

'I am Awake': Insomnia or Dream?

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'I AM AWAKE': INSOMNIA OR DREAM?

AN ADDENDUM TO THE FORGETTING OF DREAMS

BY VICTOR CALEF, M.D. (SAN FRANCISCO)

Complaints of insomnia are frequently viewed by the analyst with scepticism when patients report long hours of sleeplessness without showing any clinical evidence of the effects expected from a lack of sleep. The unconscious exaggeration of being 'awake', though sleeping, has not been explained. Prolonged, intractable, and even dangerous insomnia does occur in psychopathological states (for instance, in anxiety states correlated with fears of loss of control and loss of sanity). However, at times the feeling of being awake may be a dream. Recent research has produced evidence that people do report wakefulness while they are actually asleep. To my knowledge no one has suggested that the feeling of being awake *is the dream itself*, though Lewin (1953) said that *forgetting the dream* itself repeats and stands for waking up.

A clinical experience permitted the conclusion that at least in one patient the complaint of sleeplessness was the content and the affective experience of a dream (rather than insomnia), and, perhaps more correctly, was for him a typical secondary revision of dreams serving the purpose of the forgetting of dreams and maintaining the continuity of consciousness.

A patient who entered treatment for different reasons, frequently expressed his fear that his analysis was floundering. He felt threatened by the fact that he had few dreams, and remembered little of those he had. Indeed, the dearth of dreams was striking. He complained that he stayed awake for hours before falling asleep and that he awakened in the early hours of the morning and could not get back to sleep. It did not occur to me to question his insomnia. It is not necessary to

detail here the many hours of analytic work which dealt with the narcissistic and transference resistances expressed in the negative, hostile transference and which culminated in the following sequence. One day he reported a dream:

I was on a preacher's team. There was an assignment for school, but I didn't know what it was. There was a man and a woman in the dream. The man made advances. The woman said, 'Don't do it. I'll kill you.' She chopped him up and she became a man. She was in diapers. Just the torso was visible.

The patient informed me that if he had not remembered the dream that morning while at work he would have reported that he had awakened very early that morning. For the first time it occurred to me to question the insomnia he had so frequently described. It seemed obvious that on this occasion at least he had been dreaming and thus permitted to sleep. More as a question than as an interpretation I simply said to him that perhaps he dreamed that he was awake.

Though my suggestion was only a slightly modified repetition of his own thought, it appeared to him as a new and surprising idea which nevertheless seemed correct. He immediately commented that after all his 'sleeplessness' did not leave him as tired as expected and that if he were actually awake for such long periods he would be too restless to stay in bed over the hours of supposed wakefulness. He then realized that if he could believe that he was not sleeping he could avoid the nightmares of aggression and retaliatory punishment, as he had dreamed in the unusually gory and revealing dream reported.

It is not my purpose to illustrate the analysis of the dream here, the latent content of which may well be all too obvious, revealing some of the sources of the patient's castration anxiety. Those who wish might deduce, without further evidence, the nature of the psychopathology suffered by the patient. It is my purpose rather, to call attention to the judgment, 'I am awake', which seems to be an equivalent of, or a way of warding off, a nightmare. It expresses the wish to be asleep and is

therefore essentially an affective expression that erroneously judges the state of consciousness. It negates the dream and permits it to be forgotten. It belongs to those processes of the dream work that have been designated as secondary revision. In this instance it seems to have occurred during sleep. It is, of course, conceivable that such a revision of dreams may occur while one is awake.

It is of some interest that during the therapeutic hour in which the dream of the diapered torso was reported, the patient's castration anxiety was in the center of his associations: he reiterated his fear of losing his head, the theme duplicated in his fear of sleeping, dreaming, and free associating. On the following night he dreamed that he had cut off a duck's head. It had been his father's job to slaughter the chickens for family consumption. His thoughts about the dream of cutting off the duck's head focused on the idea of taking over his father's job.

The patient's dream life became more abundant and more available in the weeks that followed, and he reported several dreams of punishment—obvious and symbolic castrations—reflecting the conflicts which had been previously unveiled in the analysis. Approximately two weeks after the apocalyptic dream he reported:

I was dreaming that I was awake. I thought in the dream that it's all right. I'm really dreaming and I will wake up refreshed.

He believed that the nightmare of insomnia was now gone, and he reassured me of his improvement. The 'insomnia' did not recur during the remainder of the analysis, nor did it subsequently, as I recently learned.

Since the latter dream duplicated, in at least one respect, the hour in which we discussed the matter of his sleeplessness as a dream, it is necessary to question whether it represented a confirmation of the interpretation or whether it simply represented a compliance and a result of my suggestion (though it

was his and not really mine). Certainly the patient had great difficulties with ambivalence, constantly struggling, alternating between passivity and activity. So compliance cannot be ruled out as one of the motive forces for his second dream, nor need it be excluded. The element of compliance does not invalidate the interpretive view that his last dream of being awake (induced by the transference) confirmed that his sleeplessness was a dream. The conflicts of ambivalence were expressed in his wishes to give up the analysis as a failure, in his wishes to change analysts, and in his inability to act on those wishes. Such struggles were prominent in the months of analysis before the occurrence of the torso dream. Hence the compliance suggested by the act of having the dream is simply additional evidence of those conflicts which were at the core of his neurotic difficulties in the first place. The elements of his compliance, the struggles against activity and passivity are contained in the dream of being awake, a denial of passivity by favoring activity and alert consciousness. The dream of the torso expressed the same thing in its clear representation of an identification with the aggressor (the threatened woman kills the man and then becomes a man).

A clinical sequence will, I believe, permit further clarification and perhaps some validation of the thesis of this paper. The patient always delivered his associations in a subdued monotone, an expression of his depression and his pessimism. Early in the analysis my regular breathing convinced the patient that I was asleep. He did not dare turn to look at me or to disturb me. He simply tried to deduce the matter for himself by the available data: the rate of my breathing, etc. He fell silent and waited. Thereafter he was even more sensitive and alert, listening to my breathing, caught between his fears and wishes to 'find me out' and to expose me.

His monotone continued until he discovered his wish to put me to sleep while he remained awake, though dreaming. The analysis was rendered into a dream that he was awake.

Thus by reversal the analyst was the sleeper and the representative of unconsciousness while the patient was the representative of consciousness and wakefulness, the person in control who, of course, could invalidate the analysis. Paradoxically, the split between consciousness and unconsciousness could only be accomplished by a fusion, on another level, of patient and analyst into one person. It was not difficult to understand the patient's fear and desire for that union (compliance) and to construe it as a union and identification with the frightening preœdipal mother, a regressive representation of, and punishment for, his œdipal wishes.

This was what was represented in the dream of the woman who became a man after reducing him to, and becoming, a diapered torso. It was not simply his fantasy of the primal scene which was expressed by the dream, but his punishment and his defense, namely, to be chopped up by the victim-turned-aggressor while the woman became the man, and finally the diapered torso (or child). Thus did he express his identification with his mother, which he had come to recognize long before. The identification with the victim was determined out of a complexity of guilts. His desire to take over his father's job, to be the aggressor, ended in his feeling sorry for the victim, which he dealt with by becoming the victim. But having become the victim, like mother, he must also become the vengeful aggressor—the woman with a penis who will have to be punished and reduced to a helpless child, a paradoxical outcome of the identification with the aggressor that contains an identification with the victim, then the aggressor, and then the victim once again.

It is well known that the judgment 'it is only a dream' is a typical dream element, a defensive reassurance for the ego that one need not be frightened by the contents of the dream. The dream of 'I am awake' is also a defensive reassurance, namely, that the ego is in control by means of isolation of the unconscious and will not dream frightening dreams. As long as one is awake, one has control over one's faculties and fan-

tasies. In uncontrolled fantasies and dreams, repressed wishes become frighteningly apparent and expose one to anxiety and dire punishment. As long as one dreams 'I am awake', frightening dreams can at least be forgotten and at best be prevented. It is of interest that 'it is only a dream' is a judgment about the state of one's consciousness: that one is not in control and not conscious, but unconscious and perhaps not responsible. It is a correct judgment since the dreamer is asleep and dreaming. The dream of 'I am awake' is also a judgment about the state of consciousness; however, it is a misjudgment since the dreamer is asleep and dreaming though he believes himself to be conscious and in control and is negating or denying¹ the fact of being asleep. Therein lies the ego's wish, created out of a split between consciousness and unconsciousness in which the unconscious is abrogated, judged out of existence, rendering unconsciousness into consciousness by an act of judgment (a negation which states, 'I am not asleep. I am awake') in order to fulfil the wish for control while avoiding anxiety, guilt, and the attendant punishments. It is a roundabout way of protecting sleep and fulfilling the wish to sleep. It need hardly be said that one of the major resistances in the analysis of my patient was related to that split between consciousness and unconsciousness with the resultant rejection and externalization of the unconscious.

Many defensive mechanisms are involved in producing the type of mental function described. No one defensive maneuver could produce it. In this instance identification (union), negation, denial, undoing, isolation, and splitting may be easily implicated. The defense which is of greatest interest here,

¹ An interesting distortion of reality was observed by Weinshel (1971). Several of his patients developed symptoms in the transference that were distortions of perception during wakefulness. Though they were probably determined in part by a split in consciousness, more importantly they were determined by a conscious decision to give up a perception, possibly out of a judgment comparable to negation very like that which occurs as the precursor of the development of a fetish.

however, is the splitting of the ego (the unconscious from the conscious) by way of a fusion of object and self, permitting the externalization of a function (unconsciousness)—in this case to the analyst—to produce a secondary revision of dreams so that they are completely forgotten and reported as sleeplessness.

Lewin's (1955) study, which draws an analogy between the analytic situation and the dream, describes being on the couch and free association as equivalent to sleeping and dreaming. He speaks of the oral narcissistic elements that motivate the wish to dream, to sleep, and to free associate, and he describes resistance against those wishes in the fears of sleeping and dreaming. In addition he interprets that the analyst is conceived as the awakener (a function of the analyst which my patient rejected and thereby nevertheless confirmed Lewin's thesis). A previous study on the forgetting of dreams (Lewin, 1953), states, in fact, '... but that to *remember* the dream is a quasi prolongation of sleep . . . , while *forgetting* the dream repeats and stands for *waking up* . . . ' (p. 197). My patient's resistances against dreaming and sleeping forced him to forget his dreams and left him with the sensation of being awake without dreams and without sleep.

The fear of loss of control and the fear of death are symbolically expressed in many ways both in waking life and in dreams. Nymphomania and premature ejaculation, among many others, readily come to mind as examples of such expressions in waking life. The affective impression 'I am awake' is only one way in which dreams express those fears. The sensation of dreaming serial dreams is, I believe, another secondary revision which accomplishes the same purposes of defense and gratification. It has been reported to me by only two patients, yet it may be a typical and perhaps a common experience. The feeling is expressed, either during a dream or upon awakening, that one has dreamed a dream that is a continuation of a past dream. The dream imagery (the manifest content) of which the last dream was supposed to be a serialization is not recalled. Nevertheless the conviction is firm that the dream is a continua-

tion of a former one. Such dreams were reported by these two patients (a man and a woman) whose symptoms and associations expressed the fear of dying. Their attitudes toward discontinuities and transience were those which Freud (1916 [1915]) described in the young poet referred to in his paper on transience. The serial dream maintains the continuity of unconscious wishes and the continuity between sleeping and waking. Yet the mechanism by which it accomplishes those goals is by denial of the unconscious wishes, a denial of transience and death. It is then another way in which some degree of split between consciousness and unconsciousness is expressed. However, unlike the dream 'I am awake', the unconscious functions are not necessarily externalized.

The temptation exists to compare other clinical observations of patients who demonstrate varying clinical effects of splits between consciousness and unconsciousness. However, since at this time the effort is directed only toward reporting a heretofore unrecognized typical revision of a dream, more ambitious goals will be deferred. My emphasis here is that when some patients split consciousness and unconsciousness they are left with a sense of reality about their unconscious ideation, while others are left with a complete rejection of the unconscious and an insistence on the reality of consciousness, i.e., a hypercathexis of consciousness. In rare instances patients have reported preanalytic dream material as if the experiences were part of reality. Some of those dreams do not differ markedly from examination dreams. At the same time the elements of 'the endless task' in these dreams mark them as dreams of punishment, revealing the operations of conscience. The preponderance of the superego function in such dreams suggests that the conviction of reality stems from that function.

Isakower (1939), Lewin (1955), Loewenstein (1966), M. Stein (1966), as well as many other psychoanalytic writers, have concerned themselves with the role of superego functioning in reality testing. Despite the extensive literature on the subject, the many unresolved problems about the relationships between

the functions of the ego and superego demand continued exploration and the accumulation of psychoanalytic clinical observation. The dream of 'I am awake' seems to suggest that functions of the censors and of consciousness (which may have much in common, or at least may overlap) permit unconscious content to be eliminated in favor of a conviction of reality. The patient whose dream was reported above insisted on the reality of his wakefulness, on control and constant consciousness. The split in his ego functions accompanied by a hypertrophy of his sense of reality was also evident in the symptoms for which he came to analysis. (The scopophilic aspects of the insistence on consciousness and wakefulness will be immediately obvious to the reader, suggesting some of the genetic determinants of the constellation described. No attempt will be made to detail them, though the hope may be expressed that the reader will take it for granted that they have not been overlooked if not taken into consideration for the purposes of this paper.)

One of the things that remains unclear is why in some people the functions of conscience will direct attention to the unconscious, permitting a conviction of the reality of fantasy life,² while in others the functions of conscience lead to an overevaluation of consciousness and reality, and an underestimation of unconscious functions. Both methods of mental function can be potentially successful—the first in the service of creativity and the second for intellectual pursuits—though neither necessarily fulfils the theoretical criteria of sublimatory functioning.

SUMMARY

A patient complained of insomnia and was concerned that his analysis had bogged down because he was unable to have and remember dreams. In the course of his analysis he remembered

² The question arises also as to the relationship between the functions of conscience and the kind of conviction necessary to be achieved through analytic work. Obviously, certain moral stances preclude that achievement while we know that an absence of morality will also preclude it. However, we must ask not only out of what conviction arises but also about the validity of the conviction.

a dream that he had forgotten. He also said that if he had not remembered the dream, he would have said that he was awake. The suggestion that he dreamed that he was awake led to his having a second dream that he was awake, and the recognition that he was dreaming. His 'insomnia' disappeared, his dreams became abundant and available to analysis. The dynamic issues which permitted the content and the affect of the dream, 'I am awake', were the very same as those which were at the core of his neurosis, namely, a hypercathexis of consciousness, so that he could be constantly alert and awake. The latter was dependent upon the operation of several defenses, for instance, on a split between consciousness and unconsciousness, the externalization of unconsciousness, and a fusion (identification) of himself with the transference object.

The hypothesis is formulated that the sensation of being awake is a typical secondary revision of dreams. It might be added that the exposure of the basis for the so-called insomnia in this patient was nothing more than a repetition of what had been previously and frequently exposed as the major resistance in the analysis, emanating out of the split between consciousness and unconsciousness and culminating in a negative transference. It was especially the recognition of the insomnia as a dream which permitted gathering the various threads of the analysis to produce the necessary conviction, working through, and resolution of the conflicts that had been in the center of the analytic work from its inception.

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Preconscious Perception of the Transference

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PRECONSCIOUS PERCEPTION OF THE TRANSFERENCE

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One of the most difficult questions a therapist must ask himself is: 'How does the patient perceive me and how does he feel about me?'. Answers to this question are usually based on the therapist's inferences from what the patient has said to him or the way in which the patient has interacted with him. The therapist tries to assess the nature and degree of the transference and the patient's reactions to his personality, using such signs as the patient's behavior, feelings he may displace to other people, and his dreams. The therapist may ask directly what the patient is feeling, although it is risky to assume that the patient can openly or reliably state what he might actually feel about the therapist (Greenson and Wexler, 1969). The therapist may also examine his own feelings about the patient, including his countertransference reactions and visual imagery (Ross and Kapp, 1962) in an attempt to understand what the patient really thinks about him.

The limitations associated with these commonly used methods of studying transferences are many. Transference manifestations are often subtle and heavily disguised. Feelings shift and may be evanescent. The therapist's own feelings and defenses may be aroused to filter out the patient's communications. Our experience as therapists, and as supervisors, indicates that the most frequent and serious difficulties in psychotherapy arise from the therapist's problems in recognizing correctly his or his patient's transferences. We have devised a technique that we believe helps the patient to reveal the terms in which he views his therapist without being consciously aware of doing so. In bypassing conscious resistance and defensive processes, we

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feel it is possible to obtain a quite different view of the transference situation at any given time.

The technique used in our experiments is that of showing a picture of the therapist to the patient in a tachistoscope at a speed so fast that it is below the threshold of conscious recognition. We then ask the patient to draw a picture of 'whatever comes to mind' and associate to it. With appropriate use of control stimuli, we found that the picture of the therapist registers in the patient's mind and influences the drawings he makes.

The phenomenon of subliminal perception—or 'subception' as it has come to be named—is of course not a new discovery. As early as 1917 Poetzl was conducting his experiments with normal and brain-damaged subjects. This work demonstrated that subliminal visual stimulation and registration could take place and appear in consciousness shortly after the exposure as well as influence dreams occurring hours after the exposure. Fisher (1954, 1956, 1957, 1959, 1960a, 1960b) replicated some of Poetzl's original studies in a specific attempt to demonstrate the role of subception in the formation of dreams. This work is convincing evidence not only that registration outside of awareness can take place, but also that transformation of the various stimuli can serve to explicate the ego processes involved.

Although there has been some research related to clinical phenomena (for instance, Luborsky and Shevrin [1956]), the mainstream of work with subliminal perception has been more theoretical in nature and has had the aim of clarifying the nature of the phenomenon itself. (For a review of relevant studies, see Bevan [1964].)

In their summary of research developments in this area since Poetzl's work, Klein and Holt (1959) conclude that registration of material without awareness is in fact possible. The issue of whether or not the brief stimuli used in these studies were truly 'subliminal' in the most rigorous sense, or simply not focal and unattended to, is not resolved. Consequently, Klein and Holt refer to these stimuli as 'marginal' or 'incidental' stimuli, and speak only of registration outside of awareness.

In our studies we have not attempted to answer the question of the nature of the stimuli, i.e., whether or not they were truly subliminal, or whether they were marginal or incidental. We have taken the fact of registration outside of awareness as a relatively well-established phenomenon and proceeded from there. The focus of our work has been to observe the effect of a stimulus which would register outside of awareness and would have specific significance for the subject. It was our expectation that the effects of this stimulus, bypassing more or less conscious defensive maneuvers, would reveal some of the transformations characteristic of the dream process described by Fisher in his experiments. We expected that these transformations would show the impact of an unguarded (preconscious) response to the therapist.

From this information we then hoped to clarify the subject's attitude toward and feelings about the stimulus, obtained at a level of which he himself might not be aware or at least was consciously suppressing. Because the stimulus was a picture of the subject's therapist, the information obtained might then be directly related to the relationship between the patient and the therapist, including the transference.

METHOD

The subjects for this investigation were of two types: *a*, patients who were in psychotherapy with resident psychiatrists and clinical psychology graduate students in our department; and *b*, two patients in therapy, one with each of the authors. The first group was tested shortly after their initial psychotherapy hour and then retested ten sessions later to determine what if any changes had taken place in the transference. The second group, two female patients, were seen in individual psychotherapy; they were each tested shortly after the beginning of therapy and at regular intervals thereafter—approximately after each five sessions. Illustrative examples from one of these patients will be described in this paper. Both patients in the second group were tested by the alternate experimenter. Each

therapist meanwhile made notes after every session describing what he thought the state of the transference to be. Neither the results of the testing nor the content of the therapist's notes were revealed until the testing sessions had been completed.

Each subject from both groups was told that we were conducting an experiment to 'see how people's perceptions change during the course of therapy'.

The equipment consisted of a 'Harvard' tachistoscope with illumination dampened by half in each chamber. This dampening prevented stimulus recognition at the test speed of $1/100$ of a second. Thresholds for each subject were determined by a 'test pattern' stimulus which was shown at an initial speed of $1/100$ of a second. The subject was instructed to draw 'whatever comes to mind'. If the test pattern was detectable—even in altered form—in the drawing, we assumed that registration had taken place. If the drawing showed no discernible relation to the test pattern, we slowed the speed to $2/100$ of a second. We observed that the subject's threshold often changed slightly from session to session, depending on mood, willingness to coöperate, and more complex factors discussed below. One further advantage to the threshold procedure was that it served as a 'warm up' for the subject. During this period the subject was able to get the 'set' of the experiment, ask any procedural questions, and relax initial fears and resistances. After each exposure, the subject was handed a standard marking pen and sheet of paper and asked to draw 'whatever comes to mind'. The subject was then asked his associations to the drawing in the form of open-ended questions; for instance, 'What does that remind you of?'; 'Does it bring anyone or anything to mind?'; and, 'Do you have any feelings about that thing or person?'

Without further exposure to any stimulus the subject was then given a fresh sheet of paper—the first drawing having been removed—and asked to 'elaborate' on the first drawing and to associate to the elaboration using the procedure described above. The same picture was then re-exposed a second time, and a drawing with its associations and an elaboration of this

drawing were obtained. When all exposures had been completed, all of the subject's drawings were laid out in front of him and he was asked to choose those he liked best—and why, and those he liked least—and why. Each testing session was tape recorded to insure an accurate report of the subject's spontaneous verbalizations and responses to the questions asked.

The stimuli themselves included, as noted above, a picture of the therapist. This picture was of the head only, a full-face photo, approximately one inch wide and two inches long, and mounted in the center of a nine by eleven inch white field. In addition to the experimental photo, two other stimuli were used as controls. One was a photo—the same size as the first—of a therapist unknown to the subject but approximately the same age and sex as the subject's own therapist. To delineate as much as possible the effects of presentation of the first stimulus (the therapist) and the second stimulus (the control), we decided a neutral stimulus was needed to enable differentiation of the effects of the first presentation, as well as to absorb any 'spill over' or latent images that might remain. The most 'neutral' stimulus we could think of was a blank. Consequently, a blank was inserted between the presentation to the subject of either the therapist or the control. The same instructions were given for all exposures, i.e., therapist, control, and blank. The blank was originally intended as a methodological safeguard. We discovered, however, that responses to the blank were among the most interesting.

The order of presentation was reversed for each testing session, but the blank was always in the middle. We carefully tried to present all the stimuli and questions in the same neutral fashion, hoping to reduce bias. Each stimulus picture was presented two times before progressing to the next stimulus in the series: the subject was told that another picture was to be shown, and the same stimulus picture was removed and reinserted in the tachistoscope. By this method we attempted not only to insure registration but to test for similarities and/or differences of response to the same stimulus. The subject was

asked to make a drawing and an elaboration for each stimulus presentation, twelve pictures in all.

As mentioned above, the subject was told that we were interested in the effects of psychotherapy on perception. He was also told that he would be seeing pictures but not necessarily what kind. After the final testing series was completed the stimulus was brought up to a recognizable threshold, i.e., 'Oh!, that's my doctor!'.

