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# Bertram David Lewin

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# BERTRAM DAVID LEWIN

## AN APPRECIATION

BY PHYLLIS GREENACRE, M.D. (NEW YORK)

It is a pleasure to voice the general appreciation of Dr. Bertram Lewin, and to honor him as he approaches his seventieth birthday. He is pre-eminent in the gifts that he has made to the development of psychoanalysis and especially to psychoanalytic training in this country. His interest has entered into and vitalized nearly every department of psychoanalytic education, contributing to the organization of the New York Psychoanalytic Institute thirty-five years ago and helping administratively to sustain its progress throughout its entire course. He also has taken an active part in teaching and individual training, as well as contributing richly to the literature, and has found time as well to participate in the activities of the American Psychoanalytic Association.

Dr. Lewin came from the University of Texas to enter the Johns Hopkins Medical School in Baltimore in the Fall of 1916, when he was just approaching his twentieth birthday. His intellectual brilliance, youthful animation, and a rare degree of enthusiasm were evident even then. In the years that followed, the extent and depth of his learning and knowledge have grown astoundingly. He possesses an unusual capacity for simultaneously showing and masking the extraordinary range of his intellectual concerns by a lightheartedness and gaiety in his manner, which has always made him particularly disarming to his students. Never ponderous, he is generally amusing and witty—a master of the pun and the rhyme. Here, too, Dr. Lewin's interest in words may be mentioned. On a firm, scholarly basis, it functions in him to produce a combination of a rare degree of precision of usage with a real flair for verbal style, sometimes resulting, among his many admirers, in sudden outcroppings of special verbal fashions or 'runs' on words.

Following the First World War there was a great general increase in psychiatric interest in this country. Almost overnight, it seemed, psychiatry developed from being the stepchild of neurology to taking its first steps toward standing on its own. The Phipps Clinic, where Dr. Lewin was on the house staff from 1920-1922, had been founded only in 1913 when it was the first psychiatric institute to be part of a general hospital, attempting treatment as well as diagnostic study of nonorganic psychoses. Psychoanalysis was much in the air, though not generally well understood or accepted. We were among those ambivalent ones whom Freud referred to as 'warming their hands at his fire'. Subsequently, of course, many of the staff members became psychoanalysts. Dr. Lewin was among the earliest and became probably the best known in later years. After two years as an assistant in neuropathology and one year as a senior assistant physician at the New York Psychiatric Institute (then at Ward's Island), he went to Berlin to undertake a personal analysis together with analytic training, and to do postgraduate work in neuropathology. I recall that at this juncture in his life, his interest in words was apparent in his consideration of a plan to write a psychiatric dictionary, which would not be merely a lexicon.

On his return to the United States in 1927, he had clearly found his life work in psychoanalysis. His lively searching for and enjoyment of knowledge, his energy and enthusiasm, his merriment were unabated, but he had gained a focus and earnestness in his interest in both clinical and research problems of psychoanalysis. Soon, too, this extended into psychoanalytic education.

In 1931 the New York Psychoanalytic Institute was formed with Dr. Adolph Stern as President and Dr. Sandor Rado, who had recently come from Berlin, as Educational Director. Dr. Lewin had become a member of the Society in 1927 and served as its Secretary-Treasurer for several years, beginning in 1930. With the founding of the Institute it was possible to define standards of training more clearly and establish a more thor-

ough curriculum than had previously existed when the training was carried on more informally under the supervision of an Educational Committee of the Society.

Dr. Lewin served as President of the Institute from 1934 to 1937 and of the Society from 1936 to 1939. Throughout these early years he was also giving courses, beginning in 1931 with a course dealing with Freud's theoretical papers, followed for several years by courses in Problems of Interpretation and Symbolism, and in the 1940's by his seminar on Dream Interpretation for which he became especially well known. In the early 1950's he returned to the subject of Problems of Interpretation and Symbolism.

In 1932, with Dr. Dorian Feigenbaum, Dr. Frankwood Williams, and Dr. Gregory Zilboorg, he founded The Psychoanalytic Quarterly, which was an extremely important step in furthering good standards for psychoanalytic publications. Ever since its inception he has been active in editing The Quarterly; for a decade as Coeditor, for fourteen years as Associate Editor, and since 1960 as Editor.

Dr. Lewin, naturally also active in the American Psychoanalytic Association, became its President in 1946. From 1956 to 1959, as Director, with the aid of Miss Helen Ross, and under the auspices of the American Psychoanalytic Association, he undertook a Survey of Psychoanalytic Education in the United States. This report, published in book form in 1960, serves as a source-book for special educational studies.

It is really impossible to do full justice to Dr. Lewin's contribution to psychoanalytic literature. Not only is he the author of very many important theoretical and clinical psychoanalytic studies, but as a translator and reviewer of others' articles and books, he is unsurpassed. He has been a prolific reviewer; but especially he is that exceptional one who is perceptive, accurate, and unfailingly good-humored. His original articles penetrate into all corners of psychoanalysis, but one recognizes persistently recurrent interests in interpretation and symbolism, in affective states, in dreams, and in the search for knowledge.

In his earliest years as a psychoanalyst Dr. Lewin concerned himself with the study of conscience and the formation of character. He published *Conscience and Consciousness in Medical Psychology* (1928); *The Compulsive Character; Smearing, Menstruation and the Female Superego* (1930); *Anal Erotism and the Mechanism of Undoing* (1932). His interest in affective states then emerged and led him to some of his most important and fundamental contributions, with the publication of *Analysis and Structure of a Transient Hypomania* (1932); *A Type of Neurotic Hypomanic Reaction* (1937); *Comments on a Hypomanic and Related States* (1941); *Mania and Sleep* (1949); his monograph, The Psychoanalysis of Elation (1950); *Some Psychoanalytic Ideas Applied to Elation and Depression* (1959); *Reflections on Depression* (1961); *Reflections on Affect* (1965).

By 1946, he was writing concerning sleep and dreams, beginning with his famous article, *Sleep, the Mouth, and the Dream Screen* (1946); followed by *Inferences from the Dream Screen* (1948); *Mania and Sleep* (1949); *Phobic Symptoms and Dream Interpretation* (1952); *The Forgetting of Dreams* (1953); *Reconsideration of the Dream Screen* (1953); *Sleep, Narcissistic Neurosis, and the Analytic Situation* (1954); *Clinical Hints from Dream Studies* (1955); *Dream Psychology and the Analytic Situation* (1955); the Freud lecture, *Dreams and the Uses of Regression* (1958); *Knowledge and Dreams* (1962); and an Introduction to Garma's *The Psychoanalysis of Dreams* (1966).

Characteristic of Dr. Lewin's own endlessly searching mind is his preoccupation with learning and intellect. By 1932 he was reviewing others' work on the development of speech. In 1937 he published in the Saturday Review of Literature an article on *Explorers of the Mind.* Later came *Some Observations on Knowledge, Belief and the Impulse to Know* (1939); *The Nature of Reality, the Meaning of Nothing, with an Addendum on Concentration* (1948); *A Psychoanalytic Notation on the Roots GN, KN, CN* (published with H. A. Bunker in 1951); and

finally *Education and the Quest for Omniscience* (1959).

In addition to these articles, Dr. Lewin has also published several which were concerned with the neuroses, and at least seven dealing with different aspects of psychoanalytic training. All in all, through his unique and diversified gifts, Dr. Lewin enriches our knowledge and stimulates our researches to an extraordinary and inspiring degree.

No appreciation of the man and his talents is complete without mentioning those interests and proficiencies which are not in the center of his professional work but enhance it and lend additional dimensions to it. Dr. Lewin has had a life-long interest in music and in poetry, is the master of several languages, and genuinely at home in the literature of his linguistically adopted countries. But perhaps the greatest gift of all is his capacity for infectious enthusiasm, which has throughout the years been appreciated by all who know him.

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# Theories of Transference Neurosis

Joseph G. Kepecs

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# THEORIES OF TRANSFERENCE NEUROSIS

BY JOSEPH G. KEPECS, M.D. (CHICAGO)

The discussion of transference neurosis requires consideration of the entire subject of transference for two reasons: transference neurosis is a variety or subspecies of transference; and analytic writers often term transference what might be more properly called transference neurosis. To make this topic manageable I will consider essentially the theory and manifestations of transference neurosis, rather than its management in therapy. I will deal with it under several subheadings.

## FREUD ON TRANSFERENCE NEUROSIS

The first reference to transference in the psychoanalytic sense is found in Studies on Hysteria. The patient transfers disturbing ideas onto the figure of the physician, and this 'takes place through a false connection' *(9,* p. 302*)*.

The next major reference to transference occurs in the case of Dora. In his postscript to this history Freud states: 'It may be safely said that during psychoanalytic treatment the formation of new symptoms is invariably stopped. But the productive powers of the neurosis are by no means extinguished; they are occupied in the creation of a special class of mental structures, for the most part unconscious, to which the name of "transference" may be given' *(10,* p. 116*)*. This statement clearly adumbrates the later concept of transference neurosis. The stopping of formation of new symptoms corresponds to the clinical observation that when involved in the transference neurosis the patient's problems in external life subside. (The notion of the transference as a *new creation* of the neurosis will be discussed below.) Freud says of the transferences that they

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are 'a whole series of psychological experiences . . . revived, not as belonging to the past, but as applying to the person of the physician at the present moment' *(loc. cit.)*. Further, transferences are 'a new species of pathological mental product' (p. 117). He acknowledges here, as in many other places, the essential importance of transferences in the effects of suggestion and hypnosis.

In The Dynamics of Transference he states that transference is not limited to analysis, and that in other forms of therapy it may extend 'to nothing less than mental bondage, and moreover showing the plainest erotic coloring' *(12,* p. 101*)*. He indicates that the characteristics of transference are due not to analysis, but to the neurosis itself. Here the emphasis is more on what the neurosis contributes to the transference, whereas in the Dora case, it is more on the effect of the analysis. He describes how in the transference unconscious feelings seek reproduction and discharge rather than recognition.

In Remembering, Repeating and Working Through he states, 'we regularly succeed in giving all the symptoms of the illness a new transference meaning and in replacing [the patient's] ordinary neurosis by a "transference neurosis" of which he can be cured by the therapeutic work. The transference thus creates an intermediate region between illness and real life through which the transition from the one to the other is made. The new condition has taken over all the features of the illness; but it represents an artificial illness which is at every point accessible to our intervention. It is a piece of real experience, but one which has been made possible by especially favorable conditions, and it is of a provisional nature' *(13,* p. 154*)*. I think that this statement points to contradictory attitudes about the transference neurosis, which have persisted in one way or another in current thought. It repeats the past, but not quite. It is an illness, but not really. It is a transitional zone between illness and real life, but it is a piece of real experience. It is thus analogous to other healing states in which the disturbance is conjured up to be expelled.

In the Introductory Lectures on Psychoanalysis, in the chapter on transference, Freud says: 'We must not forget that the patient's illness, which we have undertaken to analyze, is not something which has been rounded off and become rigid but that it is still growing and developing like a living organism. The beginning of the treatment does not put an end to this development; when, however, the treatment has obtained mastery over the patient, what happens is that the whole of his illness's new production is concentrated upon a single point—his relation to the doctor. Thus the transference may be compared to the cambium layer in a tree between the wood and the bark from which the new formation of tissue and the increase in the girth of the trunk derive. When the transference has risen to this significance, work upon the patient's memories retreats far into the background. Thereafter it is not incorrect to say that we are no longer concerned with the patient's earlier illness but with a newly created and transformed neurosis which has taken the former's place. . . . All the patient's symptoms have abandoned their original meaning and have taken on a new sense which lies in relation to the transference; or only such symptoms have persisted as are capable of undergoing such a transformation. But the mastering of this new, artificial neurosis coincides with getting rid of the illness which was originally brought to the treatment . . .' *(15,* p. 444*)*.

There are here several points deserving comment. The artificial neurosis is active and creative. The simile of the cambium layer highlights the notion of new growth and development. The implication here is of nothing static. The neurosis is regarded as a living organism, not fixed and rigid. This implies the developmental quality of the transference neurosis, and not a slavish repetition of past events.

In Beyond the Pleasure Principle, Freud describes patients repeating in the transference, rather than remembering. 'These reproductions, which emerge with such unwished-for exactitude, always have as their subject some portion of infantile sexual life—of the œdipus complex, that is, and its derivatives;

and they are invariably acted out in the sphere of the transference, of the patient's relation to the physician. When things have reached this stage, it may be said that the earlier neurosis has now been replaced by a fresh "transference neurosis" ' *(16,* p. 18*)*. Freud explains here the repetition of painful infantile experiences as due not to the pleasure principle but to the repetition compulsion. (He also refers to the compulsion to repeat in the earlier paper on working through.) The emphasis on blind inexorable repetition is at variance with the simile of the organic developing cambium. One description isolates the transference neurosis from any aims of growth or adaptation; the other implies the existence of such tendencies in the transference neurosis. These two points of view have had an interesting influence on later views of the therapeutic process.

In An Autobiographical Study, Freud speaks of the transference that is too intense (that is, in fact, a transference neurosis) as a resistance to the analytic work of recollection and association *(17)*. Thus the transference neurosis can be a transition to health, or a resistance to the work of analysis. 1. To view the transference as due to repetition-compulsion makes the supporting attitude of the analyst separate and different from analysis of the transference. The 'cambium' attitude, regarding the transference neurosis as a means to cure, implies that the therapist will use it in his therapy, for example, by providing a corrective emotional experience. 2. To regard the transference neurosis as a means of cure leads to emphasis on developing, analyzing, and handling it. To view it as a resistance leads to attempts to minimize its fullest development, for example, by interpreting in extra-transference terms.

These two views also have influenced later views of the therapeutic process. Holt's account of two conflicting influences on Freud's thought is relevant *(27,* p. 365*)*. He describes two currents in Freud's scientific views, derived from two important schools of German thought of his time—*Naturphilosophie* and physicalistic psychology. The former is highly deductive and speculative, emphasizing complete comprehensive theories, of

which the repetition compulsion is an example. Physicalistic psychology, the school of Helmholtz and Brücke, emphasized induction, observation, and theories that were partial, groping, and imprecisely defined. The cambium model is, I believe, closer to this type of thinking.

Neither in Analysis Terminable and Interminable *(18)* nor in An Outline of Psychoanalysis *(19)* does Freud use the term 'transference neurosis'. In the former he states: 'The patient himself cannot embody all his conflicts in the transference, nor can the transference situation be so employed by the analyst as to rouse all the instinctual conflicts in which the patient may possibly become engaged' (p. 335). This is surely a more modest view of the analytic transference than that described in the Introductory Lectures. It indicates that the full-fledged transference neurosis is not a part of all analyses, and it also alludes to the importance of extra-transference conflicts in the analysis.

Freud's views on the transference neurosis and relevant aspects of transference may be summarized as follows:

1. When the patient is involved in the transference neurosis, new symptoms do not appear in his everyday life, and old symptoms are replaced by new structures formed by the neurosis in analysis—the transferences.

2. In transference neurosis the present replaces (re-enacts) the past, and the unconscious seeks discharge rather than recognition.

3. The characteristics of transference are due to the neurosis itself, not to the analysis.

4. The transference neurosis is a new mental state of provisional nature, intermediate between illness and health, serving the transition from one to the other. (An adaptive function may be inferred.)

5. The transference neurosis is an example of the repetition compulsion (and therefore cannot be considered adaptive).

6. The transference neurosis may also be a resistance to the analytic work of insight.

7. Regressive transferences also develop in nonanalytic forms of therapy.

8. Transferences are highly important factors in explaining the effects of suggestion.

9. In Freud's final writings, the term transference neurosis did not appear; he had concluded that it was impossible to express or resolve all the patient's conflicts in the transference.

## SOME IMPORTANT VIEWS ON THE TRANSFERENCE NEUROSIS: A SURVEY

Orr *(35)* provides a useful historical view, to which I am indebted for orientation and references.

Ferenczi (1909) takes as his point of reference Freud's description of transference in the case of Dora. He speaks of transference variously as resistance and as a phenomenon of neurotic behavior in all situations of life. Transference 'is only a special case of the neurotic's inclination to displacement; in order to escape from complexes that are unpleasant and hence have become unconscious . . .' *(4,* p. 35*)*. Here transference per se is regarded as resistance. This notion is of course different from the concept of 'transference resistance'. He conceives of psychoanalysis functioning as a catalyst for the production of transferences. The physician's friendly manner, his 'paternal' air, provides a bridge to the transference of unconscious fantasies about the parents. Here his personality as a factor in eliciting transference is acknowledged. He cites his agreement with Freud that the development of transference is a self-taught attempt on the patient's part to cure himself.[1] In the last part of this paper he discusses at length the role of transference in hypnosis and suggestion. (The close relation between transference phenomena and hypnosis and suggestion is to be found as a recurring idea in Freud and many other analytic writers.)

Ferenczi and Rank in 1923 emphasized the importance of emotional experience in contrast to 'correct interpretation', and

[1] Transference as attempt at cure probably refers to Freud's concept that transferences attempt to satisfy and discharge unconscious libidinal tensions *(12)*.

the importance of a grasp of the whole situation and use of the patient's production to grasp what is bubbling beneath the surface. They admonish against certain intellectualizing tendencies of analysis at that period. In this work Freud's concept of transference neurosis is described as follows: '. . . the analysis has taken the place of the old neurosis in the form of an artificial neurosis—the actual libido fixation has taken the place of the infantile one—the analysis itself has, so to speak, become a compulsion. It is then merely a question, after adequately working through this artificial transference neurosis, of resolving it and its new, actual tendency to fixation . . .' *(5,* p. 12*).*

Healy, Bronner, and Bowers summarize the main analytic views up to 1930. Glover's distinction of analysis into three phases, the opening phase of transference, the second phase of transference neurosis, and the third phase of dissolution of the transference is cited. The transference neurosis 'is the term applied to that stage in the treatment when the earlier transference (positive or negative) becomes merged into a complete re-enacting of the infantile œdipus experience, that is, not only does the analyst represent the parent as love object, but all the old ego attitudes and incest taboos are revived with a restaging of the old conflict' *(25,* p. 438*).*

They summarize the uses of transference neurosis as a psychoanalytic tool. '(a) Every detail of the patient's behavior can be used to illustrate unconscious fantasies and ego resistances, thus helping to convince him of the existence of these reconstructed infantile attitudes. (b) It makes possible the tracking down of early identifications and of recognizing specific superego components. (c) The element of dramatization in the transference neurosis makes the interpretation of the analyst more convincing—the patient has come as near as possible to the actual experience. Conviction is all the greater if the discrepancy between the emotion and the actual triviality of its occasion can be shown. (d) Many tendencies and experiences which have never been conscious find expression. This is the primary importance of the transference reproduction or re-enactment—it

is a way of discharge. (e) It becomes a "lever" or aid to recollection. (f) Transference fantasies may not only be proved as existing but may be brought into direct association with infantile impulses' *(p. 442)*.

In the following summary of some of the principal thinking from 1930 on, it will be evident that transference occurring in the course of analysis and transference neurosis have tended to undergo conceptual condensation.

Wilhelm Reich describes the layering of the transference neurosis on a strictly archaeological model. '. . . the transference neurosis . . . in developing . . . follows the same path as its prototype, the original neurosis, and . . . it shows the same dynamic stratification' *(38,* p. 33*)*. The transference neurosis presents the various layerings from above down in reverse of the order in which they were laid down. Reich's is a consistent and extreme statement of the repetition compulsion model of the transference neurosis.

Anna Freud says, 'By transference we mean all those impulses experienced by the patient in his relation with the analyst which are not newly created by the objective analytic situation but have their source in early—indeed the very earliest—object-relations and are now merely revived under the influence of the repetition-compulsion. Because these impulses are repetitions and not new creations they are of incomparable value as a means of information about the patient's past affective experiences' *(7,* p. 18*)*. Though she does not use the term transference neurosis, her usage of transference is equivalent to Reich's and others' use of transference neurosis. Again, a model based strictly on the repetition compulsion is used. She divides transference manifestations into those arising from the id, the transference of defense, and acting out in the transference.

An extensive discussion of transference neurosis appears in Glover's The Technique of Psychoanalysis *(23)*. This represents his opinions dating back to the 1920's. He states that the work is essentially an expansion of a book on analytic technique published in 1928, and therefore it is appropriate to describe

his views at this point. The transference neurosis is that stage of analysis when the patient's conflicts have shifted from external situations or symptomatic internal maladaptations to the analytic situation itself.

The transference neurosis differs from more sporadic signs of positive and negative transference because it may pass unnoticed by patient and analyst. The transference neurosis is seen in characteristic form only in the transference neuroses, hysteria, conversion, and obsession. Many patients develop strong and varying transferences, but not a transference neurosis. After the transference neurosis has developed, every thought, act, gesture, reference to an external event relates to the transference situation, and the analyst may break in with a transference interpretation at any time in the session. (Anyone experienced in hypnosis will see here a close relationship to the hypnotic trance.) Selective repetition of events connected with symptom-formation is characteristic of the transference neurosis—in contrast to spontaneous transferences which govern current object relationships. (This selective choice of pathogenic events is understandable, I believe, in terms of the patient's and analyst's expectation of what will be produced.) Glover points out that each phase of the transference neurosis can function as a resistance. The transference neurosis builds itself on transference interpretations. Incorrect transference interpretations produce an artificial pseudotransference by suggestion. Glover is often unclear in differentiating transference from transference neurosis.

In 1941 Otto Fenichel *(3)* compared and implied the equivalence of transference neurosis and hypnotic rapport. He refers to the transference neurosis as a kind of acting out in analysis to avoid the development of insight.

Silverberg *(40)* attempts an adaptational view of transference (and by extension, of transference neurosis). He takes as his point of departure the concept of transference as repetition compulsion, and considers that both epistemologically and clinically it should be considered a manifestation of repetition com-

pulsion. He then analogizes transference to the post-traumatic anxiety dream, and considers both *post hoc* attempts at mastery —in the transference of an infantile trauma. Transference is thus a highly specific dynamism occurring within the total setting of the analytic relationship. But, somewhat inconsistently, he describes the aim of transference as not only mastery of a traumatic situation, but also as ultimately an attempt to deny the existence of the frustrating external world.

Silverberg's emphasis on an adaptational element in transference is found in varying ways in the writings of a number of analytic writers. Indeed, this concept has existed parallel with the repetition concept since the early descriptions of the transference neurosis by Freud, and then by Ferenczi and Rank. The cambium simile in the statement by Freud is the prototype of the adaptational view.

Alexander and French *(2)* describe variations in handling the transference. The transference neurosis is depicted as an experimental neurosis of the present, in which the patient relives his neurotic past. The development of the transference neurosis is analogized to the process of active immunization. The patient is exposed in small doses to previously unmastered emotional tensions which he is now helped to master.

Ida Macalpine *(29)* discusses the subject in a radically different way. She indicates that the whole subject of transference is not well understood. She states that it is generally agreed that transference manifestations arise spontaneously within the analysand, and are not produced by the analysis. This belief, she says, is an attempt to differentiate analysis from hypnosis, and analysts from hypnotists. 'One may speculate that analytic transference is a derivative of hypnosis, motivated by instinctual (libidinal) drives and *mutatis mutandis,* produced in a way comparable to the hypnotic trance' (p. 519). Transference in analysis does not simply develop from within, but is induced by the analyst and the analytic situation in the manner of the hypnotic trance.

Instead of using hypnosis, psychoanalytic technique 'creates

an infantile setting, of which the "neutrality" of the analyst is but one feature among others. To this infantile setting the analysand—if he is analyzable—has to adapt, albeit by regression. In their aggregate, these factors, which go to constitute this infantile setting, amount to a reduction of the analysand's object world and denial of object relations in the analytic room. To this deprivation of object relations he responds by curtailing conscious ego functions and giving himself over to the pleasure principle; and following his free associations, he is thereby sent along the trek into infantile reactions and attitudes' (p. 522).

Macalpine points out that regression is induced not by the security of the analytic situation, which is actually frightening and threatening, but as a regressive adaptation to it. She lists fifteen factors that force the patient to adapt to the analytic situation by regression to infantile levels. The analytic environment with its frustration and unchanging rigid characteristics is far from passive. She quotes Freud as saying that people become neurotic because of frustration, and if so they must respond to the frustrating infantile setting of analysis by developing a transference neurosis. 'Analytic transference may thus be defined as a person's gradual adaptation by regression to the infantile analytic setting' (p. 533). She concludes that transference is a combination of the patient's readiness and the external situation. Analytic transference is differentiated from hypnotic transference, because the analyst does not make a transference to the patient, whereas the hypnotist does to his subject. Her point of view, with which I agree in many ways, is unique because it looks at analysis not from the position of the analyst but from that of the patient lying on the couch—a position we are all inclined to forget. This essentially adaptational explanation implies the situation of the sufferer in his quest for relief complying with the particular demands of the healer.

Marmor expresses a view similar to that of Macalpine; he believes that 'the transference neurosis is an iatrogenic artifact which is created by the particular therapeutic approach inherent in the classical model of the neutral, impersonal analyst.

When a patient asks questions and is met with silence, when he reaches out for a relationship and is rebuffed, he experiences over a period of time a kind of progressive frustration. This produces feelings of anxiety and helpless rage, which if the patient remains in therapy ultimately tends to provoke the regressive behavior which we call the transference neurosis' *(30,* p. 197*)*. This position seems to indicate that Marmor regards the analysand more as victim than as patient.

Fisher's study of dream suggestion *(6)* points to the occurrence in analysis of the same phenomena that exist in hypnosis. Gill and Brenman *(21)* are also in essential agreement with Macalpine's position. Karl Menninger *(32)* equates analytic regression with transference neurosis, and among factors inducing this process he includes reduction of sensory input.

Lewin *(28)* states that the analytic hour is 'an altered hypnotic session'. The wish to sleep, as in hypnosis, is replaced by the wish to associate freely. He considers the transference in terms of dream psychology, and the analyst may at varying times represent the soothing breast screen, or day residue, or a waker. '. . . there is a deep effect, which I likened to the musical: the analyst continuously operates either to wake the patient somewhat or to put him to sleep a little, to soothe or arouse; and this effect may be quite unconscious both for subject and analyst' (p. 193).

Lewin here describes what could be called the primary transference neurosis—a recapitulation of earliest feelings toward the mother. I am convinced that much of analysis proceeds not on the background of the analytic blank screen but on the supporting breast screen, which the analyst has become to the patient. This is the unstated, powerfully present transference neurosis of deep regressions in which the libido unwinds.

Returning to more familiar modes of regarding transference neurosis we come to Nunberg's 1951 paper, Transference and Reality *(34)*. He does not use the term transference neurosis in this article, though he very adequately describes the regressive transference. 'In analysis the common goal of analyst

and patient leads first to the identification of the patient with the analyst, and further to the revival of the deeper identifications with the parents. Hardly has this identification taken place when the patient tries to lodge with the analyst the reactivated residues of the infantile relationship with the parents. This can be accomplished only by means of projection. It seems . . . as if the analyst were a screen onto which the patient projected his unconscious pictures' (p. 4).

Three symposia held in the early 1950's and the symposium on Transference of 1955 reflect recent views of the subject. The employment of the analysis of transference and resistance in analytic psychotherapy caused several writers to describe the transference neurosis as the critical factor that distinguishes analysis from other therapies.

Leo Stone says: 'In this process, the mobilization of the transference neurosis holds a central place. Whether one views this phenomenon theoretically as essentially a resistance to recall of the past, or an affirmatively necessary therapeutic phenomenon, toward which interpretation and recall are directed for the freeing of the patient from the analyst and thus from internal parental representations, is largely a question of emphasis, which in a pragmatic sense may vary from patient to patient' *(42,* p. 572*)*. Anna Freud *(8)* agrees to the central role of transference neurosis in analysis.

Alexander states: 'We all agree that the essence of psychoanalytic therapy consists in exposing the ego to the emotional conflicts which it could not resolve in the past. This revival of the pathogenic emotional experience takes place in the patient's emotional reactions to the analyst and is called the transference neurosis' *(1,* p. 685*)*.

Rangell defines analysis as 'a method of therapy *whereby* conditions are brought about favorable for the development of a transference neurosis, in which the past is restored to the present, *in order that,* through a systematic interpretative attack on the resistances which oppose it, there occurs a resolution of that neurosis (transference *and* infantile) *to the end* of bringing

about structural changes in the mental apparatus of the patient to make the latter capable of optimum adaptation to life' *(37,* pp. 739-740*).*

Merton Gill *(20)* compares analysis with psychotherapy. 'By putting together a number of attempts at definition which have been made, I believe that the essence of the psychoanalytic technique is stated in the following formula: *Psychoanalysis is that technique which, employed by a neutral analyst, results in the development of a regressive transference neurosis and the ultimate resolution of this neurosis by techniques of interpretation alone*' (p. 775). Gill discusses the parts of his definition, and emphasizes the analytic goal of pushing the patient toward regression (following Macalpine) in contrast with the more widespread idea that this is a spontaneous development. He explains the necessity of the regressive transference as due to the ambition of analysis to mobilize latent conflict, and because in dealing with a relatively strong ego 'if we do not enforce a regression, we shall not be able to come to grips with the deeper problems' (p. 779). Gill emphasizes that the analyst though enforcing regression does not try to influence it in a specific direction. With this I must strongly differ, for the expectations and theoretical frame of the therapist are bound to influence the transference neurosis, as I shall discuss below.

