and by a varying period of individual analysis which is also preparatory. The second phase, called Rapport Through Dreams and Fantasies, begins with the first group session, at which the patients are asked to recount a recent or old dream, to free-associate to it, and to 'speculate about and interpret the dream'. A peripheral aspect of a patient's problems, fantasies, reveries, or daydreams may be presented. 'The permissive atmosphere fostered by the expression of dreams, fantasies, and critical problems helps the patients develop good group rapport.' During this second phase, group sessions with the therapist present alternate with others without him, frequently at a patient's home. The 'anonymity' preserved by patients' use of first names only is obviously lost by the patient at whose home the alternate sessions are held.

After the establishment of group rapport, the therapist leads the group into the third phase, which 'is controlled by limiting it to the expression of spontaneous, uncensored speculation about other members of the group. . . . It is suggested that if a patient will say whatever comes into his head about another, he will intuitively penetrate a resistive façade and identify underlying attitudes. . . . A patient is requested by the analyst to acknowledge the penetration of a façade if he feels something especially perceptive has been said to him.' The fourth phase of this 'psychoanalysis in groups' arises when 'resistances emerge with increasing clarity . . . defenses are discovered, studied, delineated, and the forces that support them are examined. Finally each member is offered increasing evidence of mutual regard and security in an attempt to break down these de-

fenses . . . the group setting provides a special environment that lends itself to the elaboration of resistive forms peculiar to it.' Resistance is handled as follows: 'Some patients go blank when asked to free-associate about the others. . . . The analyst asks such persons, just before going to sleep at night, to visualize each member of the group, including him, and to project them into imaginative and extravagant conduct. These inventive productions are then reproduced for the group, where they stimulate provocative discussion in the same way as dreams. . . '.

The fifth phase consists of 'identification and resolution of transference'. The analyst demonstrates how 'significant historical features' are projected by the patients upon him and upon each other. In the sixth phase, called Conscious Personal Action and Social Integration, there is 'conscious, methodical sifting and planning of verbalized responses and mutual interests of members . . . a period of intense struggle with one's own transference reactions, when they cannot be justified and conciliated, when insight without acting on it cannot be tolerated, when character change must replace explaining, and when self- and group discipline demands personal reformation. It is a period of working through.'

The remainder of the book elaborates on the material covered in the description of the phases. The clinical examples cited by the authors raise questions whether the verbalizations of the patients really represent emergence of unconscious material, what the state of the transference actually is, and how much the direct influence of the therapist has to do with what is said.

The authors have chosen for their method a most unfortunate term, 'psychoanalysis in groups'. 'Psychoanalysis' properly designates a specific method of treatment of an individual with clearly defined purpose and technique. No such clear definition has been given of the term 'psychoanalysis in groups' either by Wolf and Schwartz or by any other writers who use it. Despite the authors' seemingly technically correct use of psychoanalytic terms, it is not at all clear that their method of group treatment is truly psychoanalytic. Persistent and troublesome questions occur to the reader, e.g., do they truly understand and are they actually working with the unconscious, transference, resistance, and manifestations of unconscious childhood conflicts? It is almost impossible to tell how they use dreams. The authors briefly mention that when the group associates to one pa-

tient's dream, it is this patient's associations that are most significant. Despite this, 'contributions of the co-patients . . . provide additional material to understand the dream and the dreamer'. Their descriptions and use of dreams appear to be focused largely on the manifest content.

This method of group psychotherapy seems to require that the therapist, using psychoanalytic terms and concepts, very actively guide and direct the treatment, even to the point of indicating the kind of 'free associations' the patient is to produce. It appears that the patient is taught, in a rather authoritative way, to handle his conscious ideas and attitudes in accordance with the philosophy of the therapist. Nevertheless, the authors do make some important points. They emphasize the complications in simultaneous individual and group psychotherapy, the difficulties arising when a group of patients is too homogeneous, and the necessity for viewing group psychotherapy as a method of treatment for the individual in a group. However, in long and repeated discussions of the controversial 'alternate session', the authors fail to establish valid reasons for its use and do not adequately describe or deal with the resulting problems. They also fail to make clear, even in the very few clinical examples, how the group functions in this kind of treatment.

The book is actually an expanded and repetitious rewriting of two papers the authors published several years ago. Its major defect is in the writing itself; the style is exhortative and polemic. The authors set forth, often in a most obscure fashion, concepts of other group therapists which they proceed to criticize and attack over and over again. The need for freedom, spontaneity, equality, and other such conditions is emphasized in the most authoritative terms. After reading almost any portion of the book, one begins to understand how a patient in such a group must feel after being commanded repeatedly to give his 'free associations'.

AARON STEIN (NEW YORK)

THE MEANING AND MEASUREMENT OF NEUROTICISM AND ANXIETY. By Raymond B. Cattell and Ivan H. Scheier. New York: The Ronald Press Co., 1961. 535 pp.

The essential claim of this ambitious work is that the failure of psychotherapy to 'achieve a reasonably potent and reliable practice based on explicit scientific principles' will not be remedied until the

terms anxiety and neurosis 'are operationally and meaningfully defined and measurable'. The authors accordingly present a series of measurement devices purporting to settle the questions of defining and quantitating the many variables which they assume determine the intensity of anxiety and neuroticism. Their metric method, they say, 'employs powerful, multivariate statistical techniques to analyze relationships between precise, standard, clinically meaningful measurements'.

This reviewer is not competent to judge the reliability and validity of the statistical methods and conclusions of the authors. Two fundamental issues are, however, of particular interest to the psychoanalyst: are the assumptions and hypotheses advanced about the nature and origins of anxiety and neurosis consistent with psychoanalytic theory? And, assuming that the claims for rating the factors that in the authors' views reflect neuroticism and anxiety are correct, can this exactness throw a new and more penetrating light on the therapeutic process and its outcome?

Part of the difficulty of evaluating this work is a semantic one. Terms and concepts which have a particular meaning in psychoanalytic theory, and have in fact been borrowed from psychoanalysis, are often given a mixed analytic and nonanalytic significance. For example, in discussing anxiety and drive we are told that 'evidence from clinical and everyday observation, from experiments on the higher mammals, and from comparative anthropology strongly suggests that the basic drives in man are several—hunger, sex, fear, self-assertion, gregariousness, curiosity, etc.—and that anxiety is probably only a secondary derivative in some way from experience of the action of these primary drives in certain punishing or depriving situations. Moreover, empirical evidence shows that there are at least nine distinct drives in man and mammals. Therefore, it is hard to see how anyone today can base careful motivation research on the theory that anxiety is the whole motive power in learning or any other activity.' The authors state further that, whereas pre-metric (do they mean psychoanalytic?) theory 'has tended to place anxiety in intimate conceptual relation with the fear drive', they assume that 'anxiety differs from fear, introspectively and presumably physiologically, by being a response to precursory signals of perception of the true fear objects. It is a tentative alerting by cues and symbols rather than by concrete, present danger.'

These quotations are rather typical of the authors' tendency to mix psychoanalytic with Jungian, Adlerian, and behaviorist concepts. They make no distinctions between the biological matrix of the drives and their psychic representatives. To lump together as drives such items as sex, fear, and curiosity obscures the unique factors of psychic determinism that were defined by Freud. It seems, furthermore, to be both a limitation and a distortion to define anxiety, not as a response to danger, but as a response to perception of 'fear objects'. One can only reply with Freud's statement of the problem: '. . . what is the function of anxiety and on what occasions is it reproduced? The answer seems to be obvious and convincing: anxiety arose originally as a reaction to a state of *danger* and it is reproduced whenever a state of that kind recurs.' There is no need to recapitulate Freud's analysis of the relation between the phases of development and the changing structure of the danger situation.

Little consideration is given in this book to the significance of the phase specific danger situations for effective development of the ego's defense functions, for the adaptive role of symptoms, and for the whole problem of neurosis viewed in structural terms. It would be unfair to the authors to imply that they ignore these issues completely. They do speak, for example, of 'some correlations between anxiety level and measured ergic tension level', in which 'ergic tension refers to the tension resulting from unsatisfied drive of any sort'. They also refer to ego weakness (although it is not adequately defined) and to 'superego strength or guilt proneness' as factors which determine the source and intensity of anxiety.

Nevertheless, their heaviest emphasis is on anxiety derived from fear of punishment and they make no effort to correlate the severity and extent of the neurotic process with the situation of danger that corresponds to a particular stage of development of the psychic apparatus. Instead, the authors end up with a list of neurotic traits and symptoms that are presumed to measure the degree of neuroticism. They advance such factors as 'low ego strength' (represented by maladjustment and dissatisfied emotionality), 'excitability' (mind wandering, restlessness, impotence), 'desurgency' (depression), 'coasthenia' (fatigue, obstructive independence), 'naïveté' (undisciplined emotions, not alert or objective), 'guilt proneness' (worry and remorse), 'poor self-sentiment control' (discouragement and self-

devaluation), and others. This reviewer does not doubt that it is possible to rate items such as these from questionnaires and objective tests. But whether quantified measurements of this kind shed meaningful light on the neurotic process is a dubious assumption, to put it mildly.