Patients A and B were seen in a university outpatient psychiatric clinic, A by a postdoctoral fellow in clinical psychology and B by a second-year psychiatric resident. Each patient was tested near the beginning of therapy and then retested after an interval of approximately ten sessions. After the final testing, the therapist presented his views of the transference and was interviewed by the experimenters. The findings of the experiment were then shown to him and his impressions recorded.

PATIENT A

A career Army Sergeant in his mid-twenties had come to the clinic because of fear of losing control of his anger. Outbursts of anger were often directed toward the 'hippies' on the campus where he was trying to earn credits in order to advance in rank.

The patient came from a lower class background. He stated that his father was a drunk, his sister had been pregnant illegitimately, and his brother was in trouble with the law. The patient told the therapist almost nothing about his mother except that his father 'treated her like dirt'. The patient had had several heterosexual affairs, one of which was terminated by the woman and about which he felt quite bitter. At the time of testing he was living with a woman whom he considered marrying. He also complained of impotence, a symptom which he stated he had not experienced previously.

The patient had few friends in the military. He was viewed by those who worked for him as a 'slave-driving perfectionist'. He reported that he was furious with the Army because so many of the people above and below him were incompetent

and made mistakes. He was also angry with them for sending him to a university and into a program which he considered too difficult.

He was an excellent photographer and an amateur poet. The therapist reported that she had seen some of his photos and read some of his poems which were 'beautiful but very lonely'. The therapist, a postdoctoral fellow in clinical psychology, was a woman in her mid-forties who stated that her view of the patient's feeling about her was: 'I think he now sees me as friendly and supportive, but of limited authority and ability to do anything about the real problems with which he is faced'.

First Testing Session:

A summary of themes elicited by the original exposure and its elaboration is given in Table 1.

TABLE I

Summary of Themes
Patient A

1st Test	2nd Test	Changes Shown in 2nd Test
<i>Therapist</i> Self-Criticism Criticism of others Frustration	Getting better Aggression outward Companionship Self-Criticism Dirt Fear Criticism of others	Positive feelings and a more outward directed attitude appear related to the therapist
<i>Blank</i> Criticism of others Self-Criticism	Good feeling Weird Criticism of others	Good feelings appear Self-criticism is absent
<i>Control</i> Fear Self-Criticism Pain Isolation Criticism of others	Criticism of others Fear Rejection by others Fatigue	Negative feelings are somewhat less. They do appear to focus on the control, while positive feelings focus more on therapist and self

Figures 1 and 2 are drawings the patient made in response to an exposure of his therapist. Figure 2 is the elaboration of



Fig. 1

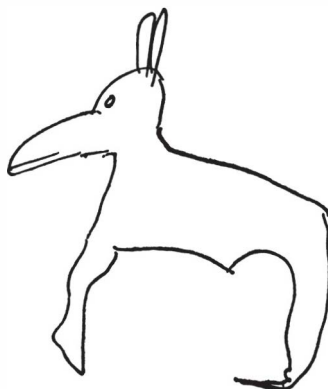


Fig. 2



Fig. 3

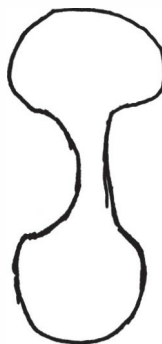


Fig. 4



Fig. 5

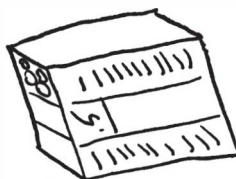


Fig. 6

Figure 1. The spontaneous verbalizations and responses to inquiry were:

It looks more like a horse, I thought it was going to be a man. (Do you have any feelings about it?) Well, it could be a mule, and mules are stubborn. (Does it bring anything to mind?) I'm stubborn.

[Elaboration]: I'm a terrible artist. (What does it remind you of?) Better mule, not much better I admit. (Does it bring anything to mind?) I think of a mule's stubbornness and I think of me. (Does it bring anyone to mind?) I suppose it brings another person, my ex-fiancée, who's as stubborn as I am, I think.

Figures 3 and 4 are the drawings the patient made in response to the blank. Figure 4 is the elaboration of Figure 3.

(What does that remind you of?) The eye piece of a tachistoscope. (Does it bring anything to mind?) No. (Do you have any feelings about it?) It looks like a dumbbell, hand held, the kind you make muscles with.

[Elaboration]: (What does that remind you of?) The same, dumbbell. (Does it bring anything to mind?) Not particularly. (Do you have any feelings about it?) A lot of people use things to build up their muscles. I never could see that.

Figures 5 and 6 are the drawings the patient made in response to the control stimulus. The control was a picture of a woman whom the patient had never seen, approximately the same age as the patient's therapist.

I take it I'm not supposed to see anything. It's difficult . . . looks like a cigarette pack. (Does it bring anything to mind?) I quit smoking cigarettes. It looks like a box, trap, I feel trapped, I *am* trapped, no doubt about it. It's all of my own choosing unfortunately and it makes for a better trap. (Anything else?) Just a box.

[Elaboration]: (Does it bring anything to mind?) These cigarettes, I don't like them and I want to quit. I don't have the umph to do it. It doesn't look so much like a box or a trap except the cigarettes which are a trap. Sure don't like cigarettes, maybe I'm self-centered.

Comment:

The responses to the blank appear to show a narcissistic preoccupation—i.e., building up muscles—and therefore appear to be distinguishable from responses to the control and the therapist. The control serves to represent the female as danger in her own right—the box—and shows a fear of oral dependency, i.e., the feared cigarettes. This is all symbolic; there are no living figures even in the associations. The therapist on the other hand is made into a mule with which the patient then identifies. She is also identified with the patient and with his ex-fiancée. At this point in the testing it seems that the patient harbors rather negative feelings toward women. Those feelings seem to be rooted in his fears of being trapped by them and by their intractability. The responses to the therapist and control would be difficult to distinguish in terms of the degree of fear and/or involvement on the part of the patient. They are distinguishable, however, by the abstract, nonliving responses to the control.

Second Testing Session:

Figures 7 and 8 are the drawings made in response to the picture of the therapist. Figure 8 is the elaboration of Figure 7.

(What does that remind you of?) Maybe a target to shoot at, bull's eye. (Does it bring anyone to mind?) I used to do a lot of shooting with friends that I used to shoot with. (Do you have any feelings about it?) Well, it's a lousy drawing, not much of a bull's eye; could be a ring on a toilet seat (patient laughs).

[Elaboration]: (What does that remind you of?) Well, I started out to draw the toilet seat, okay it's a toilet seat with stains on it. I never got around to cleaning it. (Anything else?) An animal with teeth with a mouth open, a snake—I don't like snakes but I've never seen a snake with horns. (Anything else?) A puppet or cartoon, a dragon with two teeth, it was on Kukla, Fran and Ollie.

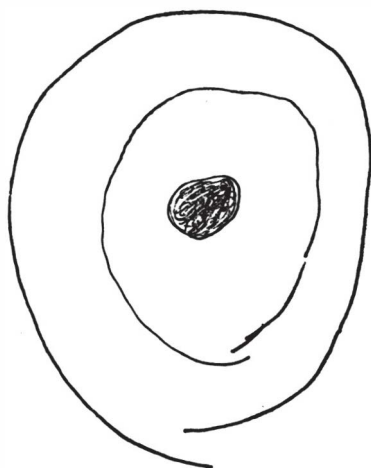


Fig. 7



Fig. 8

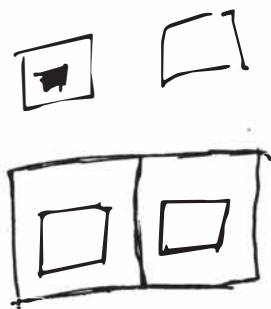


Fig. 9



Fig. 10



Fig. 11



Fig. 12

Figures 9 and 10 are drawings made in response to the blank.

(What does that remind you of?) How about a signaling flag. (Does it bring anything to mind?) This friend of mine sails a boat on the lake; they have these flags they fly down by the student union. (Do you have any feelings about it?) It brings back memories, good feelings sort of.

[Elaboration]: (What does that remind you of?) Could be a mask or a pair of glasses; weird glasses though. (Does it bring anyone to mind?) Not really, my landlord's an eye doctor. (Does it remind you of him?) Not really. (Do you have any feelings about it?) Well, they're weird sun glasses that they wear around here. It's pretty stupid to wear sunglasses inside or at night.

Figures 11 and 12 are the drawings made in response to the control stimulus. Figure 12 is the elaboration of Figure 11.

Do those things always go the same speed? You guys must have a thing for lumps, there's a big black lump that could be a face to a ghost. (Does it bring anyone to mind?) Not really. (Do you have any feelings about it?) Well, it maybe could be somebody with a sack over their head, with the eyes cut out. (Does it bring anyone to mind?) I don't know, sort of a hard stare. Like somebody staring and staring at you and you don't know why they're staring at you.

[Elaboration]: (Does it bring anyone to mind?) It's sort of a flat blank face. (Does it remind you of anyone?) Somebody that doesn't have any emotions—flat. (Does it bring anyone to mind?) Yes. (Do you have any feelings about that person?) How could somebody be emotionless and not care? (Who is the person?) This girl I used to know.

Comment:

Once again the responses to the blank are easily distinguishable from those to the therapist or control. The initial response to the blank involved rather pleasant unthreatening memories with almost a reverie-like quality. The pictures of the therapist

and control, however, seem to present a threat to the patient. The cold, hard, blank stare of the control elicits the associations to the girl who apparently rejected the patient. Here we see that the patient's negative attitude toward women appears unchanged during the therapy. In this second testing session the responses to the therapist appear to reflect a growing fear of her as well as an increased involvement. The associations to the therapist as a target at which to shoot, a toilet seat with stains, and an animal with an open mouth and bared teeth reflect the primitive fantasies which the patient presumably has about women. Consequently, not only do women not care (control) but involvement with them (therapist) arouses the primitive anxieties of being castrated and/or devoured by the *vagina dentata*. This fear of loss of the body part is perhaps fear of retaliation in a response to the sexual aggressiveness of shooting the bull's eye. The woman—more specifically her body—is unclean and dangerous.

The patient's spontaneous association to the second exposure of the picture of the therapist is to an object on her desk and he mentions her by name. These responses suggest that discrimination of the stimuli has taken place. In addition, the transformations of the responses to the therapist from the first testing to the second lend support to the discrimination hypothesis. By the patient's own statement, the open mouth of the 'animal with teeth' (Figure 8) is the mouth of the mule (Figures 1 and 2) turned full face. (Note the ears in both drawings.)

The responses also suggest that the patient has become involved with the therapist in an intense transference relationship, the strength and quality of which neither he nor his therapist is aware. The contrast with the therapist's evaluation of the transference, noted above, is striking.

The transformations of the preconscious perceptions of the therapist from one testing session to the next are evident not only in the first patient but also in the second.

PATIENT B

A twenty-nine-year-old female graduate student had planned to become a nun but instead pursued a master's degree in biochemistry and then switched to anthropology. She had had her first heterosexual affair prior to coming to treatment. She stayed with this lover for four years. When he left her, she became depressed and sought psychotherapy.

The therapist's assessment of the transference was that originally the patient viewed him as an 'all-knowing authority figure who would set the world right'. At the time of the final testing the therapist felt the patient saw him more as a sexual object and also acknowledged his own countertransference sexual feeling for the patient.

Table II summarizes themes of the first exposure and elaboration from both testing sessions. Figures 13 and 14 are the drawings the patient made in response to the exposure of the picture of the therapist. Figure 13 is from the first testing session; Figure 14 is from the last. Of Figure 13, she said:

Reminds me of a cat, I don't particularly like the eyes. It's not a friendly cat—sounds like all sorts of connotations. I'm trying to make him friendlier in the ski outfit. I can't get the mouth part right. [Figure 14]: I thought of a hat, a Dutch hat, now it looks like Brünnhilde, with a Wagnerian shield, it looks a bit devilish with the horns.

Examination of Figures 13 and 14 shows that the ears and cap of the threatening cat appear to be present and transformed into the hat and horns of Brünnhilde. Apart from any dynamic interpretations of the content, the structural features of the percept seem to be constant over time. The new content of course speaks to the developing transference. Once again the dissimilarity between the therapist's view of the transference and that which is revealed by the drawings is striking.

TABLE II

Summary of Themes
Patient B

1st Test	2nd Test	Changes Shown in 2nd Test
<i>Therapist</i> Impersonal objects Self-criticism (mild) Fear Overcoming fear	Impersonal object Positive feelings Criticism of her drawing Denial of antagonism	The presence of positive feelings and absence of fear the second time are presumably related to the transformation of the therapist
<i>Blank</i> Pleasant feelings Fear (of experimenter) Self-criticism Process of exteriorization Impersonal object Dislike (directed out)	Impersonal object (Denial of fear) Criticism of others Self-criticism Pleasant feelings Fear	No essential change
<i>Control</i> Self-criticism Impersonal objects Self-praise Friendly feelings about others	Impersonal object Self-criticism Pleasant feelings toward others Pleasant feelings	No essential change



Fig. 13



Fig. 14

Comment:

The transformation both graphically and symbolically of the threatening cat into the female Brunnhilde figure suggests that this young woman had adapted to the heterosexual threat of the transference by a preconscious identification with a threatening male figure. The possibility also exists that the male figure is now regarded as female and hence nonthreatening. Brunnhilde is an armed Amazonlike woman. It is striking that the attempt to make the cat (therapist) less threatening begins with the associations in the first testing.

PATIENT C

This nineteen-year-old girl was seen by one of us (J. K.) for a total of nineteen sessions over a period of three months which included a vacation break of two weeks. All testing was conducted independently (by R. W.). A summary of themes from the first and second testing sessions is shown in Table III. Her initial complaints were of frigidity. She had fallen in love, lost her virginity, and had no orgasm. She described a tempestuous, apparently highly erotic and conflicted relationship with her father. This was reflected in therapy which the therapist describes as characterized by a very intense and essentially highly ambivalent father transference. As therapy proceeded she had to attack the therapist increasingly and eventually discontinued treatment. The therapist believed that this was a last-ditch defense against incestuous feelings.

The patient was tested shortly after beginning treatment and again after every fifth interview, four times in all. Unlike the other two patients little questioning was needed to elicit her responses and associations.

Figures 15, 16, 17, and 18 are from the testing session after six therapy hours. Figures 15 and 16 were drawn in response to the picture of the therapist. Figure 16 is the elaboration of Figure 15. Looking at her first drawing (Figure 15) she said:

This reminds me of Dr. K. I told him to go to hell yesterday and I feel bad about it. Makes me think of a teacher in high

TABLE III

Summary of Themes
(1st and 2nd Test)
Patient C

1st Test	2nd Test	Changes Shown in 2nd Test
Therapist Ugly Annoyed with others Angry Feel badly, upset Couldn't decide Things are changing	Hostility toward others Guilt and self-depreciation Liking others Jealousy Loneliness	Some evidence of positive feeling and involvement
Blank Enlightenment Obnoxious Self-critical Dislike of others Lot of feelings about sex	Curiosity Scared Self-depreciation Angry Threat by others	Increased feelings of being threatened by others presumably related to increased involvement in therapy
Control Long ago Uncooperative Something wrong with me Hostility toward others	Therapist right Liking another Disliking another Feel imprisoned Apprehensive	Some evidence of positive feeling and involvement



Fig. 15



Fig. 16



Fig. 17



Fig. 18

school. I had an argument with her in front of the class. [Figure 16]: I don't have any girl friends. I'm jealous of my sisters. This is the girls in the dorm, the dorm for spoiled brats. [Figure 17, in response to the control picture]: Dr. K. said I had a preoccupation with penises. I thought he's probably right. [Figure 18, the elaboration of Figure 17]: I'll draw a picture of Bob (her boy friend). Sometimes I like him intensely. Sometimes I dislike him intensely.

Comment:

In this example it is evident that subliminal discrimination of stimuli occurred. The patient dealt with the conflictual sexual transference to the therapist by a process of transformation, after its emergence into consciousness, in a manner similar to secondary revision in dreams. She responded to the picture of the therapist by a drawing of a nude male with a big penis and big feet which she said reminded her of the therapist. She then began to transform this percept into a female figure. This was evidenced by her associations. Talk of fighting the therapist was followed by memories of fighting with a woman teacher. Following this, in the elaboration, she drew four females toward whom she had a variety of hostile feelings. To the control, the heterosexual feelings emerged less conflictually than to the therapist. The undisguised preoccupation with the penis was associated with a positive reference to the therapist. In the elaboration, the sex of the figure drawn was not changed. The penis was simply elaborated as her boy friend toward whom she had mixed feelings.

At the first testing, after one hour of therapy, she discriminated the picture of the therapist and said of her drawing, 'I don't think Dr. K. will appreciate this. His short hair is unusual.' (The hair in this drawing is virtually the same as in Figure 16 from the second test.) The elaboration is a female figure, an ugly roommate. Thus, the responses to the therapist at the second testing are already apparent at the beginning of therapy and have evolved in the course of therapy; the initial percept of the therapist has evolved from his head and hair to his entire body.

DISCUSSION

The therapist's ability to recognize accurately transference reactions is in part a function of experience and personality. The individual's ability to recognize his own counterreactions in feeling and fantasy is of great importance. The person transferring has an ability to split transferences (Pollock, 1962). For example, a man may react to a male therapist in the father transference and enact the mother transference with an auxiliary figure, such as with a girl. In addition to splitting, an individual can displace transferences; for example, when hostility toward the therapist first appears toward other people.

The three cases presented show remarkable transformation of the original responses to the therapist. The original subliminal impression seems to be reworked and modified over time in accordance with psychodynamic necessity. But the original impression is still preserved, though transformed. This transformation is one of the best arguments for specific preconscious registration of the therapist; it is this initial registration, completely out of conscious awareness, that reappeared, transformed, at the second testing, even though the order of presentation was reversed.

This process of transformation over a period of several weeks or more, as the therapy developed, appears to be similar to that which occurs in the dream work. In dreams an elaborate structure, always with some contact with the day residue, is gradually built up. In transference, the process of transformation appears to be going on quietly in subterranean fashion, like the dream work. This process appears to be an elaboration and modification of the original and preconscious impressions of the therapist. Presumably these modifications are the result of developing internal processes within the patient, as well as modifications coming from further experience with the therapist. However, it seems that the germ of the fully developed transformation is present in some form even at the beginning of the relationship.

A comparison of these three patients shows that on the second testing all showed increased positive feelings in response to the picture of the therapist. These changes appear in the themes found in the verbal comments on the drawings (see Tables I, II, and III). They are not implicit in the drawings themselves but indicate a freer attitude in response to the developing transference. In Patient A there was an increase in positive feelings to self when shown the blank and some decrease in negative feelings toward the control. In Patient B there was essentially no change in feelings related to the blank and control. In Patient C there was some evidence of increased positive feeling and involvement evoked by the pictures of the therapist and the control on the second test; her responses to the blank indicated the increased feelings of being threatened by others on the second testing.

As therapy progressed Patient A's subliminal transference became deeply hostile toward women, but manifest transference was positive. His woman therapist thinks he saw her 'as friendly and supportive but of limited authority'. The powerful repression of his negative attitudes made a superficial supportive therapy possible. The negative attitudes toward women were much clearer by the second testing so that possibly the repression was increased at the same time. Therapy could then proceed with increase in manifest positive transference. Another possible way of explaining this observation is that although the negative feelings were preconscious, their mobilization in therapy perhaps permitted some degree of working through outside of awareness, instead of leading to an augmentation of repression.

Patient B developed a defensive 'Brünnhilde' identification with the originally heterosexually threatening male therapist. By the time of the second testing the therapist felt that the original expectations of him as a benign parent had changed to a sexual transference and countertransference. Here apparently, the patient could permit the heterosexual transference to appear since the latent defensive identification had developed.

Therapy could proceed with an increase in manifest positive transference.

In the testing, Patient C's conflictual, intensely erotic father transference was revealed and defended against in the early part of therapy (the only part reported in this paper) by an elaboration of the therapist as a female. This corresponded clinically to the therapist's and the patient's recognition of her intensely depreciating reactions toward the therapist. As long as this defense could be maintained, therapy could continue. Daniels (1969) observes that 'defense transferences are unconscious reactions to the analytic situations and processes in which habitual modes of character behavior are brought into the analysis to defend against current anxieties about the patient-analyst relationship, the regressive pulls and the transference neurosis' (pp. 1001-1002). Our observations suggest that the defense transference may work by means of the transformation of the threatening mental image of the therapist, which we have described.

SUMMARY

In an experimental study on perception of transference, three patients in psychotherapy were tachistoscopically exposed to a picture of the therapist, a blank, and a picture of another person of the same sex and about the same age as the therapist. The stimuli were all below the level of conscious recognition. To each stimulus the subject was asked to make a drawing; associate to the drawing; make another drawing, an elaboration of the initial picture, and associate to it. In two patients, testing was done near the beginning of therapy, and repeated after ten additional therapy sessions. The third patient was tested four times in a three-month period of therapy though only the results of the first two testing periods are presented here. Our findings are:

1. The initial preconscious perception of the therapist tends to persist from the first testing through later sessions, although it undergoes transformations sometimes of a quite surprising

nature. These transformations may be defensive or they may progress toward the assimilation of the percept of the therapist to more primitive feelings and ideas. This suggests that the initial perception of the therapist is crucial, and that much of the change in transference in therapy is a reworking, elaboration, and transformation of this percept.

2. The elaborations of original drawings often have a defensive, secondary revision-like quality, though at times they move to the side of more primitive drives. These elaborations correspond clinically to defensive positions, or defensive transferences, which may function to preserve the developing therapeutic relationship.

3. Responses to the blank tend to be self-directed and narcissistic. This corresponds to the clinical finding that transference is fluctuating and object cathexis may be withdrawn. The responses to the blank are an experimental analogue of secondary narcissism.

4. Responses to the control may correspond to displaced transferences, in which the distancing permits less distorted expression.

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Changes in Body Image Following Ileostomy

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CHANGES IN BODY IMAGE FOLLOWING ILEOSTOMY

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The data of a preliminary investigation (Druss, et al., 1968) of forty-one patients with ulcerative colitis who required total colectomy and ileostomy suggest hypotheses concerning change in body image and drive expression.

Total colectomy is a procedure in which the large intestine, including the rectum, is removed. The end of the small bowel is brought through the anterior abdominal wall to serve as an opening for the intestines, an ileostomy. Discharge of the fecal contents cannot be controlled so that an appliance must be worn over the stoma.

In the preliminary study, questionnaires were sent to all patients who had an ileostomy for ulcerative colitis at the Presbyterian Hospital from 1939 to 1966. Other information was obtained from hospital charts and personal communications from the surgeons. The over-all adaptation of forty-one respondents was studied.

The general health of all but one respondent was good; most felt that having an ileostomy was vastly preferable to living with severe ulcerative colitis. No patient developed a psychosis or a new psychosomatic illness. On the contrary, relief of the debilitating symptoms appeared most often to have been followed by growth of new interests and broadened horizons. Good adjustment at school, work, and in social activities was the rule. But almost half described concern over sexual difficulties, fears of 'accidents' and odor, or embarrassment about the ileostomy.