Phyllis Greenacre *(24)* speaks of a basic or primary transference derived from the early relation of mother and child. Besides this, there is the regressive transference of old nuclear conflicts. This is analogous to a distinction between dream screen and manifest dream, or between what others call basic trust and transference. I think there is validity in regarding the primary relationship as a form of transference also, and this is probably essentially what Freud meant in his 1912 paper on transference by differentiating nonconflictual conscious, positive transference from conflictual, unconscious erotic, and destructive feelings.

A symposium on problems of transference at the 1955 International Psychoanalytical Congress was introduced by Waelder

*(43)*. He describes transference as resistance, as the main vehicle of treatment, and, somewhat uncomfortably, as a means of influencing patients. (Analysts boggle at the part suggestion plays in transference, but always return to it, as if it were an unresolved symptom of our hypnotic past.)

Hoffer *(26)*, participating in the same symposium, defines transference. 'The term "transference" . . . refers to those observations in which people in their contact with objects, which may be real or imaginary, positive, negative, or ambivalent, "transfer" their *memories* of significant previous experiences and thus *"change the reality"* of their objects, invest them with qualities from the past, judge them and try to make use of them in accordance with their own past' (p. 377). His definition, which also applies to transference neurosis causes one to ask: is it possible to conceive of a transference-free relationship? Hoffer says patients always try to exclude the transference neurosis from awareness because the infantile feelings interfere with the continuity of relationship to the analyst. He regards the transference neurosis as essential for complete analysis, and desirable, but also as a form of acting out. He considers suitable analytic patients whose transference neurosis does not, for example, result in their haunting the sidewalk in front of the analyst's house, as 'those who act out "within bounds" '; so in his view transference neurosis can be necessary, or a form of resistance, or acting out.

Max Stern *(41)* viewing transference in terms of the ego, defines it as 'an attempt at reparative mastery of the traumatic failure of infantile dependence, displaced to substitute objects' (p. 156). Thus analytic transference is viewed as an adaptive-reparative phenomenon.

Meerloo and Coleman *(31)* also regard transference adaptively. At its deepest level they regard it as 'an archaic mechanism to bridge the physical and psychological distance between individuals'. Transference serves as a defense against the infantile trauma of separation. It is progressive, striving toward solution of conflict, and regressive, aiming at lost unity. They term

transference neurosis, neurotic transference which includes normal transference functions and neurotic dependency. It is influenced by the patient's predisposition to transfer pathologically, by the frustration of his infantile dependent needs by the analysis, and by the frustration of normal transference (communicative) functions by the analytic situation itself.

Ruesch *(39)* describes transference in terms of communication. The person who treats others in terms of past experience does so because he is not able to handle new interpersonal relationships. 'If the therapist's endeavor is directed at improving the patient's ability to communicate, the patient will eventually be able to relate with progressively lessening transference' (p. 39). Transference is the result of communicative difficulties and is used as a defense against anxiety in social situations.

Pollock *(36)* also considers the transference in interpersonal terms, using sociologic conceptualizations of Georg Simmel. He cites Anna Freud who points out that the analyst in the transference may represent an externalization of a psychic structure such as the superego, which must be distinguished from treating the analyst as the object of libidinal and aggressive strivings. Pollock makes two points with which I fully agree. The transference neurosis may be seen outside analysis, as in a neurotic marriage, and the transference neurosis may be split. 'When it becomes necessary, third persons are drawn into the analyst-patient dyad to form triads to complete either the reliving of old patterns or to facilitate newer integrative ones' (p. 304).

Gitelson *(22)* compares the development of transference neurosis to the movement from narcissistic to object libido. He tries to avoid the notion that suggestion plays a role in the development of the transference neurosis, but considers the background on which it develops as the basic positive transference in which the analyst's attitude is healing, fostering, mothering. On this underpinning the therapeutic alliance and transference neurosis develop.

A comparison of later views with Freud's original formulations shows, as usual, few major additions. (For clarity, I have

not emphasized the views of 'neo-analytic' writers.) The chief widely held additions to Freud's views are: 1. Recognition of the role of the actual personality of the therapist in influencing the nature and outcome of regressive transferences. 2. Recognition of the fact that transference has an adaptive role, variously described as the patient's self-curative attempt; a *post hoc* attempt to master infantile traumas; a function in analysis analogous to active immunization to emotional toxins; an attempt to solve present problems by old, unsuccessful methods; an attempt at reparative mastery; a defense against separation trauma; a way of treating people today in terms of the past, because of difficulty with new interpersonal relationships. 3. The development of a transference neurosis distinguishes psychoanalysis from dynamic psychotherapy, replacing the formerly critical propositions, the analysis of transference and resistance, childhood genesis of the neurosis, and the existence of the unconscious, because these elements are also found in analytic psychotherapy. 4. The transference neurosis develops in a setting of positive transference (Freud made this point too), primary transference, breast screen, basic trust, diatrophic attitude.

New views which have some (but limited) acceptance are: 1, the transference neurosis, instead of arising from the patient's neurosis, is developed by him as his only possible adaptation to the analytic situation; 2, the transference neurosis may be observed outside of analysis, and in analysis it may be split to include besides the patient's relation to the analyst his relation to a third party.

Views which are essentially extensions of Freud's are: 1, transference characterizes the first stage of analysis, transference neurosis the second; 2, the transference neurosis is layered, and in analysis its components are uncovered in reverse of the order in which they were laid down; 3, the analyst besides being the object of infantile libidinal impulses may represent the externalization of the patient's psychic structures.

## ONSET OF TRANSFERENCE NEUROSIS

If, as is implicit in the concept, there is a qualitative difference between transference and transference neurosis, there must be indicators that warn us that transference neurosis is developing.

Freud describes the amenable woman patient who 'suddenly loses all understanding of the treatment and all interest in it, and will not speak or hear about anything but her love, which she demands to have returned. She gives up her symptoms or pays no attention to them; indeed she declares that she is well. There is a complete change of scene; it is as though some piece of make-believe had been stopped by the sudden irruption of reality—as when, for instance, the cry of fire is raised during a theatrical performance' *(14,* p. 162*)*. He describes this outbreak as also serving resistance, but the emphasis is on suddenness; an irruption of strong feelings; the replacement of 'as if' by reality.

Hoffer says: 'I have never seen a transference neurotic episode develop without the patient's making a strong effort to exclude . . . [it] from awareness' *(26,* p. 378*)*. This is because the infantile state of conflict in the patient's mind interferes with the continuity of his relation with the analyst. Hoffer here tells us that transference neurosis occurs in episodic fashion, that it appears following signs of conflict, that the patient wishes to avoid the outbreak. Freud describes the patient as being frightened at finding that she is transferring feelings to the physician *(9)*.

Glover eloquently describes the development of transference neurosis as the patient, instead of talking about the past, becomes increasingly concerned with the present. 'We also find increasing evidence that the forward drift of the patient's libido is beginning to encircle the analytic situation. The more frequent silences are punctuated by little nervous, feathery coughs and throat clearings: the speech hesitates more, as if the patient's throat and lips were dry: the muscles stiffen a little: the couch posture becomes more rigid and wary, and numerous other minor indications appear to show that under the surface

the patient is reacting to the current analytic situation. For the first time anxiety attacks may present themselves on the way to analysis. . . . The patient . . . having brought his diary up to date [at the beginning of the hour] intimates that there is nothing else on his mind. Moreover, he usually expresses the view that it is time the analyst did some talking. . . . In short, the whole analytic situation has taken on a fresh complexion which persists with various degrees of exaggeration throughout the second phase of analysis. *The transference neurosis has commenced' (23,* p. 111*).*

He explains this occurrence as follows: 'We are driven to the conclusion that the patient has been caught up in a forward sweep of libidinal interest, and that whilst it is certainly a defense in the respect that it is a sweep forward, away from memory work, it is one which is accompanied by peculiar difficulties, and is brought up short by quite specific hindrances. This sweep forward, this concern with current events, ends in a more or less complete "jam" in the process of thinking, because its logical goal is preoccupation with the most immediate of all emotional events, viz., life in the analytic room and immediate relations with the analyst' (p. 113). The model here proposed is that of a collision—the current of feeling derails the ordinary process of thought.

Greenacre lays more emphasis on the relation between the persons involved. On the background of the basic transference, derived from early mother-child relationship, 'the nonparticipation of the analyst in a personal way in the relationship creates a "tilted" emotional relationship, a kind of psychic suction in which many past attitudes . . . are re-enacted . . .' *(24,* p. 674*).* It would be tempting to analyze the latent meanings of this metaphor, with its implications that the patient gives in to gravity and suction. It has merit, though disagreeable, because it provides an explanation of the 'deep' and sinking feelings patients experience in the regressive situation.

Gitelson *(22),* also describing the basic confidence fundamental to analysis, uses the felicitous phrase 'the analysis

catches on' to describe, I believe, the onset of the transference neurosis. This phrase has a certain quality of the aha! phenomenon of Gestalt psychology and reflects an observation analysts can often make.

## TRANSFERENCE NEUROSIS CULTURALLY INFLUENCED

Views on this matter seem to range from the extreme position that the transference neurosis is produced entirely from within the patient, to the other extreme, that it is an artifact produced by the physician and his expectations of what is to appear. Another spectrum of opinion extends from the view that transference neurosis occurs only in analysis, to the position that it is a ubiquitous human phenomenon.

There is good reason to believe that the patient will be influenced in his productions by his analyst's expectations, and it is well known that analysts' expectations vary with the group or period with which they are associated, with the subculture to which they belong. Orr gives a good example of this. 'The exact nature of the analytic transference—and therefore of the definition of transference—depends in considerable measure upon a theory of superego formation. Here one may mention the differences between the Vienna School and the English group of child analysts. The nature of transference phenomena will be differently described by those who hold that superego formation is a product of the resolution of the œdipus conflicts, on the one hand, or, on the other, by those who date the origins of the superego back to the projective and introjective struggle with oral-sadistic tendencies' *(35,* p. 629*)*. One group will see the 'good' or 'bad' mother projected, the other the loved or dreaded parents of the œdipal phase.

Zetzel *(46)* describes how transference looks at different levels of analytic thought and might well be describing transference in three cultures. In the earliest phase transference was ascribed to repressed libidinal wishes of early childhood. With the development of the structural view, the analyst could, besides being a love object, be viewed as a prohibiting parent; the

later knowledge of the early relation between mother and child added yet another view of transference.

Nelson and Schendler *(33)* use anthropological data to point out that the objects of transference may be animate or inanimate, fetish, shaman, priest, or spirit, so long as they serve as recipients of attitudes and affects originally directed toward primary objects.

Marmor points out a parallel between the transference neurosis and its induction, and the situation between Zen masters and pupils, 'where the masters' strictness, impersonality and frustrating responses ultimately provoke in the pupils a regressive state akin to depersonalization in which their ego boundaries dissolve and they experience a sense of "oneness with the universe", finally leading to the longed for state of "satori" ("insight" and "emotional maturity")' *(30,* p. 197*)*.

Many societies, cultures, subcultures, religions, and political movements use a variety of techniques to produce a regressive state, in which primitive reactions to parental figures are reactivated for purposes of influence or healing. The type of regressive state, and its handling, is of course influenced by cultural beliefs and expectations, and the general human capacity for childlike reactions.

Wittkower *(44),* a leader in transcultural psychiatry, describes spiritual possession in Haitian Vodun ceremonies. He makes a number of statements relevant to this consideration of cultural factors in transference neurosis. In states of possession a god (*loa*) possesses the sufferer. This possession is regarded as appropriate to the ceremonial setting. The ceremonies satisfy conscious or unconscious emotional needs. States of possession release normally suppressed or repressed aggressive, sexual, exhibitionistic, and narcissistic impulses. 'In essence then it is suggested that the possession state, as observed in Haiti, is a phenomenon of suggestion in suggestible persons living in a culture which fosters submissiveness and hence suggestibility, and that the more suggestible a person is, the more likely he is to pass into a possession state. . . . Analogous to hyp-

nosis, possession states may therefore be understood as a reversion to the phase—and to the bliss—of infantile passive mastery . . .' (p. 79). There are apparently resemblances between the state of possession and the transference neurosis. The release of the primitive relationship is not to be explained solely by regression, but may also be considered to be the result of focusing on the ever-present and varying childlike elements in the personality. What is uniquely analytic is, I believe, not the transference neurosis per se but its handling by rational means, interpretation.

## CLARIFICATION

The term, transference neurosis, should be reserved for situations in which infantile conflicts are activated in their acute original terms, not for their chronic aftermath. In the transference neurosis, for example, a patient may recapitulate his active struggles with his mother. This should be differentiated from the hardening of these attitudes into a chronic stubbornness. A comparison can be made to Freud's analysis of Schreber *(11)*. The loss of the world—the acute phase—is the illness, the chronic symptoms are the illusory attempts at restoration of the world. The transference neurosis is a recapitulation of the original illness; the transference is the attempt at restoration of relationship. Basic primary trust is the usually unverbalized repetition of early feelings of being supported and cared for by the mother. It is the background upon which the transference neurosis develops.

The common situation in which the patient clings to the analytic relationship as a feeding experience is not conflictful until the feeding is stopped, at which point transference neurosis appears. But this state of insisting on being fed results from fear, not confidence, and should not therefore be considered equivalent to the basic primary transference essential to analysis. In accordance with current usage, this state might be called transference symbiosis, and should be differentiated from primary positive transference and from transference neurosis.

Patients in whom developmental arrest is prominent enter at

times into relationships with the analyst in which recapitulation and hence transference is minimal. New experience in the new relationship occurs. This is not transference or transference neurosis. As the new experiences (at best) lead to identification and new psychic organizations, they might, for clarity and accuracy in differentiation from transference phenomena, be termed structure-forming experiences.

Transference neurosis and the process which Ferenczi and Rank called the automatic unwinding of the libido are a complementary pair. In the transference neurosis past experiences are recapitulated in relation to the analyst. This development is, as Hoffer says, resisted because it causes a discontinuity in the patient's relation to his analyst. This is put in other terms by Wolstein: 'When in the patient-analyst relationship, the patient's anxiety is aroused and interferes with continued collaborative endeavor on the problem at hand, the alteration of the patient's behavior, verbal or otherwise, is a transference distortion, the emergence of a parataxic communication in the analytic situation' *(45,* p. 137*)*. The transference neurosis is thus a disturbance in the analytic relationship and, whether positive or negative, is experienced by the patient as a heightened sense of feeling differentiated from the analyst, whether the analyst is regarded as an object of fear, anger, or love. Interpretation of the transference neurosis (and nonverbal means of handling it) leads to a reduction of this separateness, and to the phase of unwinding of the libido, which occurs in a setting in which the patient does not feel the presence of the analyst so much as a separate person. The decreased distance from the analyst facilitates identification with him. The unwinding is not transference neurosis, but analysis of the transference neurosis makes the undiluted primary transference and the unwinding and the identification possible.

It is desirable then to use four separate terms for different phenomena which have all at times been subsumed under transference or transference neurosis: 1, transference neurosis; 2, transference; 3, basic primary trust; 4, transference symbiosis.

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# The Motor Sphere of the Transference

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# THE MOTOR SPHERE OF THE TRANSFERENCE

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Simultaneously with the discovery of the significance of the transference in the Dora case, Freud introduced the concept of acting out *(2)*. An impulse of revenge because Dora had been deceived and deserted by another man (Herr K) was displaced to the analyst, whom she in turn deserted—an action (identification with the aggressor) that substituted for the recollections which should have been forthcoming in the treatment. While Freud had been laboriously reconstructing a past episode of pathogenic influence in the girl's life, it had swept forward in a repetitive movement that engulfed him in the present—a temporary disaster for analytic therapy which was to be transformed into one of its great discoveries and assets.

This transformation was gradual. A decade later Freud was distinguishing normal and neurotic transferences and their manifestations both within and outside the analytic setting *(4)*. Here the emphasis was on neurotic acting out within the setting, which had both disadvantages and advantages. While a resistance, it was useful in guiding and verifying interpretations and in insuring the patient an emotional participation in the proceedings which alone could produce conviction as to the analyst's constructions about the past. The disposition of the transference to seek motor discharge in action required constant attention and management.

This aspect was given a more basic position in psychoanalysis two years later in a paper that Freud himself regarded as a turning point in the theory and technique of analytic therapy *(6)*. Here, for the first time, he distinguished between transference and transference neurosis and introduced the concepts of working through and the compulsion to repeat. He also described, but did not yet use the term, 'principle of abstinence'. These innovations heralded what Freud later called the

'third phase' of psychoanalytic therapy *(11)*, succeeding: 1, that dominated by the intellectual interpretation (as in the Dora case); 2, the intellectual interpretation supplemented by persuasion of the patient through the transference to abandon the resistance against the interpretation. Thus, when the Rat Man remained sceptical about the relationship of an earlier learning block to repressed love, Freud was able to produce conviction by showing a similar reaction now developing in relation to his own daughter, as manifested in the patient's fantasies *(3)*.

The third phase crystallized about the passive Wolf Man, in whom the infantile neurosis could not be reconstructed by interpretation of the resistances until a realistic pressure had been introduced through the threat of terminating treatment. In response to the criticism of Jung that he was not placing sufficient emphasis on the present, Freud retorted that he was indeed mindful of current conflicts, but that the childhood neurosis was operative in the latter *'in determining whether and at what point the individual shall fail to master the real problems of life' (9,* p. 54*)*.

The revival of the past took place through a transformation of the latent childhood neurosis into the current neurosis in real life. Transference here played a role analogous to that of the day residue of the dream. In the one instance, it led to action; in the other, to dream images. The analyst sought an intermediate outlet for the same transference—through recall and verbalization in the analytic setting that was intermediate between real life and the dream. A distinction had to be made, however, between the transferred memory as it created a neurosis in real life and the transferred memory as it produced the neurosis in the analytic setting. It was in the latter that the term 'transference neurosis', hitherto applied to certain neurotic constellations, assumed the specific sense of neurotic reactions to the analyst himself. The changed focus—the reconstruction of the past through a route that led from the external world into the analytic setting instead of directly through memory—was the specific feature of the third phase of treatment.

The disposition of memories to seek re-enactment in the immediate present was accepted, but required control: 'We must treat his illness not as an event in the past, but as a present-day force' *(6,* p. 151*)*. The new orientation continued trends that had begun with the evolution of psychoanalysis from cathartic therapy. At each step of the way, the search for forgotten memories had remained the goal. However, the course of analysis, following the detour of the resistances, had ended in a study of the totality of forces shaping behavior in contemporary life, as viewed from the vantage point of the analytic setting.

The verbal bridge between free association and interpretation was the dominant link between patient and analyst during the first and second phases of analytic therapy. It now proved to be only one of several links. Affective and motor bridges were discovered and their importance recognized. These were more likely to have beginnings and endings in real life situations that not only affected analysis through real pressures but through acting out.

Freud considered that interpretation, as a verbal instrument, was insufficient to master the motor transference for the following reasons: 1, the analytic setting inherently presented a limited field for the observation and control of the real life situation, since the latter was often used as a privileged sanctuary for resistances in material that might not even be reported to the analyst; 2, the very success of an interpretation could be expected to stir up past memories whose regressive and infantile elements, overflowing into real life, might seriously compromise the patient and interfere with the continuance of treatment; 3, progress in the resolution of the neurosis could lead to a relaxation of the patient's discomforts and a diminution of the incentives to continue treatment until the true analytic goals had been attained.

In Remembering, Repeating and Working Through, Freud recommended measures to deal with these problems. One strategic move employed a 'stick-and-carrot' technique, a double-pronged maneuver intended to shut off the discharge channels

of transference into the external world and at the same time to open the gates into the analytic setting, where it might 'expand in almost complete freedom and . . . display to us everything in the way of pathogenic instincts that is hidden in the patient's mind' *(6,* p. 154*)*.

Freud had recently written a paper, On Narcissism, which connected theory with the reformulations that were proceeding in the clinical sphere *(5)*. The concept of the libido extending amœbalike into the external world and then being drawn back upon the self, found its counterpart in the relationship thus envisioned for the transference. The agent that was to block the libido from the external world proved to be the principle of abstinence which, beginning with admonitions against important decisions during treatment, was to become more rigorous so that by 1918 Freud was counseling analysts to be alert to and discouraging toward even innocuous satisfactions that diverted energies from the progress of treatment: 'It is the analyst's task to detect their divergent pathways and to require . . . [the patient] every time to abandon them, however harmless the activity which leads to satisfaction may be in itself' *(10,* p. 163*)*.

The 'carrot' part of the technique, the alluring of the transference into the analytic setting, involved recognition of acting out in the patient's affects and behavior, along with his verbal productions, and subjecting it to interpretation. In this way, the verbal bridge was widened and the expressive and communicative aspects of nonverbal speech given analytic currency. 'For instance, the patient does not say that he remembers that he used to be defiant and critical towards his parents' authority; instead, he behaves in that way to the doctor. He does not remember how he came to a helpless and hopeless deadlock in his infantile sexual researches; but he produces a mass of confused dreams and associations, complains that he cannot succeed in anything and asserts that he is fated never to carry through what he undertakes' *(6,* p. 150*)*. Freud also widened the verbal bridge on the analyst's side and included

his own affective responses and actions as material contributions to an understanding of the relationship: '[Patients] contrive once more to feel themselves scorned, to oblige the physician to speak severely to them and treat them coldly . . .' *(11,* p. 21*)*.

The analyst's role consisted in giving verbal cathexis to such behavior through his interpretations, thus lending the repressed the power to enter consciousness—again a concept that was soon to be expounded in his metapsychological papers *(8)*. Ideally, the past memory would be integrated into a higher state of mental organization in the very act of recall through words—a postulate that had its origins in the cathartic method of treatment. Nevertheless, such a direct transition from the unconscious was seldom possible. The more immediate result of the interpretation was likely to be a stimulation and discharge in acting out of the repressed memory, which made the progress of analysis an alternation between the evenly suspended attention with which the analyst followed the free associations of the patient and the alertness to acting out which challenged him to a 'perpetual struggle'.

It was here that 'working through' was invoked as an additional factor that was to come to the aid of the treatment. The Wolf Man had entrenched himself in a comfortable apathy despite interpretations and Freud spoke with manifest disapproval of the long education required to persuade him to take an 'independent part' in the proceedings. Evidently, more was expected of him than free association. The additional contributions are delineated in somewhat more detail in a subsequent commentary, which underlines the expectation that the patient will use an interpretation to become '. . . more conversant with this resistance . . . to *work through* it, to overcome it, by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis' *(6,* p. 155*)*. Working through was now seen as the most effective factor in treatment and the specific agent of analytic therapy. Further discussion of this point makes it clear that the patient is expected to apply insight and curb acting out *(7)*.

It was not always recognized or thought necessary to comment on the two discrete and not readily reconciled images of the analyst that now emerge: the relaxed and neutral analyst abjuring therapeutic ambition and the perpetually struggling analyst determined to insure progress when the therapeutic ambition of the patient seems to be failing. There are also two complementary images of the patient; the one who has abandoned himself to semihypnotic free association and the other who is determined to support the analyst's measures in more active ways. What has actually entered psychoanalytic therapy is the forerunner of a therapeutic alliance *(19)*. Based on the real external world, it is set as a counterbalance to the transference relationship and is an indispensable condition for treatment.

The contradictory images are aspects of the transition from the second to the third phase of analysis and do not emerge when the papers on technique are read as an unbroken series. Actually, the latter consist of two sets of papers with a temporal interval between them during which momentous events occurred in the history of Freud and the psychoanalytic movement. The first set, comprising four papers, was published between December 1911 and March 1913. Before July 1914, when the second set with two papers was begun, a final break between Freud and Carl Jung had taken place, leaving much disturbance in its wake. This was in September 1913, and almost immediately thereafter, Freud repaired to Rome, the city that had long dominated his unconscious.

Later in that year he wrote The Moses of Michelangelo, usually conceded as of special autobiographical significance, which he published anonymously *(14)*. Certainly, for our purposes, there is some temptation to speculate that the vision of the angry prophet and lawgiver, stirring in his chair and deflecting his gaze from inner preoccupations to a dismayed contemplation of external intrusions, was autosymbolically representative of a historical trend that was emerging.

There is less speculation about the fact that Freud, while on the same visit to Rome, wrote the first draft of On Narcissism

which was completed in March 1914 *(5)*. With it, the re-orientation of psychoanalysis from a depth psychology to an ego psychology, correlating inwardly and outwardly directed interests, found metapsychological expression. The two technical papers that followed *(6, 7)* carried the new orientation into the clinical sphere.

It was thus not a contradiction but an evolutionary step that brought an active and reality-conditioned patient-analyst relationship into a sequence with a passive and depth-conditioned relationship. There was not even a psychological contradiction but rather an amplification of viewpoints. The relaxed relation between patient and analyst favored a widening of the inner boundaries of the ego; the mutual attentiveness to events in the external world favored a widening of the external boundaries. It is in accordance with the structure of the mind itself, the organizing processes of the ego and particularly the function of thought, that divergent viewpoints must be noted and integrated in the interest of adaptive action.

Thought is inherently related to motility. To a remarkable extent its functions provide a model for the analytic setting and process. External motility is inhibited, often because of the need to replace spontaneous action with problem-solving reflection. The past is drawn on for memories and fantasies that provide the material for trial action—a counterpart to the process of free association. The decisions which represent considered judgment are released into the external world in the form of reasonable action; the perpetuation of infantile elements in judgment disposes to acting out. Thus, in acting out we may distinguish: 1, the influence on current behavior of pathogenic dispositions rooted in past personality formation; 2, the related acting out that takes place within the analytic setting during the course of analysis; 3, the inevitable acting out in and between sessions which marks the successful work of the interpretation in lifting countercathexes; 4, the acting out between sessions of resistant elements that have evaded verbalization; 5, the acting out of newly emergent elements that are undergoing subse-

quent maturation and re-integration into the total personality.

The over-all framework for acting out must ultimately be found in its relationship to realistic action, as Heinz Hartmann indicates *(13)*. It is very difficult, especially from the analytic standpoint, to differentiate decisively between unrealistic and realistic action. Not only do they grade into each other, but they alternate and the difference may well depend upon the setting. Infantile and even pathogenic contributaries to realistic action are part of many sublimations and are fostered in various ways by society as useful social institutions. The appeal of realistic action to the individual and the group has distinct limitations and the person who insists on determining his behavior realistically may be the one who is acting out. Values become a factor, as in the case of the conscientious objector who, in time of war, wishes to carry out precepts in human relationships that are regarded as realistic in time of peace.

The assumed relationship between the infantile, the current, and the transference neuroses, on which Freud built his postulates for the control of acting out, underwent modifications in his own lifetime as well as later. At first it was his belief that an identity existed between the residue of an infantile neurosis in the unconscious, the regressive animation and reappearance of it in the current neurosis, and the ultimate form that characterized its appearance in the transference neurosis. The link between the three was provided theoretically by the concept of the compulsion to repeat.

Later, Freud recognized that there was not likely to be a complete re-animation of the infantile in the current neurosis *(12)*. The latter, in turn, could not be reproduced completely in the transference neurosis, which had artificial elements *(11)*. Even the re-awakening of the original infantile memory would not dissipate the after-effects that had long since been integrated into the personality. More recently, the concepts of change in function and of intrasystemic relationships between defensive and adaptive functions, have given structural statement to the same considerations. Erikson's review of the Dora

case provides an instance *(1)*. It lays stress on the realistic aspects of her resentment to her father and Herr K and her bias against Freud because of the arrangements for treatment made with her father that established a realistic, as well as transference, succession among these men. Adolescent identity problems contributed a contemporary note to her repudiation of adult guidance. One cannot dismiss her decision to leave treatment as mere resistant acting out.

There can be no resistant substitution of motor memory for a verbalized memory if the patient does not conscientiously adhere to the fundamental rule and attempt to free associate. Dora's plans were deliberately withheld from Freud. It is interesting, from this standpoint, to consider the hypothetical interpretation which, after her departure, he assumed might have produced a different outcome. 'Why', he asked, 'do you think I am like your father and Herr K?' Such a confrontation contained within it an introduction to a transference interpretation. Beyond this, however, there was also an appeal to form a realistic therapeutic alliance. The interpretation combined with singular subtlety a demonstration of the present as well as the past, a reminder of the real personality of the therapist as well as the imagined links to the father.

The genetic approach to the reconstruction of acting out must place it in a context of phase-specific situations in which motility gradually evolves from discharge functions to magical and then realistic mastery of the environment in the service of inner needs. The 'acting out character', which is often used as a model for acting out, frequently is conceived of as representative of early oral and preverbal needs that must establish immediate contact with the object. Even at the transitional stage to the verbal, however, more complicated and symbolic significance is attached to acting out, as in the case of the child who threw a toy under the bed and then recovered it as a displaced means of controlling the appearances and disappearances of his mother *(11)*. Such motor fantasies may serve as a matrix for both constructive play and character development as well as for

symptom-formation, depending on the success of the outcome.

Each phase of development, with the characteristic motility that marks it, shows specific forms of acting out, so the assumption that acting out must always be attributable to preverbal or oral experiences seems to have little theoretical or clinical justification. It is important to construct in detail the actual situation represented by the acting out—the compulsive masturbatory substitutes of the anal phase with its regressive relationship to sphincter control; the avoidances of the phobic reactions; the dramatizations of the hysteric. It is seldom that a single original experience is to be demonstrated except where it has acquired screen functions. Like manifest dream contents, acting out is multidetermined and derives from interactions between current problems and a hierarchy of past experiences as structured in the organization of the personality. Typically, an acted out episode will show elements of both denial and mastery which are part of the learning process.