It is not that the psychoanalyst denies the value of psychological rating devices. Today, more and more, serious efforts are being made to evaluate the results of psychotherapy and the degree of structural change brought about by psychoanalytic treatment. The difficulties are enormous and the evaluative procedures now being studied can make only modest claims for accuracy, reliability, and usefulness. The authors of this book have made a valiant effort to quantitate some of the results of the neurotic process. If their claims of success seem ill-founded and exaggerated, we must still credit them with opening up an avenue of research that few psychoanalysts have tried to explore. Quantitative methods have yet to be usefully adapted to the study of psychodynamics and the psychoanalytic process. When they are, the authors will have made a worth-while contribution to that development. This book should, therefore, have value for workers struggling to evolve measuring devices to use in psychoanalytic research in so far as it demonstrates the possibilities of modern statistical investigative techniques. It does not, on the other hand, significantly add to our understanding of neuroticism or of structural change that might result from treatment.

AARON KARUSH (NEW YORK)

THE NATURE OF EGO. A STUDY. By Benjamin Maynard. New York: The Philosophical Library, Inc., 1962. 209 pp.

Maynard in this book has set about to study the ego as can be determined by conscious introspection. He constantly draws a line between what can be determined by study of one's mental, controlling processes and those activities of the mental apparatus that lie outside the conscious awareness of the self-observing ego. Thus he approaches many ego functions descriptively but stops short at a self-imposed barrier to state that this leads beyond the scope of his study and belongs to the 'other' part of the mental apparatus. He implies that he is intensely aware of the existence of unconscious portions of the ego, and of other mental systems, by his use of terms

such as 'sense of identity', 'superego', and 'complex'. Nowhere, however, does he apply this apparent understanding, but contents himself with what may be consciously observed. The author's attempt (as far as it goes) to observe the workings of his own ego through a process of conscious introspection succeeds admirably in indicating various functions of the ego, as brought out by clinical work, even in spite of the sharp barrier that he erects. But he negates even this by stating that 'ego cannot observe itself', a fact which, he continues, 'rests on logic and experience'.

This book is of interest to psychoanalysts because it illustrates that the conscious ego can be studied and various of its functions separated through a process of reasonable, rational observation. But beside the limitation noted, the author irritates the reader by never referring to himself even though it is obvious that he is reporting the results of his self-observations.

The author, who is evidently both a classical psychologist and philosopher, does not use the more modern psychoanalytic writing as a source. His only references to Freud are in terms of citations given by others. Many of his references date back to the second or third decade of this century, and the most modern references are only to dictionaries or encyclopedias. His psychology and philosophy appear to have fallen behind the times and one can only wish that he were aware of the advances of modern ego psychology evidenced in the works of Freud, Hartmann, Kris, Loewenstein, and many other psychoanalysts who are currently writing.

To the psychoanalyst, this book offers an example of the limitations of psychological-philosophical observations when unconscious processes are completely eliminated from consideration, as in the period prior to Freud's classic contributions to psychology. Yet to the extent that Maynard tries to work out the functionings of the ego in an attempt to help the reader deal with problems of living, he deserves consideration and a hope that his other work will benefit from readings in more modern psychoanalytic psychology.

EDWARD D. JOSEPH (NEW YORK)

EL PSICOANALISIS, TEORIA, CLINICA Y TECNICA (Psychoanalysis: Theoretical, Clinical, and Technical Aspects). By Angel Garma. Buenos Aires: Editorial Paidós, 1962. 328 pp.

This book attempts the same object as Kubie's *Practical and Theo-*

retical Aspects of Psychoanalysis and Brenner's *An Elementary Textbook of Psychoanalysis*. It is bound to become a classic, like Fenichel's *The Psychoanalytic Theory of Neurosis*, and has the advantage of greater clarity of language and presentation than Fenichel and Brenner. As is true of Kubie's book, both the professional and the layman will profit by reading this volume.

Garma shows a thoughtful approach to psychosomatic diseases. His chapters pertaining to the psychoanalysis of dreams are important not only for his theory and new outlook but also for his superb handling of the psychoanalytic literature on the subject. A clinical presentation in another chapter, showing how the hallucination equates with the dream, concludes with his theory of the genesis of dreams as the result of trauma.

The chapter on schizophrenia is very helpful in evaluating how much can be done, how it can be done, what the family is to expect, and how relatives may best behave while the psychotic is under treatment. The author shows the same down-to-earth approach in his discussion of obesity, ulcerative colitis, duodenal ulcer, and other psychosomatic conditions. He does not elaborate on headaches and migraine because he has published a previous book on these subjects. Elizabeth Garma adds a masterly chapter, with a graphic clinical illustration, on the analysis of children.

This book deserves to be translated, read, and enjoyed.

GABRIEL DE LA VEGA (NEW YORK)

PSICOANALISIS DEL ARTE ORNAMENTAL (Psychoanalysis of the Decorative Arts). By Angel Garma. Buenos Aires: Editorial Paidós, 1962. 118 pp.

Garma's work concerns the origins and symbolic meaning of personal adornments and architectural and sculptural ornamentation. Clothing, amulets, and the products of weaving in general he believes derived from the effort to cover the female genital, being symbolically equivalent to pubic hair. Both clothing and tattooing also arise from the use of skins to clothe the newborn as foetal membranes clothe him in the womb. Ornament, like neurotic symptoms, can tell us much about the past life of the individual and the race. Every group of people has its characteristic ornament, in which we can detect repressed wishes, elaborations by the

ego, and other postulates of psychoanalytic theory. In support of his argument, Garma speculates about ornament such as leaves used to cover the genitals in sculpture (and the Bible) and curves as phallic representations. He discusses such architectural elements as the Mexican winged serpent, the Greek column, and the circular staircase.

GABRIEL DE LA VEGA (NEW YORK)

CLINICAL INFERENCE AND COGNITIVE THEORY. By Theodore R. Sarbin, Ronald Taft, and Daniel E. Bailey. New York: Holt, Rinehart, and Winston, Inc., 1960. 293 pp.

These three authors are well-known psychologists who have contributed to the literature of their discipline in various ways. Sarbin first addressed himself to the main issue of the book under review in 1941 when he wrote an essay, *The Relative Accuracy of Clinical and Statistical Predictions of Academic Achievement*. This was followed by *A Contribution to the Study of Actuarial and Individual Methods of Prediction*, published in 1943. In 1944, *The Logic of Prediction in Psychology* appeared. An *Essay on Inference in the Psychological Sciences* (1952), by Sarbin and Taft, was the stimulus for Meehl's treatise on *Clinical Versus Statistical Prediction* which appeared in 1954. The present volume attempts to answer some of Meehl's criticisms of the earlier propositions and to elaborate further some of the theoretical assumptions previously presented by Sarbin and Taft.

At first glance this book may not seem of concern to psychoanalysts, but the conclusion that 'clinical inference is only a special form of statistical inference' merits further investigation and consideration. The authors support their view by a cognitive theory; they seek to demonstrate how the inferrer's major premises are formed and how secondary premises are created through the classification (or 'instantiation', to use the authors' terminology) of occurrences. Where tables of formal or informal explicit experience are absent, the clinician recognizes explicitly that his judgments, which may be far-reaching, are made on the basis of unconfirmed hypotheses, intuitively derived. The authors state that wherever experience tables are available for the prediction of conduct, infer-

ences from such tables should be used rather than inferences from untested hypotheses drawn from noninductive sources.

Analysts will question these conclusions particularly as they relate to the emergence of material from the free association—free-floating attention system characterizing the psychoanalytic situation. It is true that the psychoanalyst has a previously accepted series of theoretical assumptions based upon clinical experience, theoretical studies, and introspective understandings stemming in part from his own personal analysis; yet the material emerging during a psychoanalysis must be related to a gestalt connected with the ongoing analytic process and not solely to specific hypotheses that are formulated carefully and formally beforehand. The analysis of the process by which the psychoanalyst proceeds from raw data to inference is interesting and important and is related to the theme of this book.

The central problem posed by the authors is: 'How does the behavior analyst proceed from raw data to refined inference? How, in short, does he construct a diagnosis, form an assessment, or create a description of another person? How does he "know" another?' Associated with these issues are the questions of sources of truth and error that enter into the process of judging, diagnosing, and assessing.

In attempting to answer, the authors suggest logical inference—construction of premises from which conclusions can follow—as the model. The validity of the conclusions is related to the appropriate use of inferential forms. The validity is also influenced by the nature of the premises constructed from more universal postulates (called major premises), and from the minor premises resulting from single observations. The diagnosis, appraisal, or assessment is, moreover, made according to some process which the authors believe to be outside the realm of empirical analysis. This has been called clinical insight, immediate knowledge, *Verstehen*, and intuition. The authors, unlike others who state that these latter phenomena are not amenable to study and analysis, believe that such processes can be studied scientifically and that principles can emerge that relate to this issue.

They define inference as 'a cognitive process in which characteristics of a general class are attributed to an individual taken as an instance of that class', and specify three varieties: formal, statistical, and clinical. In clinical inference, the 'characteristics of the infer-

ring person influence both the choice of data and the manipulation of terms'. The contents of clinical inference, however, are clearly statistical, despite the contaminating variability having its source within the clinician.