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Many areas could not be investigated with a questionnaire. Comments added to the questionnaires indicated that some patients were willing to give further information. Accordingly, four women with ileostomies established for at least five years were selected for a lengthy, unstructured interview. All had been in psychotherapy: two in analysis and two in analytically-oriented psychotherapy. Their therapists provided background information so that no effort was made to obtain a history during the interview. Dreams and fantasies regarding the ileostomy and body image were encouraged.

CLINICAL MATERIAL

CASE I

Mrs. A, twenty-three years old, developed ulcerative colitis at age seventeen. During a period of remission she was referred for psychotherapy to the Clinic. She was a rather dependent, retiring, and evasive young woman. Before psychotherapy began her disease worsened, requiring colectomy; when treatment started she had an ileostomy.

Mrs. A dated the onset of colitis to the time she stopped sharing a room with her brother, four years younger. From the age of twelve to fifteen, she and her brother played 'strip poker' together. She was envious of his penis and the ease with which he urinated. He would invite her into the bathroom when the parents were out, asking her to admire him and hold his penis, after which she would often go to her room alone and masturbate. Before colectomy, the brother would intentionally barge in while she was changing clothes; later, he was frightened of the stoma and kept out. Mrs. A felt life would have been easier had she been a boy.

Mrs. A's long hospitalization was the 'golden age' of her life. She received the attention and consideration due a 'reigning princess'. If she should be unhappy, she fantasied she would become sick again and return to the hospital. Early in treatment she discussed her attitude toward her ileostomy stoma: it made

her distinctive and different from other women. When it would leak or soil she would scold it like a little boy scolding his penis when he wets his pants, but 'I can't treat it too harshly because it really has saved my life'. Even when unclothed, she did not feel really naked as long as the stoma was covered; she seemed coyly modest about its exposure.

The patient has not masturbated since her ileostomy. While in therapy she and a 'boyfriend', at her urging, had their first sexual intercourse in an inappropriate and public way. Two years after terminating treatment, Mrs. A married a man who also has an ileostomy. The marriage is most satisfactory; both are interested in sexual relations and she is orgasmic.

During the interview, Mrs. A was outgoing and assertive, personality changes she felt were not connected with her treatment. Now involved in many activities, she has considered a career in veterinary medicine or nursing. She denied any further fantasies about the stoma. She noted a change in its shape, depending on her mood. She emphatically prefers her current condition to having the colitis back, commenting that the president of the local ileostomy club recently had a 'hook-up' and 'now she looks and feels terrible'.

CASE II

Mrs. B is a sixty-three-year-old woman with three children. The youngest of five children, she considers herself a menopausal accident. As a child she avoided displeasing her mother by any overt expression of resentment. She felt ugly and repulsive; she felt she would have been better as a boy. Competitive with other girls, her scholastic achievements brought her prestige and recognition.

At age twenty-three she married a weak, demanding man with the hope of making him over into a success. At forty-two, her closest friendship with a woman broke up; six months later she developed the first signs of ulcerative colitis. Her illness, which eventually included a rectovaginal fistula, became to her the proof of her unattractiveness as a woman.

When first seen for treatment she was desperately ill, bleeding and with fifteen to thirty stools a day. Analytic exploration revealed a wish to be a man like her more favored siblings; the phallus was ultimately equated with the unavailable maternal breast. During analysis the patient improved markedly until complications developed during an elective surgical repair of the fistula. Her severe diarrhea then returned and a colectomy and ileostomy were done.

Mrs. B was most grateful to her analyst with whom she discussed her anxieties before surgery. A brief depression after colectomy was followed by a 'euphoric' state which, somewhat attenuated, has persisted to this day. Immediately after surgery the patient experienced an overwhelming desire to defecate from a nonexistent rectum; this lasted for a week. She herself was not disgusted by the ileostomy, but felt that her nurses were. In the hospital she had a dream that her abdomen was filling up and the contents would shoot out of the ileostomy like a bullet or cannon ball.

Mrs. B was a half hour late for her interview and kept the interviewer waiting a second time while she moved her car. Immediately, she elaborately demonstrated several different kinds of ileostomy appliances. She wished it were a proper setting to show the interviewer how well her new appliance fit. Ileostomy clubs were too conservative, she said; her extensive knowledge and experience should be made known to other ileostomates and to doctors. Occasionally she has dreams in which she is taking off the appliance and exposing the stoma to unknown people.

Mrs. B is generally happy and feels the ileostomy is no problem; on the contrary, she is as good as or better than anyone else—for instance, she swims in water too cold for others. Her sexual relations have been much better since surgery.

CASE III

Mrs. C is thirty-seven years old and married. Her mother was rejecting and her father openly seductive throughout her child-

hood. The parents concentrated on the development and success of their only child; it was decided very early that she should pursue a career in law. Masculine traits were admired and encouraged.

Her illness began as she was planning to marry and begin law school. After the first year, as the colitis progressed, it became necessary for her to drop out of school. She did marry as planned following her first year at law school. There was a massive exacerbation of her colitis on her honeymoon. At this time she entered analysis.

There was little improvement of her colitis but she strongly opposed the surgery suggested both by her internist and a consulting surgeon. Desperately ill, with the support of her analyst, she finally consented to undergo total colectomy and ileostomy.

Immediately following surgery she became depressed, and had suicidal thoughts; the colectomy was felt as a violation and mutilation of her body. She would rather be dead than live with 'this horrible thing', the ileostomy. Urges for rectal defecation lasted two to three days. In time, however, she grew quite used to the ileostomy and became almost fond of it. When she first looked in a mirror she thought immediately it was like a penis. It was a strange organ that had a will of its own and underwent physical changes, including erection.

Mrs. C's surgeon was her 'savior'; he was strong and virile. She had a 'crush' on him. Analysis had been very helpful at the time of surgery and she was pleased that her analyst visited her in the hospital although she felt she could confide more in her surgeon. Following surgery a marked personality change occurred in the direction of greater assertiveness and more open expression of aggression.

After six years of treatment, her analyst felt the patient had a good psychotherapeutic result but she was never able to analyze the transference. An early dream following surgery was: 'A general put me into a chair and then violated me'. Her associations to the general were the psychoanalyst rather than the surgeon.

Throughout the interview the patient was pleasant and co-operative yet attempted to dominate the situation and convey the impression she was in full control of herself and her world.

CASE IV

Miss D is twenty-seven years old. She developed acute ulcerative colitis at age fifteen and underwent surgery five years later. When her disease was at its worst, she had lost forty-five pounds and was moribund.

Between the onset of illness and time of colectomy, Miss D had one year of psychotherapy. During our interview she could not at first recall her psychiatrist's name, and launched into a tirade against psychiatrists who believe that ulcerative colitis is caused by emotional disturbances.

With her ileostomy Miss D no longer feels a prisoner of the bathroom. The ileostomy is considered an asset and presents no problems. She has never had as much energy and has made up for lost time with almost frantic activity. Currently she is a high school teacher, is taking graduate courses, and does guidance work. Men do not mind the stoma and although there has been no sexual intercourse, she has 'done everything else'. Men accept the appliance because 'it is just as much a part of me as my arm or my leg.'

Miss D also openly discussed her masturbation techniques. She lies on her back and allows the partially filled appliance to dangle between her legs. She then bounces her pelvis up and down with the edge of the appliance striking her clitoris. In the accompanying fantasy, the appliance is a man's penis.

The patient enjoys disrobing and exhibiting her ileostomy to classes of medical students and nurses. One of her chief pleasures is being a 'guinea pig' for her surgeon in physiologic experiments on the intestines. She feels a strong erotized attachment to him. Since her rectum was not involved in the disease process, she was offered a reanastomosis which she refused, saying she would miss the special status achieved through her ileostomy.

Miss D moved about a good deal during the interview, pointing to her body and handling herself seductively. She was bubbling, effusive, and frequently made little jokes. She offered to return as often as the investigator wished.

FINDINGS

Five phenomena were observed in these four patients.

1. *'Phantom rectum'*. Many patients find that for a few days to two weeks following total colectomy and ileostomy, they have a sense of fullness in the nonexistent rectum and a strong urge to defecate.

Sensations related to the recently removed organ are reported after amputation of a limb (Kolb, 1959), mastectomy (Bressler, et al., 1955), and bilateral nephrectomy (Kaplan-de-Nour, 1969). In Orbach and Tallent's (1965) report on post-colectomy patients, they suggested that phantom rectum is a brief tactile hallucination facilitating the patient's denial of operative loss. We feel that the ego has not yet begun to cope with the profound change in the body or integrated it into the body image.

2. *The stoma as phallus*. Previous discussion of patients' responses to ileostomy and colectomy have emphasized a *loss*: the loss of a prized organ, the bowel; the loss of anal sphincter control; and the loss of physical attractiveness. Patients who underwent colectomy for carcinoma of the large intestine often suffered a major postoperative depression of a year or more (Druss, et al., 1969). The four women in our series reacted to their ileostomy as if it were a *gain*. Mrs. C had the conscious idea that the stoma looked like a penis which, during times of emotional stimulation, underwent erection. While Mrs. A was not fully conscious of this identification, her actions and fantasies betrayed the equation of stoma=phallus. Miss D felt that the stoma was an asset and was proud of it. Her appliance was seen as part of the stoma and both were incorporated into one bodily organ.¹

¹ The use of clothes and coverings as an extension of the body image has been discussed by Flugel (1930) and Schilder (1950).

Meyer and Lyons (1957) have noted the equation of intestinal stoma and phallus. Small (1953) described a thirty-six-year-old man who underwent ileostomy after seventeen years of ulcerative colitis. Prior to the ileostomy pleasure from direct handling of his genitals was inhibited. Following surgery he would stimulate the ileostomy rhythmically during the cleaning process. It would enlarge and become stiffer, 'like when you rub down here', pointing to his genitals. Margolin (1951) analyzed a woman with a gastrostomy stoma who was the subject of concurrent independent studies by a physiologist. Given an interpretation of a dream about the experimental situation, she suddenly realized that the sensations of handling and rubbing the gastrostomy were pleasurable in a distinctly erotic way.

3. *Exhibitionism.* These four patients were all exhibitionistic. This was evident in the sexual behavior of Mrs. A and Miss D. All of the patients wished to show their appliances.

Many patients with ileostomies have joined together to form ileostomy mutual aid 'clubs' (Lenneberg, 1954). Two important purposes of the clubs are to visit prospective patients in hospitals and to serve as demonstrations to medical students, nurses, and physicians. Many of the club members, like Miss D, seem especially pleased to disrobe before a large and mixed audience, and are regular volunteers for this assignment.

4. *Erotic feelings toward surgeon.* Mrs. A, Mrs. C, and Miss D reported conscious excitement and intense feelings of a sexual kind toward their surgeons. The relationship with the surgeon was regarded as more significant than that with the therapist; erotic feelings toward the therapist were denied.

5. *Changes in personality and life style.* All of the patients were busy, energetic women involved in many and varied activities. Our former study (Druss, et al., 1968) also indicated a high level of social and vocational functioning. The patients boasted of their prowess and did not see themselves in any way as crippled or disabled. A dependent or weak self-image was abhorrent. Each stated that depression was virtually absent

from her life. They appeared mildly hypomanic with an aggressive and controlling component to their behavior.

In character type they appear much like the phallic-narcissistic type originally described by Reich (1933). In analysis of his patients an identification of the total self with the phallus was observed, and, in the women, the fantasy of having a penis. They had exhibitionistic tendencies.

Fenichel (1945) felt that phallic characters differ from typically compulsive ones by showing a lack of reaction-formations against openly aggressive behavior. On the contrary, they employ openly aggressive behavior as a reaction-formation against castration anxiety.

The denial, hypomania, and counterphobic mechanisms in our patients suggest defense against depression, helplessness, and anxieties about bodily mutilation.

DISCUSSION

Our observations on these patients were consistent with some previous studies and suggested hypotheses which would require investigation by the psychoanalytic method.

1. *Related to drive vicissitudes.* Those areas of the body where skin and mucous membrane meet seem to have special properties. They are on the surface, can be manipulated, and rhythmic repeated stimulation leads to a tension and satisfaction cycle. Kubie² describes these areas as transitional zones with an inherent capacity for arousing feeling and emotion.

A pattern of fantasy and symbolization becomes associated with each erogenous zone. An ileostomy is a new mucocutaneous junction which was not associated with previous patterns of dealing with sexual or aggressive drive derivatives. It may therefore facilitate drive expression.

According to Karush, et al. (1953, 1968), patients with ulcerative colitis deal with intense aggression by impounding it or expressing it indirectly. The diarrhea is often viewed symbolically as a rage equivalent. The hostility finds its outlet in fantasies connected with anal activity rather than in object-

² In a discussion of Margolin's (1951) case.

directed behavior. Once a colectomy has been performed this mode of discharge may no longer be available and alternative, more direct expressions of aggression may occur.

2. *Related to change in body image.* It is well known that conflict and fantasy can influence and alter anatomic structure. The reverse is also possible; changes in anatomic structure can lead to new fantasies and become integrated into a new body image. Freud (1923) stated that the body and, above all, its surface, is a place from which both external and internal perceptions may spring. Touching one's own body yields two sensations: in the hand and in the organ touched. The ego itself is originally a body ego derived from the combination of these two perceptions. Any change in body surface can alter these perceptions and lead to modifications in the body image and associated fantasies.

Patients who undergo colectomy and ileostomy are often critically ill before and during the operative procedure. Afterward it is not uncommon to feel reborn or created anew (Druss and Kornfeld, 1967). The ileostomy is a magical talisman that has saved their lives. In the four women we have cited, all of whom had wished to be men, the ileostomy and accompanying change in body image are connected with fantasies of acquiring a phallus. The stoma is perceived in a way that re-enforces this fantasy. They no longer wish to have their rectum back. They integrate the stoma and its appliances into the body image as a more valuable organ than the one lost. The wish to exhibit the stoma and its appliance further suggests a fantasy of obtaining the phallus.

3. *Relationship to the surgeon.* In our cases it was the post-operative activities of the surgeon in connection with the stoma that were emphasized: changing dressings, handling the stoma, examining it, and instructing in its management. (In one case this was not the surgeon who performed the operation.) In contrast, the patient felt that the therapist did not cure her nor did he provide the concrete gift of an ileostomy. A 'crush' on the surgeon is reminiscent of the reaction many women have to

their obstetricians. There, too, a concrete gift has been brought forth from within the body to the outside—for all to see.

A study of males with ileostomy would be of interest in this connection. One would expect different perceptions of the surgery and the surgeon. Reports from other analysts on patients with ileostomies would be useful.

SUMMARY

The case histories of four women with permanent ileostomy after total colectomy for ulcerative colitis were studied and each was interviewed. Five phenomena are identified: 'phantom rectum', the stoma regarded as a phallus, exhibitionism, erotic feelings toward the surgeon, and the emergence of more actively directed aggressive behavior. Two hypotheses are formulated: the creation of the ileostomy, a new mucocutaneous junction, allows for different expression of drive derivatives; the stoma is integrated into a changed body image as the wished-for phallus. Further data from psychoanalysis of such patients is required to test these hypotheses.

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Some Unconscious Factors in the Psychogenesis of Recent Student Uprisings

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SOME UNCONSCIOUS FACTORS IN THE PSYCHOGENESIS OF RECENT STUDENT UPRISINGS

BY MARTIN WANGH, M.D. (NEW YORK)

Books and papers by authors seeking to explain the recent agitation of the student population have crowded in upon us. With many of the arguments presented I am in substantial agreement. However, because I feel that the psychoanalytic perspective has not been sufficiently utilized in the search for an explanation of the events, this paper will examine some of the psychogenetic causes that I believe underlay the 'student rebellion' of the late 1960's. In addition to the many general factors, I propose that in a great number of the students there was an unconscious preoccupation with experiences that occurred during their childhood, of which their recent behavioral phenomena were emerging derivatives.¹ These considerations must, of course, remain speculative until a methodology for validation can be developed—a methodology which is urgently needed to encompass the whole of the reverberating relationship between individual psychology and group experience.

For a student, the university is the final contact with his childhood; from there he steps into adult life. In the best of circumstances, the anticipation of this step fills the young individual with anxiety. Yet it seems to me that during the period under discussion this normal anxiety was re-enforced by a re-activated traumatic anxiety of childhood. This unmasterable,

I am grateful to Mrs. Beverly Placzek for her help in the research and preparation of this paper.

¹ I am aware that the 'active dissenters' made up only a small fraction of the student population (about fifteen per cent) according to most studies (*cf.*, Horn and Knott, 1971). Nevertheless, I believe that in their actions these students were making visible a very widespread distress, which, in varying degrees, was present not only in the general student population but in many if not most of their peers throughout the country.

and hence traumatizing, childhood anxiety was I believe induced by the drastic demonstration of the power of the nuclear bomb which was experienced in a reverberating feedback with anxious and conflicted parents who could offer no firm reassurance.

The path that led me to see a reflection of social traumatization in the student uprisings goes back to my search for the possible causes of the horrifying forms assumed by anti-Semitism in Nazi Germany (Wangh, 1964). This then led to consideration of the psychological sources of World War II itself, and hence to the question of the recurrence of war in general (Wangh, 1968). In the past hundred and fifty years a periodicity of war—or, alternatively, of violent civil turmoil—can be recognized in the history of what we call the Western World. This periodicity appears to be generational, since the intervals between the wars are of some twenty to thirty years, or about the time it takes for a new generation to come to maturity (cp., Eissler, 1968; Walsh, 1966). Could the same genetic factors which promoted the rhythmicity of war in the past have been at work, some twenty years after the end of World War II, in the agitation and rebellious pacifism that gripped university students over almost the entire industrialized world?

The present paper is directed primarily to the American scene.

Essentially the thesis I previously proposed (Wangh, 1964, 1968) to explain the periodic recurrence of war or civil strife rests on the psychoanalytic view of traumatic experiences. Freud (1920) held that in order to cope with the anxiety evoked by a forced deviation from normal expectable experience, man is psychologically impelled to re-evoke the danger situation so that he may re-experience it and thus master it. Freud called this the compulsion to repeat. Most often it appears as an attempt to re-enact actively what had been passively endured. However, in certain circumstances the compulsion to repeat may be countered by a reaction-formation.

Boulding (1959) says, 'War is the one experience which is dramatic, obviously important, and shared by everybody'. This means that *war is a common stressful experience. Its hyper-stimulation traumatizes all those who live through it.* The traumatization produced in children by wartime anxieties² demands reworking, particularly when these children come to the threshold of adult life. At this same time, the fathers, who had been soldiers in the past war, are also stimulated to rework their wartime experiences—through the proxy of the young persons entering adulthood.³ Thus, those who were the young soldiers in one war are apt, a generation later, if not to initiate, at least to accept a new war. Usually this reawakened militarism of the fathers is met by a psychological war proneness⁴ on the part of the sons, not only because the natural inclination of maturing adolescents to challenge their fathers must be displaced onto an external enemy, but also because the sons since their œdipal phase have held to the image that to be a man means being a soldier, as their fathers were—an early image re-enforced by tales of soldiering and by general patriotic lore about the war.

Let us now turn to the specific subject of our exploration: the recent agitated pacifism of the university youth. If my argument is substantially correct, the *parental* generation of the students of the sixties should show a tendency to involve the nation in a renewal of the excitements and cruelties of war, and their sons—among them the students of our inquiry—imbued with fantasies of heroism, should willingly march to war. And, indeed, while many of the parental generation were actively promoting or acquiescing in a war in which the United

² All such anxieties, of course, ultimately feed upon the anxieties normally present in human growth and development.

³ Raskovsky (1970) points to the element of filicide in the Œdipus myth: Laius, having crippled the infant Œdipus, left him out to die. Years later, at the crossroads, he ordered his servants to ride down the young unknown when the latter refused to make way. It was then that Œdipus slew his father (p. 21).

⁴ Atkin (1971) in a recent article uses Glover's term 'war-readiness'.

States is still engaged, some of the young eagerly responded to a call to war. But among the young—particularly the educated—a reluctance to do so became widespread, ranging from apathy to open opposition. During those years, the reaction of youth to war became increasingly a mixture of diffuse agitation, intense antimilitarism, and militant protest. The question therefore is: What experience did these young people have in common that was sufficiently powerful to have overridden in so many of them the active form of the repetition compulsion, producing instead a reaction-formation which drove them *away from war* and toward peace? What was it that made them cry out, *Make love, not war*?

Glover (1947) ascribed the pacifism in England in the 1930's to guilt over the victory of World War I. Certainly, guilt was also shown by the victors of World War II who swiftly moved to undo the destruction of Germany and Japan. Lifton (1968) vividly describes how the sense of survivor guilt expanded in concentric circles from the centers of Hiroshima and Nagasaki to the halls of Congress in Washington. Also, the great compassion felt in the early sixties by the privileged white students for the oppressed American Negro, and for the underdog everywhere, may well have been promoted in part by a feeling of guilt; and guilt, too, may have brought them to the Peace Corps.⁵ However, can conscious or unconscious guilt alone explain their agitation, their overt anger, and their vehement denunciations of the 'establishment'? Can we explain their often indiscriminate attacks on the authorities of their own Alma Maters and their confusion—which is in such marked contrast to the aim-directed revolutionary movement of the thirties—by guilt alone?

But if not unconscious, warded-off guilt, what was there in the common psychological background of these young people

⁵ Keniston (1965) says: 'The struggle for equality for Negro Americans, like the Peace Corps, offers a vehicle for the expression of idealism without ideology, a simple moral commitment to work for the welfare of one's fellow men' (pp. 401-402).

that could have functioned as a prime mover in their diffuse agitation and intense pacifism? Keniston (1965), Roszak (1969), and others ascribe a large share of the motivation for the turmoil to a need to break free from the ever-more strangulating embrace of technocracy; the Ehrenreichs (1969), two young SDS-oriented people, and others, ascribe it to the pressure of overcrowding. Erikson (1970), who also mentions the population pressure, states that abundance has led to an earlier physical maturing and, in addition, has extended the moratorium of adolescence. He also speaks of the bewildering glut of information, and the paralyzing discontinuities and complexities of modern life as sources of anxiety. Others stress the loss of moral guidance provided by religious belief, or deplore the 'decline of the superego' (H. and Y. Lowenfeld, 1970), which they link to sexual permissiveness. All these factors seem to me to have contributed to the tensions and conflicts of the sixties. And—like the artist—youth has always been an exquisitely accurate seismograph for such tensions. But all these pressures were continuous and chronic. Was it simply their confluence that broke the dams of restraint, or was there a circumscribed, crisis quality that was characteristic of the recent events which demands further explanation?

The generation in question—by common agreement, the offspring of educated and liberal parents⁶—were, I believe, affected by critical events in their childhood.

Let me briefly recapitulate the events of those years. The first atomic bomb ever used in war was dropped on Hiroshima on August 6, 1945, and the second, on Nagasaki three days later. The first H-bomb was exploded at Eniwetok on November 1, 1952. Surface testing of nuclear devices continued until October, 1963.

⁶ Cf., Horn and Knott (1970), who state that '... the activists' fathers had completed some tertiary education, and many had completed college. The mothers, too, had usually ... done some college work ... the parents of activists ... were most usually described as liberals rather than conservatives' (p. 980).