The analogy between the dream image and the enacted experience has often been made. Each serves to relieve symbolically an immediate tension by a wishful recall of past successes which actually constitute a denial of a trauma. Whereas the dream, rooted in the condition of sleep, achieves perceptual mastery of a situation, acting out achieves motor mastery. In essence, what is acted out and denied is a motor act that was originally frustrated—most typically that of masturbation. Here a splitting of the ego may be observed; contemporary masturbation may be carried out with little apparent conflict, while the castration threats of the past and present are eliminated through accompanying fantasies and rituals. Quite frequently, as in the perversions, the latter become the conditions under which sexuality may be achieved.

The detailed reconstruction of the significance of acting out takes place in analysis through observation and interpretation of the transference acting out. The problem of placing motility in its rightful developmental and functional relationship to the rest of the personality is especially great because of the techni-

cal limitations of the analytic setting. There has been more of a tendency to treat motor behavior empirically than to integrate it into the metapsychological formulations with respect to treatment. Thus, the goals of love and work, and the stages by which they are achieved, involve the motor sphere of the personality, but do not receive the detailed attention that is more readily turned to the traditional ego-id border of the personality; nevertheless, the ego-object border constitutes a constant source of the material and problems presented to the analyst. Its essential relationship to the process of refashioning the personality is most frequently encountered in discussions of working through as a means of discovering, with ever greater precision, the detailed malfunctioning in the past and present which confirms the interpretation of the analyst and provides insights that facilitate the further progress of treatment *(15)*.

The resistive rather than the adaptive aspects of transference action have been stressed, yet they are intermingled. The wish of the patient to marry during treatment includes positive transference and the constructive evolution of the personality toward the ability to love. The wish to become an analyst, though usually unrealistic, may be transmuted into the professional activities of the particular patient, contributing constructively to his ultimate ability to work. The concept of the transference, as set forth by Hans Loewald, is especially attuned to this viewpoint *(18)*.

In reconstructing the past, the adaptive as well as the defensive aspects of motility must be weighed in the particular situation. As Freud indicated, a sublimation may, at certain stages of treatment, serve as resistant acting out. An intimate relationship between phobic motor avoidances and the development of talents is frequently observed; in analytic regression, the restoration of motor functions may in turn disrupt the use of the talents.

In the patient's reports about his behavior, it is often difficult to distinguish rational from irrational elements. Thus, a lawyer

undergoing analytic therapy, who is much given to altruistic sacrifices for idealistic causes and impecunious clients, presents a problem of values if the suggestion is made that he is 'acting out'. The subject becomes material for analytic investigation when the patient himself indicates that his altruism may be neurotic and engenders conflicts with his wife. When his altruistic behavior becomes involved in the transference neurosis—drawn, as Freud stated, from the external situation into the analytic setting—then an analytic confrontation is unavoidable. Typically, the external behavior will be used for resistant aspects, so that the problem of management confronts the analyst.

Thus, as the lawyer repetitively referred to the great amount of time he devoted to his clients, his availability day and night to their needs, and his indifference to the financial gain involved, an unverbalized reproach against the analyst seemed apparent and required confrontation. Even here, one must be cautious in speaking of 'transference'; the standards set by the analyst were indeed quite different from the patient's ideal. Faced with the possibility that he implicitly had the analyst in mind, the lawyer readily acknowledged this, but with the comment that analytic conditions were different and that he 'really' was not critical. Nevertheless, he wondered what the analyst thought of his idealism.

It was the end of the hour. At the beginning of the next session, the patient, who often introduced free association with a dream, now told of an episode of the previous day. His small son wished to play with him but he curtly sent the child away. His wife reproached him for having time for everyone but his own family. He flew into a rage, accused her of stupidity and felt inwardly once again that she was a limited person and not a suitable life companion for himself. Even as he was berating her, however, the idea crossed his mind: 'Why am I behaving like this? There is some problem that I am working out on her. I will have to discuss this with the analyst.' At this point he apologized to his wife. Then, instead of devoting the evening to an impecunious client, as he had intended, he studied a special

and lucrative branch of law that had recently attracted his interest and to which he would devote himself increasingly.

The ongoing revision in his personality, which was proceeding on the basis more of a transference identification than of insight, is illustrated by this episode, here explored only from a limited number of facets. The patient's tacit reproach to the analyst in the preceding hour: 'Why do you limit yourself to such a cold and material relationship to me?' was carried over through identification into the home situation where it was acted out in projected form. The endeavors of his child and wife to win his love were rejected and ruthlessly dispatched 'at the end of the hour'. However, the claims of his impecunious client now met with the same fate and the lawyer coldbloodedly devoted himself to his own future and material profit, which he was, in fact, to achieve.

A deeper analysis can be provided only sketchily in this context. The scene at home may usefully be regarded an an œdipal revival, with a rejection of his mother and himself by the father. The transformation, on the basis of the transference identification, actually resulted from a shift in the balance between two conflicting components in his personality. His need for dependency had been gratified indirectly through projected narcissistic love for his family. As intensified by the transference neurosis, this became a dichotomy between œdipal desires and superego inhibitions and transformations which were externalized in the acting out and internalized in a new superego formation that drew upon the analyst as a model.

The relationship between the two analytic sessions and the interposed episode will be regarded in this light. The implied realistic comparison between the lawyer's ideals and those of the analyst was underlined in its deeper meaning by the appeal of his son for love and attention, which he spurned at home. The analytic task must consist therefore of 1, recognizing the thought that was acted out and bringing it to verbalization, completing a process that was already underway on the couch; 2, tracing the genetic origins of the behavior.

If the patient could not possess the analyst as an object, he could get closer through identification. At home the new identification was acted out, just as (through projection) were the dependency needs of the family and clients. The 'need to tell the analyst' about his behavior during the ensuing session is frequently characteristic of transference acting out, as it is of transference dreams, and provides the patient with an opportunity to communicate a thought that cannot yet be verbalized directly. To this extent, it presents a surface from which an interpretation of acting out may naturally proceed. The correct interpretation offers the readiest way to make the enactment of a message unnecessary and therefore to curb the disposition *(17)*. In the above instance an introduction to the underlying childhood memory is offered in the reported episode which has structural similarities to a manifest dream content. The confrontation of the preceding day had promoted a loosening of the countercathexes and the emergence of the underlying fantasy. This had been transferred, as in the 1914 description, to an area of activity outside the analytic situation. With the report of the patient, it found access to the analytic setting through the verbal bridge. Now, by interpretation, infantile drives and their disposition during development could be used to explain his altruism.

Interestingly and typically, the analyst's role is also enacted in the external setting. The dependent members of the family are rejected and spurned as the patient feels himself to be by the analyst. He proceeds beyond this, however, in the continuance of the identification, to spurn his dependent clients and devote himself to a lucrative specialty and his self-interests. This picture of the analyst, already introduced into his associations on the previous day, now calls even more urgently for verbalization: it is the immediate transference resistance that is being acted out rather than expressed in words. The presumptive narcissism of the analyst is being used to repress his own dependency needs.

Nevertheless, even in the form of acting out, the identification

with the analyst shows constructive aspects. In the midst of berating his wife he was impelled to question the motives for his irrational behavior. This was not an entirely new attitude; similar self-confrontations had played a part in inducing him to seek analytic treatment. This self-observing and self-critical tendency however was now drawing new sustenance from the therapeutic alliance. In the real life situation, just as in the analytic setting, this alliance was a factor in setting the observing ego in opposition to the experiencing ego, thus promoting the acquisition of insight. Not only the transference neurosis, but the transference alliance was assuming new dimensions and influencing action both rationally and irrationally.

The control of acting out through the establishment of prohibitions may be necessary as an acute emergency measure or in dealing with borderline cases. In essence, it substitutes one form of acting out for another: the analyst assumes the guise of a strong ego or superego figure with definite directive tendencies which the patient may obey or defy. The posture is difficult to reconcile with the basic goals and techniques of psychoanalysis. The alternative management through interpretation is usually recommended, but with insufficient elaboration.

Recognition of incipient transference implications of contemporary behavior provides the most useful method for drawing this channel of escape into the sphere of analytic control. 'Reconstructions of the present' are structurally complementary to 'reconstructions of the past'; both are distinguished from each other in the same interpretation *(15)*. The very communication of an episode from daily life invites the analyst to become part of it and hints at the possibility that transference implications are already present. Similar significance is attached to the formation and communication of a dream during treatment *(16);* there are parallels between the compliant dream and the compliant episode of acting out. The transference day residue may be traced in much the same way in each—through transference identifications, ideas withheld during free association, the need to know what the analyst thinks and does, etc.

The influence of the analytic setting and procedure on acting out must also be taken into account. The inhibition of motility and the limitation on direct satisfactions during a session will inevitably instigate release phenomena between sessions; deprivations in intimacy will be succeeded by indulgences in company. The analyst is the invisible introjected witness and regulator of the subsequent activities. He must not underestimate his part in the major portion of the analytic work that takes place in the external setting.

What was acted out in the Dora case was in part a claim for the analyst's attention to her contemporary life. What was acted out in the Wolf Man's complacency on the couch was relief at the escape from contemporary life. The motor sphere of the transference served the analyst well in teaching him to correct the one-sided constructions about the past that were the legacy of the cathartic method.

## SUMMARY

The discovery of transference was inevitable because of the transition from the cathartic method of treatment to free association and psychoanalysis. The admission of the patient's untrammeled fantasy life and range of interests into the analytic setting shifted the search for forgotten memories to an examination of contemporary behavior as a scene of interaction between present needs and past dispositions. Transference, from the beginning, was associated with a disposition to act. This is understandable, as it derives partly from archaic techniques for the relief of tension and the attainment of satisfaction. The disturbing features have attracted attention to oral impulsivity, preverbal residues, and resistant acting out as alternatives to verbalization in the analytic setting. In a larger sense, however, the motor aspects of transference are part of the motor testing of reality inherent in the secondary process and include, as in the Dora case, relatively mature adaptations of the personality.

A review of the 'three phases' of psychoanalytic technique, as

differentiated by Freud in 1914, shows the interrelationship between evolving views of transference and the adaptation of analytic goals and procedures to these views. Remembering, Repeating and Working Through finally and clearly put transference in the foreground of analytic work. With it came the concepts of the compulsion to repeat, the transference neurosis, working through, the principle of abstinence, and the therapeutic alliance. The change from direct reconstruction of memories to concentration on present behavior was part of a shift toward ego psychology that was also taking place in the metapsychological papers of the same period. The technical papers of Freud, often considered a unit, reflect a transition from the second to the third phase of analytic technique. The ego-id border of free association, evenly suspended attention, and a verbal bridge had to be supplemented by that of the acting-out patient, the perpetually struggling analyst, and a motor bridge to the external world. The interrelations are considered from the standpoint of the structural model and functions of thought as reproduced in the analytic setting.

Freud demonstrated that acting out had normal and reparative, as well as resistant, aspects and that it derived from the whole chain of past experiences, including relatively recent events. The concept of acting out has come to include a wide variety of motor activities, not all of which relate to the transference. In its original use, it was most applicable to the motor representation of repressed memories and resistances to the verbalization of these memories in the course of free association. In the structural framework these meanings seem best preserved as descriptions of the 'motor sphere of the transference'. Clinical and theoretical problems involved in the management of the motor sphere of the transferences are discussed. Prohibitions and the rule of abstinence are seen as an extension of the restrictive conditions of the analytic setting to the external environment. The adaptive viewpoint stresses the useful and constructive as well as resistant aspects of such behavior. Thus, on the basis of clinical material, the therapeutic alliance

is found to be operative in the motor sphere of the transference, taking as its nucleus identification with the analyst and the patient's healthy wish to be cured. Careful and systematic correlation of the events within the analytic setting with events in the external setting, rather than prohibition of activity in the sphere of experiments with real life, deepens the insight into each and furthers the use of interpretation as well as the progress of therapeutic revisions of the personality.

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# Problems of Training Analysis

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# PROBLEMS OF TRAINING ANALYSIS

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## INTRODUCTION

This paper is based on one prepared for a small meeting that took place before the Congress of the International Psychoanalytical Association in Amsterdam, July 1965. It was circulated in advance to all analysts who were attending the special meeting. This version has very few revisions and includes a considerable portion of the introductory remarks made by the author.

When the discussion was planned, it was decided to limit the presentation to problems encountered in training analysis which have a direct impact on and may influence the outcome of the psychoanalytic process itself. Attempts might then be focused on understanding the extent and nature of the intrusions of training into the therapeutic process and the actual work of analyzing. These limits were imposed to exclude such other problems involved in the planning and administration of training as criteria for admission, selection of teachers, the curriculum, requirements for graduation, and others. There are also training problems which vary specifically according to the location of an institute; whether, for example, it is part of an academic, nonmedical, or a medical organization, or is a wholly independent institution. There are further problems too, much influenced by the structure of the community in which each institute has developed. Important as these are, and with due respect for the fact that they sometimes play an accessory part in the complication of the personal analysis of the student, still it seemed better not to attempt to include them in this paper lest the field under consideration become so broad that the discussion might at this time become unmanageable.

The literature is not comprehensively reviewed. Only a brief summary of the main trends in training analysis published since the Second World War is given. This survey of the litera-

ture, made by the author in 1962 for the Committee on Psychoanalytic Education of the American Psychoanalytic Association, served as the basis of discussions in that committee.[1]

As a practical expedient the review of the literature was limited to the chief articles published in 1950 and after. This was a time when the considerable growth in the size of institutes following the Second World War had become somewhat stabilized. The development of analysis of the ego had furthermore progressed so far that it was being more thoroughly assimilated, and it was influencing not only psychoanalytic instruction but the conduct of analysis itself. There were thus two important changes: one intrinsic in the analysis of applicants for training, the other in the organizational setting in which training analyses were conducted.

The articles reviewed were those of A. Freud,[2] G. Bibring, M. Gitelson, Grotjahn, Nacht, Lampl-de Groot, Heimann, and M. Balint, all of them presented at the International Congress in 1953 and published in the following year *(4, 3, 5, 6, 11, 9, 7, 1)*. There were also some other articles not specifically reviewed *(12, 13, 14, 15)*.[3] From then until 1960, there were a few articles but no comprehensive dealing with the subject until the Lewin-Ross Survey of Psychoanalytic Education in the United States *(10)*. It was the philosophy of the surveyors, Lewin and Ross, to report on the conditions, standards, and official practices in the various institutes throughout the United States, rather than to enter at once into any statement or intensive study of the psychodynamics of the problems of the individual student. The report stresses throughout the prevalent conflict between the therapeutic and the administrative (sometimes including

[1] It contributed to a paper later published by David Kairys, New York 1964 *(8)*.

[2] This paper was originally written in 1938 as a report to the International Educational Commission in Paris and first published in 1950. My translation was obtained through the courtesy of Dr. Paul Kramer of Chicago.

[3] One should mention also a discussion by Bernfeld written in 1953 for the San Francisco Psychoanalytic Society and published in 1962 *(2)*. He stated his strong conviction that organized institutes were so strongly 'teacher-centered' as to interfere with sound training of psychoanalytic students; but he did not take note of many of the specific problems we are considering here.

the pedagogic) roles of the training analyst, and that this conflict is acknowledged but cannot be wholly resolved by shifts from one aspect to another of the training analyst's functions. Lewin and Ross find important that the environment in which different institutes operate influences their special problems. The basic troublesome conflict of roles among training analysts has been recognized to some degree time and time again since personal analysis of the prospective analyst was found to be essential in his training.

Another change which has occurred in the principles of training and has influenced its practice is the shift from the expectation that students regarded as normal would be adequately served by shorter terms of analysis than are usually required by analytic patients. The literature indicates however that this expectation was originally based on the absence of overt clinical symptoms or clear evidence of definite defects of character and of gross instabilities. At a time when psychoanalysis was struggling to establish itself against formidable opposition and prejudice, superior intellectual endowment and achievement were valued together with indications of great interest in making a life work of analysis.

It soon became apparent that the absence of overt symptoms was not infrequently associated with unusually rigidly organized ego-syntonic defenses which either defied analysis or required a much longer and more painstaking analysis than was necessary in applicants with clearly defined neuroses. Such candidates as appear normal by virtue of massive defenses do not readily empathize with the neurotic patient. They are inclined to rely on intellectual insight into the deeper aspects of neuroses, and require too great a systematic approach in dealing with neuroses. They are unaware of, or impatient with, many fundamental emotional nuances and implications in the irrational aspects of their patients' productions.

It should be remembered that the plan of training applicants was determined pragmatically and empirically, according to the needs both of the developing science of psychoanalysis and

of the changing conditions of its practice. It developed even through the periods of two world wars in which the need for psychological understanding and therapy became imperative. Especially in the Second War it gained many adherents through the practical evidence that men trained in psychoanalysis were better able to understand and resolve problems of the troops, (under conditions in which the technique of psychoanalysis was not in the least feasible), simply because they understood them better from the depth of their knowledge from psychoanalysis than was the case in the disciplinary and regimentational methods of the neurologists and of the behavioral psychiatrists and the psychologists.

We are now in the third generation of psychoanalysts. In the first, Freud was clearly the master and the great leader; the science was in its beginning, and the attitude of the medical profession and of the public was suspicious and hostile. In this setting those whose interest was so enlisted that they sought to become analysts did so out of conviction from a sturdy scientific curiosity and an imagination which responded to Freud's discoveries. Those who were psychiatrists were often influenced by their realization that other forms of treatment were inefficient.

All this of course meant that the original group of analysts was small. All or most of its members were individually chosen and were, in a sense, 'special'; they were bound together by the ties of intense dedication and enthusiasm that emanate from a great leader. This was intensified by the then unpopularity of their interests. At the present time the degree of acceptance of psychoanalysis has enormously increased, though it varies greatly from place to place. In the United States there are localities where it may be looked upon with almost as much distrust and hostility as that which first greeted Freud's discoveries. But, by and large, it has become definitely established and has even gone through a period of overpopularity such that, as was so marked in the period immediately after the Second World War, more young professional people

sought to become analysts than could possibly be trained.

While there is a nostalgic yearning among many older analysts (shared by younger ones as well), to return to the individualized and less formal training of the past, and to see this as the answer to many of our present dilemmas, this is not feasible. Furthermore, many of the problems to be discussed in this paper were apparently existent among the earlier groups, and some may even then have been more intense. Time cannot be turned back, and with the increased number of student analysts it is virtually impossible to divorce the personal analysis from its reference to the training organization and setting. Even in those few psychoanalytic institutes in which the student is not formally accepted until he has had a certain period of his personal analysis, or has 'completed' it, in so far as he undertakes it with the intention of becoming a student and in most instances is being analyzed by a training analyst, the shadow of the institute still intrudes itself both on the aspiring student and on his analyst. The training situation leads inevitably to a conflict of aims in the student between that of being relieved of his neurosis and that of starting his career as an analyst as soon as possible. Career often exceeds therapy in importance. In his analyst a reciprocal conflict may supervene with a division of his interest between a concern about his analysand's welfare as a patient and his involvement in the student's success in undertaking his career.

It is evident that conditions of training vary greatly from place to place. The whole historical development of training is more or less represented in the spectrum of problems presented in different places, dependent on the cultural milieu influencing the nature of the community response to a psychoanalytical point of view. We cannot hope to cover all the diverse conditions of psychoanalytic training, and it should not be assumed that the content of this discussion is only influenced by the setting in which we work. We shall depend on others to diversify, correct, and elaborate these impressions according to the degree to which they apply to other communities.

## STATEMENT OF PROBLEMS

The presentation of the ways in which the personal analysis of the student may be interfered with or complicated by the setting of the training situation has been divided into three sections based, perhaps arbitrarily, on the stages of his progress in the training program. These are first, the *opening phase* in which the student begins his personal analysis; second, the *middle period* in which he becomes involved in attendance at seminars and lectures, and is undertaking supervised analysis; third, the *closing phase* usually extending to some time after he has finished formal teaching. Problems are grouped under these headings according to the phase during which a given problem seemed to occur most frequently and most severely. It is evident that the timing and the severity of problems depend largely on individual situations.

## THE OPENING PHASE

Practically, we may at present divide accepted applicants for psychoanalytic training into three groups. 1. Those who have had some kind of psychoanalytic treatment before applying for training. Such treatment has obviously been undertaken for therapeutic reasons, but has led to a further interest in psychoanalysis, perhaps as a career in the ordinary sense or perhaps with an even deeper sense of dedication to it as an art or a science, as the case may be. This is the group which includes some individuals who, in modern times, most nearly approximate the original group who responded through the avenue of their personal needs and interests to Freud's discoveries. 2. Those who may or may not have had such a period of analysis but whose psychiatric training has been in a psychoanalytically sophisticated hospital or training center in which analysis is thought to be the *sine qua non* of thorough psychiatric training.[4] 3. Those

[4] Somewhat similar conditions obtained particularly in the years after World War II, when it was extremely difficult for veterans' hospitals to get adequate staff unless the hospital was close enough to a psychoanalytic institute that members might consider the possibility of beginning psychoanalytic training during their service.

relatively naïve individuals, often from outlying districts, who have read little or much of psychoanalytic literature, and come with a zeal for training which often masks a (sometimes desperate) need for treatment. This need may be quite conscious, or more or less unconscious. Such students have no acquaintance with analysts, except those whose publications they have read. They may or may not have understood the psychoanalytic literature they read. They are generally earnest, and frequently have a quite severe neurosis.

In any case, becoming a student arouses or increases their narcissistic and competitive problems. The student's analysis is no longer an isolated relationship, for both he and his analyst are members of a competitive group. The student first becomes aware that he is one of the successful ones among a large group of applicants. He has suddenly attained the advantage of being one of the 'in' group, often in contrast to friends or colleagues who have appeared to him to be as suitable as he, or even superior. This is especially true among those students who have had preliminary psychiatric training in hospitals or organizations where psychoanalysts are on the staff and many psychoanalytically tinged lectures have been given and psychoanalytically oriented psychotherapy and research undertaken. Such programs may have had much of value to offer him, but they may also contribute to his problems during psychoanalytic training. The narcissistic aura of being an analyst sometimes unfortunately gains a magic quality which may be a handicap in the personal analysis. Verbalization of analytic concepts has sometimes begun before there is the basic experience for genuine assimilation. As with the child who talks precociously and attracts attention by his cleverness, such early glibness may become a defense against real recognition of therapeutic need, and a resistance against the work of the analytic process itself. It is a special and rather superficial form of intellectualization.

The existence of psychoanalysis and some general idea of its basic findings have been so long well known that most students have in one way or another had some contact with analysts.

They have, therefore, various incipient transference attitudes already established. In the further development of these it makes some difference whether he has already been in a therapeutic analysis, or is to begin his preparatory analysis as soon as possible after his acceptance for training.

In the latter case, he is confronted by the need to select his own analyst from a list of training analysts, or he is assigned to a training analyst, generally by a committee. One method or the other may be used, and in some institutes both methods are available as alternative possibilities, or in combined form. In the last instance the student is given the choice between two or among three analysts. In some of the larger institutes the choice may be made by direct assignment, and only if the student and the analyst seem definitely incompatible is a second choice made. While it seems desirable to permit some modicum of autonomy and allow some selectivity to the student, this tends to be reduced by its cumbersomeness and the amount of time involved in multiple interviews closely following the admissions interviews.

In some instances analysts, who are friends of the applicant, intercede unofficially with members of the placement committee and in this way a student may indirectly have more of a choice than is recorded in the minutes of the committee, even in an institute where the placement is made ostensibly only by a committee. Subtle complications of basic problems may later arise in these instances, even though there may be the advantage of an otherwise expeditious and in many respects an essentially suitable placement. Such intercession may have been made with or without the student's knowledge but, even when great discretion has been exercised, it generally becomes either known or suspected by the favored student and gradually by his colleagues as well. One such intercession tends to breed another.

To the candidate it means that he is a special student, even further 'in', and that his analyst is a special analyst. This can, although does not always, make for serious complications in an

analysis depending on the attitude, skill, and freedom of the analyst in sensing and analyzing it. In so far as such intercession has been unofficial and is contrary to the printed procedures, it may promote an insidious, fundamental distrust of analysis and analysts which cannot be frankly faced but is overcorrected by an intensified 'positive' transference. It contributes then to unhealthy identifications in which the unresolved, equivocal transference later becomes acted out in the formation of cliques and in distorted political ambitions to attain power in society and institute matters. There is something very seductive about an atmosphere of conspiracy in good company. Occasionally, too, the neglected negative aspects of the transference emerge and contribute to later deviant theories and practices.

If the student is less favored, has no special friend at court, and has become aware that some others do, his jealousy and resentment is not only enormously aroused but his feelings of inferiority may be increased and projected onto his analyst. This is not only a confirmation to him of any similar jealousies and rivalries in his childhood, but it is now intensified to a particularly enlarged scale.

It has been my experience that the new student rather generally includes 'His Institute' among his early transferences, reacting at first as though it were a person either identical with or at least consort to his analyst. The tendency is to want and to expect special understanding and tolerance and thus to feel betrayed by indications of differences in procedure in the case of other students. The analysis then starts with unwarrantedly negative feelings which delay its progress. But under any circumstances as soon as the student becomes the member of a group, his enhanced, competitive strivings are alerted and include his analyst (affirmatively or negatively), as well as himself.

The syncretism of the dual role of the analyst, who must act both as personal therapist and as judge, comes into play when the decision must be made whether or not the student should proceed to take courses. This occurs generally a year or two af-

ter the beginning of the analysis, but varies in different institutes. The decision may be postponed in individual cases but such a postponement is then generally an extra severe blow since it becomes known to the student's classmates. The student also becomes realistically aware of the analyst as judge, as the analyst is the only representative of the institute who has knowledge of him beyond what was revealed in connection with his acceptance as a student.

The situation is further complicated by the fact that if this decision must be made fairly early in the analysis, the student may not yet be aware of or ready to analyze the very conditions which may have made his analyst cautious. In cases where the clinical picture shows such severe and malignant features that the analyst feels that there is little chance that the student can ever qualify, the decision, however unfortunate, is simpler. There are however other initial psychoanalytic complications from which the analyst expects an ultimately favorable outcome yet where a careful choice must be made between allowing the student to begin courses or insisting on delay, knowing that he is not only not yet ready for this type of study but that attendance at classes may seriously fortify his defenses and resistances. This seems to be one of the most ticklish areas in the process of analytic training.

Some of the clinical problems which are most difficult here are those that occur among very bright and fundamentally sensitive students, seemingly well organized, with a history of uninterrupted academic success, and sometimes associated with qualities of leadership. In these instances it proves to have a background of strong compulsive character traits. Anxiety has so far been dispelled through successful intellectual competition, and there are few symptoms of which the student is aware. In my experience in these instances, there is usually a moderate to severe disturbance in the sexual life. The facts frequently do not even emerge until late in the analysis because the degree of narcissism is such that the deficiency in object relationship is not sensed and the sexual disturbance is not a matter of

complaint unless there is an almost complete impotence. The susceptibility to re-enforcement of the major defenses is especially high with respect to involvement in the academic aspect of analytic training, and the vulnerability to narcissistic collapse by delay in being admitted to participation in it is also equally great.

## THE MIDDLE PERIOD

We shall consider the period of study in classroom and seminar, which is simultaneous with the personal analysis, as the middle period of the training analysis. There is now a solidification in the student of a sense of group participation, and there may be an enrichment through the sharing of common experiences. There is a definite advancement in his identification as an analyst; and the strengthening of his aim to be an effective analyst may in many instances re-enforce his determination to see his personal analysis through, no matter how tough the going may be. The professional zeal, if it is fused with the real grasp of the necessity to uncover and lighten the neurotic areas in himself, may do much to compensate for any lessening of the therapeutic aims at the outset due to the division of interests with which he had entered training. It is inevitable that in a classroom there is the stimulus for an increase in competitiveness among students, with a flowering of exhibitionistic and other narcissistic elements. In so far as these narcissistic wishes achieve satisfaction or are met with severely realistic affronts in a setting closely associated with his own analyst in the student's feelings, the experience may complicate the personal analysis especially if—as is common in acting out—it is not readily accessible in the analysis.

If the student at this time takes the further steps of participating in clinical seminars and of beginning supervised analysis, his identification of himself as an analyst generally becomes fixed. This seems inevitable. Training today is different from that of the early years of analysis when students from all over the world went to Vienna or Berlin where they spent one, two,

or more years in training. When subsequently they re-established themselves in this country, they might or might not have gone into analytic practice. If they had, it often had the elements of an initial professional start. At present, the student more frequently takes his training in a city in or near the one in which he lives; or he goes first to a city where he intends to establish a practice. If he is not already established in the practice of psychotherapy, he commonly establishes an office when he undertakes supervised psychoanalytic treatment of patients. In the eyes of the community he is an analyst, and certainly the actual treatment of his patients confirms this ambition in his own eyes. This means that after this step is taken he is very much more vulnerable practically as well as subjectively if he suffers delays or disqualification in his training; yet the initial step of undertaking supervised work must often be taken before it is soundly possible to prognosticate his ability to function adequately as an analyst.

The rest of the presentation of the problems of this middle period of the training analysis is organized under three headings: first, the intrusion of reality into the analytic relationship between analyst and student; second, complication in the transference or the countertransference; third, increase in certain defenses in the training situation when classroom work is concurrent with personal analysis.