The authors are aware of the abundant methodological difficulties in defining the variables in cognition of persons, 'mainly due to the extent to which judgments about persons tend to be automatic and inaccessible to self-examination'. Psychoanalysts will question the validity of this statement as it ignores the self-analytic, introspective activities so constantly necessary as part of analytic work. Obviously, however, failure to be objective is a methodological danger for the nonpsychoanalyst, who looks exclusively at conscious cognitive processes. The danger is, in this book, not emphasized enough. For example, 'use of human beings as metrics renders clinical science more complex than other sciences because of the introduction of certain kinds of processes in interactional situations, i.e., empathy, reciprocity, and role taking'. Other unique features of the clinical-behavioral interaction are discussed but nowhere related to psychoanalytic concepts of the unconscious, transference, or object relationship. Elsewhere the authors state, 'through assumed similarity between himself and his object, the clinician can use his own "inner experience" in judging the behavior of the person-object and in predicting how he will behave under any given circumstances; that is, empathy and projection are used in the assessment process'. Identification is not alluded to, though hinted at.

The term 'behavior analyst' is used generically for the clinical psychologist, psychiatrist, physician, psychoanalyst, personnel administrator, or other worker who acquires 'special kinds of knowledge of persons who come to his attention as he fulfils his professional duties. . . . The behavior analyst makes judgments concerning the behavior and characteristics of a person with whom he has had a brief interaction. On these judgments, recommendations are made which, if carried out, make the difference between incarceration and freedom, comfort and pain, and so on. It is the ability of the analyst to make valid inferences that determines his effectiveness as a decision maker.' Psychoanalysts may take issue with several of these assertions as they relate to psychoanalytic therapy. However, they will agree with a later statement that 'the tools of the professional clinician are more systematized and refined, and hopefully, his pre-

sumed accuracy in predicting the conduct of others is greater than that of the ordinary mortal'. It is this that relates clinical inference to statistical inference.

The entire book is stimulating, bringing into focus various problems of definition, orientation, and theoretical approach that can be sharpening experiences. Several chapters deserve special mention. Chapter Three deals with the logic of clinical inference in a broad and challenging fashion. The authors discuss their cognitive theory in the next four chapters, emphasizing its relation to the work of the late Egon Brunswick and introducing the concept of module as the unit of cognitive organization. The section on the process of forming and utilizing cues was useful to this reviewer as was the chapter on interaction. The chapters on validity of clinical inference include a pertinent discussion of consensual validation and congruent validation, as well as the comparison of clinical and statistical predictions.

The authors note that the term 'clinical', in its application to medicine, referred to the diagnosis of illness from an examination of the patient at the bedside. In the absence of formalized knowledge, the physician had only his experience and his theories of health and disease as sources of his major premises. Signs and symptoms were gradually used to form classifications and from these inductively derived systems the clinician acquired a body of knowledge that could be used deductively in a given situation. Thus the clinical diagnosis involved acts of perception, judgment, comparison, and formation of concepts as well as eventual action. The subjective components in medical diagnosis have been aided by the objective procedures and instruments of the laboratory. The applications to psychological processes are discussed in parallel form. Controversial points of view, especially Meehl's, are also considered.

The book is well written, the terms employed clearly defined, and the bibliography and name and subject indexes complete. Despite very few direct references to Freud and psychoanalysis, and its heavy logical cast, it is recommended to those who enjoy critically evaluating approaches different from those with which they are familiar.

GEORGE H. POLLOCK (CHICAGO)

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Joseph Biernoff

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ABSTRACTS

Journal of the American Psychoanalytic Association. XI, 1963.

On Friendship. Leo Rangell. Pp. 3-54.

This thorough, well-documented discussion of the varied psychological aspects of friendship is the latest in a series of studies of complicated psychic formations, ego interests, or structures, such as poise and motivation, by the same author. Unfortunately, they are ubiquitous and diffuse.

The main portion of the paper is concerned with metapsychology. The meaning of the need for friendship and how it is used to enhance a number of drives in various degrees of binding and neutralization is discussed from a dynamic point of view. Ontogenetically, friendly feelings derive from the earliest pleasure states. Friendship proper begins in the preoedipal period. During the oedipal period, the child is too absorbed in this relationship to his parents to have much interest in friendship. The need and practice becomes more constant in latency and matures in adolescence and later. It also helps the adolescent in his struggle for ego identity.

The role of the analyst as 'friend' to the patient is discussed. He should be friendly but reserved and not become too emotionally involved. Strong counter-transference destroys the analytic situation and puts an end to therapy. The paper closes with some remarks about pathology and treatment.

A Neurological Perspective on Ego Development in Infancy. Gordon Bronson. Pp. 55-65.

The author presents a rough chronology of emerging ego functions in human maturation which distinguishes between primitive 'precorticate' adaptations and true ego processes. Evidences from writings by authorities in neuroanatomy and neurophysiology support inferences previously based on direct infant observation. Only mechanisms capable of binding instinctual energies can be accepted as having true ego functions.

The neocortex of the newborn possesses cells of such immaturity as to lead to the conclusion that the neonate is essentially a precorticate organism. As the cortical cells mature, a correlation appears with early signs of ego development, and the emerging ego assumes control over more primitive processes.

Confrontation, Conflict, and the Body Image. Ira Miller. Pp. 66-83.

The author discusses certain changes in feeling related to body size experienced by patients in the course of psychoanalytic treatment. These changes are not accompanied by feelings of estrangement and are fleeting. They may also appear as symbols in dreams. All the patients were character neurotics, and the changes in body image appeared when either an undeniable reality or a therapeutic confrontation made the patient conscious of underlying attitudes toward objects. These attitudes were usually of an aggressive nature.

The effect of consistent confrontation with reality re-enforces the mature self. When this has achieved sufficient power, a conflict occurs between the more

mature, ego-syntonic forces and those which are regressed and immature. The distorted body image of which the patient has become aware represents not only the repressed infantile portions but also acts as a defense against the unearthed destructive drives. When this occurs, the old defensive structure becomes amenable to the process of working through. Three short case histories illustrate the author's thesis.

Federn's Annotation of Freud's Theory of Anxiety. I. Peter Glauber. Pp. 84-96.

On Paul Federn's death, the author inherited from him Freud's *Hemmung, Symptom und Angst*. Federn had used this copy in a seminar he had conducted and had sprinkled it liberally with marginal annotations. These fall into two categories: views on the nature and functioning of the ego and of anxiety. The author discusses only those marginalia which deal with the interrelationship between the two. He concludes that Freud and Federn concentrate on different aspects of the ego and that their views are complementary. Federn speaks mainly of the sensory-affective states of the ego at its core and at its boundary with other structures of the self and of the outer world. Freud deals more with the specific integrating and problem solving functions of the ego. Consistent with their interests, Freud was more involved with the neuroses and Federn with the psychoses.

The Place of Paul Federn's Ego Psychology in Psychoanalytic Metapsychology. Martin S. Bergmann. Pp. 97-116.

Paul Federn's place in the development of psychoanalysis has not been properly appreciated. He was the first analyst to treat psychotics, and he contributed to the psychology of dreams. Yet his most important contribution, his ego psychology, has remained on the periphery of psychoanalytic thinking. At the core of Federn's ego psychology is the concept of ego feelings which he defined as 'an enduring feeling and knowledge that our ego is continuous and persistent . . . that processes within us . . . have a persistent origin within us, and that our body and psyche belong permanently to our ego'. We become aware of these feelings only when the ego fails to fulfil its functions adequately and automatically. We can detect them in states of depersonalization and de-realization and through self-observation in the twilight states between sleep and wakefulness.

Federn distinguished between mental ego feelings, bodily ego feelings, and superego feelings. The ego can be experienced as both subject and object. The ego boundary exists between the ego feelings and the mental representation of the outer world. Psychotics especially fear the loss of this boundary and of the ego continuity that goes with it.

Federn's theories are conceived mainly in freudian prestructural terms and contribute to the phenomenological knowledge of the ego states. Freud's later emphasis on development and structural differentiation is absent. Federn has gained importance in recent years with the developing interest in the study of the psychoses. This is a good review of his ideas.

A Type of Transference Elation. Alfred J. Siegman. Pp. 117-130.

The author discusses certain types of patients who insist that all painful experiences they suffer have been brought about by their unconscious. These patients, who are deeply orally fixated, must re-enforce their infantile need for omnipotent control of the sustaining world by attributing such control to the analyst. They then participate as passive 'masochistic' recipients. The positive aspects of the control are achieved by fusion with the omnipotent image of the analyst while the negative elements are reserved for the self. Disruptive aggressive and libidinal transference impulses are denied. Thus a sustained elation is obtained by a magical fusion with an omnipotent love object. With susceptible patients, the analyst should avoid interpretations which create an iatrogenic elated state of transference cure. This is difficult since they may develop negative transference reactions to any interpretations other than those affirming their 'masochism'. A case report sustains the author's views.

The Meaning of the Analyst After Analysis: A Contribution to the Theory of Therapeutic Results. Arnold Z. Pfeffer. Pp. 229-244.