How did the parental generation deal with these threats while their children were young? And ultimately, what imprint did these threats leave on the children? As we know from Anna Freud and Dorothy Burlingham (1943), the effect of social cataclysm on children is enormously influenced by parental attitudes. Therefore, in trying to answer these questions, I shall focus first on the parents.

The need to deny does not easily allow us to reach back to the depths of awe and fear that the new weapon evoked in us at the time—and evokes in us still. As a reminder of the climate of the time, I quote from the letter of a colleague:⁷ 'I remember the hydrogen bomb testing and the concern with fall-out. Malvina Reynolds wrote a song about the poisonous qualities of the rain. The more hysterical mothers . . . refused to use fresh milk because of the Strontium-90 content and ran from store to store looking for old boxes of powdered milk which would contain no Strontium-90. There was Herman Kahn and over-kill. We all talked about where to go to be safe—Australia? New Zealand? Two families whom we knew, both fathers scientists and independently wealthy, moved to Uruguay for a year! Bomb shelters were built by a few wealthy people for their own homes. Even ministers were taking up the subject of one's right to kill neighbors who might wish to crowd one's own bomb shelter beyond its capacity.'

Introspection and recollection thus point to a period of intense anxiety and conflictual behavior on the part of these parents during the late 1940's and the 1950's. Disillusioned about themselves for having abandoned the revolutionary ideals of their own youth, intimidated and degraded by McCarthyism,⁸ the terrifying implication of nuclear developments made them uncertain and defensively cynical. In the face of the unpredictable consequences of a possible chain reaction, making real the most schizophrenic end-of-the-world fantasies, with what con-

⁷ Mildred Ash, M.D., Berkeley, California.

⁸ For a very poignant depiction of this intimidation and humiliation, see Act I of Arthur Miller's play, *The Fall*.

viction could these parents reassure their children about the usefulness of fall-out exercises and shelter building? What could they say to counteract the paranoia pervading the country—'take a gun to keep your neighbor out of your shelter!'

It is paradoxical that in the face of these doubts about *any* survival, these same parents were filled with concern for the *social* survival of their children, driving them toward goals of competitive success. From the age of three, many children were pushed into the battle for a place in the private kindergarten so that, in spite of the rising population pressure, they would eventually be able to get into a good college. While the Ehrenreichs and many others rightly emphasize the overcrowding and competition, they overlook the fact that the students were already exposed to these pressures as small children, that it was during their early childhood that classes in grammar school grew from twenty to forty, and that as a consequence their parents—often themselves educationally progressive and intensely opposed to aggression—paradoxically fostered intra-generational rivalry in their children.

How did these parental uncertainties and conflicts affect the children?

Fantasy is the normal way of integrating stimulation, anxiety, and defense. If the normal oedipal fantasies of children revolve around soldiering and heroism, making use of the weaponry of their fathers and of olden times, what happened to such fantasies, we must now ask, when they attached themselves to the new weapons, the power and effects of which were being so dramatically shown in the direct language of illustrated magazines and television? Normally, as we know, the young 'hero' dreams of sacrificing himself for his mother, his family, or his mother- or fatherland. He pictures himself either as a masterful survivor or as a martyr. Such fantasies are always stimulated by and make use of the day residue (Wangh, 1954). But what dreams of glory could evolve in the face of the new fact that neither mothers nor children—nor fathers—have any real chance of surviving under the H-bomb? A hero can be

a hero only if there is at least one surviving admirer—one Homer—to tell the story. I do not doubt that the children of whom we are speaking had learned—as their parents did not have to learn until much later in their lives—that war no longer means the deeds of the few chosen proxies, that is, the soldiers on the battlefield. On the contrary, they had had to learn that war means the total destruction of those who stayed at home as well as those on the battlefield. They were being taught—and most vividly through television⁹—of the bomb's wholesale annihilating power; they saw the rubble of Hiroshima; they saw and heard of the H-bomb testing and its dangers, and they saw the mushroom cloud, while simultaneously, in kindergarten and grammar school, they were being made to crawl under their desks or were marched to the cellar to protect them against nuclear fall-out. While their parents knew the futility of these exercises, they were unable to offer either intellectual or emotional reassurance. I suggest that in these circumstances the children felt themselves utterly helpless—a helplessness that created a deep sense of disappointment, betrayal, and rage, and which, because of the fundamentally positive quality of their relationship with their parents,¹⁰ could be dealt with only by denial and repression. It is this sense of helplessness, I postulate, that re-emerged in these mostly privileged children as a profound empathy with the underprivileged, re-enforcing their sense of guilt. It is from this, too, that their slogan, 'Don't trust anyone over thirty!', may have derived its most powerful impetus.

It is remarkable how seldom these young university students spoke about their childhood impressions, specifically about the nuclear threat. They showed, of course, some intellectual recognition of the danger, but it was seldom made explicit.

⁹ Cf., Wertham's 1954 report on the number of hours preschool and school children were spending in front of television.

¹⁰ Cf., Horn and Knott (1971), who state: 'activists often appear to be emulating and living out the values of fathers who were highly respected within the family . . .' (p. 981).

There were a few exceptions. A young girl spoke of 'the air-raid drills in her grammar school, and how for a while she was afraid every time she heard a plane'.¹¹ And the student involved in the Columbia University rebellion, who is quoted by Robert Liebert (1971) in his extensive and revealing study, stated:

The following year, I became editor of the high school literary magazine, and in the hopes of stilling the vocal discontent of what small readership we had, our first decision on editorial policy was to automatically exclude from publication any and all stories concerning the end of the world, nuclear attack, and, less specifically, morbid topics in general. . . . What this means was that we literally had to refuse to consider the single largest topical interest of all our contributors—and we rejected very large numbers of poems and short stories on just that basis. . . . We still found it almost impossible to get any decent story that didn't deal with something morbid. . . . I suppose that here I must jump all the way to the present, and state that *I have no emotional concern with the prospect of nuclear war whatsoever* [italics added]. With most of the people I know, I can say that even in discussions that have led to the conclusion that nuclear war would indeed be upon us at some time in the future, the only emotion displayed in the face of such a conclusion has been an ironic laugh (pp. 238-239).

Barbara and John Ehrenreich (1969), who are a part of this generation, neglect the nuclear question in their examination of the student unrest; they merely note, *en passant*, that the student agitation was virtually nonexistent in England, *except that English students may have participated in antinuclear marches*.

¹¹ Goodwin (1969), after quoting this statement, added: 'the atomic age has been a personal emotional experience for many Americans and even perhaps for most. After a while, such feelings are put away or repressed, but they are never eliminated.'

When young people are approaching maturity, their now fully developed aggressive potential arouses anxiety in them. Spruiell (1972) quotes Gitelson as having remarked that 'the "pure fantasy" of childhood becomes realizable during adolescence'. A sixteen year old, speaking of his father, told him: 'It frightens me that now I could really kill him— a weak little man'. As I said earlier, the ego ideal elaborated from the idealization of the father as a soldier-hero demands its own military realization—usually against an external enemy—in displacement of the current conflict with the father. However, the students of whom we are speaking were precluded from this usual displacement and re-enactment: an enormous amount of anxiety arose in them with any impulse toward aggression. They could neither turn aggression outward against an enemy, nor could they turn it against their understanding parents,¹² nor, in any consistently organized way, against society.¹³ For they had learned early that aggression, if actualized, could become *all-destructive*.

A variety of reactions were mobilized to leash aggression. Among these we may note a partial retreat from the complexities of reality and a regression to manifestations of anxiety in the form of *general agitation*, a *diffuse destructiveness*, an *apparent confusion*, an almost incoherent mode of speech, an inability to plan, and often a total reaction-formation against any aggressive impulse whatsoever. A hallmark of all these tensions was the intolerance of delay: the key word in all demands was NOW!, a 'now-mindedness' of this youth that was unconsciously linked to an apocalyptic view of the future. In a recent paper Paul Seton (1970) says: 'If an impulse can be relegated to future gratification, its discharge is more easily delayed and its energy susceptible to displacement or transformation. But if it is incompatible with the future self, or if

¹² Cf., Horn and Knott (1971): '... activist youths were not so much rebelling against their parents as they were extending a pattern of activism which characterized their parents' (p. 979). Cf., also, *ibid.*, pp. 980-981.

¹³ The Weathermen are a small fringe of individuals in whom the reaction-formation against violence did not take solid hold.

indeed *there is no conviction of future* [italics added], postponement may be very much more difficult. The fading futurity in reality weakens aspects of superego function, and prompts living as if there were no tomorrow.'

The point I wish to make is that a *re-enforcement* of anxiety, coinciding with the natural increment of anxiety produced by the development of aggressive potential, contributed significantly to student behavior in the sixties. Much more than the normal complex of œdipal and intrafamilial conflict had to be repressed; apocalyptic fantasies around an overwhelming external threat—going far beyond normal castration fantasies—had to be dealt with.

Why is it that in the analyses of our young patients we learn so little of what the nuclear threat, the filing to the shelter or the hiding under the desk tops, and the parental conflict connected with these events, meant to them?¹⁴ Their professors report that the protesters of our inquiry were, as a group, highly intelligent and sensitive individuals; thus they were of the very temperament most likely to have been affected by such early stimulation.¹⁵

In an attempt to discover whether such issues came up in the analyses of these children at the time of their occurrence, I turned to the late Berta Bornstein. She could not recall any data on the subject of the nuclear threat. But she wondered whether this gap in the analyses of the fantasies of the children she had treated during that period might not have been due in part to her own unconscious reluctance to pursue any hints they may have given in that direction.¹⁶ That children are

¹⁴ Leo Spiegel (1970), in an as yet unpublished paper on youth and social violence, has also commented on the fact that young psychoanalytic patients do not bring up nuclear issues in their analyses.

¹⁵ As Keniston (1965) puts it: 'These youths are not typical; they are "over-privileged" socially, educationally, and economically; they are "overendowed" in intelligence, imagination, health, and strength' (p. 392).

¹⁶ This, in contrast to the fact that she had given an extensive description of the fantasies derived by a child from the Nazi horrors of World War II (Bornstein, 1949, pp. 213, ff.).

aware of the implications of social events has been shown in a number of studies (cp., Wolfenstein and Kliman, 1965). Particularly pertinent to our present inquiry is the study undertaken in 1962 by Escalona and her co-workers, published in 1963. Through questionnaires and individual interviews they asked several hundred children about their expectations for the future: all revealed an astonishingly pessimistic outlook. A phrase heard over and over again was: 'If the world survives'. Thus one may raise the question whether—particularly in the United States, burdened as it is with having dropped the atomic bomb—we as psychoanalysts have insufficient distance to the nuclear threat and whether, as Mrs. Bornstein suggested, we shy away from any reference to it on the part of our patients.¹⁷

While I have focused on those students in whom the pacifist agitation and antiestablishment feelings were most glaringly apparent, it must be recognized that even among their more silent contemporaries a wholesale antimilitary shift had taken place. Of course there remained a segment of ready militarists, but it was smaller than would normally have been expected.¹⁸ Aside from the manifestations of anxiety itself in the form of general agitation, aggression-avoiding actions and attitudes were prominent. One of these, much discussed in the early 1960's, was the 'drop-out' phenomenon. Many highly intelligent young people left college and stayed out of school, if only for a year or two, later returning to join classmates now younger than themselves with whom the intra-age rivalry was presumably less distressing. The more permanent drop-outs, however, often joined the 'hippie' and 'yippie' movements; others were captured by the fascination of mystical religious sects, and a

¹⁷ At a meeting of the International Psycho-Analytical Association a few years ago, Anna Freud discussed similar problems in relation to the treatment of concentration camp survivors, suggesting that those of us who were fortunate enough to escape the Nazi holocaust could not develop the optimal distance necessary for treating such patients.

¹⁸ An examination of the background of those who appear to have remained unaffected by the world events of their childhood might, of course, also yield interesting results.

remainder succumbed to drugs. Thus, to varying degrees, they dropped out from all aggressive social competition.

Roszak (1969) suggests that by living a philosophy of no aggression, these young people may be indicating in a more or less fumbling way the only possible path for human survival. Indeed, the behavior of the young people at the Woodstock Music Festival in the summer of 1969 seems to be a case in point (*cf.*, Titchener, 1972). Although the throng was enormous—some three to four hundred thousand—and the conditions appalling—a sea of mud, no shelter, no water, and the food distribution and sanitation utterly inadequate—there was no violence, seldom even anger. Where was the aggression? I believe that the young people at Woodstock belonged to those in the generation of which I am speaking, whose early reaction-formations against, and present denial of, aggression were successful. However, it has not always worked so pacifically. One has only to recall the events at Altamont, although there, it must be noted, the contemporaneous, openly aggressive motorcycle gangs, such as Hell's Angels (*cf.*, Thompson, 1967), were involved.

As Emmy Sylvester (1971) has rightly pointed out, dissent in itself is by no means regressive. Many of the young people involved in the student movement were keenly aware of reality in many areas. Intellectually, they recognized the irrationality of war and the arms race, the inadequacy of food production, the inequity in the distribution of the necessities of life, and the threat to affirmative object relationships inherent in technocracy. What I wish to stress here is the diffuseness and disorganization of many of their reactions, indicating the influence of repressed anxiety, reaching back, I believe, to particular traumatizing communal childhood experiences. The genetic sources of the intensity of their agitated feelings were repressed, and present fears were met with an 'ironic laugh', or were warded off in some other isolating fashion.

Man has always been trapped in a tragic round of projection of aggression, fantasies of destruction, and fear. Primitive as

well as 'civilized' men have sought to master their overwhelming fear by fantasies of magic omnipotence. Today, in their search for protection against what is so largely a projected image of their own aggression, the nations' Security Councils turn again and again to the magic of multiplication; they demand nuclear arms superiority to kill, re-kill and over-kill (Frank, 1967). Some of the young pacifists, under the same regressive—that is, defensive—pull find their magic security, on the contrary, in the mushrooming mystical religions of universal love. Others blanket threatening reality with the screaming lights and rocking noise of the multimedia, or with synesthetic, drug-induced misperceptions. All of these are regressions; they include fantasies of omnipotence which go back to the phase of mother-child unity. Such regressions open the way to a renewed belief in the power of a god—be he Ares or Eros.

To recapitulate, the young people of whom I have been speaking learned in their earliest childhood that full-scale war means annihilation for both soldiers and civilians. Unlike their parents, they *grew up* under 'the brooding presence of nuclear extinction' (Weisman, 1968). Thus the childhood fantasy of the two generations was very different. For the parental generation, a soldier could still become a hero, and hence the fantasy of heroic leadership was still possible; for the younger generation, there could be no heroes. It may well be that a basic, life-affirming ego ideal—a hero fantasy—is the necessary genetic support for adult self-confidence and leadership. For those deprived of a hero fantasy, leadership had to be replaced by 'participatory democracy', a concept that necessarily calls for maturity in each of the participants, as Mitscherlich (1969) has stressed. In a negative sense, this participatory democracy has the character of a mutual clinging, and carries with it a need to avoid singular responsibility and any manifestation of intragroup rivalry.¹⁹

¹⁹ Of course, in some of the more desperate young people, a return to wishful liberation by heroic figures reappears in their idolization of Che Guevara and Mao-tse-tung.

In addition to the guilt provoked by early sadomasochistic stimulation, the heightened agitation of our academic youth and their distrust of the adult world was, I hold, a specific response to a pervasive repressed anxiety. In previous times, the aggressive conflict between the generations could be 'solved' by externalization, that is, by finding an enemy outside the group who could be dominated or killed. However, for the more sensitive among this maturing generation, it was essential to oppose this form of solution because their childhood lay in the period of the surface nuclear tests. Survival fantasies and hero fantasies could not long be sustained in the face of the all-destructive power of combat with nuclear weapons.

Pursuing ideas set forth by Freud (1933 [1932]) in his letter to Einstein, I have tried to show that indeed for this generation 'war is no longer an opportunity for achieving the old ideals of heroism' (p. 213). In unconscious reaction-formation to what they had learned in their early childhood—namely, that full-scale war could now, as Freud foresaw, 'involve the extermination of one or perhaps both of the antagonists' (p. 213)—many of these young people came to repudiate all warfare. However, I believe that only if its psychogenetic sources become fully conscious through sociohistorical perspective and shared insight, will this repudiation withstand the pressures of instinctual drives and the repetition compulsion.

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Notes on Identification

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NOTES ON IDENTIFICATION

III. THE CONCEPT OF IDENTIFICATION

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INTRODUCTION

The concept of identification as it developed in Freud's thinking enjoyed a certain breadth of meaning which allowed a variety of processes to be included under it. Freud, in fact, used the term with considerable flexibility. His later thinking on the subject separated several forms of identification. Hysterical identification meant that the subject assimilated a property or quality of an object on the basis of a shared unconscious element. The assimilation was functional and symptomatic but not structural. He also recognized primary identification as a primitive form of emotional attachment prior to any object relations. The most important form of identification, however, was narcissistic identification which followed on loss of an object and in which the lost object was regressively replaced by introjection. This became the basic mechanism of superego formation. It was the primary mechanism for structural formation. But he also mentioned other forms of identification that did not follow on object loss and did not seem to involve introjective mechanisms. He described cases of simultaneous object cathexis and identification in which the alteration takes place before any object is given up (Freud, 1923). He also recognized a form of identification based on the perception of common qualities that did not depend on an object relation but did effect structural formation within the ego (Meissner, 1970a).

The thesis advanced in the present study is that Freud's use of 'identification' covered a set of metapsychologically distinct processes that demand clarification and delineation in view of the development in ego psychology that has gone on since Freud. It is my view that incorporation, introjection, and

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identification are forms of internalization which correspond to the degree of psychic development as well as the development and quality of object relations. I have previously examined the notions of incorporation and introjection (Meissner, 1971a). I will turn now to the more complex concept of identification. In trying to formulate a more precise notion of identification I shall attempt to show that the tension in Freud's usage between narcissistic identification which required object loss, and other forms of identification which did not depend on object relation or object loss, involved an ambiguity about these processes and their interrelation.

The present discussion, Part Three of a series, will necessarily include some repetition of points made in the first two parts (Meissner, 1970a, 1971a).

IDENTIFICATION AND IMITATION

The first thing to be clear about is what identification is not. The term is often applied to related but quite dissimilar processes (Kagan, 1958). We speak of empathy, or vicarious experiences, or imitative behaviors as identifications. We 'identify' with someone else's suffering, we 'identify' with a character in a book or play, we 'identify' with others in patterns of dress or action. But as Sanford (1955) has observed, identification is not a category of behavior. It is a mechanism of personality formation that produces perduring modifications in the subject. Moreover, identification is essentially an unconscious process, while imitation tends to be conscious and deliberate. We can speak of superficial and transient identifications in such experiences (Hendrick, 1951), but it should be clear that they are not identifications in any real sense.

There is no question, however, that there is a close relationship between imitative behavior and identification. Imitation undoubtedly plays a significant role in the generation of identifications (Gaddini, 1969; Jacobson, 1954, 1964), although it may not be essential. Pleasure in imitation plays a role in the initiation of early ego identifications and the establishing of

primitive partial executant functions (Hendrick, 1951). This is accomplished by a transition between imitation and the integration of acquired behaviors as part of the self (De Saussure, 1939). Imitation is thus a transitional phase between purely external perception and forms of internalization (Beres, 1966; Ritvo and Solnit, 1960). Imitation is at first object bound in that the concrete presence of the model is necessary. As the image of the model is formed, the external presence of the model becomes less necessary and imitation can take place in relation to an inner object representation of the model. As the skill is acquired the model can be dispensed with (Axelrad and Maury, 1951). At this point, internalization can occur but strictly speaking it has nothing to do with the acquisition of the behavior pattern. We can distinguish between the forms of internalization and imitative learning (Kagan, 1958). The distinction was clearly drawn by Parsons and Shils (1962) between imitation as a mechanism of acquisition of specific skills and behavior patterns without emotional attachment to the model, and identification as involving acquisition of generalized patterns of orientation based on an object relationship. A similar distinction is maintained by Kohlberg (1963) in regard to the acquisition of morality. Sandler and Rosenblatt (1962) put the distinction in terms of changes in self-representation. Imitations do not imply the enduring change in self-representation or structuralization of the ego that is involved in identification.

It also seems clear that imitative behaviors can express and reflect prior identifications. Imitative behavior can serve as an indicator of the matrix of identifications (Kernberg, 1966), but it cannot be identified with the underlying identifications and can be present without such underlying identifications. Where true identification has taken place one could expect some behavioral consistencies, but the identification may also express itself in patterns of behavior sufficiently variant to be misleading. Behavioral patterns and identifications may overlap but they are never coextensive.

As Gaddini (1969) has recently pointed out, imitations have a developmental aspect which is distinct from, yet gradually integrated with identifications. In the course of development, imitative activity comes to serve adaptive and integrative processes of the ego. Imitations have, at a primitive level, a relation to oral incorporative fantasies. Underlying them is the wish to possess and become like the object, which creates a dynamic pressure toward identification. Thus imitations, like introjections with which they are often involved, converge toward and inductively support the ego's inherent tendency to identification. While both imitation and introjection in themselves can become fixated and thus limit the ego's capacity for more meaningful identification, both processes carry in themselves inductive potentialities for shaping identifications and for becoming constitutive elements of the identificatory process. Imitation may serve a vital function in ego development as well as in the establishing and maintenance of object relations. Gaddini points out that both imitations and introjections remain continuously active in the mature organism—both in so far as they contribute to identifications as constitutive elements and in so far as they are independently active processes by which the subject interacts with his object world—without ever entailing further identificatory processes. Moreover, imitative processes may serve a defensive function, in conjunction with introjection or not, and the imitative defense may both ward off the anxiety of introjective conflicts and prevent further identification. The defensive function of imitative and introjective processes can be seen in the so-called 'identification with the aggressor' described by Anna Freud (1937). Similar processes may underlie more serious ego defects and forms of character pathology—e.g., the 'as if' character type described so well by Helene Deutsch (1942).

IDENTIFICATION AND DEFENSE

There are other forms of internal modification of the subject which pass for identification but which may be different. Anna

Freud's (1937) concept of 'identification with the aggressor' is important both historically and in terms of content. In *The Ego and the Mechanisms of Defence*, she presented a variety of clinical situations in which the child took on and mimicked the frightening or threatening aspects of an anxiety-provoking object. The anxiety was mastered in this way by identification with the object's powerful and terrifying qualities. Mowrer (1950) refers to this as 'defensive identification'. It would seem that Miss Freud is describing a process of introjection. This type of 'identification' is really a combination of introjection and subsequent imitative behavior. The child is said to introject some characteristic of the anxiety object, to introject the aggression of adults. It is also clear that the introjection is closely linked to projective mechanisms. The interplay of introjection/projection allows for the mastery of instinctual forces and relieves the pressure of anxiety. Besides this defensive function, 'identification' with the aggressor serves as a preliminary phase of superego development. This is an important aspect of the process, but the contribution to the superego is that of introjection rather than identification (Sandler, 1960). It is of interest, in passing, that 'altruistic surrender', also described by Miss Freud, was presented by Knight as a combination of introjection/projection. This highlights the theoretical imprecision in the use of the terms 'identification' and 'introjection', as well as a basic difficulty in their application. Knight (1940) deals with situations that consist of introjection/projection and are not, strictly speaking, identifications and concludes, therefore, that identification can be reduced to introjection/projection.