Under the first heading, most analysts would agree that in order to keep the field of analysis as clear as possible from extraneous contamination, it is well to limit association between the analyst and the analysand to the analysis itself. This is not only because the therapeutic analytic relationship becomes contaminated by artifacts which may conceal the true feelings, or are at least very distracting—much as artifacts confuse a microscopic field of examination—but if an active relationship (social or professional) is established between analyst and analysand outside of the consulting room there is the risk that it may involve a repetition of elements of past conflicts as yet unresolved in the analysand. In other words, whether such outside

contact is episodic or continuing, it often furnishes a medium for the development of an acting out which is prone to become mutual. The pressure of the neurotic pattern in the analysand unconsciously urges him to provoke or seduce the analyst into a response gratifying to his neurosis, rather than being strictly appropriate to the realistic work or situation. If this involves the repetition of an older situation which the analysand has not yet brought into the analysis, the analyst may be quite unaware of the nature and extent of his own coöperation in such an acting out, or in fact that it is an acting out at all.

For these reasons the solution frequently offered that problems arising from extra-analytic relationships will be analyzed at one time or another seems to us overly optimistic and tinged with rationalization. It has been our experience that this may certainly occur when the episode of acting out has involved analytic 'material' which had already entered into the analytic process but has been incompletely worked through; but in instances where it represents the first eruption of the disturbing complex—which actually has been promoted by the stimulus and the anxiety of the contact in reality with the analyst—it not infrequently becomes further encapsulated. This means that it cannot be analyzed, that it makes for future trouble both in the personal and the professional life of the student. Sometimes it may later be identified and worked with in a subsequent analysis with another analyst. Such strangulated transference problems may be the source of a good many ambivalent attitudes toward analysis itself among analysts.

In our judgment the repetition of an infantile conflict—in which an analyst unwittingly provides the means for an acting out in the transference—may strengthen the effects of the infantile experience and render later working through more difficult. This untoward effect is probably due to the fact that in that part of the relationship to the analyst which lends itself to the development of the therapeutic alliance, the analyst is expected, both consciously and unconsciously, to conform to the ideal of the parent who will be both all understanding and

completely neutral. This expectation is encouraged by the restrictions of the analytic situation, which seems to guarantee safe ground for the emergence of the elements of the transference neurosis. No analyst can completely justify these expectations; but if unfortunately he contributes to a failure corresponding exactly to one that the analysand had earlier experienced, the effect may be sharper and sometimes disastrous.

Such problems are more likely to occur in analysis in which the student is in a working coöperation of one kind or another outside of the analysis, as, for example, in hospitals or social organizations. The danger of complications which may jeopardize the neutrality of the transference is even greater when the student is directly or indirectly dependent on his analyst for approval and remuneration for his work.

Reality inevitably intrudes into the analytic relationship from contact between analyst and analysand in the classroom and other fortuitous contacts in an institute. This may be somewhat minimized and controlled by special arrangements and need not approach the extent that readily occurs in hospital and other organizational work.

There is furthermore at present an endeavor among some analysts to 'change the public image' of psychoanalysis by increasing his activity in various social causes, through radio and television and journalistic reporting. This is a relinquishment of any serious attempt to preserve even the relative anonymity of the analyst. The value of the time-honored usage of the couch with the analyst's chair behind it would seem to be vitiated by the television screen out in front, even if the latter is seen only in the mind's eye of analyst and analysand. I believe these problems are worthy of examination, discussion, and the consideration of how and how much their results can be analyzed in an analysis itself.

Second, we come to the consideration of complications of the transference and countertransference during this middle period of training. It has already been emphasized that a latent or apparent transference to an institute and some of its repre-

sentatives has been formed in some students at the time of their acceptance for training. While these transferences become focused in the relationship to the person of the analyst during the first period of studentship, they later become diffused and may be displaced especially to teachers or supervisors.

In other words the transference relationship becomes split, and parts of it may tend to be removed from the personal analyst. The patterning of this is always influenced in part by the constellations of family relationships in the student's life. This kind of distribution of transference attitudes occurs of course in group situations in life, entirely independent of any analytic process and may be the basis of intense rivalries and tensions in almost any organization. But in analytic training, the very intensification of the transference by the personal analysis and the special activation in this way of previously dormant infantile attitudes makes studentship more significant and susceptible to disturbances. The possibility of splitting of the transference among the training personnel is pretty generally recognized by experienced analysts. It is nonetheless frequently ignored in the very instances in which it is most powerful. An unwary analyst may be too ready to accept such attitudes, however persistent, as though they were entirely the reality problems which naturally enough always play a part in them.

This raises the question: how much does countertransference play a reciprocal role? Certainly there are rivalries and jealousies among training analysts. Students may preconsciously sense and utilize these in provocative and rationalizing ways. But let us return to the problems of the training analyst. In any analysis it may be necessary under special circumstances for the analyst to make his analysand aware not only of the latter's disturbed attitudes, but even of the distortions and neurotic behavior of those associated with him. Interpretations to him of the behavior of those in the analysand's milieu seem to me to be something which should be used only rarely and with extreme caution. If such interpretation is given incautiously and involves colleagues who are active in his training, it can ob-

scure not only essential elements in the student's neurosis, but create a disruption in the progress of his training and at the very least promote his ambivalence, encouraging a polarization in his transference. It has the greater force to the student since he is aware that his analyst knows the colleague well; hence the interpretation may at first be taken as a pronouncement of a fact rather than as an interpretative deduction from what the analysand has related.

There are of course problems arising from countertransference which occur in training analyses very much as they might in any analysis with an analyst in whom unresolved neurotic residues interfere with his adequate understanding of the analysand's neurosis. There are, however, three other interrelated main areas in which problems of the training analyst may promote countertransference interferences worth mentioning: first, overzealousness to have the student do well and show well academically; second, overt or covert active participation in effecting arrangements in regard to training matters which are, however, outside the sphere of the personal analysis; third, endeavors to keep the student's allegiance to him once the training analysis is finished. Finally, problems derived from or operating in conjunction with these have to do with the use and vicissitudes of the student's identification with his analyst.

Naturally an analyst has some interest in the welfare of his analysand. This is inherent in the empathy which is essential for carrying on the work. But unless this interest is combined with and largely devoted to a concern for tracking down and rooting out the analysand's neurosis, an analyst runs the risk of exploiting his analysand to gratify his own emotional and narcissistic needs—his wishes to be loved and admired; particularly to appear successful. From an unconscious fear of his own sadism, or that of his analysand, he may be overly kind and too reluctant to allow his patient the necessary suffering. Any of these defects leads to too strong a therapeutic zeal with a failure to analyze adequately many important areas of conflict in the analysand.

The training of analysts in an institute seems to favor increased competitiveness among analysts as well as among students. The training analyst's intense wish for his student to excel is sometimes all too apparent and not always helpful. It may lead him to advise the student whom to seek as supervising analysts or to arrange this for him, even if this is not the custom. He may furthermore inadvisedly give opinions regarding decisions about curriculum or the content of courses, or refer patients to his analysand.

In some larger institutes small cliques develop, and if a student is being analyzed by a member of one circle he will almost surely have his supervision from others in the same circle. All of these exceptions to the regular way of conducting an analysis, in its relation to other aspects of training, give the student a feeling of being specially favored though he may be robbed of wider and more varied experiences, especially in his supervision. His narcissism is fed, and the analysis of negative transferences is impeded. Whenever an analyst grants special favors to a student, makes him a gift in a sense, only rarely does the student analysand bring the matter up in his analysis later. The analyst is apt to have little inclination to respond to cues which indicate such a need, and to which he might ordinarily be sensitive. This at least is our impression from subsequent analyses required among analysands, and from discussing the subject with colleagues.

It is paradoxical that these problems of the induction into training by excessively benevolent and other exceptional procedures which tend to bind the student to his analyst seem to occur quite frequently among the older well-established analysts of some repute. It certainly cannot be attributed to their lack of analytic understanding. It seems rather to be connected with a spotty blindness to their own narcissism, protected by the defensive mechanism of isolation. Visibly it appears that there is a strong and only partly conscious drive to be a leader, rationalized as a need to keep a close relationship with promising younger colleagues, even perhaps 'to save' them for the fu-

ture of psychoanalysis. One influence may be the fact that a fair proportion of these older analysts were in their early training at a time when the principles of training and practice were in process of development and incompletely formulated. It was a time when there was an extraordinarily close bond among those who were struggling to establish a new science. The tendency of the young analyst to repeat what he experiences in his own analysis, even when he does not approve of it and 'knows better', has been variously observed. It is conceivable that this tendency may persist or be revived among older analysts when centers of training are being established in new areas under conditions which somewhat suggest the pioneer days of psychoanalysis. The pioneer analyst in an authoritative position which permits him his individual variations and exceptions in the conduct of training is most conspicuously transparent to an outsider observing small training groups where two or three people are the core of the training activity. It is nevertheless also often present, but much less obviously, in the larger training centers.

Another problem of transference, and sometimes of countertransference, based largely on competition among training analysts (omitted from the original paper) was brought to our attention by Dr. Rudolph Loewenstein. He described the bewildering confusion in transferences when there are strong tensions of rivalry between a student's analyst and his supervisor. A divergence of point of view concerning technical handling or even of theoretical considerations may be puzzling but ultimately an enrichment to the student, if these attitudes are not combined with personal rivalries and resentments; but a dispute between a training analyst and a supervisor who consciously or unconsciously exchange messages through the student, catches the student in the middle and invites re-enforcement of his familial conflicts. This then may not only impede the progress of the student's analysis but sometimes involves him in practical dilemmas as well.

In a personal communication Dr. Brian Bird suggested the

additional consideration of a countertransference which tends to impede students by the analyst's giving unduly pessimistic reports about them, showing a seeming reluctance to have them graduate and become training analysts themselves. Superficially this is quite the opposite from the motivation of the training analyst who exploits his students, makes interventions on their behalf and wants them not only to excel but to remain his satellites; nevertheless these opposite countertransferences may occur in one training analyst with regard to different students. In such instances the ambition of the training analyst to retain power seems central to his countertransference. Both attitudes can be rationalized by him as having necessary superego values. Both appear to have their roots in insufficiently resolved œdipal problems. In both instances there seems to be the desire to retain an influence over the student.

There are some misanthropic training analysts whose disturbance appears to be due to an unresolved negative transference which has been displaced onto an institute. In one instance at least, there was a deeply positive conviction regarding the fundamentals of psychoanalysis associated with a rigid, persistent doubt about certain specifics. It seemed that this analyst, as well as others less well known to us, was himself caught in quite a severe neurosis in which obsessional elements were superficially apparent. Such people may distrust themselves and fundamentally wish to hide; consequently, their participation in the activities of an institute is likely to be perfunctory, or to be exaggerated in a way to be self-defeating. Their work may deteriorate into an essentially educational or psychotherapeutic approach. They would probably be happier not to be training analysts, but the narcissistic wound in withdrawing from it is too great. These analysts may doubt their students because they doubt their own analyses of them. Generalizing from limited experience, it seems that they are not among those who try to hold their students in postanalytic allegiance or to form coteries of former students; nevertheless they may claim credit when a former student develops to take an important

place in institute or society affairs, even though this may have occurred after a second analysis with someone else. The two orders of their ambivalence are thus reflected in their conflicting countertransferences toward their students. All this leads into questions involved in the nature of the identification between analyst and student. This is a complex and intricate relationship to which we cannot hope to do justice.

## THE CLOSING PHASE

It seems better to speak of the closing phase of the training analysis than of its termination. It is evident that in many ways training impedes and interferes with the full development of the therapeutic aspects of a personal analysis. There are experienced analysts in whose judgment personal analysis during training is so complicated or even deformed as to make it therapeutically almost valueless. In the opinion of some, the training analysis had best be accepted largely as a teaching situation, a truly didactic performance in which therapeutic goals are secondary. A therapeutic analysis may then be sought at a later time according to the individual's awareness of unresolved problems as he discovers them in the course of his practice. Such a second analysis is then for one's self, in contrast to the first which was for training.

There is much to be said for this. It nevertheless is apparent that few situations are this clear-cut, and that in the period of formal training there is an amalgam of training and therapy for personal demands that cannot be postponed. When however the therapeutic needs are not urgent, the didactic elements in the training can be usefully promoted without so far re-enforcing the defenses by intellectualization and its accompanying withdrawal from emotional problems that the idea of a later therapeutic analysis will not be abandoned as unnecessary. Stated in another way it seems that the delicate part of such a training (didactic) analysis consists in dealing with the blend of gratification of the student's intellectual interests with sufficient stirring of his emotional problems to make him aware of

the probability of increased anxiety as he later works with his patients. Unless he is alerted in some way to this possibility, there is great likelihood that he will drift into a repetition of his own didactic analysis with his patients. He will then tend to teach them how to think about themselves instead of analyzing them. He may himself become a theorist, bewildered or impatient with clinical complications which seem not to fit his theory. Such analysts frequently disqualify an unusually large number of their patients as being unanalyzable; or they may remain satisfied with conducting a predominantly intellectual form of analysis.

There were some instances of this kind in which the young analyst tended to develop a stereotyped theoretical approach to therapy which in the end became a caricature of psychoanalysis. This approach ignored clinical research, and because of the insistent demands of his intellectual narcissism (which bore the brunt of the analyst's own untouched emotional conflicts) he attempted more and more to make a closed and absolute theoretical system which gave him an illusion of safety.

I do not sufficiently understand the extensive and subtle ramifications of the identification between analyst and analysand to clarify their advantages and dangers. Some considerations which have impressed me are noted in the hope that discussion will add to the understanding of these and other problems.

It has been pointed out by some that the identification of the student analysand with his analyst may do much to repair the divided aims (therapy and career) with which the student generally approaches his training. The wish to be an analyst then fortifies him in the need to rid himself of his neurosis as part of the process of qualifying. While this may often be true, it sometimes miscarries. The student may make his identification on an infantile, imitative level in which interpretations are accepted compliantly rather than with a full experiencing of their meaning. The student characteristically then promptly discovers the need for making similar interpretations to his patients. Certain very narcissistic students inevitably react

in this way; however it depends not only on the character of the student but on the reaction of his training analyst as well.

It has seemed to me that this danger might be greater when the analyst was a person of some prestige in his analytic group. This is an added difficulty because the student feels that the analyst, so experienced or renowned, *must* be right. Unless the student is exceptionally tough minded, and in considerable neurotic distress as well, he may achieve a facsimile of self-understanding. The analyst not infrequently becomes a 'family-romance-father' through whom he may win at a professional level the success which he is seeking. This often not only leaves the fundamental œdipal conflict unresolved, but results in a hidden homosexually tinged relationship in which the tie to the professional relationship may appear to outweigh in importance even the personal emotional ties. The negative aspects of the relationship to the analyst are then readily projected onto anyone who criticizes him.

How does this identification come about? It is our belief that the matrix of the transference lies in the early period of the mother-child relationship, involving especially the period of the development of speech. Ingredients from this early state are regularly remobilized in the analytic situation with the analysand in a passive position while the analyst is near at hand in an atmosphere of quiet safety. This guarantees the basis of confidence which will further the development both of the transference alliance and of the transference neurosis. This is an optimal climate then for the progress of the analysis so long as the analyst actually remains neutral. If, however, he grants special indulgences to the student, making him gifts in the form of advice, intercessions in his behalf, or by other benevolences, the student's reactions to these circumstances may combine with and vitiate the clarity of parts of the developing transference neurosis. Even more importantly, there is an increase in the infantile narcissism which infiltrates the therapeutic alliance and weakens the mature, self-critical functioning of the ego. The therapeutic alliance may be so jeopardized that it tends to

be replaced by an infantile dependence on the analyst whose interpretations have become a voice of benevolent authority. In the most extreme cases, the student's copying of his analyst may progress to a startling degree, encompassing mannerisms, interests, and attitudes toward life as well as technical procedures in analyzing. The force of this undesirable analytic authority is apt to be greatest where the analyst is well known for his ability, and yet provides these indulgences. The influence of these combined factors is almost unshakable.

As has been mentioned, attendance at theoretical courses, with their extensive reading programs, sometimes re-enforces defenses by intellectualization especially in students in whom this is an already formed defense which has worked successfully for them in the past in promoting academic progress, generally with a warding off of the emotional conflicts. Their intellectual functioning and their ego ideals have an unusually, highly narcissistic value to them. Keen observation of patients takes the place of true empathy.

For many other students, exposure to the teaching of theoretical concepts is a real help in the progress of their own analyses. The understanding so gained, piecemeal and even blurred as it often appears to be, serves then to crystallize insights which they have been struggling to gain. The subjective feeling and the reaction is similar to the effect of a specially well-timed and succinct interpretation. This result seems to have come from the organization of various elements of their insight, under the influence of a degree of distance and impersonal objectivity which relieves their floundering. A paradoxical state of affairs sometimes appears in the classroom. Such students characteristically seem not to 'show up well' in class; they often appear to be puzzled for they assimilate theory slowly and only after they have reapplied it to and tested it on themselves and on their patients.

Such a favorable reaction resembles what the analyst sometimes encounters in the analyses among certain of his patients. These, at certain stages, make great gains from the grasp of a

simple formulation of some principle of dynamic organization which enables them to proceed to more detailed self-revelation and scrutiny in the processes of working through.

A still further area of complication for the student analysand lies in the invasion of his personal analysis by elements of his analytic work with patients. This is of varying degrees and types, and at the very least furnishes another dimension in his analysis. It might well have been discussed in the section having to do with the middle period of studentship, for it may begin as soon as the student begins to analyze. In my experience it most often flourishes after he has begun to analyze without supervision. There are probably few student analyses, or re-analyses of analysts, in which this does not occur to some extent. The effect is sometimes like looking at a lighted screen on which a picture is projected in which the main character and narrator holds up another extensive screen with his own picture, which is however only spottily illuminated.

This intrusive effect may be negligible or it may be quite confusing and represent a considerable resistance in the student who unconsciously wishes to distract his analyst from himself by exhibiting his own competence. This is conspicuous when the student recounts or refers to his special interests in, or to his successes with, his patients. As with defenses, it often combines a degree of resistance in the analysand who has an unconscious need to reach himself in an indirect way by describing, comparing, or implicitly contrasting his own problems with those of others. This may not be very different from the analysis of patients in which parents endlessly recount problems of their children, or of their siblings, as detours from themselves.

Among students, the latter defense is followed and evaluated with more difficulty, partly because the communications are more fragmentary and the analyst is less well informed of the basic emotional relationship between the student analyst and his patient. He is often ignorant too of the nature of the latter's neurosis. If he asks for further details he runs the risk of diverting the associative flow and so strengthening the resistance.

Quite often the student's references to his patient contain a hidden plea for help or act as a seduction of the analyst to advise him or enter into clinical discussion with him. This may be because he is really in need of help or because unconsciously he wishes to turn the analysis into a relationship with a colleague rather than continue to be an analysand. The ability of the training analyst to see through the complex defenses may sometimes be impaired by his countertransference. How he can deal immediately with this situation determines the chances that there may or may not be ultimate benefits to the analysand. It depends on the extent of his awareness of the various complexities of which it is composed.

There is one more set of problems in the closing phase of a student's analysis which demands mention even though it cannot be satisfactorily answered, nor can the direction of a search for answers be clearly indicated. Stated in one way these problems have to do with timing the conclusion of a student's analysis. Should it be prolonged beyond graduation and brought to a natural conclusion when the realization is reached that the major areas of neurotic conflict have been worked through? From other angles it may involve other questions. 1. What will be the effect of graduation on the student's personal analysis? Graduation usually implies the official recognition of the student's acceptance as an independent analyst and removes him from the limitations of student status. 2. What are the criteria for a student's graduation? 3. What are the effects of continuing a student's analysis uninterruptedly into his postgraduate period? What also is the effect on him of keeping secret his continued analysis, or a second analysis entered into after he has become an active member of his institute or society? In a broader sense these questions belong to problems of the training period; technically they might be excluded.

The nature of the closing phase of the student's analysis in his formal training must however still be examined. This seems to me to depend in good measure on the strength and quality of his neurotic, narcissistic investment in being an analyst, and

the degree to which this has been analyzed and modified during the analysis. Ideally, then, the closing phase will be marked by the assiduous and detailed working through of the major neurotic conflicts—as in any analysis.

In the analysis of those who are not students there is ordinarily a stage reached in which both analyst and analysand agree that the analysand is ready to depend on himself, having gained the means to do so; the association of patient and therapist then ceases. There is no further relationship, and any that might occur socially is if possible avoided. There are nevertheless those analysands who contrive occasions for social relationships with the analyst. There is at any rate a cooling off period during which the analysand gets his own stance more securely and has the inner obligation to use or to discard whatever insights he had gained in his analysis. It would be naïve to assume that all transference reactions to the analyst cease with the closing of an analysis; but certainly they are in a process of diminution. After a thorough analysis the analysand is ready to re-invest himself, and may already have definitely begun to do so.

This cooling off time is, then, of great value. It does not however exist in the training analysis. Under many circumstances the graduate comes into immediate contact with his former analyst in the affairs of his society or institute. He becomes aware that his analyst differs from other colleagues, and he begins to affiliate himself pro or con according to realistic considerations or to what he retains of his transference attitudes.

If the student is one of those in whom competition (usually intellectual) has been the primary way of quieting anxieties in the past, and his training analysis has been a largely didactic one, there has probably not been the opportunity for a working through of the unresolved and sometimes almost untouched personal problems. The sound progress of the young analyst is then jeopardized. Such a degree of ego-syntonic competitiveness (which in my country is generally valued highly in the business world and highly promoted by advertising) furthers a one-

sided vision of œdipal jealousy and sibling rivalry as well as an inadequate resolution of the rivalry between the sexes. There is then an intensified tendency to re-create infantile attitudes in an especially strong form in the relation to colleagues and an impairment of the full valuation of and respect for patients.

## CONCLUDING REMARKS

The necessity of conducting personal analysis as part of a training program tends to produce conditions which appreciably interfere with this psychoanalytic process itself. The basic incompatibility in functions of the training analyst as therapist, judge, and teacher is probably the source of most of the important complications. The fact that the analyses must be carried on in the setting of a group organization affects both the training analyst and the student in many ways. It not only increases markedly the intrusion of current realities into the content of the analysis, but in so far as these not infrequently involve the training analyst as well as the student they tend to increase and complicate the transference and countertransference problems and often obscure the analysand's basic neurotic constellations; furthermore, and perhaps most important, the narcissism of both student and training analyst is actively excited, and competitiveness is promoted. Intellectualization unduly interferes with adequate working through.

## SUMMARY

Problems of training analysis are described in detail, and these are discussed in their various ramifications. While these difficulties, implicit in the training situation, cannot be wholly eliminated, their consideration and discussion may be of value in resensitizing training analysts to their significances and so diminish their untoward effects.

It appears that inadequate attention to the subtle narcissistic pressures in the student's analysis, and in the reciprocal self-analysis of the training analyst, are the source of the most crucial problems described. Alertness to these hazards and strict ad-

herence to the underlying principles, and to the basic rules of analysis, offer our best safeguards in the complicated relationships of analytic training.

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# The Nonsense of Edward Lear

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# THE NONSENSE OF EDWARD LEAR

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A study of the work and life of Edward Lear, in addition to other benefits and pleasures, holds promise of revealing something of the psychological nature of nonsense. I refer now to nonsense as a form of the comic—a playing with words, with form, and with line—intended, more or less, by its creator to amuse and entertain others, while surreptitiously serving more important, sometimes deep-seated, emotional needs of his own. An examination of these highly personal needs of the creator of nonsense—Edward Lear specifically—will constitute the main effort of this inquiry. I will not attempt a comprehensive and exhaustive treatise on nonsense in general, nor will I undertake a systematic investigation into the nature of talent, of creativity, or of taste.

Moss *(11)* points out that nonsense is by no means the same as *no* sense. 'The senseless', he writes, 'is merely irrational, but nonsense holds the plausible and the implausible in tension and makes of the absurd an entertainment, a release, and a form of criticism'. Greenacre says of nonsense that, 'It leaps the barriers of apparent similarities and exists seemingly in its own incomparable realm and independent right, denying even relationships by contrast and comparison which are implicit in exaggeration and simile. Nonsense is not only the lack of reason or loss of expected order, but it is the defiance of reason which men value most, and it is achieved by apparent isolation, inconsequence and generally heedless disconnection. There is a quality of (generally quiet) explosive destructiveness about sheer nonsense—an unannounced nihilism—which is never absolutely achieved, but is felt in its subtle implication' *(3,* p. 271*)*.

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I will proceed now by reviewing some of the facts and the myths pertaining to Lear's life. Following this I will attempt to describe some of his pictorial and verbal productions. Finally, with special reference to his nonsense, I will attempt some reconstructions which may show connections between Lear's life experiences on the one hand and his work on the other.

## I

For all practical purposes Edward Lear must be given priority as the foremost exponent of this unique form of verbal and pictorial art, since The Book of Nonsense antedated Lewis Carroll's efforts by about twenty years. In his own time Lear was known throughout the English-speaking world as the Laureate of Nonsense. His original nonsense book first appeared anonymously in 1846. After twenty-five years three more nonsense books appeared at intervals under his own name. While his illustrated limericks constitute the most numerous form in which his nonsense appeared, perhaps his best known and most loved single effort is the poem, The Owl and the Pussycat. Since Lear's death additional fragments of his nonsense have been found. These along with the earlier works, have been continually reprinted to this day.

While Lear was understandably vain enough to be flattered by the fame that these nonsense books brought him, nevertheless he seemed surprised at first, puzzled, and somewhat distressed by their popularity, since his most earnest ambition was to gain fame and fortune as a landscape painter and as an author of travel books. One of the great ironies of his life and career lies in the fact that what he regarded as merely a diversion has kept memory of him fresh, whereas an appreciation of his serious work progressively diminished even before his death.

From their descriptions—I have never seen one—Lear's large canvases in oil, which portray with faithful detail the many picturesque Mediterranean scenes he visited, seem to be want-

ing in an expression of the artist's own feeling. He loved to paint majestic mountains, lakes, stately groves, and ancient ruins. The buildings in his paintings are solid, and sharply delineated from the background. The over-all effect of these paintings, as I have seen them in reproduction, is one of harmony, stillness, and immobility. Curiously enough, Lear was convinced that he could never depict the human figure in his serious work, a deficiency which he felt keenly.

In contrast to the oil paintings his illustrated limericks are characterized by the most violent motion, turmoil, discord, and agitation. Stiltedness has been replaced by spontaneity. Serenity and repose, peace and quiet, have given way to noisy and seemingly mindless action. Without a backdrop of landscape, human and animal figures unconcernedly defy the most elemental rules of anatomy, of decorum, and of logic. In the words of Murphy, 'he gave a new idiom to humorous drawing. That deceptively simple line based on a child's view of an absurd adult world set in a style which has infected most modern comic artists and can be found in the current issues of Punch or The New Yorker' *(12,* pp. 16-17*).* Desmond McCarthy *(10)* refers to Lear as James Thurber's one predecessor.

As the serious author of seven published travel books, handsomely illustrated, Lear demonstrates a lively writing style and a scholarly acquaintance with history and classical antiquities. Like his landscapes these books give no hint that their author could also be the creator of nonsense. On the other hand, his hundreds of published letters to the great and the near-great of his time, abound in facetious and wry comments, often enlivened by sketches. He delighted in punning, in alliteration, in phonetic spelling, and in the invention of nonsense words and phrases. Holbrook Jackson observes that 'it was as if he lived a double life, one in the realm of sense and the other in that of nonsense; and that he had the power of transmuting himself from the one to the other at will, a gift which he exercised almost continuously . . .' *(5,* p. x*).* In conversation as well as in writing and drawing the fun-loving Lear could not long resist

the temptation to introject nonsense. He, himself, reports that he was once admonished by the venerable Lord Westbury: 'Lear, I abominate the forcible introduction of ridiculous images calculated to distract the mind from what it is contemplating' *(2,* p. 174*)*. Unwittingly, I suppose, his lordship has given us a clue to one of the determinants of Lear's nonsense. In fairness to most of his friends it must be said that members of the Establishment generally—conventional and constrained as they might have been on the surface—were highly appreciative of Lear's cryptic iconoclasm in the form of his 'innocent' nonsense.

In our time there has been a renewed appreciation of Lear, especially as a poet. As much as Lear is enjoyed for his nonsense in general, first place in his nonsense world goes to his poetry with its provocative imagery, its splendid rhythm, and its power to evoke delightfully elusive feeling. Many of his nonsense poems *(5, 11)*, especially the longer and later ones like The Courtship of the Yonghy-Bonghy-Bo, The Dong with the Luminous Nose, and Incidents in the Life of My Uncle Arly, as well as the famous How Pleasant to Know Mr. Lear, are wry, self-vignettes which contain expressions of Lear's loneliness, his deepest yearning, his profound sense of alienation from those he loved, and his relentless search for intimacy. At the same time, however, they demonstrate Lear's capacity to look tolerantly, and sometimes even fondly, upon his own foibles much as a parent looks upon those of his child.

As for Lear's standing in the world of letters, G. K. Chesterton wrote, 'the mystical Edward Lear, the one who wore the *runcible* hat, is one of the great masters of English literature' *(1)*. Louis Untermeyer reports that 'T. S. Elliot has commented on the purity of Lear's lyrical gift and . . . Robert Graves has found unexpected depth in The Dong with the Luminous Nose, which seems to Mr. Graves as tragic as the Greek legend of Cadmus seeking his lost Europa' *(14)*. It would seem that Lear is a poet's poet as well as a popular one. So much for a brief overview of Lear's art and work.