Analysts of the New York Psychoanalytic Institute conducted an analytically oriented follow-up study on successfully terminated patients to evaluate the results of their analyses. Two findings showed that: 1, the patient appears to deal with the follow-up study and the analyst as though they were a continuation of his original treatment; and 2, he manifests transitory intensification of residual symptoms or transitory recurrence of symptoms for which analysis was originally sought.

The explanation given is that the patient retains an important intrapsychic representation of the analyst. This is connected not only with transference residues but also with the resolved portion of the transference neurosis. Conflicts underlying symptoms are not utterly destroyed but only better mastered through analysis. In this study, analysands temporarily regressed on account of the dependency caused by the revived transference and repeated the resolution of their conflicts as mastered in the analysis.

Short-Term Psychoanalytic and Psychosomatic Predictions. Peter H. Knapp. Pp. 245-280.

Prediction is one research method of testing the validity of psychoanalytic hypotheses. It is a promising approach provided one does not attempt statistical analyses that are too sophisticated. It might be desirable to separate the roles of analyst, predictor, and judge of outcome to minimize the many existing opportunities for bias and distortion. Prediction should also rest on confirmatory evidence rather than on intuition. A chief aim is to assess the balance of defense and impulse and the influence of the environment on each. The most difficult aspect of prediction lies in the quantitative assessment of the balance of forces involved.

The present report concerns a four-year study based on some six hundred predictions of mood and behavior, including psychosomatic symptoms in the next psychoanalytic session. Four analytic patients, two with character disorders and

two with asthma, were chiefly involved in the study, together with several patients in psychotherapy. A number of extensive case histories are given.

On the Manifest Dream in Schizophrenia. George A. Richardson and Robert A. Moore. Pp. 281-302.

Freud suggested that in psychosis there exists a reciprocal relationship between waking thoughts and the manifest content of the dream. Patients with delusions will have normal manifest dreams, and those who reject or repress their delusions will find them appearing in manifest dreams. The author had the manifest dreams of schizophrenics compared with those of a control group. A low but significant rate of difference was found. The expectation that schizophrenics would have more unrepressed sexual and aggressive content in their manifest dreams was not borne out. The prediction that they tended to be more bizarre and unrealistic was fulfilled.

The authors hypothesize that in schizophrenics neutralized energy is increased during sleep. This energy then becomes available for defense because of the withdrawal of cathexes from autonomous ego functions. This bolsters repression and furthers the opportunity for dreamwork. The neutralized energy available for secondary revision is less because of its relation to secondary process. This leads to the impression of greater bizarreness and strangeness in the manifest content of the dreams of schizophrenics.

Fetishistic Behavior: A Contribution to its Complex Development and Significance. Robert Dickes. Pp. 303-330.

When Freud considered fetishism, he focused his attention on the phallic stage and regarded it as the only important phase involved. It represented the female phallus and was a denial, a defense against castration anxiety.

Dickes discusses the importance of preœdipal determinants for fetishism. Partial objects, body parts, and inanimate things which have been offered or discovered by the child as substitutes for drive and object satisfaction contribute to the concept of the fetish and become condensed in it. The author feels that the fetish, far from belonging to the conflicts of the œdipal period, serves as a source of substitute gratification for deprivations which are mainly preœdipal and for which a tolerance normally develops. The genitality of the fetishist is curtailed and, concomitantly, certain ego deficiencies develop, such as poor reality testing and poor mastery of the environment. Fetishism usually serves a more primitive need than the defense against castration anxiety.

A good review of the literature and details from the analysis of four patients are included in this interesting paper.

Countertransference and Identity Phenomena Manifested in the Analysis of a Case of 'Phallus Girl' Identity. Frederick F. Shevin. Pp. 331-344.

The author describes the case of a man with strong feminine identifications who unconsciously felt his body as the phallus attached to and serving his domineering mother. A similar case involving a girl was first described by Fenichel.

As a phallus, the patient was the most important part of his mother and could thus share her omnipotence and femaleness. More importantly, it served to gratify early symbiotic and attachment needs. This was accomplished at the sacrifice of his independence and masculinity, leaving him feeling weak and inadequate. Shame and anxiety led to defense and conflict.

The danger in therapy lies in the patient's use of his intelligence to gratify the analyst's therapeutic interests and narcissism, thus becoming the analyst's phallus. In this mutual narcissistic gratification, analysis may become interminable. Only through the analyst's self-analysis and proper interpretation can the danger be avoided.

The Phallic Representation of the Voice. Alvin Suslick. Pp. 345-359.

During the analysis of a thirty-seven-year-old actress, the unconscious fantasy of the voice as phallus was uncovered. This imagery was part of a more general unconscious wish for a masculine identity. The nuclear problem, her difficulty in accepting the feminine sexual role, was based mainly on her identification with a castrating mother for whom the voice seemed to have similar significance. In her professional work and in her object relationships, the voice assumed a predominant importance. Voice loss and voice difficulties were equated with castration.

Reference is made to the common unconscious meaning of the voice as phallus in professional singers and actors. A lengthy case report with a review of the pertinent analytic literature is included.

Sexual Response in Women: A Correlation of Physiological Findings with Psychoanalytic Concepts. Marcel Heiman. Pp. 360-385.

Freud felt that the psychic process paralleled the physiological; that it was a dependent variable. His sexual theory is a purely psychoanalytic one in which the biological evidence must be supplied at a later date by the physiologist and anatomist. In an effort to do this, Heiman discusses recent findings in regard to the nature of the sexual response in women.

The vagina plays a dual role—in propagation and sexual pleasure. Phylogenetically, the two manifestations of the normal female response, lubrication and muscular contraction, were chiefly in the service of reproduction, and only later came to promote the pleasure, unique among female mammals, of orgasm. In the main, the surface one third of the vagina can be regarded as serving pleasure ends and the deeper two thirds, including the uterus, as serving the ends of procreation.

In coitus, the synchronized, rhythmic movements of uterus, vagina, and phallus facilitate the passage of sperm from penis through vagina to uterus. Contrary to Freud's opinion, the female is an active coöperator in conception, and her various neurotic disturbances can prevent conception or gestation.

Coitus is genetically associated 'to the sucking experience of the woman as an infant, . . . to pregnancy, to the birth of the baby-to-be-conceived, and to the suckling of that baby'. Through identification with her own mother and her own child, three generations are united in coitus, and the male serves as the

complementary fused object to gratify the various needs involved. The function of oxytocin for uterine contraction and sperm transport in coitus, for the contraction of the uterus during parturition, and for nursing gives this neuro-hormone a central position in the reproductive process.

The Historical Development of Theoretical and Clinical Concepts of Overt Female Homosexuality. C. W. Socarides. Pp. 386-414.

This is a good historical review of the pertinent psychoanalytic literature on the problem of overt female homosexuality from Freud's writings to the present. The author feels that the subject has suffered relative neglect.

The discussion is developed under the following headings: constitutional versus acquired factors; the concept of bisexuality; Freud's contributions; developmental factors; contributions from ego psychology; the relationship of female homosexuality to other perversions and psychoses, including nosological considerations; and therapy. The author has not included any original contributions.

JOSEPH BIERNOFF

Bulletin of the Philadelphia Association for Psychoanalysis. XII, 1962.

On Reconstruction. John M. Flumerfelt. Pp. 53-68.

A detailed case history is given centering around a reconstruction made during the third year of an analysis. The reconstruction which had been made once before in the first year, only to be denied, was offered by the analyst casually and without emphasis. Its importance was not appreciated until after it had produced results. The patient reacted by investigating the construction that she had been taken to a hospital when a small girl and left in the care of strangers. Although her father denied that she had had such an experience, the patient was able to confirm from hospital records and from notes of her mother that she had indeed been hospitalized for a month at the age of three. This information confirmed the construction, but more important, the patient's dreams and reactions in the transference situation provided an extensive elaboration and reliving of the early experience. The patient developed greater independence and a greater awareness of tolerance for aggressive and homosexual impulses. Her guilt feelings diminished, and her relationships with men friends became less masochistic and more selective.

The Pacifier as a Transitional Object. Paul J. Fink. Pp. 69-83.

The transitional object as originally defined by Winnicott is important during a period between oral erotism and true object relationship. These objects are not part of the infant's body nor are they fully recognized as belonging to external reality. They may be said to occupy a position between the thumb and the teddy bear. They are used at bedtime to soothe as defense against anxiety, they are not alterable or replaceable, and have a name given them by the child, etc. Fink presents clinical observations of a child whose pacifier fulfilled all the criteria of the transitional object. He proposes that a pacifier can be used as a transitional object. The literature on transitional objects is reviewed.

The Problem of Enuresis. Richard M. Silberstein. Pp. 137-148.

Functional enuresis in children is generally more resistant to psychoanalysis than other regressive phenomena. Silberstein expresses the view that enuresis is not a manifestation of psychoneurosis in the usual sense. It may develop as a result of lack of training, overtraining, situational disturbance, or psychosis. It may be a manifestation of a difficulty somewhat like a perversion. In all such cases success is more likely if efforts are not confined to the child's intrapsychic conflict but extended to include the parents. Work with the parents is directed toward encouraging them to develop a relationship with the child which will motivate him to control his instinctual impulses. The therapist cannot replace the parent in importance to the preadolescent child; hence, the value of working with the parents in this manner.