The question of the relationship between identifications and defenses has been raised by Rapaport (1967). He points out that the concept of identification is normally used with two connotations—that it serves as a defense mechanism and also as a structure-forming mechanism. He also asks how identification in both these senses relates to introjection. Do they both involve introjection—and if so, how do they differ? Is there

a difference between identification as a defense and introjection as a defense? The important question here is whether the concept of defensive identification is meaningful. What is defended against, by and large, are instinctual derivatives, particularly aggression. Whether in identifications with aggressors, or in depressive states, or grief reactions, what must be defended against is the sadistic and hostile impulse. It would be my position that in these instances the mechanisms of defense are in fact introjection/projection. The interplay of these defensive mechanisms deals with the threat posed by aggressive instincts. Identification may or may not be involved, but it is *not* directly involved in the defensive operation. While identification can serve to stabilize defensive structures derived through introjection, its defensive function is no more than derivative or secondary to the primary defensive mechanisms.

This basic distinction appears to be at the root of De Saussure's (1939) attempt to separate substitution and identification. He feels that identification is always produced by admiration, affection, imitation, and that the relation to the identified object is essentially based in confidence or trust. Substitution, on the other hand, is based on distrust and has as its objective the neutralization of aggression. Thus the normal progression through the œdipal situation must pass through a stage of substitution before identification becomes possible. Substitution, therefore, lies very close to identification with the aggressor and can be interpreted in much the same terms.

In his discussion of secondary narcissism, Freud describes the ego as presenting itself to the id as an object of love. This is accomplished by the internalization of the external love object and the maintenance of the libidinal tie. Thus object love becomes secondary narcissism (Kernberg, 1966). This has been viewed as a defensive function of identification (Fenichel, 1953). The process is more easily understandable in developmental perspective. The internalization of object relations and the development of secondary narcissism are necessary corollaries to the evolution of psychic structure. However, the

process by which the subject sets up an internalized object for the id is substantially what we have described as introjection (Meissner, 1971a) rather than identification. The introject is such an internalized object.

One of the distinguishing features between introjection and identification, on the basis of this analysis, is that introjection is much more closely related to the vicissitudes of the instincts, is involved in defensive functions of the ego, and operates closely in relation to the economy of the aggressive and libidinal instincts. Introjects, therefore, express and reflect instinctual dynamics to a degree to which identifications do not. They are involved in the binding and loosening of instinctual energies, they are vehicles for the expression intrapsychically of instinctual forces (superego), they are subject to the regressive pull of instinctual drives, and are therefore considerably more liable to primary process types of organization and function. Identification, however, is a separate and independent process which is subject to these influences only in a secondary and derivative manner. Identifications are therefore less influenced by and dependent on instinctual drives, function in terms of neutralized or independent energies, are less subject to regressive forces, are capable of functioning primarily according to secondary process forms of organization, and enjoy a considerably higher degree of stability and autonomy.

The problem of the integration of defenses and identification is complex. Defenses can be regarded as anything in the psychic economy that increases counter-cathetic resistance to drive discharge, and thus heightens the threshold of discharge. Hence the counterpoise of structure and discharge makes any elaboration of inner structure at least derivatively defensive in function. As Hartmann (1939) has emphasized repeatedly, a wide variety of defensive functions can undergo a change of function and become part of the secondary functional autonomy of the ego. Such change involves an integration of the defensively derived function into the ego, thus increasing the structuralization of the ego. It is not clear that such changes

from defensive to adaptive functioning always involves identification—but at least it must involve a process analogous to structuralizing identifications in relation to defensively based introjections.

Rapaport's (1967) exploratory analysis of these problems assumes that defense formation is accompanied by introjections (identifications) and consequently that the differentiation of ego and superego takes place as structural integrates of such defense identifications. Early defense identifications are assimilated by both ego and superego and are relatively passive in relation to drive derivatives. With development of progressive levels of integration, the passive and drive dependent regulation of such defense identifications gives way to increasingly active ego regulation. As a result of progressive integration and concomitant differentiation of ego and superego, superego regulation does not extend to a higher level of integration. It regulates more archaic levels of drive dependent organization and can control higher levels only through functions of the ego. The ego's regulation, conversely, includes archaic levels of structural integration, but only in conjunction with superego regulation and as relatively undifferentiated from superego functions (as revealed in regressive states). The ego is properly the regulating agency for higher levels of structural integration and function.

IDENTIFICATION AS PROCESS/PRODUCT

To avoid confusion, we should separate primary identification from the ensuing discussion. Primary identification is the most primitive form of emotional attachment prior to the development of an object relation and prior to the development of self-object differentiation. Sandler (1960) describes it as a fusion or confusion of the rudimentary schema of the self with that of the object so that the distinction of self and nonself does not exist. The mechanism of primary identification is incorporation (Meissner, 1971a). The importance of primary identification should not be underestimated since it plays a significant

role in the mental life of the preœdipal and early œdipal child, and even, as Jacobson (1964) feels, in the mature psychic organization in the experience of merging with a love object. It is also a feature of severely regressed states in which the differentiation of self and object breaks down, as in certain schizophrenic states (Sandler, 1960). It is, therefore, the most primitive and rudimentary form of internalization process and must be distinguished from identification as such.

It is generally agreed that the process of identification is carried on unconsciously, although it is closely related to other processes that are accessible to consciousness. It may involve conscious imitation (Gaddini, 1969; Sanford, 1955) or awareness of other similarities between oneself and the object. Greenson (1954) observes that while the process itself is unconscious, there can be significant variation in the degree of awareness that identification has taken place. Fenichel (1926) similarly says that identifications are unconscious in their genesis, but may be conscious in their result as modifications of the ego. The weight of repression from the œdipus complex, he says, extends to its heirs so that the core of the superego is usually unconscious. Consistent with his view of identification as product rather than as process, Knight (1940) prefers to say that the identifications are more or less conscious but that the process (introjection) is unconscious. What is available to consciousness and introspection is a modification of the self. Consequently only that aspect of identification which is reflected in the self is available to consciousness. This will become clearer in our discussion of the relationship between identification and self-representation.

One of the basic clarifications about identification is that it refers to both a process and a product of that process (Hartmann and Loewenstein, 1962; Sandler, 1960). The product includes individual differences in behaviors, motives, attitudes, and values which the subject acquires by reason of the identificatory process (Kagan, 1958). The product is conceived as a modification of the psychic structure pertaining primarily

and directly to the ego. It is impossible therefore to separate process and product since each complements and completes the other. The usage that considers identification only as product, and its correlative process as introjection, is therefore misleading (Fuchs, 1937; Knight, 1940; Schafer, 1968a).

Looked at from a different angle, the product of identification has both an internal and an external aspect. Internally it involves a change in psychic structure; externally it involves modifications in the subject's relation to an object. For metapsychological reasons that are considered later on, we are locating the internal aspects in the subject's ego. This does not mean that modifications do not take place in many aspects of the personality and behavior besides the ego. These other changes, however, derive from and depend on the primary changes effected through identification in the ego. This is an important point since many of the secondary changes, particularly on the behavioral level, can take place without identification and can be understood in isolation without an appeal to any underlying identification. The changes which uniquely specify and identify the effects of identification are intrasystemic. The intersystemic changes, which are derivative from the intrasystemic, must be understood in relation to structural ego modifications (intrasystemic changes) in order to be established as partial products of identification.

The identificatory process is essentially an ego process that involves a number of ego functions in varying phases of the process. The process involves relations to objects in important ways. It takes place, therefore, within a subject-object matrix (Miller, Pollock, Bernstein, Robbins, 1968), which has multiple internal and external determinants. We will have more to say about the external object aspects later. But the internal aspects of the process have to do with specific ego functions organized in specific patterns. At any level at which the process is organized, functions of perception, memory, abstraction, selection, symbolization, organization, integration, and synthesis are involved. What is unique to the process of identification itself,

however, is the internalization, synthesis, and structuralization that takes place in the ego. These aspects of the process will be discussed later.

NARCISSISTIC IDENTIFICATION

The original analysis of narcissistic identification was made in Freud's treatment of depressive states (Meissner, 1970a). He found that the accusations directed against the self were really remnants of the ambivalent relationship to the lost object. Introjection of the object allowed for a redistribution of libidinal and aggressive impulses—now directed against the internalized object as part of the self. The mechanism that Freud described was introjection, and it is not clear how identification in the sense we are developing here enters into it. Rapaport (1967) has remarked that the introjected love object does not become part of the ego, and that it is consequently incorrect to say that the process of internalization in depressive states is identification. Greenson (1954) observes that depressive reactions are often clinically characterized by introjection without subsequent identification. However, identification may take place and clinically often does in the mourning process. In describing grief reactions, Lindemann (1944) includes identification with the deceased as one of the most important characteristics of the reaction. As Loewald (1962) puts it:

Mourning involves not only the gradual, piecemeal relinquishment of the lost object, but also the internalization, the appropriation of aspects of this object—or rather, of aspects of the relationship between the ego and the lost object which are 'set up in the ego' and become a relationship within the ego system (p. 493).

The role of identification processes in the related and more pathological forms of depressive reaction are less clear. The Freudian model calls for the internalized object to form a split-off portion of the ego—the superego—which becomes a vehicle of the sadistic aspects of the relationship to the object.

Whether this can be said to involve structural modification of the ego as such remains problematical.

SUPEREGO FORMATION

Freud applied the analysis of melancholia to the formation of the superego. The model was that of narcissistic identification in which object loss was translated into loss of œdipal attachment to the parents and the emphasis was on introjection of parental images (Freud, 1923; Meissner, 1971a). While Freud calls this an identification, the basic mechanism was introjection. This usage and the analogy to melancholia pointed up the issues involved in the œdipal renunciation, but it glosses over some significant problems. The child does not lose the object, but surrenders incestuous ties for more mature affectionate attachment to his parents (Jacobson, 1964). Such usage also obscures the relationship and differentiation between introjection and identification.

More recently, Sandler and his co-workers have provided us with a more complete description of superego formation. A variety of preœdipal elements derived from early identifications, 'organizing activities', and other functions are organized into a preautonomous superego schema. The schema provides a preliminary framework which represents and depends on parental authority and is influenced in a variety of ways by instinctual derivatives. Introjection/projection are major mechanisms in the elaboration of the inner psychic schema. The phallic phase witnesses an intensification of conflict between instinctual wishes and narcissistic needs. The increasing ambivalence, the intensity of œdipal involvement, fears of punishment and castration, all influence and modify the superego schema. The schema serves to represent the admired and feared qualities of the parents and helps to discriminate between parental love and admiration as against parental rejection and narcissistic dejection (Sandler, 1960).

The œdipal conflict is resolved by the definitive introjection of the parental imagos. Superego formation is accompanied by

a reduction of interest in and dependence on parents. The schema takes on the capacity to serve as a source of narcissistic gratification and so replaces the parents as the major source of self-esteem. By the introjection, the internalization of the parental imagos as transitional objects preserves the transitional mode of relation to the parents, but now as internalized objects. The relationship to the real object is thereby significantly altered. The transitional object relation, once part of the outer world, becomes part of the inner world. The preautonomous superego schema becomes autonomous as a source of psychic activity and internalized functions. The superego assumes the functions of parental approval and/or disapproval.

Superego formation is accomplished by introjection, but is accompanied and followed by subsequent identifications.

After the formation of the superego through the introjection of parental authority, there can occur identification with features of the introjects as well as with aspects of nonintrojected objects. The capacity to identify with objects (via object representations) continues through life, irrespective of whether these objects are persons in the subject's environment or introjects (Sandler, Holder, Meers, 1963, p. 152).

Thus the child can subsequently identify with the parental introjects—a process which Sandler calls 'identification with the introject' (Sandler, 1960; Sandler and Rosenblatt, 1962). The terminology is useful, but the notion of identification being formulated here differs considerably from Sandler's.

As Loewald (1968) suggests in his discussion of internalization, the introjects which constitute the superego enjoy a certain mobility that allows them to merge with the ego proper and thus lose their superego quality. Elements of the superego structure may become ego elements and, under conditions of pathological regression, may revert to the superego. Superego elements are further internalized to become parts of the ego structure.

This implies shifting distances of internalized 'material' from the ego core and shifting distances within the ego-superego system, as well as transformations in the character of the introjects according to the respective degrees of internalization. The superego is conceived as an enduring structure pattern whose elements may change and move either in the direction of the ego core or in the outer direction toward object representation. Thus elements of the superego may lose their superego character and become ego elements, or take on the character of object representations (externalization) (p. 503).

The mechanism of greater internalization and transformation of superego elements is identification. Hence identification serves to organize these elements as structural elements in the ego itself, lending increased stability, autonomy, and resistance to regressive pulls to introjected superego elements. Rapaport (1967) describes the progressive shift toward differentiation and integration of ego elements in the following terms:

In the course of development, the more active the integrates the less, or the less directly, are they tied into that regulating network of integration to which we refer as the superego, and the more are they integrated and regulated by that network of integration to which we refer as the ego (p. 705).

Further, as Greenson (1954) points out, this identification, which is linked to parental introjection in superego formation, serves to further delibidinize and deaggressify the relation to the parents—an effect that allows the child to preserve his relationship to the parents and to reorganize it on a more developed level of object relations. As Jacobson (1954) puts it:

The fact must be understood that, quite contrary to psychotic identifications which arise with the breakdown of realistic object and self-representations, of object relations and of ego functions, the object relations of the child profit greatly from the building up of ego and superego identifications. The latter do not either destroy or replace, they only transform and

change the nature of object relations. By reinforcing the processes of drive neutralization, by reducing the sexual and aggressive object cathexes in favor of affectionate love relations and of ego interests, they contribute indeed very much to the development of firmly cathected, realistic, and enduring object and self-representations and of stable object relations and ego functions (pp. 244-245).

Identification with the introjects in superego formation as well as other forms of introjection is a process of internal structural modification within the ego. The introject serves as the model for the structuralization taking place by identification in the ego. The process thereby achieves what Jacobson and others have called 'depersonalization' of the internalized object relations (Jacobson, 1964; Kernberg, 1966). Thus the extent to which the influence of specific internalizations is dependent on and derivative from the relation to a given object is minimized and the respective internalizations become integrated into higher order and more stable structural patterns. With a higher degree of ego integration, internalized elements are consolidated and re-enforced, they acquire a higher degree of autonomy, they become more resistive to regressive pulls, they become organized and function more in the manner of secondary process rather than of primary process. And more significantly, the internalized element is integrated with the ego core of the personality. It is therefore experienced less in terms of its object relatedness as an internal object within the organization of the self, and more as a subjectively experienced part of the functioning ego. Thus, as Schafer (1968b) has pointed out, the well-established identification acquires a characteristic subjective feel of intentionality, will, or activity. Moreover, Rapaport (1967) had explicitly related levels of activity and passivity to levels of integration in the hierarchy of control systems involved in ego-superego functioning. He conjectured that

. . . the lower the level of the hierarchy of integrations we are dealing with, the more it must be assumed to be passive and

regulated by the id impulses, and the higher the integration level in the hierarchy the more active its self-regulative rôle (p. 705).

The mechanism of integration which maximizes active self-regulation through structuralization of the ego is identification.

THE ROLE OF IDENTIFICATION IN DEVELOPMENT

The working over of introjection by a continuing process of identification is a major mechanism of ego development. In the developmental process, early experience is dominated by introjections. Identifications are weak and more or less global. As the structure of the ego becomes gradually defined and differentiated through progressive identifications and other developmental processes, identificatory processes become more selective and better organized. Identification with critical introjects, such as those which terminate and resolve the œdipal conflict, continues for significant periods after the introjects are formed. The process of identification assimilates elements of the parental introjects gradually by a dynamic process of structuralization and restructuralization within the ego. Through this process, the ego undergoes structural alteration and consequently the quality of the subject's object relations with the parents undergoes continuing change. This inner metabolism is amalgamated with later and more developed identifications with the parental objects, but part of the process remains a matter of deeper internalization and depersonification of the œdipal introjects.

Identification is seen, therefore, not so much as a defensive operation of the ego, but as a primary developmental process. Identification does serve the mastery and control of instinctual forces in complex ways. By the stabilization and structuralization of the ego, it consolidates autonomous ego functions and contributes to the adaptive integration and utilization of id derivatives. Its primary vector, however, is in the direction of synthesis and integration within the ego. It represents the ego's primary capacity for internal structural development and modi-

fication on the basis of non-ego models. It therefore involves the ego's synthetic function in that it assimilates aspects of a model, whether introject or real object, and integrates them into the structure of the ego (Nunberg, 1948).

DISTINCTION FROM INTROJECTION

An important point in making the clarification between introjection and identification is that the progression in internalization from external object to internal object (introject) and from introject to ego structure is accomplished by distinct and metapsychologically different processes. Introjection and identification are quite different processes that have different structural effects, involve different mechanisms of internalization, have different relationships to the libidinal economy, and have different effects in the development of the internal life of the organism. Introjection is a kind of taking in from an external object in the interest of preserving union and/or defense; by the taking in, the transitional object relation is sacrificed and a new relation must be constructed out of the interplay of further projection/introjection.

The conditions which allow this formation of an internal object and the concomitant reorganization of libidinal and aggressive drives (introjection) are not the same as the conditions which allow the building of structure within the ego (identification). While the ego projects and introjects in terms of the disposition of instinctual energies, the ego identifies in terms of its own internal structural integration. Introjection, along with its correlative projection, comes into play specifically in response to instinctual pressures and in the interest of defense (Meissner, 1971a). The inner modeling of the ego through identification, however, is no longer motivated directly by the vicissitudes of instinctual drives and needs. Identification functions with relatively greater autonomy in the sense that identificatory mechanisms operate more in response to the inner dynamic tendencies of the ego toward increasing differentiation

and integration. This inner dynamism toward ego integration is paralleled by the developmental tendency toward the establishing of meaningful and mature object relations by which the ego achieves meaningful ego relatedness. Identification, therefore, can be conceived as operating in relative autonomy from instinctual pressures and derivatives as motivating sources of the process—but it can be seen rather as arising from specifically noninstinctual and relatively conflict-free tendencies of the ego toward self-integration and meaningful relatedness. The inner integration of the ego and its capacity for relatedness with objects are correlative and cannot be divorced.

Identification with the introject is a process of constructive self-organization according to a pattern provided by the introject. Since it derives from a relatively autonomous base, however, it is governed by more autonomous ego interests and secondary process patterns of organization. The identification therefore tends to be selective, adaptive, ordered to integration with the pre-existent pattern of ego structure and defense organization. It serves to reconstruct superego elements in terms of the organization of extant ego structure, thereby freeing them from direct instinctual involvement and putting them at the disposal of more neutralized energies. The reintegration and superposition of a set of ego functions supersedes superego functions, neutralizes instinctual energies attached to superego functions, increases the autonomy of psychic structures from involvement with both original objects and instinctual forces, and diminishes the susceptibility of psychic structure to regressive pulls and pressures. The identification accomplishes what Hartmann (1939) has described as a 'change of function', so that superego elements have effectively been removed from their involvement in conflict and defense and transferred to the conflict-free sphere of the ego. Thus, although the introject serves as the template for the content of what is available for integration through identification, the actual integration is effected, selectively and adaptively in terms of relatively autonomous ego tendencies.

IDENTIFICATION AND THE SELF

In recent years an important conceptual effort has been made to interpret identificatory processes in terms of object and self-representations. The direction to this thinking was given by Hartmann's clarification of the concept of 'self'. He distinguished between the ego as an organized system of structures and functions at the core of the personality and the self as an intersystemic unit which served as the reservoir of narcissism and which became the object of libidinal cathexis in the development of secondary narcissism (Gaddini, 1969; Hartmann, 1964). Since identification was the mechanism by which object libido was redirected to the self, the implication arose that identification had to do with the modification of the self. Greenson (1954) for example writes: 'The transformations occurring as the result of identification influence more than the ego of the subject; the entire self is involved' (pp. 201-202). Others have followed a similar line of thought (Beres, 1966; Brody and Mahoney, 1964; Schafer, 1968a). Particularly influential have been Jacobson's (1954) views on this matter. She comments that, 'In the course of such identification processes [the child's] ego will actually assume characteristics of his love objects. As the inner concept of his self becomes a more faithful mirror of his ego, he can now achieve a partial blending between self- and love-object representations, on the basis of realistic likeness' (pp. 242-243). She contrasts this with infantile or psychotic identifications in which self-object boundaries are obscured and identifications are drawn regressively to the level of primitive introjection/projection. In the latter state, self- and object representations are more or less fused (Jacobson, 1964).

The most advanced formulation of this point of view has been provided by the group working at the Hampstead Clinic. Sandler (1960) follows Jacobson in viewing identification as a partial fusion of self- and object representations. He writes:

We can define identification by saying that it represents a process of modifying the self-schema on the basis of a present

or past perception of an object, and that such modification may be temporary or permanent, whole or partial, ego enriching or ego restrictive, depending on what is identified with and whether the need for such an identification is of short or long duration (p. 150).

It should be noted that this formulation makes no mention of structuralizing aspects of identification and might as easily apply to imitation or to any other similar process we are excluding from consideration as identifications (empathy, vicarious experience, etc.).

Sandler and Rosenblatt (1962) have developed the idea of the representational world to deal with this analysis. Objects must be perceived and object representations built up before introjection or identification are possible. They feel that both introjection and identification can be described in terms of changes of cathexis within the representational world. So they distinguish between the ego as structure and the representational world. The ego operates to form representations of objects out of a matrix of images based on perception of the object. The building up of such representations is essential for ego development and progressive adaptation. Along with the development of object representations, the ego also forms a self-representation. The self-representation is a perceptual and conceptual organization within the representational world that represents the conscious and unconscious aspects of the individual's self-perception. The progressive differentiation between self- and object representations and the increasingly realistic clarification of these are essential aspects of the ego's growth to mature levels of functioning.

Identification, therefore, is defined in these terms as a modification of the self-representation on the basis of another representation, usually an object representation, as a model. It is distinguished from introjection in which the self-representation is not modified to become like an object, but the object representation is felt to have all the power and authority of the real

parents (Sandler, Holder, Meers, 1963; Sandler and Rosenblatt, 1962). This formulation has the endorsement of Hartmann and Loewenstein (1962) who see introjection and identification distinguished as degrees of internalization and formulate this difference in terms of the degree to which self-representation has been substituted for object representation.

This approach poses several problems. An important distinction advanced by Hartmann was emphasized by Rapaport (1967) and should be taken into account—namely the distinction between the ‘inner world’ and the ‘internal world’. The inner world is a sort of intrapsychic map of the external world, which is interpolated between receptors and effectors, according to which the ego regulates its interaction with the external world. The internal world, however, is the organization and integration of intrapsychic structures that compose the psychic apparatus. The inner world, then, is representational, but it must be carefully distinguished from the internal world which is structural.