## II

According to his biographer, Davidson *(2)*, Edward Lear was born on May 12, 1812 in the town of Highgate, then a northern suburb of London. He was the twentieth of the twenty-one children born to his mother over a twenty-five year period. Six of these children died in infancy and therefore had nothing to do with Lear's experience except in fantasy. As for Lear's one younger sister, it is not known how much younger she was, nor how long she lived after his eighth birthday. From an early age Lear's care was given over to his sister, Ann, twenty-one years his senior. All indications point to the fact that she dedicated her whole energy and interest to Edward, becoming his virtual mother and never herself marrying.

Lear's father, twelve years older than his wife, was a London stockbroker of fluctuating affluence. During Edward's childhood, the father is said to have supported his large family in considerable style, maintaining a house called Bowman's Lodge, staffed with many servants and provided with many carriages. Supposedly the father saw little of his children from day to day, and they saw little of him. On Sundays he allegedly retired to the top of the house, where—like a bowlered Vulcan—he diverted himself at a blacksmith's forge. What this astonishing behavior signifies is by no means clear, but it can hardly fail to have something to do with Lear's heightened appreciation of the ridiculous.

Lear's first memory *(2,* p. 2*)* at the age of three was of 'being wrapped in a blanket and taken out of bed to see the illuminations after the Battle of Waterloo'. He was a sickly child. He had frequent attacks of bronchitis and asthma, and in his seventh year he suffered the first of many so-called epileptic seizures, of which I can find no description. Although he kept a cryptic record of the attacks of his 'terrible demon', as he called this affliction, these never seemed to have interfered with his social or work routine. The presence of his respiratory complaints was later used as one of his reasons for living abroad,

away from the damp and chilly weather of England. In addition, Lear was near-sighted from an early age, a circumstance which, he recalled in later years, 'formed everything into a horror' *(2,* p. 8*)*. Because of his health he was educated at home by his elder sisters who, among other things, fostered his propensity to draw and color.

When he was thirteen years of age, there took place what Lear considered ever after to be an event of fateful importance. His father suffered severe financial reverses and allegedly was thrown into King's Bench Prison for debt. He was to remain there for four years. The family was forced to sell its possessions and leave its more than comfortable home. A number of the older daughters were sent out to earn their living as governesses. Within four months, four of his sisters are said to have died. Lear's mother is reported to have devoted all her time and energy on her husband's behalf, paying off his debts —just how is not revealed—and even more remarkably, visiting him daily, bringing with her 'a full six-course dinner with the delicacies of the season' *(2,* p. 4*)*.

Young Edward, already a budding poet, expressed the general sorrow at the turn in the family's material and emotional fortunes with a melancholy eclogue, ending with these lines:

> With grief heartrending then, these mournful folk,
> Thrice sighed, thrice wiped their eyes, as thus they spoke:
> 'Sad was the hour—and luckless was the day—
> When first from Bowman's Lodge we bent our way!' *(2,* p. 4*)*.

Lear's father died when Edward was twenty-one; his mother when he was thirty-two. I found no remarks by Lear about his mother after those which refer to her extraordinary solicitude for the incarcerated Mr. Jeremiah Lear. The only subsequent reference to his father was made when Lear himself was an old man; this, to the effect that he, Edward Lear, had heart disease of the kind that had stricken his father.

Ray Murphy *(12,* p. 13*)* points out, understandably, that this version of Lear's early life reads like one of Dickens' more

melodramatic novels. His researches into municipal records and other sources indicate that while there were frequent financial crises in the Lear family, there was no sudden and drastic drop from opulence to poverty as Lear described. Murphy could find no record that the elder Lear was ever confined in King's Bench Prison. Another interesting finding was that Edward Lear was not born at Bowman's Lodge at all but in a rented house in nearby and then unfashionable Holloway. One is led to suspect that Lear indulged in a version of the well-known 'family romance', picturing himself as the son of exalted and bountiful parents, and not the child of a remote father and a preoccupied and harassed mother who was, one might say, fertile to a fault. It should be borne in mind that one of the principle motives for this fantasy is to deny the sexuality of the parents.

There is no reason to doubt that the sensitive Lear did undergo an emotional crisis at the time of adolescence, which seemed to threaten the final severence of beneficent emotional ties with his parents. Yet there remained a retrospective idealization of them and a viewing of himself, their youngest son, as once having lived an idyllic life in baronial splendor.

At thirteen, presumably as at three or younger, it was to his sister Ann that he transferred as best he could the longings, expectations, and frustrations that one ordinarily holds in relation to the mother. Even so, Lear tells us that he began to earn his own living by drawing and selling sketches by age fifteen. These included some medical illustrations, and highly-regarded colored drawings of birds, turtles, and butterflies, many of which were published.

In 1832, when Lear was only twenty years old, his work came to the attention of Edward Stanley, the thirteenth Earl of Derby, who engaged Lear to make a pictorial record of his private menagerie of birds and animals at Knowsley, the family seat of the Stanleys in Lancashire. Going to Knowsley marked another important turning point in Lear's life. Although he continued to maintain rooms in London with his sister Ann, the

greatest part of his time for the next four years was spent at Knowsley. Relegated at first to the steward's quarters, the whimsical and lively Lear soon charmed the Earl's grandchildren, grandnephews, and grandnieces, and before long was dining with the family where he charmed the adults as well. Not long after his arrival, then, the impecunious, middle-class artist was given virtual freedom of the great house, and was befriended by many of the important people who visited there. Yet he was not entirely happy in his life at Knowsley. There were periods of acute restlessness and boredom. He once complained to his sister about the dullness and apathy that prevailed there, adding, 'nothing I long for half so much as to giggle heartily and to hop on one leg down the great gallery—but I dare not' *(2,* p. 17*)*. It was in these moods that he retreated to the nursery where he clowned and cavorted with the many children of the household. And it was under these circumstances that his illustrated limericks evolved. These formed the nucleus of The Book of Nonsense, dedicated to the children of Knowsley, which was not published until twenty years later.

During his last year in the service of Lord Derby, he arrived at the decision to become what he called 'a topographical landscape painter'. He meant to seek out, paint, and market the scenes that were to be found only in faraway and exotic places. As a corollary activity he would write about the places seen and sketched—like a latter-day William Gilpen.

In the summer of 1837, the year that the young Victoria ascended the throne, Edward Lear set out for Italy. From then until his death in 1888 he moved about continually, a lonely bachelor, living for the most part in lodgings—in Rome, in Corfu, in Cannes—but finally in his own villa at San Remo on the Italian Riviera. Over the years, from these bases the indefatigable Lear set out on his frequent sketching expeditions, traveling by boat, by coach, on horseback, and on foot, sometimes alone, sometimes with a friend. For his journal *(15)* he jotted down his observations and impressions of scenery,

people, and customs—and, incidentally—faithfully recorded the content and the quality of the meals he ate. He covered most of the byways of the Italian peninsula; he toured Sicily, the Ionian Isles, Greece, Turkey, Albania, Palestine, Egypt, Malta, and Corsica. Many of these he visited more than once. His most extensive single tour, made in later years, was to India and Ceylon. Through the years, his energy and his productivity were maintained at amazingly high levels.

From time to time Lear returned to England to sell his paintings, confer with his publishers, visit his sister, and make the rounds—more reluctantly as the years went by—of the great country house of his friends and patrons. On one or two occasions Lear tried unsuccessfully to settle down in England but each time became restless, bored, and depressed, and before long he would return to Italy. He found some solace in learning French, Italian, and Greek and in maintaining a voluminous correspondence. Although socially popular, high-spirited and mirthful, each year found him referring more and more often to restlessness, despondency, and loneliness. Self-depreciation grew more frequent, as manifested in his poems where he pictured himself as an incongruous child in an alien and an incongruous world. The available evidence suggests that when he became depressed he withdrew from the company of others, took a trip, or worked harder until the mood had spent itself. He grumbled constantly, and not always facetiously, at such diverse and generally unheeding targets as dogs, garish wallpaper, the sometimes unpleasant motion of ships, and noise—especially noise.

Lear was courageous but uncombative. On his journeys into wild, and little traveled regions, he was often threatened or even manhandled by bandits, or by suspicious, superstitious, and hostile inhabitants. In these circumstances his immediate reaction was to become immobile. He would not attempt to defend himself, apparently invoking this bit of his own advice: 'put yourself, as a predestinarian might say, into the dice box of small events and be shaken out whenever circumstances may

ordain' *(15,* p. 15*)*. However, on more than one occasion he would find something ridiculous and presumably amusing in these situations which would send him into paroxysms of laughter *(2,* pp. 58-59*)*. Sometimes this reaction would so startle his assailants, as well it might, that they would break off the assault and even join him in laughing. In these instances Lear demonstrated a capacity to transform a terrifying, passively endured experience into a triumphant, active one.

For much of his life, Lear seemed acutely aware of an emotional barrier between himself and those who were most important to him, often then, substituting facetiousness or even maudlin sentimentality for his true feelings. In one of his hundreds of letters to his friend Fortesque—who might be characterized as Lear's Wilhelm Fliess—he confided: 'I feel woundedly like a spectator all through my life of what goes on amongst those I know, very little an actor' *(2,* p. 92*)*. He seemed to be continually running away from intimacy and yet at the same time desperately seeking it, a theme which appears repeatedly in his poems. He tended to desexualize and to idealize women, seeing them, hopefully, as providing mothers in relation to himself as a needy child. At the same time he pictured them—Lady Tennyson, for example—as the victims of their husbands' neglect, exploitation, and sadism. Yet in a letter he complained that he had never had an opportunity to learn any of the manly pursuits since he was brought up by women—and badly besides. He was at ease with children and they with him.

As the years went by there were more and more references to what Lear called his 'marriage fantasy'. At the age of fifty-four and once again many years later, he was tormented by the urge to propose marriage to the widowed daughter of Lord Westbury (Lady Jingly Jones, in The Courtship of the Yonghy-Bonghy-Bo?), but could not bring himself to do it. It must be mentioned that over the years Lear had three special male friends. All were at least ten years younger than Lear, all were aristocratic and influential, and all were subsequently married. For one in particular, the unhappy Lear yearned as a child would toward

an unheeding mother. Many of his periods of despondency were precipitated by feeling cruelly neglected by this taciturn and unresponsive friend.

For the last seventeen years of his life Lear lived in his own villa which faced the sea at San Remo. With the passing of the years he became less sociable, more irritable, and less restrained in his criticism of pomposity and pretense wherever he saw it. Although plagued by loneliness and increasingly bad health, he persisted in his work, and when visited by friends he seemed able to revive for a time his old childlike mirthfulness. Lear died on January 29, 1888.

## III

We come at last to the difficult and hazardous task of attempting some meaningful inferences about the determinants of Lear's nonsense. In spite of the fact that the available material is fragmentary, there are a number—too many for present study—of promising pathways that beckon to be explored. One might put emphasis on the ego aspects of his nonsense, or concentrate on an analysis of the content of his limericks or his nonsense poems. Alternatively, one could investigate in detail the manifestations of Lear's orality or anality as they might bear on his artistic career. The possibilities are numerous.

Some important feelings that go a long way in explaining the content of Lear's tragicomic poems are related to the fact that he was turned over to the care of his sister Ann at an early age. Most likely this occurred at the time of the birth of his sister Charlotte, an event which brought about his weaning and eviction from the parental bedroom. The theme of abandonment, desolation, and a hoped-for reunion is worked and reworked in these poems. These are feelings, by the way, which were painfully reactivated by the dissolution of the Lear family when Edward was thirteen years of age. One important mitigating factor in the alienation from his mother lies in the fact that sister Ann seemed to have given him a full measure of attention, devotion, and love.

In his haunting poem called The Dong with the Luminous Nose, fragments from which I quote, Lear refers to the 'Jumblies' who

> . . . . danced in circlets all night long,
> To the plaintive pipe of the lively Dong
> * * * *
> For day and night he was always there
> By the side of his Jumbly girl so fair
> * * * *
> Till the morning came of that hateful day
> When the Jumblies sailed in their sieve away,
> And the Dong was left on the cruel shore
> Gazing—gazing for evermore,—
> * * * *
> But when the sun was low in the West,
> The Dong arose and said,—
> —'What little sense I once possessed
> Has quite gone out of my head!'—
> And since that day he wanders still
> By lake and forest, marsh and hill,
> * * * *
> 'For ever I'll seek by lake and shore
> Till I find my Jumbly girl once more!'

The yearning expressed in this poem is for a chance to relive those supposedly blissful days and nights when he was secure in the midst of his family and at the side of his mother.

Granted that weaning, separation, and the consequent frustration and loneliness (with implicit rage) are themes that are pertinent to his nonsense, especially the poems, it seems to me that there must have been other early experiences to account more adequately for Lear's emotional and artistic fate. I am inclined to believe, for reasons which will be elaborated below, that Lear suffered an additional, sharp, and overwhelming psychic trauma during early childhood—before exile from the parental bedroom—which materially influenced his life and work.

There are hints—but, alas, there is no direct and irrefutable evidence—that the young Lear witnessed the primal scene. What is the basis for such an assumption? First, let us take another and a closer look at the poem, The Dong with the Luminous Nose. In addition to the theme that we have already considered, it seems likely indeed that Lear was also describing a primal scene experience. The Jumblies dancing in circlets all night refers quite probably to the parents in the act of sexual intercourse. The plaintive pipe of the lively Dong alludes to Lear's own sexual excitement. When the morning came he was still gazing, still trying to cope with what he had seen, heard, and felt. Yet he was left dumbfounded; what little sense he once possessed, he tells us, had now quite gone out of his head. In rage and desolation he felt obliged thenceforward to repudiate his mother—the bad mother—and to search forever for the good mother, the asexual one. Even the men he loved subsequently seemed mainly mother figures.

Another hint pointing to an unintegrated primal scene experience was his recollection from childhood, 'my imperfect sight in those days . . . formed everything into a horror'. Why a 'horror' instead of, say, a 'blur'? Lear's way of putting it strongly suggests that something he had seen was terrifying.

Also, there is his statement that 'I feel woundedly like a spectator all my life on what goes on amongst those I know . . .'. I suspect that this represents one of Lear's most poignant feelings at the time of the primal scene experience.

To continue with our clues, there is Lear's first memory. This, you may recall, was of 'being taken out of bed to see the illuminations after the Battle of Waterloo'. In general, this memory undoubtedly refers to an intense sensory experience. More specifically, it has all the earmarks of a screen memory. It contains allusions to the bedroom; to being awakened from sleep; to looking; to his own immobility, that is, of having been wrapped in a blanket; and to a battle, perhaps not mainly to Waterloo but to a 'struggle' that went on in front of his very eyes—and ears.

There is a great deal of mystery surrounding Lear's so-called epilepsy. No description of the attacks comes down to us, although Lear recorded their frequency. Could it be that, in part, the seizures were periodic affect-storms, desperate, unconscious, attempts to regurgitate the incorporated but undigested primal scene experience, re-enactments of it without affect-awareness? Greenacre observes that 'many children have some fabled ogre, often in animal form . . . with which they scare each other and themselves'. She goes on to say that 'psychoanalysis reveals that it is generally some representation of the primal scene, in which the sexual images of the parents are fused into a frightening or awe-inspiring single figure' *(3,* p. 240*)*.

Another one of Lear's lifelong physical complaints must come under suspicion. One might wonder if his respiratory difficulties —asthma and bronchitis—served as an expression of his breathless excitement as the observer of the primal scene; and of the loud and distinctive breathing of the principals as well. It has already been noted that Lear had an intense aversion to noise —'people noises', especially.

In one of his illustrated stories *(8),* Mr. Lear, a parrot, and a cat are out strolling. Various misadventures occur. The climax comes when they fall into a ditch and each is broken up into several sections—quite bloodlessly, of course. Some well-intentioned person comes along and puts them back together again but in so doing, puts Mr. Lear's head on the body of the parrot, the parrot's legs on the body of the cat, and so on. Where once there had been three distinct characters with distinct identities, there were now three figures which were each a mixture and a conglomeration of one another. This is, I think, more than a warning that 'togetherness' can be overdone. This imagery was made possible by his having had a primal scene experience, and reflects an aspect of it. It poses the specific question of where, in the sexual act, the body of one parent leaves off and that of the other begins; and, it betrays Lear's guilt-laden wish to have been a part of what went on in his parents' bed. The story suggests, too, that Lear was quite reluctant to separate

himself from his parents, and this reluctance seems relevant to the fact that Lear could easily shift his identification from man, to woman, to child, and back again, depending upon whose company he was in, and at the same time be basically confused about who he was, as well as confused about the role and function of both parents. Somewhat related to this identity diffusion was Lear's propensity to distort the body-image *(13)* in his comic drawings, depicting many of the figures, variously, with greatly elongated noses or chins, with swollen torsos or with enormous heads. What is predominantly reflected here, I think, was not only a projection of the erotic tumescence of Lear's penis and of the body parts which symbolically represent it, but in a more general way the distortion felt by the whole body in a state of dammed-up libido.

From the standpoint of affect, the primal scene was painfully intolerable; in terms of its perceptual and ideational content its fascination was exceeded only by its shocking incomprehensibility. His eyes, his ears, and his sexual excitement pushed him toward a true assessment of what was going on between his parents. His strong wish to deny his parents' sexuality and his own disturbing erotic sensations, his jealous rage, and his fright, forced him to try to deny its implications. Result—a tormenting and unshakable doubt. The primal scene experience brought about a sudden and overwhelming flood of sexual excitation, far too intense to be successfully repressed or adequately integrated. Lear was obliged to resort to unstable defenses, and unstable identifications, and to suffer a number of other distortions in his character structure. One can presume the emergence of a whimsical and arbitrary superego, sometimes harshly critical, sometimes overindulgent. Lear's psychosexual development was arrested at a pregenital level, enhancing his narcissism, his exhibitionism, and scopophilia, and in general giving his erotic drives an oral—and anal—sadistic coloring. Greenacre *(4)* is of the opinion that the libidinal organization of the artist is more like that of the perverse individual than that of the neurotic one. I would be inclined

to conclude, by the way, that it is unlikely that the desperately inhibited Lear ever had any kind of overt sexual experience with either sex.

Lewin *(9)* points out that a not uncommon reaction to the primal scene is an oral one, i.e., it is conceived of as a cannibalistic feast, and that it is often the event that gets reproduced in adult depressions and elations—moods quite prominent in Lear's life. Many of his limericks concern eating, while a lesser number refer to being eaten, and a few to sleep. Others, Kanzer *(6)* for example, stress paranoid or persecutory trends in the making of the clown.

If an influential primal scene did indeed take place in Lear's infancy, what relevance might it have had for his creative work in general and his nonsense in particular? I have suggested that this traumatic experience was neither successfully repressed nor successfully integrated. It will come as no surprise at this juncture to learn that I now offer the hypothesis that Lear's nonsense represents a re-enactment of the primal scene experience. This is not to say, of course, that his nonsense had no other determinants, or, on the other hand, that there were no other important manifestations of the primal scene experience. Admittedly, the social nature of the comic—of nonsense—is important. Through it, Lear could relate more easily than otherwise and even attract favorable attention.

As a re-enactment of the primal scene, the nonsense production served two main purposes. In the first place, it was a way of expressing—of reliving—something forbidden, something traumatic, but which nevertheless had a considerable mischievous pleasurable component. This aspect can be thought of as a contribution of the id. Secondly, the nonsense served a defensive function by blunting the original, raw affect, and by modifying the ideational content in such a way as to make it unobjectionable, even pleasurable—an ego contribution. The creation of his nonsense was an active, purposive, controlled reliving of an event which originally had overwhelmed him in a state of passivity and helplessness. Aside from merely neutraliz-

ing anxiety, rage, or other strong affect, Lear got a bonus of pleasure from two ego sources,—the pleasure experienced in mastery, and the pleasure arising from the sudden release of tension by an economic expenditure of thought. Kris *(7)* comments that the enjoyment of the comic entails a feeling of security from danger; what was feared yesterday is made to appear funny today.

Lear's nonsense appears to have had another, more generalized function—to divert him from the awareness of any painful affect, or even from boredom. We are reminded, in this connection of Lord Westbury's complaint that Lear 'forcibly introduced ridiculous images in order to distract the mind from what it is contemplating'. Greenacre *(3)* sees a direct connection between Lewis Carroll's nonsense and the primal scene. She considers the last stanza (or as Carroll himself called it, the last 'fit') of his poem, The Hunting of the Snark, to have been a re-enactment of the primal scene.

In Lear's nonsense the sexual impulses, pregenital as they are, are much less apparent than are the hostile and aggressive ones. In spite of the fact that the aggression in the manifest content of the limericks seems so irrational and so irrelevant as to appear almost innocent, in the latent content of the limericks it is not hard to discern that Lear is protesting violently against the status quo, and that in his nonsense he turns the conventional world—the world of the adults who 'wounded' and confused him—into a shambles. Greenacre so aptly characterized this subversive quality of nonsense as 'an unannounced nihilism'.

Reference has been made previously to Lear's facility in transmuting himself from the realm of sense to the realm of nonsense and back again at will. We recognize this as an excellent example of regression in the service of the ego. In line with Greenacre's thinking, it is probably also correct to think of this shift of being at times in the nature of a dissociative episode, 'but of less ominous prognostic significance than would be true in a less gifted person' *(4)*. Kris *(7)* reminds us that in the

production of the comic, the ego remains in control of the primary process while in dreams, in neurosis, and psychosis, the ego is overwhelmed by the primary process.

If Lear's nonsense is predominantly a direct expression of primary process, albeit under ego control, then his landscapes can be looked upon mainly as reflections of secondary process activity. While Lear seemed to enjoy the conception and execution of his comic drawings and of his hasty sketches, his painting in oil was more often than not experienced as drudgery. He once confided to a friend, 'Yes, I do hate the act of painting and although day after day I go steadily on, it is like grinding my nose off' *(2,* p. 181*)*.

If much of Lear's nonsense can be looked upon as a disguised reproduction of the primal scene, then his serious landscapes can be considered as attempts to negate the primal scene altogether. His nonsense was a 'doing', his painting an 'undoing'. The content of these large canvases betrays a determined need to picture a world ruled by order where immobility and serenity held sway. In them and through them it is as if Lear is periodically declaring: 'See, nothing frightening is happening; nothing is amiss'. Since his oil painting was something that had an unconscious negating and, most likely, an atoning and restorative intention as well, it did not lead to release of pent-up feeling. Rage and frustration mounted during this serious and onerous activity so that sooner or later there was an eruption from below, often taking the form of nonsense. Like the primal scene itself, the hapless characters in the illustrations for the limericks make the point that, in Lear's view, there is little reason, order, or gentleness that prevails in the relationship between and among human beings. When nonsense failed as a sufficient release or defense, it is not improbable, as I have already suggested, that intense affect may have been discharged by way of the so-called epileptic seizures.

In closing I want to comment that Lear, having once learned the complex techniques of nonsense and having learned that it was not only mind-saving but socially applauded, tended to in-

voke it to handle a variety of affects from a variety of sources. It became, in effect, a final common pathway through which painful tensions could be optimally discharged. Most fortunately what was good for Lear was also good for the world.

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# Umbilical Cord Symbolism of the Spider's Dropline

Ralph B. Little

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# UMBILICAL CORD SYMBOLISM OF THE SPIDER'S DROPLINE

BY RALPH B. LITTLE, M.D. (PHILADELPHIA)

A special symbolic meaning to the spider's dropline was revealed in the analysis of a male patient. At times the spider's dropline symbolized the umbilical cord which served as a vehicle for the patient's oral fears of being engulfed by the mother.

Abraham stated, 'as far as I know there has been nothing of any practical value written in psychoanalytic literature about the significance of the spider as a symbol, although every analyst must have come across the symbol in the dreams of his patients' *(1)*. He postulated that the spider had the following symbolic meanings: 1, the spider represents the wicked phallic mother, and the male genital attributed to her; 2, the spider's web is symbolic of the female pubic hair; 3, the spider's dropline represents the male genital.

Abraham reported a clinical observation from one of Nunberg's male patients who, during intercourse, feared he would be killed by his mother, and related this to the biological fact that spiders kill their victims by sucking their blood. However, Abraham failed to stress the significance of pathological orality in spider phobias. It was not until 1950 that attention was called to the symbolic relationship between the spider and oral destructiveness, when Sterba *(4)* demonstrated that a love object could be the victim of an oral attack and suicide by hanging could represent the wish to be eaten.

The umbilical cord significance of the spider's dropline was revealed in the analysis of a young, successful, businessman whose numerous conflicts found expression in multiple spider phobias. Although he suffered many vivid and horrifying fantasies, at no time was he psychotic. The core of his problem was his dread of separation from mother, manifested by a constant fear of death. 'If she dies, I cannot live, and yet I am afraid my anger will kill her'. Living in such panic he became convinced that as punishment for his angry feelings toward his parents, especially his mother, he would be reincarnated as a spider. This fantasy represented the wish to be eaten and reborn with a phallus and thus gain power

over mother. The price for such fantasies was guilt, manifested by the fear of being killed by each parent. This fantasy also disguised the wish to separate from his parents; he feared that he would have to pay for such a wish by being forced to remember that he was once a human being. Then as a spider he could not escape the continuing torment of either being crushed by his mother's fingers or squashed under his father's foot. (Arlow [2] suggests a relationship between the fear of being crushed, and the fear of being the object of oral attack.)

At one time during his illness he feared that a spider would drop down from the ceiling and devour him. He also feared that while asleep his mouth would fall open, and a spider would drop in and he would then be forced to spit it out, indicating oral male impregnation fantasies in attempting to alleviate his fear of his mother by gaining her omnipotence.

The patient's mother appeared to be semipsychotic. She was described as short and fat, with stringy uncombed hair. Her main interest centered around the patient despite three other children. As 'Chief Warrior' she was overprotective and especially attentive to see that he was not harmed by insects. Whenever she came upon one she would kill it by squeezing it between her fingers. She then would announce triumphantly to the patient that she had saved him from certain harm. She frequently told the patient that she loved him so much she could eat him up. On the other hand she said the demands he made on her were too much and would kill her.

This patient's most vivid childhood recollection was of an event which occurred when he was about five years old. His mother said she had something new to show him, smiled, and revealed her new dentures. All he could see in that smile were her teeth. He screamed, 'Get away from me!'. Overwhelmed with terror and panic he saw her for the first time as a spider who would bite him. Later, when looking at her teeth in the night jar, he believed them to be alive.

There was evidence that spiders were symbolic of many of the patient's fears, particularly of his mother as the feared oral, aggressive object. He said he would always recall with terror the movie, The Fly. In this movie a scientist is transformed into a fly but retains his human head. The last scene shows the human fly caught in a spider's web. As the hairy-legged, eight-eyed spider slowly approaches to devour him, the fly's helplessness is vividly dramatized.

During the analysis a major form of this patient's resistance to experiencing the transference was visual images of human-sized spiders. The content of such productions often revealed significant oral fantasy material. A crucial phase in the analysis occurred when the patient was able to experience fear of his mother's oral sadism and guilt for his own oral-sadistic impulses toward her. Associating to a feeling of 'being drained and like in a fog', he narrated the following fantasy.

> My mother sucks me dry, or I her. I get the picture I have to climb up a rope that comes from a spider's web. It is heavier than the web, but is independent of it. It is like a man lying on his back and his penis is the extension of the line. I feel like an insignificant little insect. Everything is out of proportion—it is all very vague. This line is transformed from a penis into an umbilical cord. The cord wraps around me like a snake, and the snake's head is about to grab my head. I am an insect and I bite the snake out of anger. It feels like I used to feel at home.

At a later date the patient had the visual image of being connected to his mother by the umbilical cord. 'I am hanging down from a web. She pulls it up.' Then he saw a little baby tied up in the cord, unable to escape. The baby was being pulled in by the dropline of a spider who was going to eat it. He was the baby, the spider was his mother. This was followed by fantasies that during the umbilical connection to the mother, blood would have to flow either to her or to him with the result that only one could live and the other would die.

Additional evidence of the oral incorporative nature of the umbilical cord is supplied by Cowan in his collection of spider lore *(3)*. 'The following cosmogony is found in the sacred writings of the Pundits of India: A certain immense spider was the origin, the first cause of all things; which by drawing the matter from its bowels, wove the web of the universe, and disposed it with wonderful art; she in the meantime sitting in the center of her work feels and directs the motion of every part, till at length, when she has placed herself sufficiently in ordering and contemplating this web, she draws all the threads she had spun out again into herself; and having absorbed them, the universal nature of all creatures, vanishes into nothing'. Inability to separate from the mother, thus retaining the umbilical ties, eventually annihilates both mother and child.

## SUMMARY

This paper emphasizes the relationship between oral sadism and spider symbolism. It also points out that the phallic representation of the spider's dropline may be symbolic of the umbilical cord, itself a possible vehicle for oral sadism. This conclusion is supported by a decrease in a patient's spider phobias after he was made aware of his frightening oral fantasies and had worked through these fears in his relationship with the therapist.