EDWIN F. ALSTON

Archives of General Psychiatry. VII., 1962.

Schilder's Application of Psychoanalytic Psychiatry. M. Ralph Kaufman. Pp. 311-320.

In this Schilder Memorial Address, Kaufman gives a tachistoscopic presentation of Schilder's contributions to psychiatry, showing both his biological and psychoanalytic points of view. Stressed is his work in ego psychology, psychosis, body image, and hypnosis. The author coins for Schilder the title, *An Anticipatory Catalyst*, since he drew from the past, reformulated the contributions of others in a unique way, and served as a catalyst for future work in many areas.

Toward a Theory of Hypnosis: Posthypnotic Behavior. Theodore X. Barber. Pp. 321-342.

The author continues the proposition that hypnosis is a complicated phenomenon by debunking some popular conceptions concerning the nature of posthypnotic behavior. He presents material, which is largely experimental, showing the following points: 1, a trance induction procedure is not necessary to elicit responses to 'simple' posthypnoticlike suggestions; 2, a waking control group may be as responsive as a hypnotized group to more 'difficult' posthypnoticlike suggestions, such as to dream at night on a selected topic. A 'good' hypnotic subject does not have to re-enter a trance while carrying out the posthypnotic suggestion, nor is the performance of the act necessarily forgotten.

Studies in Psychosomatic Differentiation During Infancy. Nahman H. Greenberg. Pp. 389-406.

As a preliminary to more specific data on the subject, the author gives a brief history of studies in the field of infant and child development and points out the problems inherent in the several approaches. He also discusses the importance of the earliest psychophysiologic differentiation of the infant and its

relation to the mother-infant interaction. The measurement of infant cardiac rate in various situations is listed as one approach to this study.

KENNETH RUBIN

Bulletin of the Menninger Clinic. XXVI. 1962.

Inferring Repression from Psychological Tests. Richard S. Siegal and Gerald A. Ehrenreich. Pp. 82-91.

Psychologists from the Psychotherapy Research Project of the Menninger Foundation have tried to reduce the difficulty of identifying, in test protocols, repression which does not pervade ego functioning. Examples from Rorschach tests illustrate two necessary components which together indicate the presence of repression: 1, the absence of something (i.e. a common or expected response does not appear) and 2, the presence of some other defense activity 'to surround the void' or support the act of repression.

The Meaning of Metaphor. Dov R. Aleksandrowicz. Pp. 92-101.

A metaphor may be viewed as a gestalt in which the verbal content forms the figure and the context of circumstances provides the background. The latter includes such matters as current important events, the transference situation, the character structure of the patient, etc. The author demonstrates various ways of using a patient's metaphors during different phases of treatment. With a schizophrenic woman he at first responded 'within the metaphor', later calling attention to the affects conveyed, and, finally, having recognized the growing strength of the patient's ego, he offered more direct interpretation of the content and the defenses.

Three Lectures. Jean Piaget. Pp. 120-145.

It is nearly impossible to abstract the first two lectures because they are already highly condensed statements of Piaget's theories of the intellectual development of the child and the relationship of 'affectivity' to this development. Moreover, analysts must become acquainted with a new vocabulary as well as unfamiliar theory. The effort is rewarding since Piaget deals with the development of ego functions which are surely of great interest to analysts although they have not systematically explored these functions. From many years of experiment and observation of children, Piaget has evolved a genetic learning theory which is startlingly complementary to analytic theory. Intelligence is defined in terms of thought 'operations' or 'internalized actions . . . which have become reversible and which are coördinated with other operations in structures which themselves are reversible'. 'The four great stages' in the development of intelligence are matched by parallel stages in the development of 'affectivity': 'first, the sensorimotor period before the appearance of language; second, the period from about two to seven years of age, the preoperational period which precedes real operations; third, the period from seven to twelve years of age, a period of concrete operations . . . ; and finally after twelve years of age, the period of formal operations'. Two main accomplishments occur in

the first stage: the construction of 'the schema of the permanent object', and the beginning of 'reversibility' in action, for instance, the change from the concept of space as being uncoordinated and centered on 'the body of subject and on actions', to a 'decentration' wherein 'space becomes homogenous', containing all objects including the body itself.

The third lecture, entitled *Will and Action*, deals with matters familiar in other terms. The problem here is to explain the outcome of a conflict between desire and duty (id and superego). What may appear to William James as an application of will on the side of duty is to Piaget a process of 'decentration' in which the person's attention, initially riveted to the immediate pleasure, widens in scope and considers both past experience and future possibilities of pleasure. 'Having will is to possess a permanent scale of values . . . the solution of the conflicts [consists] in a subordination of the actual situation to permanent values', which in analytic terms might read: the solution consists in the subordination of the pleasure principle to the reality principle. This lecture, like the first two, is so closely reasoned, so tightly packed with theory and illustration, that it requires study in its entirety.

One need not agree with the validity of all his explanations (for example, of the clinical facts of repression) to believe that within a few years Piaget's theories and the data upon which they are based will be standard fare in psychoanalytic curricula.

Toward a Description of Mental Health. Charles M. Solley and Kenneth Munden. Pp. 178-188.

This report, in the tradition of the search for the universal man or the mature genital character, presents the results of asking fourteen senior psychoanalysts, psychiatrists, and clinical psychologists at the Menninger Foundation to describe 'a personal acquaintance who was "mentally healthy"'. Similar reports from eighty-five students at Wayne University gave similar results. Five behavioral characteristics of a 'mentally healthy' person were abstracted from the reports: 1, he treats others as individuals, by identifying himself with them, accepting and understanding them; 2, he is flexible under both internal and external stress; 3, he obtains pleasure from many sources; 4, he sees and accepts self-limitations; and 5, he uses his capacities to fulfil personal needs in carrying out productive tasks.

The Effect of Rearing Conditions on Behavior. H. F. Harlow and M. K. Harlow. Pp. 213-224.

Infant rhesus monkeys were reared from the first day of life under a variety of situations including total and partial isolation. During periods ranging from eighty days to as long as two years, they lived in individual wire cages, with or without access to their mothers, surrogate mothers, or other infants. 'Over all, it appears that the longer and the more complete the social deprivation, the more devastating are the behavioral effects.' Reversible, mild effects occurred after eighty days in isolation, whereas the effects of two years of total isolation were unreversed after two years of contact with other monkeys. The experi-

mental group remained severely withdrawn, frightened, defenseless, and sexless. Partial isolation regularly produced sexually uninterested and inadequate males and females. Four females who were impregnated with great difficulty by normal male monkeys were highly unsatisfactory mothers, physically rejecting their babies from birth, although the infants clung to their mothers despite repeated physical punishment. Current research is attempting to determine whether infants raised by surrogate mothers may not develop normal social and sexual behavior if permitted frequent play with other infants.

Differences in Thought Organization Between Hypnosis and the Waking State: An Experimental Approach. L. Stross and H. Shevrin. Pp. 237-247.

Shevrin and Luborsky have previously shown that subliminal exposure of a rebus (pictures of a tie and of a knee together) to waking subjects tended to elicit 'clang' associations (e.g., title, penny). The rebus response of combining the words into a new word (e.g., tiny) was not demonstrated. The present experiments with both waking and hypnotized subjects suggest that the rebus effect does appear in the latter. In describing both the subliminal stimulus and later visual images, they used the word 'tiny' and its synonyms (small, little) much more frequently following exposure to the rebus stimulus than to a control stimulus. Wide-awake subjects revealed no such difference. These experiments contribute further experimental evidence of the nature and circumstances of primary process transformations.

HARTVIG DAHL

Psychiatry. XXVI, 1963.

Schizophrenic Patients and Their Siblings. Theodore Lidz; Stephen Fleck; Yrjo O. Alanen; Alice Cornelison. Pp. 1-18.

The families of sixteen adolescent or young adult schizophrenics were intensively studied. Few of the twenty-six siblings of the patients could be regarded as reasonably well adjusted. In fact, the siblings could be equally divided into psychotic and fairly well integrated groups. The brothers of the male patients were more disturbed than their sisters; the sisters of the schizophrenic females were more disturbed than their brothers. The clinical material offers considerable understanding of why one child rather than another in a family becomes schizophrenic, and it supports the hypothesis that intrafamilial environment is of major importance in the etiology of schizophrenia.

The Baby on the Ward. A Mother-Child Admission to an Adult Psychiatric Hospital. Henry U. Grunebaum; Justin L. Weiss; Linda L. Hirsch; James E. Barrett, Jr. Pp. 39-53.

The first joint mother-child admission to the Massachusetts Mental Health Center is described, with emphasis on the meticulous preparation of the entire staff and the parents for the experiment and the sustained treatment teamwork. The patient was a twenty-two-year-old woman with a psychotic depressive reaction, including severe ambivalent feelings toward her infant son who was hospitalized with her. The successful outcome of therapy led to similar treat-

ment of nineteen other women in two years. Having the children on the ward was found to be therapeutically valuable not only for the mothers but also for other patients. This study, as well as earlier ones in England, seriously challenges the routine practice in hospitals of separating psychotic mothers from their children. It therefore deserves the careful study of every psychoanalyst.