In terms of this formulation, the problem is how the representational world becomes internalized—how a representational aspect of the inner world becomes a structural part of the internal world. It is not clear, in terms of the Sandler and Rosenblatt analysis, how this can be accomplished by a change in cathexis within the representational world.

Introjection as a form of internalization is not clearly defined. Neither perception nor object representation is a form of internalization (Hartmann and Loewenstein, 1962). How the investment of power to an object representation accomplishes internalization is not explicit. A further difficulty has to do with the representational formulation itself. To say that identification is a modification of a self-representation touches only a part of the problem. It ignores the structuralizing effects of identification. While structuralizing effects in the ego are inconceivable without being reflected in the self-representation, one can easily conceive of changes in self-representation which do not imply changes in ego structure. It seems inadequate to

take a secondary effect of a process and make it the basis of definition at the cost of ignoring the primary effects. The self-representation depends upon and reflects changes in the self, whereas identification taken as a product has to do with the actual changes in functional parts of the self. This definition in terms of self-representation not only misses the mark in relation to the product of identification, but it leaves no room for the process of identification since the definition is cast in terms of an aspect which is derivative from the product.

There is a difficulty in the use of the terms 'internalization' and 'structure' in this context. The representational inner world and the structural internal world can both be regarded as 'internalized' in some sense—but the internalization is clearly not the same. Similarly, both can be regarded as in some sense structural—but again not in the same sense. The inner world is structural only in the sense that its elements involve representations and the relations of representations—and therefore have an organization and differentiation among themselves. But this representational organization does not constitute an alteration of the structure of the ego, even though it may be related to and involved with other structuralizing processes. It makes more sense, in my view, to reserve the concept of internalization for processes that add to the internal structural world and to reserve the concept of structure for aspects of the internal world. The representational (inner) world is therefore not a part of the structure of the psyche. Thus the process of identification is specifically structuralizing and not representational. The product of identification (as psychic structure) may then be subject to representational integration into the representational world—but this would seem to be a different process, consequent to identification.

There is a further problem in dealing with the relation between ego and self. The ego is a structural subsystem within the personality organization. The self is an intersystemic referent that embraces the total personality including id, ego, and superego. Hartmann's early clarification of the distinction be-

tween ego and self pointed up the fact that the self was the repository of secondary narcissism. The evolution of secondary narcissism through the mechanism of narcissistic identification (Freud) is applicable as long as it is restricted to introjection. Introjection effects a modification of the self; it takes in a libidinally cathected object and redirects the flow of libido toward the self. Thus, strictly speaking, the mechanism of secondary narcissism is introjection. Identification is involved only secondarily in consolidating the developmental gains achieved through introjection. The structural changes in the ego necessarily affect the self-representation and consequently affect the economy of narcissistic libido, but they do not change the libidinal investment. Hence it would seem that the formulation having to do with change in self-representation is much more closely related to changes wrought by introjection than to those accomplished through identification.

IDENTIFICATION AND OBJECTS

We have thus far been concerned with identifications consequent to introjections—identification with the introject—as exemplified in depressive states and superego formation. Identification as conceived here can also take place without introjection in direct relationship with objects. The ego's capacity to identify in this manner enlarges in the course of its development. The child's world of experience is dominated by objects that are predominantly transitional in character. Mechanisms of introjection/projection play a prominent role in determining the child's experience of objects. The gradual refinement of the interplay of introjection and projection and the evolving pattern of identifications bring increasing modification and differentiation to the structure of the ego and along with it an increasing capacity to relate to objects more in terms of the qualities of the objects as realistically perceived than as constituted by the defensive necessities of introjection/projection.

The ego must shift, therefore, from the necessity for a predominantly transitional object representation to the capacity

for a more realistic object representation. The ego must develop the capacity to accept the separateness of objects, to relinquish instinctual demands on the object, and thus to tolerate the painful reality of loss, separation, and abandonment. This capacity depends on the development of structure within the ego. As Modell (1968) has pointed out, the acceptance of painful reality and tolerance of the separation of objects depend on the same psychic structures whose development is necessary for the capacity to love maturely. These structures are developed through identification. Where instinctual demands continue to color object relations so that they retain a transitional component, introjection presumably continues to play a role. As transitional components become less prominent and object relations become more realistic, introjective mechanisms fade into the background and identification functions more autonomously. The identificatory process is no different in itself from that in identification with an introject. The structuralizing effort within the ego takes as its model the object representation—the degree to which that representation is internalized by introjection does not alter the identificatory process itself.

The identification with a love object is, therefore, a corollary. Identification is a process that contributes to the building of mature love relationships since it produces those structures which enable and support mature object relationships. Mature object relations and identifications interact with each other in reciprocal re-enforcement. Identifications increase the capacity for object relatedness and mature object relations provide more realistic and adaptive models for higher level identifications. In less metapsychological terms, it is through love that man grows, becomes more human, and achieves self-fulfilment.

THE ONTOGENESIS OF IDENTIFICATION

One of the most significant aspects of identification and certainly one of the most difficult to conceptualize in any systematic manner is the problem of developmental gradations in

the content of identification. The principle is enunciated by Hartmann and Loewenstein (1962):

. . . The role of identification depends, at least partly, upon the developmental level on which it takes place. If we knew more than we actually do about the ontogenesis of identification, we would be in a better position to approach the question whether at different stages of growth and development there are differences not only in the psychic milieu in which identification takes place, but also in the processes of identification itself (p. 52).

Identifications with structuralizing effects are taking place at the earliest developmental levels. The organization of such processes, however, is correlative to the internal structural development of the nascent ego and to the degree of differentiation of object representation. Sandler (1960) has described early ego activities which are directed to the construction of inner psychic schemata or models which subserve the infant's primitive adaptation. Such 'organizing activities' are primarily cognitive in that they provide the representative schemata of objects. The term is extended to other aspects of development:

Organizing activity is much more than the mere taking in of impressions from the outside, but it is intimately connected with the development of all organized ego functions and secondary processes. It includes the construction of frames of reference, schemata, and all the techniques by which the child controls his perceptions (arising from the id or the outside world) and activities. It includes also the development of ego functions such as memory, thinking, imagination, and the capacity for purposive action, functions which in turn foster further organizing activity (p. 147).

Thus organizing activities are extended to cover the formation of psychic structure, specifically the structures of secondary autonomy. This structuralizing activity of the ego is what we are designating as identification. At its most primitive level it is

very nearly a biologically driven process of organismic expression that takes place in an object vacuum. The vacuum cannot be absolute since the necessity for something like a facilitating environment is well known. Nonetheless, the process issues in the formation of rudimentary and poorly differentiated ego structure.

At a later stage, when minimal self-object differentiation has been achieved, early identifications come to involve partial functions of the infant ego. The rudimentary ego is capable of achieving only partial objects and partial ego functions. It accomplishes the cathexis of a partial and primitive mother image and selects partial functions out of the maternal matrix to imitate and internalize. These fragments of structure are ego nuclei which form the core of later and more elaborated executant capacities (Hendrick, 1951). The identification reflects a greater degree of selectivity and differentiation than in previous global processes.

In discussing preœdipal identifications, Reich (1954) points out that early identifications often reflect a stage of considerable ego immaturity and are modified and integrated by fusion with later œdipal identifications. Primitive identifications precede the capacity to integrate the various impressions coming from the object into a person. Awareness functions at the more concrete level of organs and the identification barely qualifies as an ego mechanism. As ego development proceeds and the child increases his capacity for differentiation of self and object and for forming more distinct and realistic representations of self and objects, the incorporative desire for total union with objects is gradually relinquished in favor of striving to become like the object. Jacobson (1954) writes:

These brief remarks may suffice for the purpose of defining the essential differences between ego identifications and the early infantile identification mechanisms. The first are realistic in so far as they result in lasting changes of the ego which justify the feeling to be at least partially like the love objects.

The latter are magic in nature; they represent only a temporary—partial or total—blending of magic self- and object images, founded on fantasies or even the temporary belief of being one with or of becoming the object, regardless of reality (p. 243).

Jacobson (1954) goes on to point out that regression to such infantile and magical identifications takes place in manic-depressive and schizophrenic forms of pathology. These pathological identifications are in fact expressions of alternating projection/introjection. The appreciation of the regressive impact of such pathology underlines the introjective component which plays a predominant role in early internalization processes, as Jacobson indicates. The concomitant identifications that provide the structuralizing effect on the ego, however, vary not in terms of the real or the magical (i.e., primary process influence) but rather in terms of differentiation and integration of structure. More evolved identifications afford greater degrees of differentiation and integration. Thus there is a hierarchy of identifications that parallels the hierarchy of introjections Greenson has described (*cf.*, Greenson, 1954; Meissner, 1971a).

IDENTIFICATION AND CULTURE

With the development of psychic structure, internalization becomes less introjective and more identificative, less global and more selective, less a matter of taking in from objects and more a matter of selective production of internal structures patterned after object structures. How to conceptualize the progressive selectivity and refinement in structural content has been a persistent problem. Later developmental levels in the hierarchy of identifications form the basis of socialization processes which extend beyond the level of object relations to the involvement of culture and society. The failure of Freud's introjective model of identification in this regard was scored by Parsons (Parsons, Bales, Shils, 1955):

The general purport of this criticism is that Freud, with his formulation of the concept of the superego, made only a beginning at an analysis of the role of common culture in personality. The structure of his theoretical scheme prevented him from seeing the possibilities for extending the same fundamental analysis from the internalization of moral standards—which he applied to the superego—to the internalization of the cognitive frame of reference for interpersonal relations and for the common system of expressive symbolism; and similarly it prevented him from seeing the extent to which these three elements of the common culture are integrated with each other (pp. 20-21).

Parsons attempted to embrace the complexities of this development by analysis of the content of identifications in terms of reciprocal role relationships. The child identifies not with the object as total person but with the reciprocal role relation which is functional for the child at that level of development. The child identifies with the mother first as a source of care, then as a giver of love. At the œdipal level the problem becomes quite complex since the identifications are divided between mother and father in terms of sex roles and instrumental and expressive roles. There is also a progression from organization around behavior patterns to organizations around symbolic role entities (Parsons and Bales, 1955).

At its highest level of inner regulation and structural integration, the ego has at its disposal a self-created system of values that provide a stable integration of intrapsychic processes and reflect the ego's participation and reciprocal interaction with a sociocultural matrix (Meissner, 1970b, 1971b). It is at this level of value integration that ego and superego reach maximal congruity. Superego elements are reprocessed selectively through identification to be integrated as ego elements. Such depersonified superego constituents become the building blocks of the value system which provides the ego with its most important structural regulatory constituents. The metapsychology of these relationships needs to be elaborated, but it can be said that in

the construction of the value system, the ego achieves a level of function in which the integration of id, superego, and reality is increasingly realized. As Jacobson (1964) writes:

The maturation of the ego and of critical judgment considerably modifies our concepts of value and our actions. Leading to an acceptance of what is realistic and reasonable, it accomplishes at least a partial victory of the reality principle, not only over the pleasure principle, but also over exaggerated 'idealism' and thus over the superego. Only then do the superego functions work with more neutralized energy. In fact, the final maturation of both the ego and the superego sets in only after the tempest of instinctual conflicts during adolescence has subsided. Then we observe a gradual moderation of youthful idealism and illusions, leading to the setting up of more reasonable goals and to a further development of moral judgment: of the ability to test and to evaluate the outside and inside reality correctly, reasonably and with greater moral tolerance, and to act according to such judgment (p. 130).

It is important in conceptualizing these processes to remember that such identifications carry out their structuralizing effects, particularly on the level of value formation, by a selective inner construction modeled after elements found in introjects, objects, or social structures. The ego's individual value system is a unique and autonomous product which constitutes and characterizes the unique structure of the personality. Value formation, therefore, builds itself out of a matrix of value orientations from many sources. It provides a medium of the transformation of instinctual derivatives as well. It is determined in part by all of these multiple influences but not completely. It is a process of creative self-synthesis that builds a uniquely autonomous and personalized structure within the ego. It is thus the epitome of identificatory structuralization.

RECAPITULATION

To recapitulate the argument of this paper, in part at least, we can focus the differentiation between identification and in-

projection in terms of basic metapsychological assumptions. The argument presented here has been aimed at showing that introjection and identification, while treated in overlapping and at least partially interchangeable fashion by Freud and much of the subsequent psychoanalytic literature, are metapsychologically distinct processes. They are distinguishable, therefore, in terms of the dynamic, economic, structural, genetic, and adaptive points of view.

The dynamic point of view requires that psychoanalytic understanding include the psychological forces involved in these processes. We have seen that introjection operates as a function of instinctual forces—both libidinal and aggressive—and that in conjunction with its correlative process of projection it functions intimately in the vicissitudes of instinctual and drive derivatives (Meissner, 1971a). Identification, however, functions relatively autonomously from drive derivatives. The inner forces on which identification operates are thus relatively independent of instinctual forces. What is not clear at this point is whether identification functions in terms of forces originally quite independent of drive energies or whether these forces can be conceived as somehow derived from drive energies by some modification of neutralization.

The economic point of view brings the problem of the derivation of energies into clearer focus. It is a basic conceptual problem for contemporary psychoanalysis. Introjection is directly involved in the transformation and binding of energies. It achieves a partial binding and displacement of object cathexes. Since identification is a structuralizing process, it too is involved in the binding of energies—but the process is more complex than the neutralization to which Freud referred. The relationship between ego structure and the economy of instinctual energies is a fuzzy area that needs further clarification. It is clear, however, that ego structures are part of the regulative and controlling apparatus which enables restraint of instinctual forces and permits delay of instinctual discharge in the interest of adjustment to the demands of reality. Hence introjection is much more influenced by drive energies and its

binding permits greater susceptibility to regressive pulls and to primary process forms of organization (Meissner, 1971a). The result of binding through identification is more autonomous, more resistive to regressive pulls, and organized more specifically in secondary process terms. Identification is the mechanism for formation of structures of secondary autonomy.

Thus the economic point of view bridges over into the structural. Both introjection and identification are involved in formation of structure. Introjection, however, is directly involved in formation of structural modifications within the self. Introjects are partial internalizations that do not lose their transitional object constitution by internalization. In contributing to the constitution of the superego they intrinsically modify psychic structure but do not directly affect ego structure as such. Identifications, on the contrary, are directly and specifically structural modifications of the ego and as such are integrated into the ego core of the personality. In this way the two processes differ in the modality and character of their respective structuralizing effects. Furthermore, the structural effects of identification are of a higher order of organization and integration than introjects.

From the genetic point of view the courses of development of these processes are distinct. Moreover, the role that each plays in the development of the organism is distinct. Introjection is critically taken up in the working through of instinctual vicissitudes, while identification is specifically involved in the development of ego structures and functions. Both processes operate on the environmental-experiential side of the complementary series which determines the course of development. Development must be seen as a more complex process in which introjection and identification are interacting with intrinsic maturational factors—introjection interacting more explicitly with instinctual factors and identification more with ego factors. Both are likewise subject to the laws of epigenesis, but they differ in their patterns of ascendancy—introjection enjoying its developmental influence earlier in the course of

development and identification assuming increasing importance later (Meissner, 1971a).

Finally, from the viewpoint of adaptation, both introjection and identification serve adaptive functions. Both are autoplasic processes but serve to increase the organism's capacity for adaptation. Both increase the organism's capacity for internal regulation and thereby increase its adaptive capacity. Introjection and projection are involved in the modification and modulation of instinctual drives, thereby permitting an increasing tolerance and capacity for object relations. While this aspect of introjection is important all through the early stages of development, it becomes particularly pertinent in the resolution of the œdipal situation. It is through identification, however, that ego development takes place. The capacity for mature object relatedness is correlative to and depends upon the degree of ego development and integration. It is specifically through identification that man's human adaptation to his environment—particularly to his social and cultural environment—becomes possible. While introjection serves the purposes of adaptation through instinctually derived self-modifications, identification can reach out to noninstinctual and conflict-free aspects of the human, social, and cultural environment and selectively internalize whatever serves the ego's adaptive needs.

We can also note in passing that the distinction of introjection and identification is clinically relevant. In general we are intent on fostering meaningful identifications in our patients—or at least the capacity for such identifications. The course of therapy can often be traced in terms of the gradual modification of introjects and the increasing capacity for identification. It is useful, therefore, to be in a position to judge the status of the patient's internalizations as a reflection of internal ego capacity and therapeutic progress. The evaluation cannot usually be made except over time. Introjection offers several indicators by which it can be recognized. Introjects usually involve relatively unneutralized instinctual energies in some degree. They are thus usually associated with experienceable affect—par-

ticularly related to aggression. Introjection in addition may reveal itself by its correlative projection. This also usually has to do with aggressive elements. The aggressive component is most often the one that inhibits and impedes identification. Whenever such projective elements manifest themselves, we can look for the correlative introjections. Finally, introjections may be revealed in their general susceptibility to primary process organization and their tendency to regression. Hence the metapsychological status of changes in attitudes and imitative behaviors of various kinds can only be evaluated in terms of more subtle clinical indicators which reflect the structural integration of internalized elements and their relation to the functioning ego core of the personality.

CONCLUSION

There is undoubtedly a great deal more that needs to be said about the concept of identification. It has been my objective in this terminological and conceptual study to attempt some metapsychological clarification of the processes that Freud had included more globally under the rubric of 'identification'. I have tried to distinguish related terms, such as imitation, incorporation, introjection, from the notion of identification. The term 'identification' in this analysis is reserved for an active structuralizing process that takes place within the ego, by which the ego constructs the inner constituents of regulatory control on the basis of selective elements derived from an identificatory matrix. That matrix is variably composed of both subjective and objective elements including introjects (internalized transitional-like objects), structural aspects of real objects, or even value components of group structures and group cultures. The process of identification is, then, specifically an intrasystemic ego activity and its effects are specifically ego effects.

Therefore identification is clearly different from introjection or incorporation which derive more from instinctual derivatives and defensive needs. Many of the forms of identification that Freud describes, the most important being narcissistic identifica-

tion, in these terms are not identifications but are modifications of introjective processes. While such a clarification is useful for metapsychological understanding, it must be remembered that these processes are all involved in internalization and the building of psychic structure—each in different ways. As a rule, therefore, they are found clinically in conjoint operation. Introjection may be found to dominate the clinical picture, but it should not be forgotten that introjection serves in part to induce further identificatory processes. Since they are independent processes the extent to which this occurs varies considerably—depending on the degree to which introjection is serving defensive needs and on the capacity of the ego for further autonomous development. But the potentiality is always present in some degree—and it is even likely that the conjunction of introjective and identificatory processes is the rule rather than the exception. This may offer some justification for the otherwise clinical inaccuracy of calling all these processes ‘identification’. If they are not identifications in a metapsychological sense, they are at least often related to identifications and may, in fact, be active in eliciting them. It might avoid some unnecessary confusion to call this group of internalizing processes ‘identificatory processes’ rather than simply ‘identifications’.

If this analysis has succeeded in achieving any further metapsychological clarity, it has also succeeded in raising a number of further problems that will demand investigation and further clarification. What has been achieved is less a definition of identification than a program for further study and analysis. Particularly important would be the examination of the role of identifications in developmental processes, their relation to defenses, their specific role in the formation of structure, their influence on object relations and vice versa, their place in the economy and vicissitudes of drives and drive derivatives, the role of identifications in group processes, the patterns of identifications in pathological conditions, and finally, the role of identifications in the therapeutic process. It would also seem important to gain some understanding of the way in which

identifications contribute to the various levels of psychic integration and inner regulation. This is particularly pertinent in the integration of superego and ego functions—a process that has only been hinted at here in terms of formation and integration of value systems. Hopefully future research will enable us to explore some of these areas.

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BOOK REVIEWS

THE CAPACITY FOR EMOTIONAL GROWTH. Theoretical and Clinical Contributions to Psychoanalysis, 1943-1969. By Elizabeth R. Zetzel, M.D. New York: International Universities Press, Inc., 1970. 316 pp.

This volume is Elizabeth Zetzel's psychoanalytic legacy, for she died shortly after its appearance. It is something more than a collection of papers. Although most of the chapters represent papers that have been previously published, many have new introductions to fit the special point of view of the volume and some are completely new contributions.

The book is divided into two sections, sections that closely parallel Zetzel's own career: Psychoanalysis and Psychiatry, and Clinical Psychoanalysis. Zetzel was an analyst for whom clinical psychiatry never lost its fascination.

Zetzel's experience as a British Army psychiatrist during World War II confronted her with the observation that soldiers who in their previous history were more obviously anxious, proved better able to cope with the stress of battle than those who appeared to be more 'normal'. This led her to the broad consideration of the ego's capacity to tolerate anxiety (later she added the capacity to tolerate the other painful affects of guilt and depression). This criterion of mental health contrasts paradoxically with the criteria of physical health—for mental health consists not in the absence of pain but in the capacity to experience and tolerate pain. Zetzel integrated these observations with Freud's concept of primary and secondary anxiety, a point of view that is very much in the mainstream of contemporary psychoanalysis. It is an ego structural point of view implying that the appearance of secondary anxiety reflects the successful outcome of an earlier stage of ego development. Later in her thinking Zetzel linked this ego development to the area of object relations, in that she acknowledged the significance of the early mother-child relationship in the development of the capacity to tolerate painful affects. She described what Winnicott called the experience of 'good enough mothering' and what Erikson understood as a capacity for basic trust. The capacity to tolerate painful affects is also related to another concept which has become associated with Zetzel—the con-

cept of the therapeutic alliance. For Zetzel believed that the capacity to maintain a therapeutic alliance, as is true of the capacity to experience painful affects, is determined by the nature and quality of the early mother-child relationship. A good early mother-child relationship will permit the acceptance of the limitations of the object, and an acknowledgment of the qualities of the 'real object relationship' with the analyst. This is something quite distinct from the development of the transference neurosis and forms the core of the capacity to maintain a therapeutic alliance.

The concept of the therapeutic alliance is, as Zetzel fully acknowledges, not original but was suggested by a 1934 contribution of Richard Sterba as well as by Edward Bibring in his 1937 Contribution to the Symposium on the Theory of the Therapeutic Results of Psychoanalysis. In *Analysis Terminable and Interminable* Freud said: 'the analytic situation consists in our allying ourselves with the ego of the person under treatment, in order to subdue portions of his id which are uncontrolled—that is to say, to include them in the synthesis of his ego' (p. 235).

Zetzel here is not a great discoverer or innovator but she is a great synthesizer. While fully acknowledging the contributions of others, she was able to integrate diverse ideas with precision and clarity. This is the work of a splendid teacher—a teacher who reminds us that the 'therapeutic alliance' is a precise technical term in contrast to the empty cliché that it is in danger of becoming. The capacity for therapeutic alliance is the hallmark of analyzability: it is not, as Freud seems to have implied, something that the analyst can take for granted as a given even in relatively healthy patients. A therapeutic alliance must be developed in each case by the analyst's skilful handling of the total analytic situation. We know that in some borderline patients the entire treatment consists of an attempt to develop the capacity for a therapeutic alliance. Zetzel also makes the important distinction between early transference interpretations and early interpretations directed toward furthering the therapeutic alliance (in the chapter, *Therapeutic Alliance in the Analysis of Hysteria*). The level of regression that occurs in the development of the transference can be controlled by the degree to which the analyst presents himself as a trustworthy person in the very early stages of the analysis. Zetzel reports that inexperienced candidates may, by their excessive passivity, induce a serious regression that

may prove to be disruptive to the analysis itself. It is as if the candidate, in attempting to adhere to his misconceptions of what constitutes 'pure' analytic technique, has presented nothing of himself as a 'real' object. The clarification of these issues should prove useful to the inexperienced analyst.