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# The Abu Symbol

Henry G. Fischer

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*Photograph courtesy of Edmund Engelman.*

FREUD'S CONSULTING ROOM IN VIENNA

# THE ABU SYMBOL

BY HENRY G. FISCHER, PH.D. (NEW YORK)

Being a museum curator by profession, I once asked a friend of mine who practices and professes psychiatry at Yale University whether a patient undergoing analysis is not sometimes influenced by the works of art displayed within range of the couch, particularly if a picture happens to be hung on the adjacent wall, directly in his line of vision. My friend acknowledged that this was the case, and that his own patients often remarked on a color print that occupied that strategic position in his consulting room, a backstage view into a circus tent that might have served as an illustration for Marcel Aymé's *Le Nain*. But it was only some years later when I was lecturing on the Nubian monuments, then threatened by inundation in the wake of the new Aswan dam, that I remembered having seen a picture within a picture of Sigmund Freud's study in Vienna. Over the carpet-smothered archetypal couch, and dominating the entire room, was an enormous mounted photograph of the great temple of Abu Simbel, its colossal statues of Ramesses II oriented toward the higher end of the couch, where the patient's head was propped.

The precise meaning of the temple's name, or rather the name of the place where it is situated, is not known. In the first half of the last century travelers called it 'Ipsamboul', evidently assimilating it to the more familiar name of the Turkish capital, but by the time Sigmund Freud was born 'Abu Simbel' had emerged as the accepted form. And this form of the name must, consciously or unconsciously, have held an extremely potent significance for Freud. To anyone so sensitive to homonyms as he was, 'Simbel' would have registered as German (and English) 'Symbol', while 'Abu', being almost identical to Hebrew *abi,* would have been equally recognizable as the Arabic word for 'father'. Whether Freud was entirely aware of the Abu Symbol is—according to his own principles—unimportant; if he did not realize its significance he may have been suppressing it, as, for many years, he suppressed his own œdipal feelings.

But there is more behind this association of ideas than is suggested by the name. Probably no other structure in man's history is more fitted to embody the 'œdifice' complex—another play on words that Freud might have appreciated. The entire façade is occupied by four colossal statues of a king seated on his throne, each sixty-seven feet high, while a sampling of his many progeny (Ramesses II is known to have had more than one hundred and fifty children) stands scarcely more than ankle-high at his feet. Quite apart from this exaggerated perspective of paternity, the chair itself is a freudian father symbol. The monolithic character of the temple is also suggestive; as an Egyptian colleague has said of an analogous monument, 'the statue of the father is cut from the mother rock'.

To those who pursue Pyramid Prophecies, and unlikely conjunctions of time and space, there is a special interest in learning how long the temple in question has been known to Europeans in Vienna and elsewhere. Although the smaller of the two temples at Abu Simbel, fronted by standing figures of Ramesses and his favorite queen, was visible to the few travelers who penetrated that far at the beginning of the last century, the larger temple was so completely inundated by drifting sand that even the local inhabitants thought it not worth mentioning. The first report of its existence was brought back to Cairo by a young Swiss orientalist named Johann Ludwig Burckhardt in June 1815. Another traveler, an Italian giant and erstwhile 'strong man' named Giovanni Battista Belzoni, arrived in Cairo a fortnight later and within the next three years completed Burckhardt's discovery by clearing away enough of the sand to enter the interior. It was in the midst of these discoveries, precisely in the year 1815, that Sigmund Freud's own father was born.

When one realizes how important a part the Abu Symbol has played in excavating the modern subconscious, it is a wonder that the perils to which it is currently exposed have not brought on a mass accouchement of neuroses. In the summer of 1964, at the very last minute, a metal cofferdam was thrown up around both temples just in time to keep the Nile from engulfing several pairs of colossal feet as water began to rise behind the new Aswan dam. The façades were then covered by a protective avalanche of sand and, having suffered this indignity, were dissected into blocks weighing

less than thirty tons apiece. It will be several years before they are reassembled and their mountainous setting restored atop the cliffs from which they were carved, and without additional financial assistance they may never regain the aspect that once presided over Freud and his patients at 19 Berggasse.[1]

[1] The best recent account of the work at Abu Simbel is to be found in *The National Geographic,* May, 1966, For information about the temple's discovery, see Mayes, Stanley: *The Great Belzoni,* New York: Walker and Co., 1961, and Christophe, Louis A.: *Abou-Simbel et l'épopée de sa découverte,* Brussels: Editions P. F. Merckx, 1965.

Further information can be obtained from the American Committee to Preserve Abu Simbel, Box 3456, Grand Central Station, New York City 10022.

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# Robert Palmer Knight 1902-1966

Margaret Brenman

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# ROBERT PALMER KNIGHT

## 1902-1966

Dr. Robert Knight, medical director of the Austen Riggs Center in Stockbridge, Massachusetts, and a dominant figure in the world of psychoanalysis, died on April 30, 1966, after an eighteen-month struggle with lung cancer.

A giant in physical stature, unhurried of movement, calm spoken, and dryly humorous, for thirty years Dr. Knight as therapist, educator, researcher, and administrator exerted a major influence on the development of psychoanalytic and psychiatric practice in the United States; the premise of his lifework was the constructive application of psychoanalytic principles to individual and milieu treatment and research. First as chief of staff of the Menninger Clinic and from 1947 as director of Austen Riggs, he led teams of psychoanalysts, psychiatrists, psychologists, and social workers and served in innumerable senior offices of psychoanalytic bodies, the last having been as Chairman of the Program Committee of the twenty-fourth International Psychoanalytic Congress in Amsterdam in 1965.

Apart from his own contributions to the literature of psychoanalysis and psychiatry, a wide-ranging bibliography of sixty items, he steadily made possible the leisure which enabled many others to make their own contributions. He always treasured and fostered creativity, as a matter of course; some of the most important contributions to the literature of psychoanalysis resulted from his quiet, undemanding support.

### IN MEMORIAM[1]

One of the penalties of our sophistication as psychoanalysts is that we are deprived of the comforting luxury of the routine, innocent ritual eulogy which, celebrating pure virtue and proclaiming life eternal, muffles our grief, our guilt, and our openmouthed disbelief in the face of death. But we are not deprived of all comfort, and I have decided to gain some by sharing with you a little of what Bob talked about during the two weeks before he died.

[1] Read at a Memorial Service held by the Western New England Psychoanalytic Society and Institute on June 4, 1966.

Not a day passed but that he expressed afresh, with a deeply moving ingenuousness, his astonishment and gratitude that so many people appeared to be not only sincerely interested in his condition but in telling him what he had meant to each of them in their personal and professional lives. Each time I saw him, he had a fresh stack of letters for me to read—some signed by dimly recalled residents we had both known at Menninger's in Topeka a quarter of a century back. Over and over, with that characteristic shrug, headshake, smile, and wave of a king-sized hand—that was pushing all pretense to one side—he reiterated his puzzlement. Sometimes it went beyond his general surprise that he had made so deep an impression on so many, and it became a matter of wounded professional pride that he could not possibly have predicted a particular content from this or that person. On one such occasion when he asked me if I would have expected such a response from so-and-so, and I, in all honesty, shook my head in the negative, he held forth for several minutes on how much easier it had seemed to him twenty-five years ago to make firm predictions, sometimes even righteous judgments, about people—and how much more complex and unpredictable they had increasingly become as he grew older.

Three days before his death, Bob announced to me that he wanted to discuss what he called 'a paradox'. 'How is it', he said, 'that so many of us in this profession are able to feel and express with trainees and patients things that in our personal lives we kind of hold back on?' For a few minutes we discussed the meaning of the word 'paradox' and finally agreed we preferred the definition, 'a seemingly self-contradictory statement, yet explicable as expressing a truth' to the other dictionary possibility, 'a self-contradictory and false proposition'. Bob, who had long ago taught English for five years, always delighted in a trip to the dictionary.

He proceeded now, with a straightforward clarity of thought, awesome under the circumstances, to 'zero in' on the problem: first, he talked about what kind of person elects to become a psychoanalyst, confiding among other things that he, for example, had been so intensely shy as a youth that he had not dared to ask a girl for a date until his late teens. He would not mind my telling you this detail; it was for him one clue in an objective, detectivelike pursuit of an interesting clinical mystery. We commenced then to find links between the career choice of a psychoanalyst and that of

an artist, both of whom are at some time sufficiently uncertain of their everyday emotional transactions as to require their setting up highly controlled conditions in which to permit, in safety, both the consciousness of feeling and its expression.

One of the most difficult aspects for me of this discussion was Bob's unprecedented sweetness and steady emotional accessibility, a change that had taken place almost at once in his interminable eighteen-month struggle. Everyone who visited him had been overcome by this fact, finding it a great relief while with him and a source of profound pain in retrospect. Bob made brief reference to the fact that it was regrettable that it required so extreme a circumstance to bring about this change in himself, and said, 'There ought to be a lesson in this somewhere'.

He seemed to me very tired by now and I said so. He agreed that he was, said he would now 'take a little snooze', as he put it, and that we would take it up next time. Alas, we never did, but the lesson, it seemed to me, was quite clear.

MARGARET BRENMAN, PH.D.

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# Medical Orthodoxy and the Future of Psychoanalysis. By K. R. Eissler. New York: International Universities Press, Inc., 1965. 592 pp.

Albert J. Kaplan

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# BOOK REVIEWS

MEDICAL ORTHODOXY AND THE FUTURE OF PSYCHOANALYSIS. By K. R. Eissler. New York: International Universities Press, Inc., 1965. 592 pp.

This book provides a welcome re-estimation of the present state of psychoanalysis in the United States.

Throughout this work Eissler affirms his fascination with talent and the creative process. He believes that mankind has a better chance of survival from gaining an awareness of the antagonistic creative and destructive forces that operate within the ego. It is in terms of the ego that Eissler elaborates the interplay of life and death instincts within our civilization. The Introduction ends with a beautiful analysis of Goethe's Faust.

A main theme of the book is that although psychoanalysis has flourished in this country (as evidenced by the constant growth of The American Psychoanalytic Association) there is apparent in it a threat of regression. This, Eissler believes, is the consequence of its restrictive alignment with medicine and psychiatry, and its exclusion of gifted lay analysts. Eissler believes, furthermore, that there is a decline in psychoanalytic creativity in this country. He thinks that the current requirement that the psychoanalyst first be a medical graduate is unfavorable to the development of psychoanalysis and that the experiences of medical student and intern may blunt an individual's sensitivity to suffering. Eissler is fundamentally opposed to the commitment of psychoanalysis to incorporation with medical schools and universities.

With penetrating scholarship, and often with eloquence and passion, Eissler refutes those who, he feels, have misrepresented and debased psychoanalysis. Although Eissler's point of view may to some seem extreme and at times one-sided, this adds to the fascination inherent in many passages throughout this work.

Perhaps Eissler may not make allowances for the fact that we are a pragmatic nation more interested in quick results than in long-range possibilities and philosophical abstractions; we are thus naturally more inclined to place emphasis on analysis as a therapeutic tool than as a metapsychology or as a humanistic psychological discovery. The identification of psychoanalysis with medicine and

psychiatry in the United States is an expression, in my opinion, of our pragmatism. Doctors cure patients; an analyst 'cures' neuroses; furthermore this reviewer believes that the predominating middle-class orientation in this country is another important factor in the character of its development. The psychoanalytic 'movement' had to attain 'respectability' by adopting middle-class standards of 'success', and thus to deviate from psychoanalytic principles.

Eissler's belief that institutes should not be aligned with universities and medical schools, but rather work toward the creation of their own universities has a utopian appeal. This reviewer believes that psychoanalysts should not dissociate themselves from compatible universities. Research today is done mainly via the university; university affiliation and academic participation by the psychoanalyst need not in itself be detrimental to the development of psychoanalysis.

It is doubtful that the inclusion of gifted lay analysts, as desirable as they may be, will in itself answer the inevitable problem of personal shortcomings and failings of individual analysts. Eissler's opinion that psychoanalytically gifted individuals may tend to consider the compulsory study of medicine a waste of time is a generalization that really begs a question. Who can be sure that qualities of biological curiosity, patience, intelligence, persistence, scholarliness, and diligence (all desirable in the study of medicine), are not as important, or more so, to a psychoanalyst than intuitiveness and creativeness. Obviously a balance among the above qualities is most desirable but is scarcely made to order for the layman or the medical analyst.

Although the study of medicine may blunt some students' sensitivity to suffering—a consequence of the psychological barbarism unfortunately apparent among some doctors in their relationship with medical students and patients—there are many exceptions.

One of the four appendices to Eissler's book provides for a special treat in his fascinating analysis of an aspect of Japan's history. He skilfully presents his thesis of the Japanese defense of 'identification with the aggressor' as their means of transforming their repressed rage at occidental interference.

Eissler's scholarly refutations of the external dangers to psychoanalysis (especially appendices 1, 2, and 4), will be of interest to those who need to defend psychoanalysis against its detractors. A

separate volume on this subject alone might be worth while.

Eissler has created a standard of reference for psychoanalysts, psychologists, anthropologists, psychiatrists, and others about the many problems of our times that are related to psychoanalysis.

ALBERT J. KAPLAN (PHILADELPHIA)

BEATING FANTASIES AND REGRESSIVE EGO PHENOMENA IN PSYCHOANALYSIS. Edited by Edward D. Joseph, M.D. New York: International Universities Press, Inc., 1965. 103 pp.

This is the first of a series of monographs that outline the work and summarize the discussions of the Kris Study Group of the New York Psychoanalytic Institute. It points a direction which can be followed in postgraduate teaching and discussion of detailed clinical reports, thus helping to establish a precedent for similar discussions within psychoanalytic institutes and societies. To this reviewer it seems a natural continuation and progression of a method which began with Freud's study group in Vienna and promoted the early development of psychoanalysis.

Burness Moore provides an excellent historical survey of the early study groups in Vienna, Berlin, and Prague, and reminds us that the New York Society, as well as most of the other societies, is an outgrowth of devoted small study groups that gathered for the study of psychoanalysis. In 1953, at the request of a number of his students, Dr. Ernst Kris undertook this larger project under the direct sponsorship of the New York Institute and Society. Kris, with his unusual qualities of warmth, imagination, and intuition, proved to be a teacher and leader equal to such an endeavor. Although his untimely death in 1957 meant that he was able to participate only in the first reported study group, the interest and impetus that he engendered led to the continued growth of the Kris Study Group. At present, the group consists of four sections of twenty participants each, led by Arlow, Beres, Brenner, and Loewenstein.

This first monograph contains the reports of the first two study groups, with the case records and subsequent discussions summarized by Joseph. In the first study group on beating fantasies, Kris attempted to establish a basic formulation for the many facets of the problem. He tentatively suggested that the possible common

pattern was a wish to be loved by the father in a sexual manner conceived of as being beaten, and that this mode of sexual activity was probably based upon the infantile conception that the father beats the mother in the primal scene.

The second study group, under the chairmanship of Arlow, considered the problem of regressive ego phenomena in psychoanalysis. The focus was upon transitory disturbances of autonomous ego functions during analysis. The multiple defensive functions of such disturbances were evident, yet they also fulfilled id wishes and superego demands. Other aspects considered included the variety of dangers provoking anxiety, genetic factors, selective regressions of various ego functions, and the re-enforcement of a definition of the ego in terms of its functions.

We look forward to further monographs of the Kris Study Group.

A. RUSSELL ANDERSON (BALTIMORE)

THE WRETCHED OF THE EARTH. By Frantz Fanon. Translated by Constance Farrington, with a Preface by Jean-Paul Sartre. New York: Grove Press, Inc., 1965. 255 pp.

STUDIES IN A DYING COLONIALISM. By Frantz Fanon. Translated by Haakon Chevalier, with an Introduction by Adolfo Gilly. New York: Monthly Review Press, 1965. 181 pp.

The appearance in English of these books, some four to six years after their original publication in France, is a historic event that may, to our detriment, go unnoticed in the United States. Their author was a young Negro physician and a psychoanalyst who was born in Martinique, trained in France, and practiced in Algeria. His brilliant life was terminated by cancer at the age of thirty-six in 1961.

Passionately anti-Western, Fanon addresses himself to the problems, shortcomings, and goals of the 'Third World'. The primary emphasis is on the eight-year Algerian War which cost the lives of more than a million people. The wider implications of this war are explored by the author whose scope includes problems which extend from New York to Los Angeles; from the Caribbean to Southeast Asia.

Fanon did not live to see the victory in Algeria for which he had worked so ardently. Unlike Henri Alleg, whose *La Question*

aroused the conscience of the world if only briefly, he did not limit himself to a catalogue of horrors or to an indictment of the French Republic. There are horrors enough; but the emphasis is on that revolutionary and contagious dynamism which has swept the colonial world since 1945.

In a sense these are political tracts by a participating observer in the tradition of Tom Paine and John Reed. They are also, and more significantly, studies of the sociocultural and psychological changes that are occurring among humiliated and wretched people who take up arms against vastly superior forces.

The causes and consequences of the Algerian War were more than local or national in scope. The sparks that ignited Algeria flew from the clash of steel at Dien Bien Phu. The results of the Algerian War, like Fanon's books (of which two more will shortly be published in the United States), have had profound repercussions in Asia, Africa, and Latin America.

The reviewer, an anthropologist, was particularly impressed by the nature of European-'native' relations in Algeria, by the revolutionary changes in the family and the larger community, by the depth and breadth of the anti-colonial forces, and by the ferocity of the struggle. The nature and functions of violence are brilliantly discussed, as are the differences between statehood and nationhood.

French medicine (military and civilian) and French arms did not cover themselves with glory in Algeria. Fanon, despite his commitment to the revolution, remained a physician. With clinical objectivity he discusses the psychiatric disorders precipitated by the war, and the effects of torture on victim and aggressor alike. He notes the poignant dilemma of those few Europeans who identified with the rebels but were apprehensive about the anti-European aspects of the revolution. With great sensitivity and insight, he describes the changing emotional meaning of the French language, whether in rebel radio broadcasts or in the hallucinations of psychopathic Algerians.

Although the French are not the most racist of Western peoples, Fanon's experiences in Martinique could not be erased in France, and he sought out—indeed, adopted—another French colony as his homeland. By anthropological standards, North Africa has long been white; and yet the Algerian conflict took on the most vicious aspects of a race war.

Fanon was not a communist, and he wrote before the Sino-Soviet dispute came to public attention; yet he speaks with a 'Chinese accent'. The 'Chinese solution' may have been indigenous, or it stemmed in part from the refusal of the French Communist Party (and initially, of the Algerian Communist Party) to support a revolution that was considered ill-timed, noncommunist, ardently nationalistic, and doomed to failure. The Algerian revolution was not planned in Moscow or Paris. It was censured by the orthodox Left as a threat to the policy of 'peaceful coexistence'. Uninhibited by these considerations, the Chinese could and did provide symbolic and material help, especially from 1959, when the French high command began to announce (and repeat for several years) 'the final offensive of the war'.

These books will touch off resentment and admiration, shame and awe. They cannot be ignored at a time when we are exposed to so much high-flown rhetoric and low cant. Fanon's analysis of the psychology of colonialism derives from personal experience and professional training. The results are passionate and rigorous.

S. H. POSINSKY (NEW YORK)

LE MASOCHISME.[1] Third Edition. By S. Nacht. Paris: Petite Bibliotheque Payot, 1965. 184 pp.

Given the ubiquity of its manifestations, gross or subtle, in human life, the complexity of its metapsychological explication, the ineluctable nature of its ultimate determinants—biological and psychological, libidinal and aggressive—, it is not surprising that this treatise on masochism by the founder of the French Psychoanalytic Institute, should encompass much of the science of psychoanalysis. What is surprising, however, is that the author has succeeded in compressing into this small volume so remarkably large a portion of psychoanalytic theory and technique. He ranges in addition into the related fields of rearing children, pedagogy, and prophylaxis.

The six sections of the book begin with a historical survey of the concept of masochism, and in succession: erotogenic masochism;

[1] A pocket-sized paperback of the third edition of the same title and author, in the publisher's Collection of the Science of Man Series.

First edition reviewed in This QUARTERLY, X, 1941, pp. 326-329.

moral masochism; masochism in women; the role of masochism in potency disturbances in men, including homosexuality and obsessional neurosis; therapeutic and prophylactic considerations. Clinical examples are everywhere cited, and there are references and excerpts from such varied prefreudian writers as Féré and Krafft-Ebing, J. J. Rousseau, and Sacher-Masoch.

Exploring the paradox in a phenomenon in which pain and suffering are necessary conditions for pleasure, Nacht traces Freud's arrival at the concept of a death instinct, emphasizing the care Freud took to present it as a theoretical construct, a speculation, derived from metapsychology. In a footnote Nacht quotes a personal communication from Jones stating that, at the end of his life, Freud had come to regard life and death instincts as actual givens.

For Nacht the concept of primary masochism as an instinctual tendency to self-destruction is contradicted by the facts of clinical observation. The postulation of such a tendency, he says, would in effect make suffering an end in itself, whereas clinically, whether erotogenic or moral, masochism appears to him to be pathology that serves defensive and adaptive ends. With the danger of losing all, the masochist sacrifices a portion in order to preserve the rest; a 'fool's bargain' to be sure, but only from the point of view of the observer, not of the subject. Whether this argument is convincing or not will be decided when and if a death instinct is established or disproved.

Nacht's book commands attention for its cogent reasoning, its incisive clinical insights, and for its lucidity of style. The technical and theoretical are admirably blended and firmly grounded in metapsychology. The development of the masochistic reaction is elaborated from its earliest biological forerunners in infancy, through the transformations of sadism from which it acquires its energic component, to the various forms of masochism as they manifest themselves in various and particular clinical entities and in symptomatology. This book gathers into a well-integrated whole the important things said by many recognized authors on the subject, and to which Nacht adds his own evaluations and critique. It is a valuable addition to the literature, and is altogether in the classical tradition of psychoanalysis.

JOHN DONADEO (NEW YORK)

JAHRBUCH DER PSYCHOANALYSE. BEITRÄGE ZUR THEORIE UND PRAXIS (Yearbook of Psychoanalysis. Contribution to Theory and Practice). Edited by Gerhart Scheunert. Berne: Verlag Hans Huber, 1964. 263 pp.

This annual, more modest in scope than the annuals to which we are accustomed, gathers a number of unpublished papers by the older and, more importantly, by the younger analysts of the newly re-established German psychoanalytic associations.

There are clincially oriented contributions to theory, to technique, and to psychoanalytic education. In general, attention is directed toward the same subjects that are popularly current in this country: ego psychology; infantile development and early object relationships; the selection and the education of applicants for psychoanalytic training. One immediately senses the atmosphere in van der Leeuw's *Über Auswahlkritieren für Zulassung und zur Ausbildung zum Psychoanalytiker.* In Germany, as here, selection is based on the personal interview. Two points of view of interest are mentioned that to some degree influence the choice. Many feel it is important to select candidates who will increase the number of those able to contribute to psychiatry, psychoanalysis, and psychotherapy. The author differs, stating that the era of pioneering is past, and that only those who can make original contributions to psychoanalysis should be chosen. Because of social conditions in Europe, and because the number of prospective candidates is far fewer than the need for psychoanalysts, the choice of candidate is not always made in accordance with talent alone.

Noteworthy is the contribution of Dr. Ulrich Moser, who carries us into the 'microhistology' [*sic*] of defense mechanisms. He carefully dissects the relationship between repression and projection. Repression, he says, is the primary defense; when the ego fails and when the capacity for countercathexis is lost, regressive mechanisms of defense are aroused. He thus divides defenses into two groups: first, repression where forms of defense-countercathexis are possible and object relations are maintained; second, those defenses (identification, projection, introjection) where the countercathexis is weak, object relations increasingly dependent, and libidinal drives increasingly satisfied by manipulation of objects.

Of greatest interest is the paper, *Ich Psychologie und Anpassungsproblem—eine Auseinandersetzung mit Heinz Hartmann,* by Dr. Peter Furstenau. *Auseinandersetzung* means both explanation and argument, and the author applies both to Hartmann's Ego Psychology and the Problem of Adaptation. He organizes the intent of this monograph, rightly bewailing 'the lack of clarity'. He takes issue with Hartmann's biological-constitutional concept of adaptation; he also refutes his concept of secondary autonomy of the ego, alleging that it, too, is secondarily motivated as is the primary conflict. Finally, in Hartmann's idealization and 'purification' of the ego functions, he sees their elimination from our concept of structural theory.

An interesting summary of psychoanalytic technique is skilfully presented by Dr. H. A. van der Sterren. Praiseworthy also is a report by Drs. Eugen Mahler and Helmut Thomä of their simultaneous psychotherapy of a girl suffering from anorexia nervosa and her mother. They add to our knowledge of the all-decisive mother-child relationship in this devastating condition.

Recalling the torrent of literature that poured from pre-Hitlerian German psychoanalysis, this is but a small stream. May it continue, prosper and grow into the proportions it once had.

JAY STANTON (GREAT NECK, N. Y.)

TRANSFERENCE AND TRIAL ADAPTATION. By Joost A. M. Meerloo and Marie Coleman Nelson. Springfield, Ill.: Charles C Thomas, 1965. 155 pp.

This small volume is a condensation of clinical perceptions and social extrapolations, and is a popularization of psychoanalysis. Freud's Introductory Lectures on Psychoanalysis is still needed for the historical context; without it the origins of the concepts will not be fully appreciated from this brief gloss. The 'bibliography', moreover, is unsuited for the purpose as it does not refer to the Standard Edition but to some of the much older, disparate originals in English of Freud's works.

The implicit promise of clarification and application is nevertheless pursued in a somewhat conversational manner that commands

the reader's interest. The sophisticated reader will feel a growing dissatisfaction with a profusion of facile dogmas stated as facts, whereas those who are uninformed will be attracted by the rapid sweep of the clinical material and may not be able to distinguish fact from theory in accepting some of the doctrinaire positions. For example, adaptation is presented as follows: 'Every human relationship begins initially as a *trial* relationship. "How can I be dependent on this person?", and "Will he try to dominate me?" are the deepest questions.' Other questions follow as a series of simplifications of transferences which are thus personified. To the general practitioner or social worker for whom this book is intended, such illustrations might be helpful as an introduction. The psychiatrist or the psychoanalyst will react otherwise, despite the basic integrity of the clinical illustrations.

As one reads the clinical data, it becomes apparent that the frame of reference is found to be more one of psychoanalysis *applied* to psychotherapy than of psychoanalysis itself. Clinical perception is often quite excellent but behavior, especially outside of the analytic hour, is given more attention than is the unfolding of the transference neurosis in the analytic situation. Fortunately this error of emphasis is partly corrected by a brief chapter on acting out, which precedes the final group of chapters on social extrapolations of psychoanalytic concepts.

Perhaps the last several chapters, Beyond Transference: The Factor of Role Induction, Fetishism, and Social Change, and on Age, Youth and Leadership were intended by the authors as the real contribution of their book. The concluding glossary of transference terms is mostly original and will probably challenge the psychoanalyst to inquire more exhaustively into these casual bits of profound clinical nosography.

HERMAN M. SEROTA (CHICAGO)

PAGAN AND CHRISTIAN IN AN AGE OF ANXIETY. Some Aspects of Religious Experience from Marcus Aurelius to Constantine. By E. R. Dodds. New York: Cambridge University Press, 1965. 144 pp.

This small and superb book is a further indication of the vitality and fruitfulness of classical scholarship in Europe. The author is

Regius Professor (Emeritus) of Greek at Oxford University. The book is based on four lectures delivered in 1963 at The Queen's University, Belfast.

Readers of Dodds' The Greeks and the Irrational (1951) are familiar with his vast erudition and his mastery of English prose. In this volume, Dodds charts the sociopsychological history (and supernatural beliefs) of the Greco-Roman world during the third century A.D. He delineates the attitudes and sentiments which were common to paganism and to Christianity, also the differences between them which made them polemical, and sometimes cruel, antagonists. Dodds is eminently fair in his estimation of pagan and Christian attitudes, and in his analysis of the psychological aspects of the victory of Christianity.

Dodds does not make any simplistic comparisons between our age and the decline of the Roman Empire, for there are profound differences. At the very least the frames of reference in our culture are broader, whether in science, technology, economics, social structure, or politics. His quotation, however, of Auden's phrase, 'an age of anxiety', makes certain similarities tempting: social alienation and death wishes; rivalry among religious and political ideologies; recurrent wars and uncontrolled economic inflation; material and moral instability; debasement of the coinage; contrasts between poverty and wasteful luxury, urban slums and lawlessness, benevolence and cruelty; demagogic struggles for central and provincial power; the sense of siege during times of great military strength and huge military expenditures; the latifundia and absentee ownership; the impotence of the Roman Senate and the corruption of the law; brutalized citizens and rootless aliens; the barbarian at the gates; the mercenary troops; and the retrospective longing, often among the emperors themselves, for the Roman Republic and for its simple republican virtues.

Despite the heroic efforts of some unusually able and dedicated emperors, nothing seemed to go right, and there was a widespread foreboding of calamitous things to come. Indeed, the 'faint smell of burning in the air', as Jung put it, is intensified by Dodds' comparison of the dreams of Saint Perpetua (a Christian martyr) and of Sophie Scholl (a victim of Nazism).

The self-examination and self-incrimination of Marcus Aurelius have a modern quality, and were carried to a morbid extreme by his

contemporary, Ælius Aristides. The interminable symptoms, incapacities, dreams, fantasies, and 'self-cures' recorded so voluminously by Aristides are a gold mine for psychoanalytic research—and seem to be the prototype of many so-called 'novels' of recent years.