The Psychopathology of Trichotillomania and Trichophagy. John T. Monroe, Jr. and D. Wilfred Abse. Pp. 95-103.

A twenty-two-year-old woman entered treatment with the chief complaint of an uncontrollable impulse to 'pull out my hair and eat the roots'. She was severely masochistic with depressive and paranoid trends. Her mother had been savagely punitive and had shaved the patient's head when she was thirteen and on two later occasions. The mother had also caused a severe burn to the patient's head and ear by throwing hot grease on her. The overdetermination of the hair pulling and hair eating is discussed, and a brief review of the literature on the subject is presented.

H. ROBERT BLANK

Revista de Psicoanalisis. XIX, 1962.

The Unconscious Meaning of Oral Fantasies. Mauricio Abadi. Pp. 6-13.

The patient often dramatizes by symbolically acting out unconscious fantasies based on all types of situations experienced since birth. The author describes 'the terrible mother' and the father who feels himself anchored by a ball and chain. His efforts to resolve his anxiety over his inability to produce a child may lead to the fantasy that 'the child is stolen' or 'is bought' or to the couvade. The child's role is influenced by œdipal conflicts and ideas of transformation similar to 'the myth of the birth of the hero'. Accompanying his feelings of guilt and oral fear is the wish to incorporate not only by mouth but also by means of other regions of the body, particularly the hands. The myth is also important as a means of displacement from vagina to mouth.

A Study of Mania in a Child. Vera Campo. Pp. 66-70.

A four-year-old boy showed mania behind the extreme mobility of his behavior, which was a result of projection, introjection, and projective identification occurring at such speed that in reality 'nothing was happening'. The child, by a disturbance of space and time, created a confusion of feelings and fantasies about the love object, changing roles so rapidly that time did not count. By so doing he avoided depression, feelings of guilt, confusion, and attempts to do away with feelings of intense envy. It was necessary for him to deny these because his ego could not tolerate the intensity of the guilt. In this way he confused his feelings, both tender and hostile, concerning the maternal breast.

Idealization and Envy. Gilberto Simoes. Pp. 126-129.

The ego's way of handling objects, and its relation to the id, allow the author to understand the scopophilic elements in envy. Looking and being looked at,

elements of the infant's relationship to the love object in the typical bidimensional images of visual incorporation, are later projected and introjected, depending on the needs of the patient. The author emphasizes that even etymologically the word envy comes from the Greek: 'inlooking, looking inside'. Mythologically, envy was represented with a head full of serpents and with a somber look. The concept of the evil eye involves all types of projective magical thinking, centered around the relation of the eye to the object.

The Relation Between Genital and Pregenital Fantasies. Norberto Schlossberg. Pp. 130-133.

After one and a half years, a patient's clinical history showed how she related the internal world with tremendous libidinal demands and a need to inhibit these demands because of traumatic overprotection by the mother. Eventually, the patient began eating less and found work in which she could obtain libidinal gratification and thus compensate for a frustrating situation resulting from a very poor marriage.

About Idealization. J. Weil; J. Bartolini; A. Dornbusch; J. Genender; D. N. de Fiasche; F. Scolni. Pp. 145-151.

The superego is considered to be at first a part of the mechanism of ego dissociation. This mechanism is essential in handling sadistic impulses. Whether the child will progress unharmed through various stages depends on the opportunities offered by reality and on the child's capacity for ego synthesis. He has to learn by experience that the pleasure principle must be relinquished in favor of the reality principle. If reality experiences are not sufficiently satisfactory, the child will regress at the oedipal stage to earlier, archaic representations favoring fantasy and magical thinking. The structure of the idealized nucleus in the ego will be affected as will the capacity of the ego to handle reality. The original perceptive ego, working through energies derived from the id, should constitute the psychic representation of the ego ideals. In the process of maturation, these ego ideals will eventually function according to the demands of the superego and reality. Ego ideals, therefore, liberate all types of representations, fantasies, and thoughts which appear in the ego as it perceives the id, the superego, and reality. Furthermore, these ideals embody the characteristic way in which the ego synthesizes its own autogenous elements, such as memory and knowledge.

Melancholia in Relation to Circumcision, Anti-Semitism, and Ego Dissociation. Hernando Pastreane Borrero. Pp. 331-341.

Clinical evidence shows several meanings of circumcision. Loss of the prepuce frequently means loss of body ego. In the unconscious, the trauma of birth and the trauma of circumcision are directly related. The loss of body ego re-enforces the potential loss of other parts of the ego and precludes good object relationships. Circumcision, 'the barbaric rite' several days after birth, represents a traumatic situation, and therefore relation to the love object and ego ideal is

impaired, producing an undercurrent of chronic depression. Circumcision tends to favor a persecutory trend that may lead to ego regression. This in turn creates a need in the ego to hold on to these archaic mechanisms of defense. The anti-Semite feels the threat of ego regression in circumcised people and reacts with hostility since circumcision is performed at the primitive oral stage; therefore oral cannibalistic fantasies cannot be well elaborated. The oral conflict after circumcision is superseded by acute castration anxieties and the conflict experienced at the phallic level. Therefore castration fear in the anti-Semite is handled by denial of castration and by hating and mobilizing death wishes against any person who represents archaic levels and early oral cannibalistic features. This corresponds to and explains the classic anti-Semitic statement that Jews are greedy.

When a Child Must Confront Death. Elena Evelson and Rebeca Grinberg. Pp. 344-350.

The authors use fragments of analytic sessions with children who were being treated at the time a catastrophe occurred in which a train struck a school bus, killing forty children and severely injuring many others. The authors conclude that 1, by identification, the death of other children forces the child to confront his own death; 2, fear of death makes the child relive basic separation anxieties, such as birth and weaning; 3, the re-enacting of death in the sessions includes all projected ego elements based on death wishes; and 4, the danger of having to re-elaborate the death instinct that has been projected becomes almost intolerable, and therefore hostility is turned against the self. The reasons include the labile ego of the child, intense anxiety in the face of death, and the attempt to elaborate these depressive mechanisms in a slow but controlled way. When the mechanism of defense fails, somatic disturbances appear, mainly respiratory and gastrointestinal.

GABRIEL DE LA VEGA

Revista Uruguaya de Psicoanálisis. IV, 1961-1962.

Some Contributions to the Study of Theatrical Acting. Laura Archard Arrosa. Pp. 575-585.

The actor must pass through four stages of preparation before he considers himself ready for opening night. In the first, he begins to identify himself with the character to be portrayed. This he accomplishes by individual or collective reading. The actor has to handle castration fear, death wishes, and ego annihilation in the process of creating a character who is not himself. That is why at this point actors show in real life a transitory withdrawal of object libido and a regression to the narcissistic libidinal stage. The author discusses the dream of a patient, an actor, and shows how the imitation in this initial phase is accomplished through mimicry.

The second stage consists of group participation before a director and is usually accomplished in three steps: 1, studying and analyzing the character; 2, elaborating the performance; and 3, memorizing. Here the primary elements

are the voice, with all its fluctuations, and the text to be memorized. Introjection is still shaky with two dominant basic fantasies: the first is oral incorporation of the object, and the second, complementary to the first, produces a massive ego surrender to the character to be portrayed and, hence, fear of death.

In the third stage, identification is intensified by passive need and therefore anxiety increases. This leads finally to consolidation and synthesis of the introjected object, the ego of the actor playing a secondary role. The author calls it 'bridal expectation' because it is similar to expectation of and surrender to possession by a love object.

The fourth stage is the 'symbiotic relationship'. The actor and the character are no longer different entities; now they are mutually enriching and cannot be separated. Arrosa quotes from patients who speak of opening night as 'the delivery day . . . because until that moment the character does not really belong to you'. She concludes by saying that an actor, no matter how neurotic, cannot perform properly if the character is not fully assimilated and separated from personal defense mechanisms such as denial, repression, and dissociation, but instead remains primarily at the surface of the synthetic function of the ego.

The Dehumanization of Body Ego (Dead-Living Partial Objects). Willy Baranger. Pp. 586-603.

Through description of pertinent sessions from the analysis of a twenty-nine-year-old woman, the author concludes that in mourning, as in the depressive syndrome, there is a narcissistic wound with an oral fixation which may or may not be due to difficulties between the ego and the superego, depending on the disturbance of the mechanism of introjection. The ego is impoverished and the superego hypertrophic and sadistic in the threefold relationships of 1, ego with partial introject of a 'dead-living' love object; 2, ego with ego ideal; and 3, object and ego ideal with superego. The differences of introjection and the relationship between these ego components and the superego will determine whether, in a depression, the ego has to deal with a 'dead-living partial object' that cannot be repaired or assimilated through identification, or surrenders to the demands of the superego.

The author also mentions varieties of this concept which range from normal to the so-called parapsychological. He has studied various cultural fantasies beginning with the normal, ordinary reaction when a loved one dies. The ego needs to deny and cannot accept that the loved one is really dead. The next stage is seen in those who keep the room or the house exactly as it was before the death occurred, and who believe in the hereafter, in séance phenomena, in parapsychological dreams, in sensory automatism, in phantasm of the dead, in motor automatism, in transpossession, and in ecstasy. The extreme pathological cultural fantasy of the vampire is clearly based on paranoid traits.