Much of what Zetzel described concerning the capacity for the development of therapeutic alliance and the capacity to experience painful affects is noncontroversial. However, some may question the comments that appear in the chapter, *The Doctor-Patient Relationship in Psychiatry*. Zetzel states: 'I have already suggested that certain crucial aspects of definitive psychic structure and function are initiated in the setting of the original one-to-one parent-child relationship. These attributes are normally subject to some regressive impairment and subsequent reintegration during later developmental crises. Unless, however, they have been successfully initiated during the earliest years, serious questions must be raised as to how far psychotherapy, either during adolescence or in adult life, can help the seriously handicapped individual to acquire psychological capacities which have not been initiated at the age-proportionate time.'

It seems to this reviewer at least that this is too pessimistic a view. Zetzel would seem to imply that some developmental failures are absolute. Some undoubtedly are. But if we leave the question of analyzability to one side and consider simply the possibility of therapeutic gain, either from psychotherapy or from a psychoanalytic procedure, it is difficult to avoid the conclusion that the analytic or psychotherapeutic setting may function, in Winnicott's term, as a 'holding environment'. That is to say that the constancy of the object relationship that is provided acts in a certain way as a replacement therapy and may indeed further very genuine ego maturation in individuals who had seriously disturbed early mother-child relationships. Psychoanalysis and psychotherapy may give some of these people a 'second chance'. I agree with Zetzel that the disturbance in the early mother-child relationship does preclude analyzability in the sense of the capacity to resolve the transference neurosis, but that it does not necessarily preclude the possibility of achieving genuine ego growth.

Without in any sense depreciating the importance of the early mother-child relationship, I wonder whether the capacity for

emotional growth in general can be completely laid at the door of this relationship. Some of our most refractory patients, such as those in the obsessive compulsive category, are not necessarily burdened with severely disturbed early mother-child relationships. I have the impression that in some cases it is the intensity of aggression and sadism, and the consequent burden of unconscious guilt, that makes psychic growth so difficult.

There is another issue that Zetzel also recognizes: how far are we justified in equating the capacity to be analyzed with the capacity for emotional growth in general? After all, only a relatively small segment of the population at large can be analyzed and are we then justified in generalizing from the peculiar requirements of psychoanalysis to the larger issues of emotional growth?

In view of the current questioning of the value of Freud's concept of the psychic apparatus, it is of interest to note that Zetzel's attitude toward Freud's mental apparatus concept remained ambivalent. In the chapter, *A Developmental Model and the Theory of Therapy*, she does make use of the model of the psychic apparatus, but she attempts to graft upon it a model based on the development of object relations. And she states elsewhere, 'It may prove extremely difficult to conceptualize the meaning of early object relations in terms of our present conceptual framework. It may indeed be that psychoanalytic truths cannot be adequately expressed in abstract conceptual terms based on the individual psychic apparatus.' I take this to be a prescient observation, one that foreshadows what is, I believe, an emerging trend in psychoanalytic thinking.

There is another quality of Zetzel's thought that becomes gradually apparent. She maintains at all times an even-handed fairness of judgment. This is most evident in her discussion of the contributions of Melanie Klein. Although Zetzel is sharply critical of Klein's reification of fantasy—that is, her confusion between concept and content—she fully acknowledges the importance of Klein's clinical observations. And further Zetzel states, 'I do not feel her work to be so closely knit and interdependent that we must either accept or reject it *in toto*'. She concludes, 'It would . . . be unfortunate for the development of psychoanalysis if Melanie Klein's controversial theoretical approach, and occasional verbal obscurity, should lead us to forget the importance and significance of her

dynamic approach to the problems of early infantile development'.

Throughout this volume one never asks the question, is this a theoretical or a clinical paper? Such were Zetzel's powers of integration. Psychoanalysis has had many gifted clinicians as well as those who possess the quality of mind that enables them to think and write clearly about complex, abstract issues. These attributes are rarely combined in one person as they were in Elizabeth Zetzel.

ARNOLD H. MODELL (BROOKLINE, MASS.)

PERCEPTION, MOTIVES, AND PERSONALITY. By George S. Klein. New York: Alfred A. Knopf, 1970. 464 pp.

This volume contains most of the excellent life work of the late George Klein, his major and representative papers spanning more than two decades of experimentation and conceptualization in the realm of cognition, especially perception. Recognizing the contribution psychoanalysis had made and could make to his field—a contribution at once inspirational, methodological, theoretical, and empirical—Klein strove to achieve a scholarly and clinical mastery of psychoanalysis. He studied with David Rapaport, whose seminal influence is richly represented in these papers, then completed his training at the New York Psychoanalytic Institute, and delved deeply into Heinz Hartmann's contributions. In time he became a much appreciated speaker before psychoanalytic groups. With Robert Holt he created a psychoanalytic research center at New York University.

Klein attempted to integrate experimental cognitive psychology and psychoanalytic ego psychology. His scholarship was extensive, his range of comprehension and appreciation enviable. In his own 'cognitive style' (which, along with 'control', is one of his main organizing concepts), he met the ideal of the ego psychologist indicated by Hartmann. From experimental and theoretical psychology he drew on the work of such masters as Gibson, Hebb, Ames, and Wallach; from psychoanalysis he drew heavily on Freud, Hartmann, and Rapaport. His pioneering work on subliminal perception overlaps that of Charles Fisher.

Klein steadily concerned himself with adaptational processes. He focused on the problem of maintaining veridicality of perception

and other cognitive processes in the content of instinctual need and conflict. What, he asked, are the processes, functions, and conditions that guarantee the success—so often against such odds—of reality testing? As Rapaport and Hartmann repeatedly demonstrated, that success, about which we know so little, is a matter of no little importance to clinical and theoretical psychoanalysis. No matter that psychoanalysts usually emphasize disruptive intrusions of unconscious processes on reality relations; conceptually, success and failure imply each other.

Klein's research goes a long way toward clarifying perceptual-cognitive success. Necessarily, he ranged far from the data, concepts, and methods of the consulting room. In this respect he may seem too 'academic' to the psychoanalytic reader looking for immediate clinical relevance. But the relevance is there—for the organization of conscious and preconscious processes; the fine structure, varied forms, and subtle vicissitudes of perceiving and remembering; the simultaneous regulation of action by drive, executive intention, and perceptual feedback; the simultaneous registration of perceptual stimuli in different motivational networks and levels of function; the interplay of primary and secondary processes; the issue of autonomy; and the relation of conflict-free and conflicted function.

Special significance attaches to Klein's efforts to chart new ways of thinking about freudian psychoanalytic observations. Although a posthumous monograph will present the final phase of his thinking in this regard, the present volume includes three introductory chapters and a paper on 'peremptory ideation' that indicate certain salient features of his program. He was exploring the separability of Freud's metapsychology from his clinical theory. Klein, among others, had concluded that Freud's work, his clinical method and theory, suffered at Freud's own hand from the imposition on it of unproductive metatheoretical aspirations. Consequently, Klein tried to go beyond the theory of drive as tension and of action as tension-reduction or discharge; he sought alternatives to the 'psychic energy' model of mental life that defines Freud's metapsychology.

In reaching this position, Klein brought to bear considerable sophistication in modern philosophy of science as well as extensive research knowledge in many disciplines concerned with man, especially neurophysiology and information theory. I think if Freud were creating psychoanalysis today he would be drawing on Klein's

sources, for in his time he drew on comparable sources which by now, however, are obsolete in many crucial respects. One may reject Klein's critique, but can only benefit from close study of his erudite and incisive analyses. At stake is the nature and strategic position of clinical thought; the matter is not of concern to abstract theoreticians alone.

One must, however, pause over one aspect of Klein's theorizing. Methodologically there is a strong affinity between experimental psychology and formalistic, structural models of psychic functioning. Thus, despite Klein's listing the study of unconscious fantasy as one of three identifying characteristics of psychoanalysis, in these pages he virtually ignores unconscious fantasy content. He refers often to 'ideation' and 'meaning' and 'experience', but he keeps the terms empty of content. He moves too rapidly from phenomena to abstractions (primary process, control, etc.). This is theory making in the manner Rapaport held to be crucial for formulating general metapsychological propositions; in Rapaport's case, too, the methodological pressure was toward mental models compatible with experimental psychological research. Freud's theorizing had been of this sort; it was aimed at building bridges to the 'harder' and impersonal sciences. However sophisticated, these mental models reflect a mechanistic conception of man. Increasingly, Klein's model was the information-processing neurophysiological system. Left unconsidered were developmental processes and experiential models that stay close to personal life content. Ultimately, these genetic, experiential models must center on unconscious fantasy; thereby they will preserve the clinical matrix. What would Klein's formulations have looked like if he had tried in these papers to build a modern bridge to nonmechanistic or existential models? I have reason to believe that his as yet unpublished monograph includes attempts of this sort.

However that may be, one encounters many illuminating discussions of, among others, the implications of blindness for ego development, the importance of hearing one's own voice, a reconceptualization of drive, and the relevance of creative painting to great problems and theories of perception. (Klein's understanding and love of art make the ugly book cover design all the more unforgivable). Especially exciting is the enriched conception of *stimulus*. Now we can realize that we have taken it too much for granted.

Klein and his many productive students have shown not only that stimulus must be regarded as a set of possibilities selectively defined by drive, cognitive style, and perceptual context, but that its very existence as stimulus—whether and how it will be registered at all—depends on processes in the internal world. The stimulus becomes as much response as activator, as much readiness as event, as much search as encounter, as much a way of adapting as an occasion for adaptation. What then is 'reality', 'objectivity'? There is much to ponder here.

ROY SCHAFER (NEW HAVEN)

THE WOLF-MAN. Edited by Muriel Gardiner. New York: Basic Books, Inc., 1971. 370 pp.

In the Foreword to this book, Anna Freud comments on the inadequacy and incompleteness of the numerous previously published case histories of psychoanalytic patients. Now, through the unstinting devotion and encouragement of Muriel Gardiner, the Wolf-man has written his memoirs and his recollections of Sigmund Freud. Republished are Freud's Case of the Wolf-Man, the account of his first analysis, and Ruth Mack Brunswick's A Supplement to Freud's 'History of an Infantile Neurosis'. The book concludes with Muriel Gardiner's narrative of her more than thirty years' acquaintance with the Wolf-man.

The book is unique in several respects. It is the only record of its kind (and will so remain) of a famous case of Freud's for which the analysand has written an autobiography. These memoirs provide an excellent background for a restudy of Freud's case history and Brunswick's later analysis. The psychoanalytic works integrate well with the memoirs, and one has a feeling that it is indeed of one person that all the chapters are written. This point is worthy of mention since often studies of the *nacht-welt* of an individual seem so unrelated to that person seen in the setting of his external world. Unique also is the Wolf-man's Recollections of Sigmund Freud. While this chapter reveals nothing not already known of Freud's humanness and analytic skills, the quality of the writing is direct, simple, and urbane.

Especially useful is the opportunity the book offers for seminars on this case history, part of the curriculum of every psychoanalytic

institute. In this regard, it is a compelling task to appreciate the complex factors that enabled the Wolf-man to withstand his depressions, privations, the several suicides in his family, and his change in economic and social status. His analyses alone do not adequately account for his survival. The specific forces, whose study is now more possible with the help of this volume, seem to me to lie in two areas: first, his analyses gave him insights which surely were of help; and second, his real relationship to Freud, Brunswick, and Gardiner were possibly of as great valence in the results of his therapy as the working through of the intrapsychic problems. The awareness of the presence of psychotic mechanisms, if not outright psychosis, may very well have led Freud to foster a real relationship with his patient. If so, the establishment of a special kind of friendship was done *lege artis* and not *lege scientiae*. These are debatable but nevertheless important points that can be studied for the first time with the insights provided by this valuable book.

NORMAN REIDER (SAN FRANCISCO)

THE PSYCHOLOGY OF MELANCHOLY. By Mortimer Ostow, M.D., New York: Harper and Row, Publishers, Inc., 1970. 144 pp.

This small book is an organized summary of the author's previously published papers on the causes, energetics, and treatment of depression. It is written for the layman and for paramedical personnel. Using a combined medical and social approach, Ostow presents a multidisciplinary view of the 'depressive process'. An experienced clinician and investigator, he is equally 'at home' and knowledgeable in the fields of neurology, neuroanatomy, neurophysiology, psychiatry, psychopharmacology, psychoanalysis, and religion. The present volume is a logical extension of the author's previous endeavors to reconcile psychology and religion.¹ He has long insisted on and tried to show '[how] . . . psychoanalytic principles can illuminate the whole of our lives, including religion', and '[how] . . . psychoanalysis is aimed at individual neurotic problems and religion at the unhappiness inherent in human life'.

¹ Cf., *The Need to Believe. The Psychology of Religion*, by Mortimer Ostow, M.D. and Ben-Ami Scharfstein, Ph.D. New York: International Universities Press, Inc., 1954.

Attributing the fundamental understanding of the psychodynamics of depression to Freud's original essay, *Mourning and Melancholia* (with later elaborations by Nunberg), Ostow then departs from Freud's original formulation, especially the importance of ambivalence as a causative factor in depression, to emphasize the 'socio-bio-energetic' factors in depression. Mild depressive states are compared to periods of 'ordinary unhappiness'. Severe forms of depression are the advanced or 'end stages' of a series of 'unhappy' states and function to ward off earlier (presumably milder) episodes of depression. Thus, the author reasons, one of the central aspects of depressive illness is a 'quantitative factor which suggests energy, vigor, motivation . . .'; depressions occur with varying frequency and differ at different periods of life. Ostow believes that the 'depressive process' starts in early childhood when psychic energy is 'excessively labile'. Only then may subsequent depressive episodes be set in motion by a 'disappointment in a dependent love relation'. This mobilizes a lifelong 'struggle against depression' which, if it fails, leads to a 'definitive depression'. In the fifth and sixth decade, depression is more likely because of the 'general decrease and depletion of vital energy'. For this reason, depression is directly affected by antidepressant drugs. This complementarity of bio-energetic and psychoanalytic concepts is the central theme of the book. When the 'struggle against depression fails', frank or 'definitive depression' prevails and there is a concomitant biological 'depletion of energy'.

The book strives for simplicity of expression but unfortunately does not achieve this goal. Its rich and ranging content transcends what would be expected from the title, and surely poses a burden on the lay reader or student not conversant with psychiatric jargon or neurologic entities; e.g., ' . . . Mysticism is optional, schizophrenic thinking, obligatory', or such a loose statement as ' . . . we know that Parkinsonism is caused by dysfunction of the basal ganglia and it may very well be that depression is too'. In discussing the action of drugs on the central nervous system, the author presumes the reader's foreknowledge of neuroanatomy and neurophysiology.

Yet, on balance, the author's erudition, sagacity, and concern for the troubles that beset mankind, individually and collectively, lend a personal warmth which makes the book pleasantly readable. Nevertheless, the entire subject of clinical depression and melancholic states is too ubiquitous, too psychically complex, and too clin-

ically capricious to be so easily embraced and so simply conceptualized. As all who have had experience with such patients are aware, depressive states represent the most deceptive and subtle forms of disturbances of ego function.

In the last chapter, *Depressive Illness and Social Disorder*, the author extrapolates from the problems of the individual patient to those of society. He attempts to bridge the gap between psychiatry, religion, and the social sciences. The causes of war, race riots, social extinction, and survival are thought of bio-energetically. A social model, corresponding to some aspects of the individual's struggle against depression, is suggested.

A brief, bibliographic sketch, citing the classic historical papers on depressive illness, with special commentaries by the author, provides a readable summing up of the literature.

MEYER A. ZELIGS (SAN FRANCISCO)

FREUD AND PSYCHOLOGY. *Selected Readings.* Edited by S. G. M. Lee and Martin Herbert. Harmondsworth, Middlesex, England: Penguin Books, Ltd., 1970. 398 pp.

The clinical reports of individual psychoanalysts can be legitimately accepted as validation for parts of the theory; every psychoanalysis is, in a sense, a series of single experiments. These experiments have been replicated many times; yet clinical tests, valuable as they are, are no substitute for rigorous scientific experiment. *Freud and Psychology* is largely a collection of studies and papers by highly respected scientists who attempt to test some of the basic constructs of psychoanalytic theory. Theories must be tested—scientifically—and psychoanalysis can claim no immunity from such rigorous inspection. But there are pitfalls in this endeavor for, as every scientist knows, defining constructs operationally in such a way as to permit careful experimental testing is a tricky business. Add to this problem methodological difficulties and problems of sample selection, and the likelihood of producing experimental results that support or, especially, disprove analytic theory is limited. The paper by William D. Wells and Rachel L. Goldstein (pp. 211-224) clearly illustrates these difficulties. On the other hand, the article by Paul Mussen and Luther Distler (pp. 305-319) on hypotheses regarding masculinity, identification, and father-son relationships is an exam-

ple of the kind of study that validates an important part of analytic theory and thereby makes a substantial contribution to rational child-rearing practices.

It will take a long time before the invalid parts of psychoanalytic theory are weeded out by scientific means. In the meantime clinicians will subscribe to those theoretical beliefs they find useful—much as scientists hold to beliefs which, though somewhat imprecise, pay off by pointing the way to productive experimentation and investigation.

This book is a reminder that psychoanalysts should continually test their theoretical beliefs by whatever means possible and remember that truth is not so because someone said it is so; even geniuses can be wrong. Freud and Psychology makes for very interesting reading and should please both clinicians and experimentalists.

HAROLD M. VOTH (TOPEKA)

NIGHTMARES AND HUMAN CONFLICT. By John E. Mack, M.D. Boston: Little, Brown & Co., 1970. 258 pp.

Dr. Mack's book is a long overdue investigation of the impact of the basic ubiquitous traumatic responses which nightmares represent on the development of the human mind. There is considerable merit in attempting such an extensive investigation. That these phenomena have remained outside the scope of intensive research—Jones's pioneering work appeared forty years ago—may be due to the lack of interest in trauma following the paralyzing and embarrassing failure of Freud's first trauma theory that linked neurosis to external traumatic events, such as sexual seduction. Contrary to a tradition almost inaccessible to correction, Freud never gave up his insight into the etiological role of trauma. He replaced the etiological role of seduction with that of instinctual conflict which arose from the traumatic clash of infantile instinctual drives with the inadequacy of the infant's immature organism. Instinctual drives operate as traumata from within.¹

Dr. Mack's book, which describes the physiology of nightmares, their function in adaptation, neurosis, and psychosis, and their relation to artistic creativity, is built on his observations of children, on

¹ Cf., *An Outline of Psycho-Analysis* (1940 [1938]). Standard Edition, XXIII, p. 185.

a broad knowledge of the pertinent literature, and on the new biology of dreaming centered in the REM phenomenon. It is fluidly written and abounds with valuable observations and interesting case histories, especially with regard to aggression. But the presentation does not completely fulfil the expectations aroused by its title. Mack replaces the generally accepted concept of internal instinctual conflict as occurring between ego and instinctual drives, and between the instinctual drives themselves, by a more restricted one based mainly on the clash of the subject's aggression with the threat of aggression from outside.

It is the stated objective of the book to prove that the internal struggle in nightmares is mainly associated with external danger situations that 'threaten the individual and have done so in the past'. According to Mack, every nightmare of the child is provoked by external threats, present or past, from parents or from objects representing them. Even such incidents as falling while learning to walk produce nightmares, though only inconspicuous and silent ones. Nightmares of children, therefore, 'reflect their desperate conflicts about aggression'. In the nightmares the murderous aggression elicited by these threats is turned into 'self-victimization' in order to save the organism from the dangerous consequences of the destruction of the parent. Internal danger arising from infantile instinctual drives has little place in Mack's concept. The appearance of unacceptable wishes in nightmares is due to the fact that 'the ego links external threat to these wishes'. The helplessness in infantile traumata is not derived from the inability of the immature organism to bear excessive increase of tension stemming from inevitable delay of need gratification, as Freud assumes. It is the effect of the child's comparison of the gigantic power of the adults and the dangers of the environment with his own inadequacy.

In spite of the fluent presentation, various inconsistencies, inner contradictions, and misunderstandings of the concepts discussed make reading occasionally difficult. To give some examples: Mack rejects the importance of sleep paralysis in the nightmare syndrome stressed by almost all observers, though his case histories abound with the most graphic description of this uncanny state. He rejects the participation of instinctual drives in the production of nightmares by saying that in dreams only mental representations, not the drives themselves, are at work; thereby he ignores the fact that instinctual drives are by definition mental representations, although

with reciprocal physiological repercussions. He rejects Freud's explanation of the traumatic effect on the *immature postnatal child* of nongratification of an actually aroused instinctual need, by pointing to observations which showed that in *human adults and animals* consistent deprivation of sexual needs over extended periods does not necessarily produce an increase of these needs. The many beautiful clinical examples often illustrate just the opposite of what the author wants to prove. The description of 'unbearable tension' stirred up in a boy by the seductive sexual behavior of the mother that preceded a nightmare, for instance, contradicts Mack's denial of the role of the sexual urge in *pavor nocturnus*.

A more thorough discussion of the pertinent literature, especially of Freud's concept of trauma and conflict, would certainly have helped to clarify the problems involved. It is regrettable that these shortcomings limit the value of this comprehensive contribution to a basic phenomenon.

MAX M. STERN (NEW YORK)

DREAMS, LIFE, AND LITERATURE. A STUDY OF FRANZ KAFKA. By Calvin S. Hall and Richard E. Lind. Chapel Hill: The University of North Carolina Press, 1970. 133 pp.

This small book is an application of a quantitative method of dream analysis devised by the senior author, Hall, and published in 1966 in *The Meaning of Dreams*. The dream is analyzed into various components such as activity, passivity, aggression, different kinds of characters, body parts, and so forth. The material is arranged quantitatively and the incidence of each component is compared to a control series of five hundred dreams by college students.

Thirty-seven of Kafka's dreams, extending over thirteen years till shortly before his death, are used as the raw material for the study. According to Hall the following themes stand out in Kafka's dreams: a high degree of preoccupation with his body and body disfigurement, an emphasis on clothing and nakedness, scopophilia, passivity, ambivalence, and masculinized women. The authors correlate these themes with what is known of Kafka's life and waking behavior. They also attempt a content analysis of three of Kafka's novels.

It is the senior author's thesis that dreams are more continuous with waking life than is acknowledged by Freud. He rejects the idea

that dreams are a discharge of accumulated tensions of the day or function to help the individual keep a mental equilibrium. This reviewer feels, however, that psychoanalytic dream theory also considers dreams and waking life continuous. Furthermore, while some of Hall's analysis of dream themes seems to have relevance to similar themes in Kafka's life, this is not in any way a refutation of the psychoanalytic understanding of dreams.

HENRY F. MARASSE (KATONAH, N. Y.)