This unpretentious book is a masterpiece of objectivity and lucidity, and a signal contribution to the humanities and to the behavioral sciences. There is hardly a page that does not contain enough ideas and insights to provide a decade of further study.

S. H. POSINSKY (NEW YORK)

LOVE, SEX AND THE TEENAGER. Rhoda L. Lorand, Ph.D. New York: Macmillan Co., 1965. 243 pp.

Adolescence is the most enriching but also the most perplexing time of one's life. A book which could lighten the burden of this period of life for the adolescent as well as his parents is badly needed. The adolescent is caught in the dilemma between the forward pull of physical and psychological maturing, and regressive tendencies to relive his past. How severe an adolescent's turmoil will become cannot be predicted from his past experiences. If his childhood was characterized by regression and fixation, adolescence cannot be easy, but it may provide for him a second chance. Harmonious childhood is by no means necessarily insurance against untroubled adolescence.

Dr. Lorand oversimplifies when she infers that if a child receives enough 'proper' love his adolescence will be uncomplicated. The genetic and physiological 'givens' do not justify such reasoning, and they are not taken into account by her. Unfortunately, therefore, many parents will react to this book with unjustified, intense feelings of guilt and erroneously find themselves in a hopeless predicament: 'My adolescent child is troubled, and I am to blame because I did not give him the "proper" kind of love in childhood'.

Rhoda Lorand is well acquainted with child and adolescent development. It is therefore surprising that she thinks the adolescent who is engaged in the struggle of freeing himself from his original love objects will want to read about it in a book which is written for him and his parents. He needs a book of his own and that is one

not heavily weighted with information about his earliest development. What adolescents want to hear about this? They need to understand themselves as they find themselves in present-day terms, and they need the understanding and support of the adult world to cope with their budding sexual drives. To be advised that they should 'sublimate' their sexual urges, preferably not engage in premarital sexual relationships, and postpone marriage is meaningless to them. It is more easily said than done. Dr. Lorand hands out advice at random to parents and adolescents alike, and much of this may well lead to gross misunderstandings.

Dr. Lorand's knowledge of adolescents seems to derive from work with those involved in sexual activities for regressive and rebellious reasons. But what about the 'normal' adolescent? It is unfortunate too that she fails to include the problems of experimenting with drugs, and of drug addiction and delinquency in their milder and severer forms.

ELISABETH R. GELEERD (NEW YORK)

DRUG ADDICTION IN YOUTH. Edited by Ernest Harms, Ph.D. New York: Pergamon Press, 1965. 210 pp.

This volume presents a comprehensive survey of drug addiction among adolescents. It is a series of contributions by psychiatrists, psychologists, and social workers who have devoted many years of service in the search for a solution to the numerous aspects of this disease. Typically of such books, it lacks cohesiveness, and some of the conclusions are repetitive. Much of it is available in the published psychiatric and psychologic literature.

The editor regrets the inconclusiveness of the text, which nevertheless has the value of re-emphasizing the futility of a punitive approach to this problem. The authors advocate medical and psychiatric treatment and re-education, and make a plea for a broader understanding of the 'anthropological, sociological, ethnological, and ontogenetic' sources.

Some of the topics have special merit: the development of narcotic addiction among the newborn; inhalation addiction to commercial solvents; the basic failure of Riverside Hospital in New York City as a 'therapeutic community'; a history of 'Narcotics Anonymous'; and a comprehensive account of rehabilitation.

For the psychoanalyst this book has little value. Its chapter on the psychopathology of narcotic addiction is almost entirely sociological. It includes no discussion of infantile development nor of the vicissitudes of the ego as a salient factor in the predisposition to addiction.

ROBERT A. SAVITT (NEW YORK)

THE FAMILY AND INDIVIDUAL DEVELOPMENT. By D. W. Winnicott. New York: Basic Books, Inc., 1965. 181 pp.

This book is a collection of papers delivered by Winnicott, mostly to social workers, over the last ten years. It is divided into two parts: the first addressed mainly to child development and family life; the second, to a variety of topics such as school, the meaning of democracy, and The Contribution of Psychoanalysis to Midwifery.

As you would expect from Dr. Winnicott, you will find in this book excellent descriptions of developmental phases, sharp insights into certain factors of family life, and clearly defined distinctions between casework and psychotherapy. There is richness in his formulations, always originality, and his comments stimulate thinking. The topics covered are so large and so complex that one cannot expect to find more than a point of view, and often his formulations are so condensed that only those who are aware of their implications can fully appreciate them.

Since the book is addressed to social workers in England, many of the practical problems touched upon are not wholly relevant in the United States, where social work has a long experience in developing differentiated programs of treatment. But today, when there is such a shift from the individual approach to social issues, when so many concerned with mental health emphasize social modification, Dr. Winnicott's correlation between the internal milieu and the social environment is most significant.

The chapters maintain to a great extent the atmosphere of a free lecture whose main purpose is to stimulate the audience rather than to present well-integrated formulations. Furthermore, such statements as that 'the inner world of the individual has become a definite organization by the end of the first year', or 'the infant at one year is firmly living in the body', can only be understood if

we know Dr. Winnicott's beliefs about the significance of the first year of life.

Those who know Dr. Winnicott mostly from his work on the transitional object will be pleased to see how wide his range of interest is. Those workers for mental health who enjoy a personal style of presentation and original comments on important issues will find this book most rewarding.

PETER B. NEUBAUER (NEW YORK)

PSYCHOSOMATIC RESEARCH. A Collection of Papers. By J. J. Groen, et al. New York: The Macmillan Co., 1964. 318 pp.

J. J. Groen is a distinguished Dutch internist, now holder of the chair of medicine of the Hadassah Hebrew University Medical School in Jerusalem, where he enjoys the distinction of being the only head of a university department of medicine in the world whose major area of interest and study has been in psychosomatic medicine. To Alan Gregg, late Vice President of the Rockefeller Foundation, he owes the stimulation of his interest in psychosomatics and his first encounter with the works of Alexander, Dunbar, and other pioneers of the 1930's. But it was not until 1940, when the Nazi invasion of Holland forced him out of university work into a small private practice, that he began to study psychosomatic relationships among his patients. Upon his return to his hospital post he resolved upon a more systematic research, for which purpose he enlisted the interest of Professor van der Horst (now Professor of Psychiatry at the University of Amsterdam). Through this collaboration there developed a team ultimately including a psychoanalyst as well as a physiologist, psychologists, and other internists and psychiatrists. The present volume brings together the major papers of this group published between 1951 and 1963. They were all published originally in English, most of them in the Journal of Psychosomatic Research.

For anyone interested in psychosomatic problems this is an important work, irrespective of what differences one may have with some of the theoretical formulations offered by Groen and his associates. It includes both clinical observations and experimental studies and it has the merit that it provides data on patients as

they are encountered in a medical setting (hospital and practice). Particularly interesting are the reports, albeit fragmentary, on the course of certain disorders during the arduous conditions of the Nazi occupation. While no psychoanalytic data are reported and analytic concepts are not used, analysts will find much stimulating information in both the clinical reports and the experimental studies. They will find less useful the attempts at theoretical formulation.

Though Groen evidently studied a great variety of medically sick patients, most of the papers concern patients with asthma, ulcerative colitis, and hypertension. His studies on asthma are perhaps the most original and the most interesting. As an internist he is able to deal critically with all the facets of the disorder and to analyze the pathophysiology in relation to psychological factors. Particularly important are his observations on the circumstances under which the very first attack occurs; he is able to show that patients may be exposed for years to an allergen but only become sensitized during a period of psychological stress. He places special emphasis on feelings of oppression, sometimes experienced in psychological and sometimes in respiratory terms, as characteristic of the situation at onset of an attack, and suggests that in some instances this feeling of being oppressed psychologically is responded to by a peculiar use of the respiratory muscles. This, he shows, involves a strong contraction of the abdominal, thoracic, and cervical musculature during expiration, producing a high intrathoracic pressure with resulting collapse of the membranous portion of the major bronchi and trachea. In a series of physiologic and roentgenologic studies he shows how this produces a major obstruction of the airway and the typical expiratory wheeze. He goes on to show how the wheeze must originate from the upper respiratory passages rather than the small branches as generally held. This is an important observation for it identifies a component of the asthmatic attack that could be mediated through a conversion mechanism. A number of analysts over the years have been impressed by the fact that the psychological determinants of at least some asthmatic attacks are consistent with conversion, but it had been difficult to accept the view that the asthmatic attack as a whole is an expression of a conversion. The breathing behavior described by Groen as underlying the typical expiratory wheeze of the asthmatic attack involves a combination of

holding back and forcing out against resistance which could well be the somatic medium for the expression of fantasies of respiratory incorporation and expulsion. Since this type of breathing involves the voluntary motor system and indeed can be learned, as Groen demonstrated, it clearly is available for use in conversion. This perhaps resolves the controversy as to whether the asthmatic attack is a pregenital conversion or a 'vegetative neurotic' manifestation by offering the possibility that conversion constitutes at least one step in the genesis of the attack, while the other steps involved in the fully developed attack implicate other systems, including physiological concomitants of affects and their pathophysiological consequences. While much more work needs to be done to clarify these issues, these studies should demonstrate to analysts interested in psychosomatic relationships how evidence bearing on psychoanalytic formulations, may at times come from other than analytic sources. (The reverse, of course, also occurs; witness the value to internists of Garma's contribution from purely analytic data to our understanding of the mechanism of formation of peptic ulcer.)[1]

Another important clinical finding, which may also have bearing on this question of conversion, is the success of Dekker and Groen in producing asthmatic attacks among some patients in the laboratory through exposure to an artificial imitation of the 'asthmatogenic' situation. Their most dramatic and now well-known case is that of the woman whose attack could be produced by looking not only at a goldfish in a bowl but at a plastic replica and the empty bowl as well. A dream which occurred after the experience and from which she awakened with an attack of asthma indicated identification of herself with the fish and brought up a childhood memory of the occasion when her mother threw her pet goldfish into the toilet and flushed it down. No further associations are reported, but one might well wonder about anal concepts of pregnancy or anal-sadistic fantasies concerning a younger sibling, now elaborated and expressed in terms of respiratory incorporation and expulsion. Such experiments demonstrating the abrupt initiation of asthmatic attacks in response to symbolically significant stimuli seem to offer additional support for the operation of a con-

[1] Garma, Angel: *Peptic Ulcer and Psychoanalysis.* Baltimore: The Williams and Wilkins Co., 1958. Reviewed in Amer. J. Digestive Dis., IV, 1959, p. 829.

version mechanism in asthma and justify further study by analysts.

Groen invokes a concept of conditioning to explain such attacks, particularly since he was able to show that some patients in whom he could provoke asthma in the laboratory by having them inhale an allergen through a tube subsequently showed the same response to breathing air or oxygen through the tube and even merely to placing the tube in the mouth. Unfortunately he reports no psychological observations and hence it is impossible to know the meaning of the experimental situation to the patients. To this reviewer conditioning is a simplistic explanation. Once again the operation of conversion in a transference situation deserves further exploration.

By and large the clinical psychological data reported by these investigators on patients with asthma, ulcerative colitis, and hypertension correspond well with what has been reported by others. Of particular interest is the history of a man with malignant hypertension who was treated after one year with prefrontal leucotomy and then followed for fifteen years in a psychotherapeutic relationship, with fall in blood pressure and remission of the malignant phase though he still remained capable of considerable elevation of blood pressure. The relation between episodes of elevation of blood pressure and of convulsions and his life circumstances and behavior after the decided personality change brought about by the leucotomy make interesting reading.

Groen's psychosomatic concepts do not withstand critical study, especially since they are not in accord with the facts even as he reports them. In essence he embraces a more or less direct psychogenic mechanism in which failure of gratification results in somatic reaction patterns of increasing intensity and duration when other modes of discharge are unavailable. These he refers to as substitute behaviors for 'adequate, normal, or healthy patterns', 'psychopathic patterns', or 'psychoneurotic patterns'. It is essentially a hydrostatic model in which he assumes that when discharges via neuromuscular activity, mimic expressions, and vocal expressions 'are inhibited, only the pathways via the autonomic nervous system and the endocrine system are left; apparently this partial inhibition disturbs the natural harmonious complex discharge and re-enforces substitutions along pathways which otherwise would carry only a minor output'. When this becomes 'an abnormally intense and/or

prolonged reaction' it is 'productive of disease' (p. 305). He ascribes such inhibition to 'partly conscious, partly subconscious rejection of certain substituted behavior patterns' which would have provided discharge, and he places a major onus for this on the demands of our modern western culture. He raises the rather dubious suggestion that this accounts for the increase in incidence of psychosomatic disorders in the modern day, a claim for which there is no real evidence (though one should not overlook his report that certain psychosomatic disorders seemed greatly ameliorated during the most difficult period of the Nazi occupation).

Groen is a strong exponent of a concept of specificity (as is this reviewer) but it never becomes quite clear in his writing how he is using the term, beyond saying that empirical observation reveals that certain characteristics of the personality and situations of stress seem to be associated with particular diseases. But at one point he carries this to the rather extreme position that 'the connection between psychic stress and disease seems, therefore, to be as specific as, for instance, that between a bacterium and the disease it causes' (p. 11). This appears in one of his earlier papers and perhaps reflects an overenthusiastic acceptance of an early statement of Alexander. At more than one point he proposes that 'certain inborn properties' of the nervous system are responsible for predisposition to particular personality structures and (I presume) to the corresponding disease, a point for or against which no evidence can be adduced at the present time.

In spite of such conceptual deficiencies, the book remains a valuable document and will prove rewarding reading for all those curious about psychosomatic problems.

GEORGE L. ENGEL (ROCHESTER, N.Y.)

THE ROLE OF PSYCHOSOMATIC DISORDER IN ADULT LIFE. Edited by J. O. Wisdom and Heinz H. Wolff. New York: Pergamon Press, Inc., 1965. 299 pp.

This volume reports the proceedings of the conference held by the Society for Psychosomatic Research which convened in London in 1961. All the participants were British except two who came from

The Netherlands. If this conference is representative, it is notable for the little experimental work which is being pursued abroad and the extent to which psychoanalysts rely mainly on clinical impressions.

Van der Valk, for example, briefly presents Clusters of Illnesses and Syndrome Shifts as Observed in Clinical Practice. The paper is more valuable for the interesting questions it raises than the data it provides. Bastiaans considers The Place of Personality Traits in Specific Syndromes: Cause or Effect?. Included is a table presenting differentiations among personality types associated with ulcerative colitis, peptic ulcer, essential hypertension, and bronchial asthma. These personality types are largely descriptive and do not adequately incorporate psychodynamic factors. The means of dealing with aggression is given a large role in the genesis of symptoms. Wolff, addressing himself to the question, Why Do Emotional Conflicts Express Themselves in Physical Symptoms?, comes to the conclusion that 'when repressed fantasies and instinctual impulses are prevented from finding sufficient psychological expression . . . they are likely to be expressed instead . . . through the language of the body in the form of a psychosomatic illness'. In effect Wolff extends the concept of conversion although he acknowledges that constitutional and other factors may play a role in the genesis of the disorder. His view, in general, seems to be one of direct psychogenesis. Hambling proposes that in psychosomatic disorders guilt and anxiety, stemming from infantile sexual fantasies and from precocious sexual experience, play little role. He regards the important influences to be 'the realities of . . . emotional deprivation or coercion' leading to what are fundamentally biological responses.

The papers by Rycroft and by Lomas present some interesting views concerning the interaction of the sick person with his environment. Especially important are the considerations of the role of being sick as a temporary refuge permitting the reorganization of the ego.

By and large, the work reported in this volume is weak at the levels of observation and conceptualization. One could wish that some of the conceptualizations had been better documented.

GEORGE L. ENGEL (ROCHESTER, N.Y.)

HANDBOOK OF COMMUNITY PSYCHIATRY AND COMMUNITY MENTAL HEALTH. Edited by Leopold Bellak, M.D. New York: Grune & Stratton, Inc., 1964. 465 pp.

*What is valuable is not new, and what is new is not valuable.*
Daniel Webster, 1848.

Bellak suggests that community psychiatry represents a third evolutionary stage in the development of psychiatry. The first phase began at the end of the eighteenth century and marked a new, sympathetic attitude toward mental illness; the second phase was the development of psychoanalysis at the end of the nineteenth century. Bellak proposes his handbook as representing a third phase, assessing it as a new level of integration and understanding. 1. Basic concepts; 2. The scope of community psychiatry; 3. The members of the team and their role; 4. Program organization, administration and evaluation, comprise the major sections. There are chapters dealing with special problems in the practice of psychiatry in different kinds of community settings. Articles by Howe, Mayo and Klein, Leighton, Leighton and Armstrong, Black, and Caplan are thoughtful, well-written contributions. Some of the other contributions are distinctly polemical.

The many diverse and inconsistent concepts of community psychiatry presented in this book do little to clarify and nothing to justify the promise of the title. Psychoanalytic concepts are at best given lip service. In some instances vagueness may reflect a lack of data or experience sufficient to justify more precise formulations. Bellak's own contribution is merely a relabeling of long-established psychiatric practices.

The position of the reader can be paraphrased from *Le Bourgeois Gentilhomme:* I was startled to learn that I have always been a 'community psychiatrist'.

WILLIAM A. FROSCH (NEW YORK)

PSYCHIATRIC JUSTICE. By Thomas S. Szasz, M.D. New York: The Macmillan Company, 1965. 283 pp.

This volume is Dr. Szasz's most recent contribution to his continuing polemic against the Establishment of organized psychiatry in

the United States. Each chapter is a crescendo of personal disdain and wanton antipathies against the powers that be. The book might better have been called Psychiatric Injustice, for it highlights certain inequities that occasionally take place in our system of pretrial examination of criminal defendants. It concerns the important ethical problem of the psychiatrist cast in the role of adversary; but what Dr. Szasz has to offer is marred by the prevailing tone of personal outrage and undue excitement which detracts from the book's dignity as well as its objectivity. It is evident that the subject matter concerns the author deeply and has stirred considerable anxiety in him.

This is Dr. Szasz's fourth book (besides numerous articles) on social and professional injustices. It is a logical extension and application of his single-handed endeavor to erase the discoveries and scientific refinements of modern psychiatry, to label the whole body of mental disorders a 'myth', and to remove the diagnosis and treatment of mental illness from medicine. We are henceforth to think, in fact, of mental illness as a form of disturbed social action. In his three previous books, Dr. Szasz champions the cause of individual rights of all patients, avowing his wish to emancipate all those unfortunate victims under psychiatric treatment from the grip of their psychotherapists and psychoanalysts. To this end he advocates his own theory and method, removes psychoanalytic therapy from its historical, medical, and mechanistic concepts, and redefines it as a form of 'social action', comparing it to contract bridge. The therapeutic alliance is reduced to a simple contractual one. This is done with skill and fluency, in which his language hardly betrays his intent: 'I shall attempt to define the nature of Psychoanalysis, clarify its limits, and establish its proper relations to other forms of psychotherapies, medicine, ethics, and social science . . .'.

Because metaphor is such a powerful device and Dr. Szasz is such a highly articulate and masterful rhetorician, his writings can focally illuminate one area while he obscures the general order of magnitude, shifts the frame of reference, or alters the relative importance of the rest of his subject matter.

In the volume under review, Dr. Szasz does just this, as he focuses his attention on the plight of the criminal defendant in court. In his critical appraisal of our current usage of the concept of 'mental competence to stand trial', he points out that the psychiatric ex-

amination may be either a simple factual assertion or a strategic move in the game of law enforcement. By wittingly or unwittingly disregarding the hard statistical fact that most pleas of mental incompetence are brought by the defense rather than by the prosecutor, Dr. Szasz finds an all too frequent conspiracy between the psychiatrist and the prosecuting attorney to railroad into mental hospitals competent citizens denied the right to stand trial because they have been declared mentally incompetent in a pretrial psychiatric examination. 'The assertion that a defendant is mentally fit to stand trial is *always* a strategic ploy. . . . The coerced plea of not guilty by reason of insanity stands as probably the single most terrible manifestation of evangelistic psychiatry riding roughshod over civil liberties . . . . [These examinations are] no longer a rational contest between spiritually equal adversaries but a grotesque nightmare in which a strong man (the State) crushes a tiny and repulsive insect—the accused.'

Most of the volume is devoted to the presentation of verbal interchanges from four cases. One of these is that of former Major General Edwin A. Walker. Because of General Walker's activities in the integration crisis at the University of Mississippi, he was arrested and then committed against his will for pretrial psychiatric examination. It was, says Dr. Szasz, 'the most widely publicized case of an attempt to deny an accused person the right to trial by branding him insane and hence incompetent to stand trial'. Dr. Szasz's solution to the unfortunate development in the Walker case (which he cites as a representative example of the entire problem) is to shift the responsibility for psychiatric examination of the defendant and the determination of his fitness to stand trial from psychiatrists to a judge, panel of judges, a lay jury, or a lawyer, or a panel of lawyers. These, he writes, would make a practical commonsense determination of whether a defendant can defend himself in court. 'If we want to determine whether a person can defend himself, we need not call a psychiatrist.'

Dr. Szasz's position is clearly that of the antipsychiatrist. 'My aim is to demonstrate how the modern state may use psychiatry as a weapon against a citizen.'

This reviewer shares none of Dr. Szasz's suspicions of psychiatry and hardly any of his feelings about the evils of our mental institutions. Obviously improvements are needed. But these necessary

changes cannot be brought about by the use of frightening distortions and monstrous misrepresentations. 'Schizophrenia exists only as ink marks on paper. It is a name. But I don't believe the disease exists. . . . It means let's not treat Mr. Hoper as an American citizen. He has no more rights. He is a mental patient. . . .' Such statements are nothing short of demagoguery. Dr. Szasz's books have been widely distributed and widely reviewed. Though decried by most of his colleagues, he has found acclaim among many of the laity.

In spite of the serious differences of this reviewer with the author's thesis, his concepts, and his unforgivable selection of case material in which gross errors or the incompetence of an individual psychiatrist are used as representative examples of what takes place generally in the courts throughout the land, it must be said that this book provides a good review of the laws on mental competency to stand trial and a helpful discussion of the proper role of psychiatric testimony in a courtroom. For the hiatus that exists between psychiatry and the law, the legal abuses that abound within the courtroom and outside, are sufficient reasons to justify the attention given to this important yet neglected subject.

MEYER A. ZELIGS (SAN FRANCISCO)

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# International Journal of Psychoanalysis. XLV, 1964.

Eugene Nininger

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# ABSTRACTS

**International Journal of Psychoanalysis. XLV, 1964.**

**The Structuring of Drive and Reality. David Rapaport's Contributions to Psychoanalysis and Psychology.** Merton M. Gill and George S. Klein. Pp. 483-498.

Gill and Klein state that a basic motif in Rapaport's work was in reconciling strict determinism with a personal belief that man plays a role in shaping his destiny. He found the solution in the principle wise men have always known, that freedom is the acceptance of the restraints of law. He formulated that reconciliation and modulation between drive and reality results in the formation of new psychical structure which, to some extent, is then able to function autonomously. In this Rapaport accepted the broadened conception of the synthesizing and adaptive capacities of the ego as laid down especially by Hartmann and, until interrupted by his untimely death, was utilizing it toward a general theory of learning that took deep exception to most current theories. In contrast to modern structural theory, much of which he accepted and contributed to, Rapaport felt that a revival of Freud's concept of consciousness was necessary. He argued that there are varieties of states of consciousness that are structures of control resulting in the formation of other structures or higher states of consciousness. He was primarily interested in hypotheses that could be subjected to experiment.

**The Manifest Dream and the Appearance of Color in Dreams.** Stuart C. Miller. Pp. 512-518.

Miller presents evidence for concluding that what is dreamed is more than what is remembered, more yet than what is related, which is in turn more than what is perceived by the listener. In particular, the dream is probably much more than merely visual and seldom, if ever, colorless.

**Color in Dreams.** Harold P. Blum. Pp. 519-529.

According to Blum, the appearance of color, like all dream elements, is shaped by contributions from the id, ego, and superego. The meaning of the color may be genetically overdetermined and complex. It is more likely to appear with ego or superego re-enforcement of voyeurism. It serves both as defense and communication, may represent internal body contents, such as blood or feces, as well as body surface, and may express identification with an object or serve in differentiating self from object. It frequently expresses affect: red for anger, green for envy, yellow for cowardice.

**Concepts for a Classification of the Psychotherapies.** John E. Gedo. Pp. 530-539.

Gedo divides psychotherapies into those dealing with various age-appropriate developmental crises and those dealing with unfavorable resolutions of past crises. The latter group he subdivides into supportive therapy for those lacking ego autonomy, psychoanalysis proper for those capable of maturation, and ego-build-

ing techniques for those capable of resuming interrupted development or moving into analysis.

**The Negative Therapeutic Reaction.** Stanley L. Olinick. Pp. 540-548.

The author states that negative therapeutic reaction results from rage and destructiveness deriving from and exercised against pathological introjects. It is a depressive, sadomasochistic rage projected and induced in another person as a desperate effort at defense against expectation of inner loss and helplessness. It is essential that the analyst have a capacity for empathic identification with these patients and have worked through his own projective distortions and sadomasochistic defenses. By recognizing and not yielding to the patient's projections of guilt and depression he becomes a guilt-free introject, thus strengthening the patient's nonmalevolent and accepting potentialities. The final therapeutic task is the analysis of primary identification with the depressed, precœdipal mother.

**A Further Contribution to the Psychoanalytic Study of Migraine and Psychogenic Headaches. The Relation of Migrane to Depression, States of Withdrawal, Petit Mal, and Epilepsy.** Melitta Sperling. Pp. 549-557.

Psychogenic headache is a phallic-level symptom, while migraine is a pregenital conversion symptom and can be cured if oral and anal conflicts are exposed and worked through. Twenty-three of Sperling's cases remained symptom-free thirteen to sixteen years following analysis. In the psychosomatic patient there is increased object cathexis with threatened object loss, and symbolic destruction of the object through the symptom. In depression there is withdrawal from, and introjection of, the external object: struggle continues with the internalized object within the ego and superego. In petit mal there is instant cutting off from functioning of those parts of the mind which serve perception and execution of certain stimuli from within and without. In epilepsy there is complete lapse into unconsciousness and discharge of the impulses through convulsions. In migraine, consciousness remains but acute repression of dangerous impulses occurs, with partial discharge and gratification in the headaches. The interrelation of migraine, petit mal, and epilepsy is not from common inherited constitution but from early, acquired attitudes toward overwhelmingly strong destructive impulses.

**Notes on Infant Observation in Psychoanalytic Training.** Esther Bick. Pp. 558-566.

Bick describes the introduction of candidates in training to direct infant observation within the family setting. Evidence suggests this is a valuable method of impressing upon the student the importance of observing over-all behavior in the patient independent of theoretical framework, as well as a means of testing the validity of analytic reconstruction of early development.

**A Methodological Approach to the Teaching of Psychoanalysis.** Marie Langer, Janine Puget, and Eduardo Teper. Pp. 567-574.

The authors think that a seminar on the theory of technique for advanced students should acquaint them with similarities and differences of various

techniques in order to gain perspective and to acquire an appropriate technique. To this end classes on this subject should involve teams of professors and students actively discussing each subject.

**Technical Applications of a Concept of Multiple Reality.** John S. Kafka. Pp. 575-578.

Kafka uses Heinrich Kluever's method of equivalent stimuli to picture psycholgical reality as made up in any one moment of a pattern of stimuli and subjective equivalences. For example, if a dog jumps on a blue field after conditioned to jump on a black one, for him the two fields are subjectively equivalent. If, for the moment, I am identified with my neighbor, he is a subjective equivalent of myself. As this pattern undergoes multiple changes in time, the person possesses multiple subjective realities which may vary greatly. For example, in the treatment of a psychotic the therapist may deal with deeply regressed material during the session and later the same day participate with the patient in a matter-of-fact discussion in an All-Hospital Meeting. The therapist's ability to reject stereotyped notions about incongruity may be a potent therapeutic factor.

EUGENE NININGER

**Journal of the American Psychoanalytic Association. XII, 1964.**

**The Clinical Analysis of Affects.** Roy Schafer. Pp. 275-299.

Schafer re-emphasizes the importance of viewing affects from the structural frame of reference and stresses their multiple determinations. He establishes eight categories which he believes to be of value in the analytic study of affects: affect existence, affect formation, affect strength, affect stimuli, affect complexity and paradox, affect location, affect communication, and affect history. The author stresses that analysis of affects must also deal with ideas, attitudes, fantasies, impulses, and defenses. Though he offers no new formulations as to the current theory of affects, he emphasizes the importance of affect analysis and draws attention to theoretical ambiguities that surround general constructs of affects.

**Comments on the Pleasure-Unpleasure Experience. The Role of Biological Factors.** William Needles. Pp. 300-314.

Needles reviews Freud's concepts related to the pleasure-pain principle and points out that Freud's enigma in this respect continued until the end of his writings. The author further suggests that the law of constancy (Fechner's theory) should be replaced by more current constructs dealing with homeostatic equilibria. It is essential to include in the theory of affects the roles of ego and superego in the pursuit of pleasure and pain whereas Freud's theory is based too much on his earlier instinctual drive and topographical bias. Even with the accumulation of more precise knowledge in psychology and other disciplines, these additional facts do not permit exact definition of the nature of the pleasure-pain enigma. The author thinks that the reason for this is that pleasure and pain are determined biologically and phylogenetically.