CABRIEL DE LA VEGA

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Meetings of the New York Psychoanalytic Society

Milton E. Jucovy, Walter A. Stewart & John Donadeo

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

May 14, 1963. KNOWLEDGE AND DREAMS. Bertram D. Lewin, M.D.

The dream experiences of Descartes and other philosophers, writers, and scientists are employed by Lewin to study the feeling of revelation and inspiration in dreams, and to introduce some comments about dream theory and dreams and knowledge in general. The long tripartite dream of the twenty-three-year-old Descartes, which he regarded as divinely inspired assurance of the certainty of his philosophical and mathematical discoveries, exemplifies the feeling of absolute certainty found in some dreams. Freud reported the dream of a patient in which he was given two pears by a woman, accompanied by a feeling that the dream image was 'absolutely real'. The intense feeling of reality, Freud found, was displaced from the knowledge of the dreamer that he had been fed from both breasts. Descartes did not attach his sense of truth and revelation to any manifest element in his dream, but interpreted them anagogically, each element standing for an abstract idea.

Several examples of so-called dreams from above are cited by the author, in which dormescent thoughts become direct dream pictures. The philosopher, Dilthey, reported a dream in which the picture, *School of Athens*, by Raphael, came to life. The dreamer feels a sense of conflicting loyalties to several schools of philosophy, which Lewin informally guesses as referring to the dreamer's own identity conflicts and divided loyalties to various schoolmasters. A dream that brought a solution to a concrete problem was that of Kekule, in which revolving snakes united to form a model for the benzene ring. Rather than considering this a supernatural experience, Kekule ascribed the inspiration for his discovery to his father. A father figure is portrayed in the dream of Hilprecht, the Assyriologist, in which a priest of ancient Nippur appears and instructs him to assemble three fragments in the museum collection where an inscription will be found. Professor Loewi had an eerie feeling about the dream which led to his discovery of the role of acetylcholine in the conduction of nerve impulses, and his interest in psychoanalysis and proposing of Freud for the Nobel Prize seemed an expression of gratitude for the dream. The knowledge in these dreams seems to have the same quality as in other reported experiences of inspiration where there is a reverie in a hypnagogic state, in which a passive receptive attitude and a proneness to visual fantasy may be important. Kris's idea of the father as the source of inspiration seems to be confirmed by the material of these dreams.

Lewin cites other examples from a diary entry of the poet Spender and from *The Ides of March* by Wilder to show that a sense of truth and certainty can occur in a dream without much intellectual content, dreams which might be characterized as those of 'blank inspiration'. The examples of dream cognition and inspiration show great qualitative differences in manifest content, ranging from pure rhapsodic feeling and symbolic sense of discovery to nearly matter-of-fact statements. The ecstatic sense of knowledge without sensory evidence resembles a type of knowledge described by Freud, but with one difference.

The certainty that a recovered memory refers to a real event, which Kris aligns with recognition, does not have the grandiose quality of ecstatic knowledge and is subject to reason. The difference which Lewin implies here is similar to that between strength and omnipotence.

Lewin proposes a tentative classification of informative dreams: 1, the dream of direct instruction (Hilprecht); 2, the dream of visual thinking (Kekule); and 3, the dream of symbolic inspiration (Descartes). He points out that knowledge obtained from dreams has figured in philosophic discussions since the fifth century B.C. and that the Greeks distinguished between ordinary dreams and supernatural dreams. Curiously, Descartes seems to have revealed a strange split in his beliefs. In his *Principles of Philosophy* he takes a naturalistic position and questions the validity of dreams as statements of fact in contrast to his conviction about the dream of divine intervention in 1619. Turning to dreams which have an apparent objective epistemological validity, where sleep was brief and light and the dreamer awoke almost immediately, where motility was limited and disturbances of concentration reduced, Lewin is reminded of Freud's paradigmatic psychoanalyst on an imaginary train ride. In this metaphor the analyst sits quietly letting the patient's associations pass by outside the window. The difference is a matter of psychological optics; Freud's train windows are transparent and the images come from without, whereas a dreamer illuminates from within the screen on which are projected the visualized incarnations of his own thoughts.

The author then discusses the role of a superego figure in the dream of instruction or inspiration using, as an example, Hilprecht's dream in which a priestly figure does his thinking for him. The dreamer has regressed to a stage where all ethical and rational knowledge is the province of parents and teachers. The Assyriologist may have required reassurance about his new knowledge which the father-teacher figure not only permits but reveals to him. Many thinkers seem to have difficulty in passing beyond this stage of development and deal with objective ideas of their teachers as if they were dogma. Descartes seems to have felt insecure about his right to think originally; if his dream was divinely inspired, he had an ally who was more powerful than the theologians of the University of Paris who were later to disagree with his philosophy. New knowledge is always tinged with the impious and struggles not only with the error and imperfection of the old, but also against its veneration.

Lewin believes that dreams of information and knowledge are 'waking dreams' and include some reference to that process. Homeric messengers and gods are the arouser figures, identified with the father who is the original pre-*oedipal* waker. Waking is turned into instruction, and the function of guarding sleep is temporarily triumphant. On the other hand, the dreams of rhapsodic revelation are not dreams of the near-awake period. They resemble the knowledge one is said to imbibe with mother's milk, and when they are blank ecstatic dreams they seem to repeat the nursing experience, becoming the fantasy guarantee of good sleep uncompromised by the disturbing presence of father. Between the early type of learning experience and the formal instruction of priests and teachers, the mixed type of learning by seeing for one's self occurs. This genetically intermediate experience promotes one's originally unshakable

belief but later, when the certainty of early perceptions is attacked, one can still maintain a certain faith in dream experiences, as well as a reluctance to credit them. Lewin feels that this latent confidence in the truth of dreams serves psychoanalysts well and is reminiscent of Freud's heroic reliance on his dream discoveries.

DISCUSSION: Dr. Max Schur quoted Otto Loewi's dream experiences which led to the discovery of the chemical transmission of nerve impulses. Eighteen years previously, Loewi had an idea about chemical transmission, then had two dreams, only the second of which was recalled. Schur postulated that some hypercathexis had taken place, allowing ideas created via the secondary process to reach consciousness after many years. The first dream message was a subliminal perception and created a stimulus which was activated the next night.

Dr. Jacob Arlow took issue with certain points in the paper and suggested that the so-called dreams from above could also be understood in terms of the fulfilment of an unconscious wish. Insights might be used as day residues, and in sleep the dreamer takes over the father's phallus which can then be exhibited to the world. He also pointed out that in dreams and reveries where discoveries were made, symbolic representations of the mother's body are frequently found. Examples are riding in a bus or floating in a tub. The operation of a common fantasy is thus suggested: 'When I was inside mother, I was close to father's phallus'.

Dr. Edward Harkavy wondered about the distinction between dreams from above and the usual garden variety of dreams. He pointed out that the symbolism in the dreams quoted by Lewin is the same as we see in ordinary dreams. The difference may lie in the economic properties. Dr. Rudolph Loewenstein felt it might be useful to distinguish between the manifest content of the dreams under discussion and the reaction of the dreamer. Some dreams do not contain the revelation in the manifest content but, as in the case of Descartes, only in the associations to the dream. These differences may be sociological and anthropological.

Dr. Walter Stewart commented on the relationship between manifest and latent dream content and recalled that Freud modified his ideas about the wish-fulfilling function of the dream in *Beyond The Pleasure Principle* to include the dream's original function of mastery. This modification suggests a reappraisal of the relative importance of preconscious and unconscious components in dream formation. The appearance in the manifest content of traumatic childhood scenes in undistorted fashion suggests that mastery may play an important role in dreams from above. Stewart suggested that a study of dreams of borderline patients, whose mastery is precarious and who meet traumatic events daily, may confirm this hypothesis.

Dr. Martin Stein speculated about the role of conflict in producing these dreams and gave, as an example, a historic dream of Xenophon which occurred at a critical point during a war between the Greeks and Persians. The dream was clearly oedipal and ended on a note of danger with a warning to flee. Xenophon interpreted the dream as a sign from the gods, rallied his forces, and made the Persians come to terms. The solution here was quite opposite to the outcome expected from the manifest content of the dream.

Dr. Victor Rosen noted that all the dreams cited in Lewin's paper were those of gifted and creative men and wondered whether it would be possible for discoveries to be made from the dreams of mediocre men. He felt that the psychology of the waking ego was an important consideration. While the dreams given may have been important steps in the discoveries, perhaps they exemplified only one type of creative synthesis, indicative of the gift to bring together unlikely elements to make a discovery.

Dr. Lewin thanked all the discussants and stressed the point that in dreams *von oben*, one is probably in a light sleep.

MILTON E. JUCOVY

May 21, 1963. PSYCHOANALYTIC CONTRIBUTIONS TO ÆSTHETICS. Robert Waelder, Ph.D.

In his Freud Anniversary Lecture, Dr. Waelder comments that Freud never approached the subject of æsthetics systematically but limited himself to occasional statements on the subject of beauty and art. Æsthetics deals not with the beauty of nature or of natural objects but with the subject's response to artistic creations, including patterns in space, color schemes, etc. The pleasure is at a deep, preverbal, almost physiological level, involving not simply discharge of tension but a peculiar sequence of rising and falling tension such as that described by Freud in *The Economic Problem of Masochism*.

Freud's writings contain three major contributions to the psychoanalytic understanding of beauty in art. The first of these, an id and dynamic formulation, is in the paper, *Formulations on the Two Principles of Mental Functioning*. There he describes the artist as a man who turns from reality because of difficulty in the renunciation of instinctual satisfaction. He returns to reality from fantasy by creating truths of a new kind which men value because they fill their fantasy needs. The artist expresses for them their dissatisfaction in the replacement of the pleasure principle by the reality principle.

Dr. Waelder emphasized the partial desexualization involved in the artistic creation. Although a response to the demands of censorship, this is also a narcissistic requirement that the wish-fulfilling aspects not be too apparent and create a sense of shame and naïve gullibility. Perhaps one can measure artistic sophistication by the length of the detour sustained in the process of tension and discharge.

Freud's second contribution, an ego and economic formulation, occurs in *Jokes and Their Relation to the Unconscious*. The pleasure in jokes is attributed to the sudden breakthrough of sexual and aggressive drives with a saving in the energy needed for repression. This is the ego aspect of the æsthetic phenomenon which has been emphasized also by Kris. In addition, the ego aspect includes the problem of form, with an attention to detail, thus emphasizing how the story is told more than the content. The relative emphasis on content and form varies with the art form. Content of the message is more prominent in novels, less prominent in painting and sculpture.

Beauty is the triumph of the mind over matter and the elegance of the solution. This is particularly clear in games of chess and chess problems, where the elegance of the solution involves surprise and a minimum of effort, absolute

efficiency, and a maximum of achievement. The ego aspect of beauty is a process in which there is a saving in the expenditure of energy through simplification. This is followed by new complexities and new solutions on a higher level.

Freud's third contribution to the subject of æsthetics deals with the superego aspect and is presented in his paper on Humor. Æsthetics involves the superego's benevolent attitude which reassures the ego that, in spite of all adversities and threats, nothing can destroy the grandeur of the soul. Man is greater than his physical existence; he can preserve his narcissism. This is the essence of mellow wisdom.

In this brief summary of the current psychoanalytic understanding of æsthetics, Dr. Waelder emphasizes that he has intentionally made no mention of the unconscious because he feels no closer relationship exists between art and the unconscious than between any other human activity and the unconscious. The recent emphasis on the role of the unconscious in artistic endeavor is a product of the late nineteenth century and has its roots in Expressionism. It is marked by an artificial primitivism for supposedly sophisticated purposes.

WALTER A. STEWART

June 18, 1963. PSYCHOANALYSIS AND LEARNING THEORY. (Dr. Charles Brenner's Section of the Kris Study Group.) Drs. Bernard D. Fine, Felicia L. Landau, Edgar L. Lipton, John B. McDevitt, and Jacob E. Stump.

Dr. McDevitt called attention to the lack of a comprehensive theory of learning and outlined the scope, as well as the limitations, of the group's two-year endeavor. Data were gathered from various sources, viz., academic psychology, psychoanalytic theory, Rapaport's learning theory, clinical case material, Piaget's developmental psychology, and the role of speech and language in learning. Rapaport's definitions of learning seemed to offer the most profitable point of departure. He considers the following problems: how something perceived is turned into something retained; the occurrence of abiding changes wrought by experience, the laying down of quasi-permanent structures in the ego; how a process turns into a structure, i.e., the long-time survival and availability of experience. Thus, in discussing learning he takes into account the interaction between the individual and his drives, primary as well as secondary structures, and the environment, both physical and social. From this interaction, structure is laid down and modified through internalization and adaptation (in Piaget's terms, assimilation and accommodation).

The learning theories of the academic psychologists make no allowance for the genetic point of view. More encompassing and convincing elaborations of central or ego structures are found in the theories of Hebb and Piaget, but they are too limited in scope, devolving principally into schemata of intellectual development in which the instinctual drives figure not at all. It became apparent then that only a psychoanalytic theory would be broad enough to include all factors to be considered in the learning process. The essential ingredients of such a theory would have to include the drives, physical and social reality, autonomous ego functions, processes of neutralization and automatization, the shift from primary to secondary process thinking, and from the pleasure to the reality principle (Hartmann). Crucial for the shift from pleasure to reality

principle would be the nature of the object relations, the optimum degree and nature of gratification and frustration, other factors promoting or inhibiting identifications, and the roles of anxiety, guilt, conflict, trauma, and active mastery.

Though these factors are probably necessary for most learning, they are not sufficient. In addition to reality relationships arising from frustration and motivations derived from instinctual drives as a result of frustrations, we must also assume autonomous and inborn apparatuses of contact with reality and perhaps corresponding, and therefore reality attuned, autonomous motivations. This would include postulating an innate ego apparatus with its own laws of development through maturation as well as an intrinsic ego energy which provides a motivation for learning and yields a pleasure of its own.

Dr. Fine reported on the group's efforts at a critical evaluation and clinical application of Rapaport's formulations in his paper, *On the Psychoanalytic Theory of Motivation*. The paper represents an outline of a psychoanalytic theory of learning and structure formation based on attention cathexis and the apparatus of consciousness. In it motives are defined as internal forces, appetitive in nature and characterized by their cyclic peremptoriness, selectivity, and displaceability—qualities which relate them clearly to the instinctual drives. Rapaport then postulated a variety of derivative motivations resulting from the establishment of defenses and their tendency to spread beyond original drive determinants. The higher a derivative motivation appears in the hierarchy of mental structures, the more scaled down is its appetitiveness and peremptoriness, i.e., the more neutralized it is. If to this is added the concept of autonomy, the activation of some of these neutralized derivative motivations is provided for, thus obviating the necessity of triggering by an underlying, less neutralized motivation.

Dr. Landau summarized the group's efforts in approaching the learning process through the study of a clinical entity, namely, phobia, as an instance of arrested learning. Pertinent and related questions arising from such a premise were: why is the phobic individual not able to learn from experience; how do certain reactions to experience become so rigidly structured as to resist change to further experience? Learning was shown to be intimately related to developmental and maturational processes involving object relatedness, self and object representations, neutralization, the distinction between inner and outer reality, between mental and somatic, fantasy and fact. Characteristic patterns of response in the first years of life, involving such inborn ego functions as motor activity and speech, are interwoven with the earliest responses to the mother as well as with the defenses for dealing with anxiety.

Dr. Stump's report dealt with the group's discussion of Piaget's developmental psychology, and especially from a comparative study by Peter Wolff entitled, *The Developmental Psychologies of Piaget and Psychoanalysis*. Piaget's learning theory is essentially a sensorimotor (reflex arc) theory. He assigns a primary, almost exclusive role to external stimuli, and only a transient one to inner stimuli. The accidental impingement of external stimuli on the organism and the tendency on its part to organize the effects of these stimuli together create a desirability or need to function which sets the reflex, or acquired be-

havior, in motion. The infant's response to stimuli from the external environment depends on the inborn reflex and its past activations. Each inborn reflex has a flexible mental organization called a *schema*. *Aliment* is the name for stimulation, *assimilation* for the registering of sensorimotor experiences in the schema. Schemata are the building blocks for mental structures, and two or more may join together to form a structure. Any given schema requires aliment to become stabilized as a structure.

Dr. Lipton's report directed attention to the relationship between learning and the development of speech and language, particularly language. He stressed the importance of the connections between integrity of language, self-representation, sense of identity, psychosexual development, and maturational processes. Since the group of ego functions involved in language development present ideal observational data, this approach was considered an optimal one for study.

Examples from observations of children, the study of patients suffering from aphasia and relearning a language, and anthropological studies of primitive societies were cited to demonstrate the vicissitudes of the learning process. The imitative and incorporative aspects of language such as accent, tone, and rhythm are intimately linked with the earliest child-mother relationship, and disturbances in this relationship may give rise to disturbances in learning which may vary from transitory inhibitions to psychotic phenomena such as echopraxia.

JOHN DONADEO

Recent Alfred P. Sloan Visiting Professors in the Menninger School of Psychiatry, Topeka, Kansas, were the following: Dr. Richard Hunter, psychiatrist, from London; Dr. Ilza Veith, medical historian, from the University of Chicago; and Dr. Herbert J. Muller, professor of English and government at Indiana University.

Pauline H. Turkel has resigned her position as Executive Assistant of The QUARTERLY and is retiring from active connection after having been for twenty-seven years its mainstay in the direction and administration, especially of the office editorial work. Her calm dedication and efficiency are highly esteemed by all who have had occasion to work with her, by the Board of Directors, by the Editorial Staff, and by those contributors to whom she has rendered service. All owe Pauline Turkel an unpayable debt of gratitude, as do those psychoanalysts and subscribers who have benefited from the high standard of publication which she has set and maintained. Much that has been taken for granted about The QUARTERLY is due to her devoted and assiduous hard work. Miss Turkel is succeeded by Mary Crowther and Mary Romagnoli as Executive Assistants; both have been active in The QUARTERLY office for several years.

THE EDITORS