**Exhibitionism and Fascination.** Alfred J. Siegman. Pp. 315-335.

Siegman demonstrates that exhibitionism is associated with active striving to master infantile fascination that was passively experienced at crucial, early levels of development. The author acknowledges the importance of phallic components and the role of scopophilia in the genesis of exhibitionism. However, he emphasizes the pregenital and nonvisual roots of exhibitionism, particularly as they relate to early ego states, when self and object are incompletely differentiated, and both pleasurable and unpleasurable sensations are felt to have been brought about by an omnipotent object. Although exhibitionism is a defensive maneuver in that it involves a turning from passivity to activity, Siegman feels that the form and quality of exhibitionism, and the ability to sublimate, are determined by the phase-specific coloration of significant fascinating experiences and the relative strength of aggressive and libidinal elements.

**On Sexual Enthrallment.** Alan Parkin. Pp. 336-356.

The author defines sexual enthrallment as the state of spellbound subservience in which a woman is held by the phallic quality of the male to whom she attaches herself. This state is also found in men with strong feminine identifications (passive homosexuality and fetishism). In sexual enthrallment, the woman is often ambivalent, needing to live her life vicariously while struggling against her subservience to the male. This fascination with the idealized penis, and longing for union with it, has its roots in the intolerable differentiation of the infant-breast amalgam and the resulting loss of the infantile state of narcissistic impotence.

When the narcissistic self-esteem of the girl is threatened by her lack of a penis, the idealized penis is incorporated and assimilated into the ego ideal and, through identification with the penis, infantile megalomania is regained in the fantasy of being the manifestation of paternal omnipotence. Sexual enthrallment may exist in a definite character type or in phobias.

**Psychoanalytic Studies on Joseph Conrad. II. Fetishism.** Bernard C. Meyer. Pp. 357-391.

Meyer gives a stimulating account of Conrad's preoccupation with fetishism as depicted in his novels. His obsession with hair is shown in the description of how he vigorously brushed his hair after his emotional upset over the news of his son's marriage. The same behavior is later illustrated by Alvan Herveys in The Return when, shocked at the news of his wife's deserting him for a lover, he dispassionately brushes his hair as if to reassure himself of his own reflection and defend against a loss (castration).

Hair frequently crops up in various phallic forms in Conrad's writings. Attention is also drawn to foot and fur fetishism. The author attributes scopophilic, exhibitionistic, and fetishistic tendencies to Conrad's need to identify himself with the aphallic mother. Meyer suggests that Conrad suffered repeated early trauma due to his family's exile to northern Russia, his mother's tuberculosis and subsequent death when he was eleven years old. He implies that in the suffering love relationships depicted in his heroes, Conrad expressed a wish for a reunion with mother in death.

**Psychoanalytic Aspects of that Type of Communication Termed 'Small Talk'.** Peter A. Martin. Pp. 392-400.

Symptoms of several patients and their inability to indulge in small talk are described. Martin suggests that inhibition in 'small talk' socially and in analysis is based on disturbed object relationships and represents an unresolved transference connected with fusion and linkage fantasies, as well as defects in body image and ego and superego controls over speech. He also emphasizes oral fixations and the accompanying ego defects in speech mastery that ensue as a result of failure in adequate self-individuation. The individual is unable to indulge in small talk because the person to whom he is talking represents a threatening transference object.

JULIAN L. STAMM

**American Imago. XXII, 1965.**

**A Christmas Fantasy.** Barbara W. Tilley. Pp. 227-231.

The Christmas holiday season awakened childbirth fantasies in an unmarried college student. Her period started three weeks late in mid-December, the day after she had impulsively purchased a puppy. During these weeks the patient had felt nauseated and distended and confessed a wish to be pregnant; she treated the puppy with tender, maternal concern, comparing her behavior with her own treatment as a child. Childhood daydreams of being impregnated by God along with memories of her father at Christmas served to support her underlying fantasy of bearing her father's child.

**Shaw's Man and Superman: His Struggle for Sublimation.** Julian L. Stamm. Pp. 250-254.

Psychological determinants for Shaw's intellectualized and desexualized Don Juan are found in his marriage to Charlotte Townsend and in his relationship to his mother. Shaw and Charlotte had agreed on an intellectual union of the spirits rather than one based on passion, an arrangement necessitated by Shaw's unconscious linking of Charlotte with his mother. The Don Juan dream begins with the playing of the Mozart strain of Don Giovanni, Shaw's favorite opera and one in which his mother performed during his childhood. The author sees Shaw's playwriting and interest in classical music, voice, and speech as sublimations of his feelings for his mother, in part identification with her and in part modified expressions of his oral conflicts.

JOSEPH WILLIAM SLAP

**Psychoanalytic Review. LII, No. 3, 1965.**

**Freud, Reik and the Problem of Technique in Psychoanalysis.** Murray H. Sherman. Pp. 19-37.

The author attempts to define and then find a remedy for the serious cleavage among psychoanalysts between those who consider themselves freudian and those more like Theodor Reik. The original contact that people had with Freud may

account for the origin of the cleavage. In contrast to those, like Fenichel or Glover, who may have approached Freud with less personal involvement, and emerged with a more intellectual version of his views based largely on his writings, Reik emulated what he actually felt in therapy with Freud. Relatively little is known about how Freud dealt with his patients. Sherman suggests that Reik's use of directness, surprise, and confrontation came from his experience with Freud and led to his concern with countertransference, although Reik does not use that term. Freudians are more concerned with transference and its interpretation to the patient as a means of dealing with resistance and repression. Repression to Freud and Reik is quite different in meaning. Many other interesting details about Freud and Reik, their differences and fundamental agreements are presented.

Sherman suggests that the cleavage be viewed in less personal terms, and feels that transference and countertransference views of psychoanalytic treatment ultimately will exist. An exploration of relationships between the contrasting viewpoints is recommended.

**Impact of Different Special Settings on Type and Effectiveness of Psychotherapy.** Frederick J. Hacker, Hans Illing, and Stanley W. Bergreen. Pp. 38-44.

In a unique clinical experiment, the same staff was used in two psychiatric clinics in areas of only forty minutes' drive apart—one upper-class, and the other lower-middle-class. The lower-middle-class patients had more acute problems combined with greater reluctance to enter and remain in therapy. There were more overt psychosomatic and behavioral disturbances in the lower-middle-class patients, whereas in the upper-stratum outpatient clinic the symptomatology was mixed with over-all personality disorganization superimposed on, and confusing, the neurotic constellation in what is called 'sociopathologization'. The upper-stratum patients were sophisticated about therapy and often asked for classical psychoanalysis. Only half who requested analysis were considered suitable and tended to stay in therapy. The number of 'good' psychoanalytic cases that came from the lower-middle-class group as well as the success of the technique was unexpected.

As a result of this experiment the authors question conventional preferences for any approach to therapy. Rather, they see mental health as complex, even including resistances that are, at times, effectively and permanently adaptive. They argue that cultural circumstances not only influence therapy but enter initially and fundamentally into the structure of treatment. Any attempt to impose on the intellectual and economic setting must result in failure. They seek to expand it without abandoning basic essentials of psychotherapy—individual improvement with realization of human dignity.

**Psychoanalytic Considerations on Music and the Musicians.** Heinrich Racker. Pp. 75-94.

The main interest here is excerpted from clinical material. Racker describes a young woman with persecutory anxiety who had a dream in which she was saved by her singing. Although the author recognizes the source of persecutory anxiety as being in the aggression and guilt of the patient, he becomes so involved with

eros and thanatos and with screaming as a 'first' sound that he loses unity in his writing—unity which he maintains is so essential to music. Very little material is given about the people around the patient or about her transference. Singing came from her good ego after a splitting process had occurred and was allied to life, re-creating a perfect, united (narcissistic) object which helped temporarily to overcome depression.

**The Concept of the Self. Its Significance in the Etiology and Therapy of Psychic Disorders.** Bernard Bressler. Pp. 95-115.

This valuable and well-written article includes an analytic description of the concept of self in various conditions and situations, a review of early personality development especially as it leads to self-awareness, and a review of the self-preservative mechanism.

**Emergency Psychotherapy: A Crucial Need.** Hattie Rosenthal. Pp. 116-129.

Using material from eight cases Rosenthal documents her plea for 'specially trained' therapists in the emergency station of a hospital available to all types of patients including those who ordinarily would be considered nonpsychiatric and possibly outspoken in their aversion to being seen by a psychiatrist. A perceptive therapist, willing to reach out, may help the patient gain insight before sedation is given. Whether the original trauma be physical or psychological, the goal is to avoid harmful later effects that occur if it is repressed.

**The Red Badge of Courage: Part 2.** Daniel Weiss. Pp. 130-154.

Weiss shows how the hero of Stephen Crane's principal work survives the death of the 'magic helper', then identifies with him in preoccupation with death and masochistic submission to fate and authority. The author defines fate as the abstract concept derived from some omnipotent being such as a military leader supported by 'magic helpers'. The hero in his flight into activity exposes himself to the very thing he fears, death. Weiss again compares Crane with Hemingway. Other literary works are alluded to as analogous and references are made to two lesser works by Crane.

STEWART R. SMITH

**Psychoanalytic Review. LII, No. 4, 1965-1966.**

**Encounter at Leyden: Gustav Mahler Consults Sigmund Freud.** John L. Kuehn. Pp. 5-25.

The author describes the four-hour encounter between Freud and Gustav Mahler in 1910 just eight months before the death of Mahler by endocarditis. Freud later said, 'I analyzed Mahler for an afternoon'.

Mahler had come to talk over his impotence, politely phrased as 'having withdrawn' from his wife. He had been cuckolded by, or at least with, the advice and consent of another psychiatrist who had introduced a young lover to his wife while she was at a sanatorium. (The results were very similar to those in the story, Fear, by Stefan Zweig.) In his open adulation of genius Kuehn tends to

overlook Mahler's fear of mockery and Freud's possible lack of awareness of this in the transference.

**The Dialectic of Related Loneliness.** Helm Stierlin. Pp. 26-40.

The author tries very hard to connect the dialectic method of Hegel to the well-recognized need for balance in a therapist's detachment versus involvement in 'related loneliness'. Stierlin's statement that Freud excluded psychotic patients from analysis is apparently based on subsequent literature since there are those who claim that Freud, in actual practice, did not exclude psychotics.

**Some Psychological Aspects of Psychoanalytic Training.** Herbert S. Strean. Pp. 41-50.

Psychoanalytic institutes require interminable training analysis, more obligatory supervision, more conformity to increasing rules so that candidates graduate with their thinking similar to that of ingratiating ideological or political trainees and, even at the age of fifty, still cling to their mentors in concealed hostility.

Strean contends that this is similar to the relationships that Freud had with his adherents and dissenters. He recommends separation of training analysis from the rest of the training and that seniors supervise each other to liberate the student from blind submission to analytic leaders.

**Provenience of the Death Symbolism in Van Gogh's Cornscapes.** Paul W. Miller. Pp. 60-66.

The origin of the cornscapes is found by the author to be in an affair that Van Gogh had with an older woman who had nursed his mother. Van Gogh mentioned this affair in a letter to his brother in 1884. They were unable to marry and she attempted suicide by poison. When the affair ended all Van Gogh's hopes for marriage and a family were crushed. He wrote, 'generally speaking, society disappoints everybody in all sorts of behavior'. By 1889 his longing for and horror of death was clearly expressed in the series of cornscapes whose symbolic development goes from the beauty of nature to black crows portraying men as victims of death. After painting Crows Over the Wheatfield, Van Gogh succeeded in killing himself with a pistol obtained to shoot crows.

**Short-Term Psychoanalytic Therapy with Hospitalized Schizophrenics.** Harold L. Davis. Pp. 81-108.

Reporting on work with six patients in half-hour sessions with the patient on the couch, Davis states he was able to get five released from a state hospital, where they had been committed for from six months to ten years. He refers to the patients as 'schizophrenics', defining the illness as a 'defense against primitive feelings of aggression and rage; a defense rooted in fixation at an extremely early point in personality development', a definition that would be rejected by many. Treatment releases the rage by 'interventions' that support or 'join' the resistance of the patient, with resistance not interpreted in the 'usual' way. For example, when the patient falls asleep it is said that this is needed because the strain of staying awake with the therapist is too much. The author likens the state hospital to the kind of mother who produces schizophrenia in her children.

Though dedicated and sincere, some doubt remains that these magical rescues from a bad mother were made entirely by one enlightened hero in one half hour a week.

**The Primal Crime.** Leon I. Jacobs. Pp. 116-144.

Jacobs stresses the importance in clinical work of more or less conscious rage which he considers to be a universal problem. Rage in some patients is found to be ultimately directed toward the smothering mother who will not let the child become an individual. What happens when this rage is repressed, however, is not clearly outlined in one case history. The author is highly speculative in relating the primal crime to stories of Jesus, said to have atoned for his wish to murder his smothering mother. Those who actually commit the crime are likened to Dostoevski's Raskolnikov and those who actually burned witches after the social chaos of the Black Death.

STEWART R. SMITH

**Revista de Psicoanalisis, Psiquiatria y Psicologia. I, 1965.**

**Psychoanalytic Study of the Character Structure of University Students.** Armando Hinojosa. Pp. 20-37.

In compact, statistical fashion, an eight-year follow-up study of university students is presented which used interviews, interviews with family and neighbors, and other sources of information. Negative findings, such as the need to exploit others and the need to accumulate material things, characterized fifty-nine percent of the medical students at the University of Mexico. The most disturbed group was found to be those medical students who went into the study of psychoanalysis; the second most disturbed being the engineers.

The article is so compact, the tests described so new, and the literature was reviewed so thoroughly that it deserves to be translated.

GABRIEL DE LA VEGA

**Revista de Psicoanalisis. XXII, 1965.**

**The Concept of Death in Relation to the Ego Structure.** Giuliana Smolensky de Dellarossa. Pp. 26-44.

This is an erudite attempt to show how a mature individual accepts death. Death is not an attempt to repeat an infantile idealized situation of returning to the womb. Even though death remains something unexperienced, the mature ego will handle it by mechanisms similar to those employed in accepting a new situation or concept by an analogy with something more familiar. The author contends that this is so even though personal death is almost impossible to conceptualize. Healthy and abnormal reactions are discussed which involve such factors as learning, denial of time and age, acting out, and the synthetic function of the ego.

**Somatization and Mourning.** Raquel Zak de Goldstein. Pp. 98-119.

In this clinical paper, the author describes elements that produce encapsulation and 'lethargic' part-objects which have been internalized. She also shows graphically how the somatization was composed, among other things, by ego dissociation, internalized depressive features of the dead father, election of the particular organ, erotization of breathing, identification with a dead brother (who died of asphyxiation), fantasies of respiratory incorporation through scents, strong ambivalent feelings, and masochistic tendencies.

GABRIEL DE LA VEGA

**Psiquiatria. III, 1963.**

**Teaching Psychiatry and Medical Psychology in the Medical School of Ribeirao Preto (1956-1963).** Herman Davanzo C. Pp. 5-17.

Medical students and residents learned more when they dealt with neurotic processes rather than with psychotics or children. Residents benefited more from large group discussions, teaching interviews, one-way mirrors, and other methodological devices. The medical students did better in small groups with the student interviewing the patient. This approach produced better motivation and active clinical participation, and increased the yield of students who became interested in psychiatry.

GABRIEL DE LA VEGA

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# Meeting of the New York Psychoanalytic Society

John A. Cook

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# NOTES

## MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

December 14, 1965. PSYCHOANALYSIS: AN EVOLUTIONARY BIOLOGICAL APPROACH.
Part I: Some Fundamental Difficulties in Current Psychoanalytic Theory. Emanuel Peterfreund, M.D.
Part II: Psychological Phenomena and the Nature of Biological Order. Emanuel Peterfreund, M.D. and Jacob T. Schwartz, Ph.D.

Dr. Peterfreund outlined a biological theory to provide a more scientific explanation for psychoanalytic observations than does current metapsychology. In his theory, psychological data are epiphenomena of physical structure and function, and integration of psychoanalysis with the physical sciences will provide explanations where there are now none. However, to achieve this integration it is necessary to discard libido theory and psychic-energy concepts.

In Part I, the author contends that the concept of psychic energy derives from a physical concept of the science of the late eighteenth and early nineteenth centuries, before the laws of thermodynamics had been discovered. He then contrasts it with twentieth century concepts of physical energy, which are definable as the capacity to work, are quantifiable, and obey the law of conservation. In developing his thesis, he notes that the concept of ego was likewise vitalistic and anthropomorphic. The ego is often spoken of in the literature as 'recognizing', 'knowing', and 'judging', and its biological functions include the control of perception and motility. No scientific explanation is provided to account for its mode of action or control of the body. Both psychic energy and its organizing agency, the ego, are by definition specifically excluded from biological structure and hence cannot affect it. The author suggests other areas where psychoanalytic theory has failed. There is no adequate theory of affect or sexuality because soma is overlooked, no theory of structure formation or learning, and none of the therapeutic process itself. Indeed, psychoanalysis, as a theory, is isolated from the physical sciences and no more able to account for how mind controls body than Descartes was able to explain how the soul did so.

In Part II, Peterfreund develops his thesis that psychological data should be viewed only as a manifestation of the physical organism in action. He views this organism as a biological steady-state system with feedback and controls by way of information and information processing. When there is an interference with functioning, a physical pathology results; the manifest psychic concomitant is psychopathology. This human organism has a vast number of control systems that exist at every hierarchical level and they interact synchronously for complex tasks. Part of this control system is determined by 'phylogenetic learning'; another part is determined by 'ontogenetic learning'. Thus, sexuality may be conceptualized in terms of control systems, part of which are genetically ordained and which develop according to a maturational blueprint, and part of which are accretions from individual experience. Sexual satiation may be viewed as resulting from the following sequence of events: arousal of excitatory mechanisms, con-

summatory activity, feedback from consummatory activity, stimulation of interrupt mechanisms and inhibition of excitatory mechanisms, and finally the experience of satiation.

In pathological situations, this steady-state system may break down. One cause of failure is an aberration of normal feedback control; if for some reason feedback control functions paradoxically, a vicious cycle is set up. Another threat to a steady-state system is an overloading of functional channel capacity, resulting in a loss of information and reduced efficiency of the organism.

This concept of information is viewed as especially significant to psychoanalysis because the logic of information processing is an intermediate concept, allowing us to theorize about aspects of the central nervous system in ways that can remain accurate even when new discoveries force us to revise our views about specific chemical or molecular events. In general, the biological organism processes information from four sources: phylogenetic, ontogenetic, internal and external stimuli, and feedback. One may view the human organism, including the mind, as a single-run pattern of information flow.

Dr. Peterfreund then discussed certain psychoanalytic concepts, using the terminology of his theory—primary and secondary process thinking, consciousness, stress, and defense. He concluded by saying that he regards the steady-state-system model superior as it is not vitalistic, anthropomorphic, or psychological; rather it is congruent with twentieth century models used successfully in the physical sciences.

DISCUSSION: Dr. Benjamin Rubinstein stated that Freud had assumed brain function to be highly relevant to mental functioning. A consequence of this assumption has not been sufficiently appreciated, namely, that for a metapsychological hypothesis to be accepted as a causal explanation it must have two simultaneous sets of meanings: one to describe clinically recognized psychological relationships, and the other to describe neurophysiological relationships. Where both descriptions stem from the same metapsychological hypothesis, the neurophysiological description can be taken as a causal explanation of the psychological data. If not, the metapsychological hypothesis fails. A case in point is the concept of psychic energy. Dr. Rubinstein agrees that psychic energy is inherently vitalistic. However, he disagrees that the ego is necessarily a vitalistic concept. He wondered just how much is explained by utilizing the steady-state system as a model for such complex relationships as, for instance, that of mother and child. One cannot explain motivation or fantasy according to a neurophysiological model when our current ignorance of neurophysiology is so great. Dr. Rubinstein found the replacement of the concept of a specific organizing agency by that of information processing to be highly illuminating, but he questioned its use in explaining the differences between primary and secondary thinking in the sleeping and waking states. He concurred with the author's broad approach and with his opinion that recent advances in biology and neurophysiology impose a need to modify our metapsychology.

Dr. Charles Brenner pointed out that it was only after Freud had abandoned his attempt to formulate a neurophysiological theory to account for psychologi-

cal phenomena that he developed his metapsychology. He emphasized that Dr. Peterfreund had excluded subjective or psychological considerations in his paper, which inevitably leads to both theoretical and clinical difficulties. He felt that many of the author's statements were insufficiently supported by data.

Dr. Henry Edelheit commented that Dr. Peterfreund's thesis was a revival of nineteenth century materialism, rejected even before Freud by Hughlings Jackson. He views the neurophysiological and the psychological as complementary modes of discourse; neither is comprehensible in the other nor reducible to it, although both modes may be necessary to achieve a complete description.

Dr. George Wiedeman quoted from Freud that even if we could physically localize the processes of consciousness, it would not help us to understand them. Yet not only biology but the social milieu as well are reflected in metapsychology through the concepts of the instinctual drive, energic cathexis, and object relations. The ego and the superego too are based on our biosocial nature, but the ego cannot be categorized as only biological. Desirable though it may be to integrate psychoanalysis with biology, one must beware of thinking of man as only a machine, even a complex machine.

Dr. Samuel Bogoch stated that the methodology and terminology of feedback systems have been found applicable to neurophysiological and chemical phenomena because their constituent units are definable. But this is not true of psychological phenomena.

Dr. Samuel Atkin felt that while it is desirable to sharpen our metapsychological concepts, we cannot do so by borrowing from other sciences. Freud found it necessary to build a mental apparatus and to do so he discarded mechanism. He agrees that the application of psychoanalysis to social science holds great promise.

In his concluding remarks, Dr. Peterfreund spoke of the relation of dreaming to primary and secondary process. He believes that primary process condensation in a dream is the result of paucity of information and information processing. A 'low-information package' in the sleeping state becomes meaningful when the waking mind uses its large stores of information. In the dream, more information is relatively available from internal sources, for example, the sexual systems.

JOHN A. COOK

## MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

November 15, 1965. PANEL ON WORKING THROUGH. Peter Blos, Ph.D.; Mark Kanzer, M.D.; Aaron Karush, M.D.; Sylvan Keiser, M.D.; Max Schur, M.D.

Dr. Karush noted that working through is a process which simultaneously breaks down previously stabilized regressive forces while reconstructing the personality. It is not desirable to limit working through to the resolution of id resistance even though that may have been Freud's intent at one time. Narcissistic defenses and characterological deformations always accompany id resistance

and are the principal targets for working through. A crucial ingredient in working through is found in the transference tie to the analyst, as distinct from the transference neurosis: the analyst comes to serve as a relatively conflict-free model for idealization and identification, which allows for the reconstitution of damaged intrapsychic structure, especially of the ego ideal. The newly structured ego ideal restrains the impulse to repeat and offers internalized self-reward for successful renunciation of infantile impulsivity or inertia. Narcissism is thereby transformed from a regressive force to a facilitating force toward adaptation. Dr. Karush designated different areas of working through as integral aspects of every analysis: 1, as mourning for a lost object; 2, as mourning for lost libidinal gratification; 3, as dissolution of aggression; 4, as recollection in place of action; 5, as a special form of learning.

Dr. Keiser pointed out that the concept of working through has fallen prey to a variety of definitions and operational meanings. Some explorations have emphasized Freud's idea that working through derived from the need to overcome id resistance. To Federn it meant to trace repetitiously a trauma's various psychological connections. Greenacre proposed that working through primarily involved the reconstruction of the traumatic memories which she concluded were the nuclei of the neurosis. Contending that every advance in analysis meets with resistance to change and requires working through before final resolution of the conflict, Keiser examined the problem of working through from two perspectives—the task confronting the analyst and the patient. From the structural point of view there is an endless variety of possible reactions or modes of expression of intrapsychic conflict. Repetition compulsion is responsible for re-enforcing specific genetic effects on each structure. The patient is coöperative not only because of the transference but also because of the role of the repetition compulsion in reducing tension. Keiser hypothesizes that the transient reduction in tension associated with effective interpretation creates a wish to repeat the experience. However, reduction in tension is followed by an upsurge of instinctual drives on a more mature level. There is a period when working through dominates the analysis, but Dr. Keiser emphasized that working through is a process that goes on throughout analysis.

Dr. Blos also noted that the concept of working through had been formulated by Freud in narrow terms of id resistance. Such resistance does not yield to defense analysis and seems to lie outside the conflictual area, but in certain cases working through is more important than defense analysis. He related working through from a developmental point of view to resistances that defy defense analysis. In this formulation, working through is a recapitulation of pathogenic nuclei as they are carried forward developmentally. Blos referred to Loewald's conception of working through in terms of lifting unconscious processes onto a new level of integration. To illustrate his thesis, he presented the case of a young girl, in treatment from age nine to thirteen, in which the pathogenic nuclei were traced back to their genetic origin and forward through their developmental influences. Blos wondered to what extent the developmental concept of working through could be verified in therapy with adults.

Dr. Kanzer reviewed Freud's fundamental contributions on working through. The precursors to the concept may be found in Studies on Hysteria and include

the terms 'wearing away', 'working over', and 'abreaction'. Working through acquired its inherent significance as the heir and descendant of both abreaction and working over. Kanzer also related working through to Freud's two-stage concept of therapy: 1, dissolution of resistances to memory; 2, re-integration of warded-off memory. An essential difference in orientation was introduced in his 1914 paper, Recollecting, Repeating, and Working Through. The working over of an interpretation through transference became the working through of transference resistance against the infantile memory. Thereafter it was the transference that was worked over, and it was designated as the process of working through. Freud gave the concept a beginning structural framework in 1926, in Inhibition, Symptoms, and Anxiety, when he defined working through as the ego work on the resistances of the id or unconscious. Dr. Kanzer believes that the compulsion to repeat in relation to the resistance of the unconscious is intimately connected with the concept of working through, and is to be differentiated from the repetition compulsion as an instinctual force. In 1937, in Analysis, Terminable and Interminable, Freud modified his clinical views by expressing doubt that the earliest memories can be reproduced in the transference; resistances involve the ego as well as the id and do not necessarily lead to memory recall but perhaps to as yet unappreciated structures and rhythms of development. Further, id resistance, now identified with maturational processes and intermingled with ego forces, presented limitations to memory recall. Remarkable implications were introduced by Freud in Constructions in Analysis. While he stressed the importance of forgotten memories, he proposed that the patient's conviction of an actual experience will be as therapeutic as the return of a memory. Freud's 1937 papers offered a more truly structural formulation of the working through process than the 1926 continuation of the topographic role of unconscious memory.

Dr. Kanzer then spoke of the current concept of working through. While it involves repeated and systematic interpretations by the analyst, he feels that the patient's reaction to interpretation is the essential feature. Interpretations are directed against resistances; an important aspect of the therapeutic work begins after the resistances have been relinquished. Insight is in part an achievement of the process of working through.

Dr. Schur pointed out that the repetition compulsion is a helpful concept in understanding apparently immovable resistances. He distinguished between the compulsion to repeat as related to the rhythmical but relentless pressure of the drives, and the repetitious patterns of defense and behavior. Freud's later definition of the repetition compulsion linked it specifically to the death instinct, a concept beyond the pleasure principle. Schur feels that if the repetition compulsion is extended to the operation of the ego that it may have an adaptive function in an attempt to master and undo traumatic situations. Working through then refers not only to new patterns of ego mastery, but to the unlearning of infantile modes of function.

HAROLD P. BLUM

THE AMERICAN PSYCHOANALYTIC ASSOCIATION will hold its 1966 Fall Meeting at the Waldorf-Astoria Hotel, New York City, December 16th through December 18th.

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The CHICAGO INSTITUTE FOR PSYCHOANALYSIS will move in November to new offices at 180 North Michigan Avenue.

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THE WESTCHESTER PSYCHOANALYTIC SOCIETY at its Annual Meeting in April, unanimously endorsed the principles embodied in the bill currently pending in the New York State Legislature which would replace the current law regarding abortion with a modern, humane abortion bill.

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The AMERICAN ORTHOPSYCHIATRIC ASSOCIATION has sent a position paper to the President and other top government officials urging that the highest priority be given to stopping the war in Viet Nam and to convening a conference to include the National Liberation Front and all members of the 1954 Geneva Accord as full members.

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The AMERICAN PSYCHOSOMATIC SOCIETY elected the following officers at their Annual Meeting in March 1966: Lawrence E. Hinkle, Jr., President; William A. Greene, President-elect; Herbert Weiner, Secretary-Treasurer. The twenty-fourth Annual Meeting will be held April 7-9, 1967, in New Orleans.

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The FIRST ROCHESTER INTERNATIONAL CONFERENCE ON SCHIZOPHRENIA will be held March 29, 30, and 31, 1967, in celebration of the twentieth anniversary of the founding of the Department of Psychiatry at the University of Rochester. Those interested in attending the conference should direct their inquires to: Dr. John Romano, Department of Psychiatry, University of Rochester, Rochester, New York 14620.

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The Downstate Medical Center of the State University of New York has announced a new program of RESEARCH TRAINING IN PSYCHIATRY for physicians who have completed two or three years of residency training in psychiatry. Fellowships will be awarded to accepted applicants. Applications for the academic year beginning September 1967 should be submitted before January 15, 1967. For additional information write to: Office of Admissions, Downstate Medical Center, 450 Clarkson Avenue, Brooklyn, New York 11203.

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