THE PSYCHOANALYTIC STUDY OF THE CHILD, VOLUME XXV. New York: International Universities Press, Inc., 1970. 543 pp.

This volume was originally planned as a tribute to Heinz Hartmann's twenty-five years of editorship of *The Psychoanalytic Study of the Child*, which he, Anna Freud, and Ernst Kris founded in 1945. Hartmann's death on May 17, 1970, at the age of seventy-five, made this, of sad necessity, a posthumous memorial. His contributions to the field of psychoanalysis are monumental, and many of his significant papers were published originally in the pages of these volumes. Ruth S. Eissler and Rudolph M. Loewenstein, in dedicating this volume to Hartmann, touch upon the particular aspects of his genius: his capacity to integrate both clinical observations and experience with psychoanalytic theory; his scientific curiosity and open-mindedness; his approach to the study of man from a variety of angles—data gathered not only from analytic study but also from direct observation of infants and children.

The current volume achieves the high standards of quality established in 1945 by Hartmann and his colleagues. It is a worthy tribute to the man in whose memory it is dedicated. This volume follows the established format and consists of twenty-one original papers divided into five sections under the following headings: The Symptomatology of Childhood, Contributions to Psychoanalytic Theory, Clinical Contributions, Aspects of Normal and Pathological Development, and Applications of Psychoanalysis. In the following brief discussions of the articles, the reviewer can give only a suggestion of the richness of material contained therein.

Appropriately, the first section consists of a paper by Anna Freud. With characteristic clarity and incisiveness, she deals with the complex problem of resolving the incongruity between the

analyst's therapeutic thinking and his thinking as a diagnostician. The analytic clinician needs a classification based on the metapsychological and descriptive elements derived from a thorough investigation of the child's personality. This investigation must pinpoint not only the dynamic significance of the symptoms, but also relate it to the developmental level of the child. Such a classification would include the following. First, symptomatology proper: symptoms that result from 1, the initial nondifferentiation between somatic and psychological processes; 2, compromise formations between id and ego; 3, irruptions of id derivatives onto the ego; 4, changes in the libido economy or directions of cathexis; 5, changes in quality or direction of aggression; 6, undefended regression; and 7, organic causes. The second major category in this classification includes other signs of disturbance having to do with delays or failures in development. These involve early development, arrested development, defense or symptom formation of neurotic types, failures in social adaptation, and aches and pains unaccompanied by demonstrable organic pathology. Anna Freud notes that further refinement of diagnostic assessment will result in improvement in the ability of the clinician to match a disorder with an appropriate therapy when treating children.

In a highly theoretical and somewhat controversial paper, Hans W. Loewald proposes that the theory of the psyche should begin with the hypothesis that individuation proceeds within and from a psychic matrix. He states that parallels can be demonstrated between the psychoanalytic situation as a novel force field and earlier fields—psychic forces within which psychic entities and structures arise. Loewald suggests a modification of the concept of instinctual drives. He believes instinctual drives to be initially undifferentiated psychic forces which occur in the field of the mother-infant psychic matrix. His paper includes a thought-provoking discussion of internalization, externalization, hypercathexis, and transference.

In another theoretical paper, Jack Novick and Kerry Kelly offer precise definitions of externalization and projection. They limit projection to the externalization of instinctual drives, a process requiring a certain degree of ego development.

Marian Tolpin in her paper considers the infantile neurosis. She is able to reconfirm Freud's observation that the infantile neurosis is 'a continuous thread of psychical activity throughout the life' of

the patient. Though it is an unconscious configuration and often a silent one, this 'thread' remains as the genetic core of a symptomatic neurosis that develops in adult life. Tolpin illustrates her findings and conclusions with an excellent case history and writes with great clarity. She shows that patients possessing this configuration are ideal candidates for analysis because the libido development has progressed along normal lines, the phallic-œdipal period has been obtained, and there is a potential for relatively optimal adult functioning.

In a clinical paper, *On Some Problems of Technique in the Analysis of Early Adolescents*, Marjorie Harley points out that certain principles of technique are dictated both by the stage of development of the early adolescent ego and by the possibly inaccurate conception the patient has of the analyst's role. In this subphase of development the ego attempts to loosen infantile object ties, to repudiate preœdipal protection, to negate parental standards, and to seek new values. There is also a strong tendency to sexualize all types of activity. The adolescent's conception of the analyst may be one that includes the analyst as an extension of the parents, of the old superego standards and, therefore, of continued dependence. On the other hand, the analyst may be viewed as a support for instinctual gratification, eventually threatening what instinctual controls the patient is able to maintain. Because of these factors, the maintenance of a strict neutrality by the analyst is extremely important. This neutrality may involve applying the analytic method from the first meeting. In addition, the analyst must avoid involvement in the patient's externalizations, being aware that in trying to establish rapport, the therapist may encourage acting out and give the appearance of participating in the patient's superego corruption. Harley further notes that the early adolescent patient may be assimilating more from the treatment than the analyst realizes, a factor which should enter into considerations about interrupting analyses.

Kerry Kelly presents the analysis of a precocious four year old, describing 'pathology resulting from the interaction of high capacities with extreme demands of the environment'. Edgar Lipton in *A Study of the Psychological Effects of Strabismus* focuses on the clinical aspects of this disability with some discussion of the findings in relation to psychoanalytic technique.

Anna Maenchen considers analytic approaches in *On the Technique of Child Analysis in Relation to Stages of Development*. She notes that approaches must vary according to the developmental stage of the patient. She discusses the relative value of emphasis on ego structure as opposed to instinctual drives and notes variations in technique based on this emphasis. Maenchen stresses that technique must be adjusted to the level of fixation or regression that the patient presents.

In *The Vicissitudes of the 'Working Alliance' in the Analysis of a Latency Girl*, Jack Novick maintains that the working alliance is a more complex aspect of analysis than many analysts believe it to be. It is founded on a combination of rational and irrational motives, and transference plays a significant role in its functioning. Albert J. Solnit in *A Study of Object Loss in Infants* points out that aggressive behavior may be adaptive. In infants who have suffered life threatening illnesses, this behavior is a sign of reinvestment in objects.

Two papers deal with the problems of culturally deprived children. Seymour Lustman in his paper recommends special schools and a relationship with a single teacher as a substitute family for extremely deprived children. Dale Meers shows that apathy and depressive behavior along with apparent mental retardation represent in ghetto children a kind of psychological accommodation to life situations. His work would suggest that the kind of experience Lustman recommends, while helpful to some children, may not be able to compensate for the extreme trauma of the earlier years.

Dorothy M. Wills contributes further to our understanding of blind children. Andrew Peto shows the relationship of early vestibular experiences to the development of the superego. Anne-marie P. Weil postulates that the early interaction between the infant's equipment and the mother's attunement to the child forms a basic core of fundamental trends with which the infant enters the symbiotic phase. It is possible to find evidence of this in the child in later years. In their study, *Further Prototypes of Ego Formation*, René A. Spitz, Robert N. Emde, and David R. Metcalf report that a relationship exists between the organizers of the psyche, the development of REM and NREM sleep, electroencephalographic changes, smiling, and fussiness in the infant.

Humberto Nagera notes that the effect on a child of the death

of an important object varies with his developmental phase. It may result in arrested development, faulty reality testing and impulse control, and other pathological reactions. True mourning in individuals does not occur until after separation from parents in adolescence. Z. Alexander Arons discusses the struggle of the adolescent to break the tie of dependence on the parent while maintaining and perpetuating the ego ideal. Phyllis Greenacre discusses this struggle in young people particularly as it is affected by recent advances in technology and communication. Finally, Marjorie McDonald extends our knowledge of transitional objects to include transitional tunes and the learning of music, and Bianca Gordon, in her paper, shows the effectiveness of a team of psychoanalytic child therapists working with pediatricians.

This twenty-fifth volume of *The Psychoanalytic Study of the Child* presents a well-balanced compilation of theoretical and clinical papers which offer fundamental contributions to the field of psychoanalysis. As a culmination of a quarter century of publication, it is a fitting memorial to Heinz Hartmann and a work of practical value for those who carry on his efforts in the field of behavioral science.

JOHN J. FRANCIS (WASHINGTON, D. C.)

THE CHILDREN OF THE DREAM. By Bruno Bettelheim. New York: The Macmillan Co., 1969. 363 pp.

This book is recommended to all who are interested in children professionally or emotionally. It is a rapid journey packed full of stimulating and provocative impressions, information, thoughts, and insights. It is written in a clear, flowing style that holds one's interest. There is an ingenious interweaving of observational data, comparisons with American ways and attitudes, speculations, and interpretative conclusions. The book reveals that an awesome amount of work was done by the author in seven weeks of observing, and in studying and clarifying his findings.

Bettelheim discloses an energetic, keen, broadly knowledgeable mind. When he has a bias, he is unafraid to say so. On page 325 he writes that one of his reasons for studying kibbutz child rearing was that he 'could not accept' reports 'on how destructive it is for children to be reared away from their mothers'. He minimizes the

effect of his ignorance of the Hebrew language on his study. To this reviewer, the children's own verbalizations would seem a necessity to understanding their reactions at all deeply. The author conveys the psychology of the adults in the kibbutz much more completely since he conversed directly with them. Indeed, a psychoanalyst's main scientific disappointment in the book is that so much is presented in general terms rather than through specific individual details. One looks in vain for evidence of a grasp of conscious and unconscious reactions of the children, especially the younger ones. In order to evaluate the effects of communal child rearing in the Israeli kibbutzim, one needs more detailed psychoanalytic observational data and more detailed follow-through of specific children from birth through adolescence.

We do learn interesting facts. For instance, infants start to live away from parents at five days of age. They are generally breast fed and weaned at six months. They have a female caretaker (*metapelet*) who changes when they move into different houses at about two years, again near four years, at seven, and at twelve. In a few instances there may also be a change at six months. Occasionally some younger children may sleep in their parents' home; usually, children only visit with parents. These practices comprise the major differences between kibbutz child care and the care that would be considered good for the child psychologically in the United States. The author writes that the development of strong peer attachments is the outstanding obvious effect of communal rearing. He reveals his positive feeling for the kibbutzim and their ideals, but he is mainly on the side of the children and biased against the adults.

Bettelheim states that 'the children of the dream' are required to realize the dream of their parents. He tells us that the latency children in the kibbutz are vital, happy, and a joy to observe, but that about forty percent are bed wetters. Before the age of five and in adolescence, there are overt difficulties. In the youngest group, he often found evidence of night terrors, fear of the dark, and manifestations of loneliness. The adolescents are described as waking up tired, being listless during the day, and exhausted at night. They seem unable to 'buck the group' for 'this is where their emotional security resides. Without the peer group they are lost' (p. 213). 'They feel that too much is expected of them by . . . their parents' (p. 204). 'They are expected to rejoice that no more glories are left for them to win, because their parents have reaped them, every one'

(p. 205). Bettelheim attempts to show how repression of libidinal and aggressive urges is fostered in the older children, resulting, in his opinion, in blunting of emotions and fantasy life, and in limiting the richness of the personality.

However, there is little evidence of delinquency and apparently not much psychiatric illness, although statistics are not given. The youngsters function well at school and in military service. They are devoted to their peer group, loyal to the kibbutz and to Israel. There are no data about occurrence of physical illness. Not enough information is given to trace the progressive effects on the developing personality of the child from the practices comprising the kibbutz communal rearing of children.

Bettelheim's approach, which challenges the interviewee, does not encourage the revelation of psychoanalytic data. Indeed, this book is not a psychoanalytic study, although certain psychoanalytic references might give the impression that it is. There is a lack of information concerning the influence of communal child rearing on the unconscious and thus the psychological picture of the children is superficial. The author, however, attempts in Section 6 to present kibbutz children's psychological dynamics, using Erikson's theoretical models as a frame of reference. The formulations are interesting but unconvincing.

In scanning Bettelheim's views from the standpoint of psychoanalytic theory, one important matter compels attention. In the section on adolescence, he indicates that he feels repression depletes the ego. He tends to equate societal restrictive pressures with internal repression. The situation is more complex. The term repression, as used by psychoanalysts, refers to unconscious defensive activity that is universally present in the functioning of the individual's mental apparatus. What depletes the ego and interferes with development of the personality is the unresolved inner conflict that is maintained, partly because it is kept repressed.

Bettelheim has revealed important deficiencies in communal rearing of children as compared with family rearing. Herein lies the main value of this book: the author stirs the reader to challenge present modes of child rearing and thus stimulates in the reader some of the author's own urge to learn more in order to improve and to reform.

NATHAN N. ROOT (NEW YORK)

IALOGUE WITH SAMMY. A Psycho-Analytical Contribution to the Understanding of Child Psychosis. By Joyce McDougall and Serge Lebovici. New York: International Universities Press, Inc., 1969. 273 pp.

In 1954, Joyce McDougall undertook the analysis of a nine-and-a-half-year-old American boy whose family had moved to Paris. The child was remarkably intelligent and highly verbal. For many months he demanded that the analyst take as dictation everything he said; frequently he insisted on a playback of his dictation, as well as the analyst's notations and interpretations of the text. The case was further distinguished by the supervision of Serge Lebovici in a group seminar at the Paris Institute for Psychoanalysis. An account of the analysis, *Un cas de psychose infantile*, was first published in 1960.¹

The English version is equally rewarding despite considerable abridgment. While the theoretical and bibliographical discussion published in the French edition is omitted, the flavor of it is condensed in an elegant and simple preface by D. W. Winnicott, and a succinct introduction. The analysis is presented in its original form (it was conducted in English); a session-by-session commentary by the analyst is included. Appended are notes on a subsequent analysis of the mother by the same analyst, as well as a report of the special school where Sammy eventually went, interrupting the therapy eleven months after it began.

Drs. McDougall and Lebovici have specific goals in mind in presenting the dialogue with Sammy called psychoanalysis. There is even a message in the title since it bespeaks their belief that the main therapeutic effect of a child analysis occurs through the re-establishment of the mother-child dialogue which originally leads to the maturation of the sense of reality in the nonpsychotic child. While they achieved some goals better than others, the description of the course of a child analysis alone would be a significant contribution. As a teaching device, this case can be the next best thing to the supervision of an actual therapy. All the elements of analytic technique are available and described in an artistic and at times poetic form. We are able to read the analyst's completely

¹ See review by Gustav Bychowski, This QUARTERLY, XXXI, 1962, pp. 262-264.

candid reports of all the difficulties encountered in the analysis: errors of judgment, diagnosis, and technique. This case illustrates beautifully how and why technique must be matched to the patient and that it should not be a rigid manifestation of developmental or technical theory. In the twenty-fifth hour Sammy literally forced the therapist to give him some toys 'such as tiny children play with', indicating, among other things, that he required objects for manipulation and communication more commensurate with the actual state of many of his ego operations. Despite his apparent sophistication he was, after all, a very little boy.

In their attempt to demonstrate a number of theoretical concepts, including Kleinian ideas of child development and psychopathology, and the hypotheses of Diatkine, Stein, Lebovici, and Bouvet regarding child psychosis, the authors do not achieve the goal as well as Winnicott indicates in his preface. Unless concepts are closely tied to the clinical anecdotes illustrating them, correlation and, therefore, exposition may not be easy or even possible. The concept, however, of the dialogue between mother and child as the essential medium in which the sense of reality and the ego functions pertaining to reality develop is brilliantly demonstrated. The authors are aware that the 'reality sense' is constructed as a consequence of, and is probably necessary for, the intrapsychic crystallization of individualized mother-ego and individualized self-ego, out of the primarily undifferentiated amalgam of body (ego) and other (alter ego). Their case illustrates conclusively how the re-enactment of the dialogue in treatment, with the serious alterations caused by transference and countertransference distortions, gradually results in the establishment of appropriate (reality based) behavior.

The authors prove that the analysis of psychotic children is possible and is valuable, and provides as well an important field of research into the genesis of psychotic disorders. In this latter regard they refer to Ruth Thomas's work at the Hampstead Clinic with a group of children similar to Sammy.² It is significant that two studies from opposite ends of the child analytic school axis, end

² Cf., Ruth Thomas, et al.: Comments on Some Aspects of Self and Object Representation in a Group of Psychotic Children: An Application of Anna Freud's Diagnostic Profile. In: *The Psychoanalytic Study of the Child, Vol. XXI*. New York: International Universities Press, Inc., 1966, pp. 527-580.

up with very similar results and conclusions. Some of the most noteworthy of these are:

1. The psychoanalytic framework, theoretically and technically, is an excellent one for conducting treatment and doing research with very disturbed children.

2. The 'curative' elements are in the main psychotherapeutic, i.e., corrective emotional experiences, in which the narcissistic elements and the elements of self-object differentiation are focused upon, but not analyzed. Many of the so-called oedipal transference reactions are really externalizations and projective identifications of primitive states of relationship. They are best seen as narcissistic transferences of mirroring and merging, as Kohut has described.

3. One explanation for the occurrence of 'oedipification' in cases of child psychosis is the role of the normal father as the protector of the child's narcissism. (I believe that in many situations where the mother or the maternal environment are traumatogenic, severe disturbance in the child occurs only if the father duplicates and continues the assault on the child's narcissism, i.e., the fragile and developing sense of self and sense of reality. Under usual circumstances, even with severe pathology in the mother or a very stressful environment, the presence of a 'maternal' father, regardless of nurses, maids, etc., may bridge the gap of the ego until such time as the mother is able to resume a normal role.)

4. The therapist, despite all interpretation, is experienced as a real and gratifying person poorly differentiated from the patient; thus therapeutic gains are minimal or absent if therapy is interrupted too early.

5. The concept of the 'weak ego' is simply not applicable. The ego, i.e., the executive apparatus of the psychotic child, is different qualitatively, even quantitatively, from a normal child's. Many functions and tasks may be performed, however, with enthusiasm and even pleasure though little accrues to *new* structure.

There are many other reflections which this fascinating dialogue stimulates, but they are best discerned for oneself. The book is especially recommended to all those interested in child analysis and child psychosis.

ROBERT KOHRMAN (CHICAGO)

THE CHILD, HIS "ILLNESS" AND THE OTHERS. By Maud Mannoni. New York: Pantheon Books, 1970. 286 pp.

Dr. Mannoni derives her method and technique of treatment largely from the theoretical concepts of her mentor, Jacques Lacan. These concepts rest, in some measure, upon certain of Melanie Klein's formulations, particularly in respect to 'good' and 'bad' objects and to an accelerated timetable for infantile psychic development.

The technical language which Dr. Mannoni employs I found difficult to comprehend and I had to study assiduously the Glossary of Lacanian Terminology which happily is included. What first impressed me as extremely complex treatment techniques, developed within an equally complex theoretical framework, ultimately were reducible to oversimplified formulae applicable to each and all of Dr. Mannoni's patients.

In her preface, Dr. Mannoni emphasizes that her accounts of the treatment of psychotic children demonstrate that only a structural approach leads to an understanding of psychosis. This statement is somewhat misleading because of the disparity between Dr. Mannoni's terminology and that of freudian psychoanalysis. In point of fact, Dr. Mannoni appears to be curiously unconcerned with structural problems and her accent seems to be almost exclusively on the ideational contents of parents' and child's unconscious. Within this context, the child's 'position' is somewhere between his own 'desires' and the 'desire' of the 'Other' (the mother). The mother's 'desire' is that the child be her phallus. The child wishes to be what the mother desires and simultaneously is governed by the 'contrary law', that is, to assume the father's place. The analyst must include the parents in the treatment to the point of uncovering their fantasies since these form an integral part of the child's symptom and, therefore, as Dr. Mannoni underscores, of the conduct of the treatment. An inevitable corollary, then, is that the analyst must deal with several transferences (analyst's, parents', and child's); and the analyst must further define what he, himself, as well as the child represents in the fantasy world of the parents. Essentially, for Dr. Mannoni, mental illness is understandable in terms of the unconscious fantasy interplay between mother, father, and child, and she seemingly gives little, if any, consideration to other factors.

A further difficulty in reading this book arises from Dr. Mannoni's apparent unfamiliarity with the theory and method of classical psychoanalysis. It is probably this unfamiliarity which, in greater or less degree, accounts for her sometimes astounding misconceptions. Thus she tells us that Anna Freud does not work with the child's unconscious but with his ego, so that the 'analysis does not admit of fantasy as expression' (p. 18); and that in 1927 Anna Freud 'restricted child analysis to those whose parents had been analyzed themselves, thereby revealing *her own need* (reviewer's

italics) to be understood by parents whose child she was unconsciously 'stealing' (p. 54). Then again, according to Dr. Mannoni, the British regard child analysis as a 'corrective experience' and provide the mother with 'help in reality', while the 'American school operates under the label of "play therapy"'. These are but a few examples of Dr. Mannoni's misconceptions concerning child analysis as we know and practice it.

The briefest remarks about this book can scarcely avoid the question of whether Dr. Mannoni regards her treatment of psychotic children as primarily psychoanalytic or as psychotherapeutic. The question is not easy to answer since she uses the terms *psychoanalysis* and *psychotherapy* interchangeably. Many of us who practice freudian psychoanalysis would classify it as a form of psychotherapy which is uniquely Dr. Mannoni's. But this book cannot be dismissed with these words. One must add that in her several vivid and fascinating clinical case reports, Dr. Mannoni reveals her sensitivity, her gift for empathy, her capacity for forthright self-criticism, and her steadfast dedication to her patients. It may be that these qualities, combined with an unshakable conviction of the rightness of her approach, are responsible for the frequent and even dramatic symptomatic improvements she has achieved.

MARJORIE HARLEY (BALTIMORE)

SCIENCE OF EDUCATION AND THE PSYCHOLOGY OF THE CHILD. By Jean Piaget. Translated by Derek Coltman. New York: Orion Press, 1970. 186 pp.

STRUCTURALISM. By Jean Piaget. Translated and edited by Chananah Maschler. New York: Basic Books, Inc., 1970. 153 pp.

These two short volumes can be categorized as applied genetic epistemology. In *Science of Education and the Psychology of the Child*, Piaget reports upon the changes that have taken place in education since his publication in 1935 (herein reprinted) of a plea for a shift to more active methods of learning. What he reports recalls the initial attention of the medical profession to Freud's monumental discoveries. Piaget's findings have not evoked the hue and cry that Freud's early data elicited; educators have been slow to recognize their significance.

Research centers devoted to the elaboration of a scientific pedagogy have appeared in a few countries, including the Soviet Union and the Scandinavian countries. Elucidation of the principles governing intellectual development has had relatively little direct impact, however, upon educational practices in the schools. Teaching of mathematics and the sciences is beginning to undergo revision, but in no other area is there evidence of significant change.

Piaget and his co-workers have demonstrated that learning is an active process in which the essential ingredients are individual experimentation and personal discovery.¹ 'The essential functions of intelligence', says Piaget, 'consist in understanding and in inventing, in other words in building up structures by structuring reality. It increasingly appears, in fact, that the two functions are inseparable, since, in order to understand a phenomenon or an event, we must reconstitute the transformations of which they are the resultant, and since, also, in order to reconstitute them, we must have worked out a structure of transformations, which presupposes an element of invention or of reinvention' (pp. 27-28). This modern statement calls to mind the ancient Chinese proverb, 'I read it and I forgot it; I heard it and I remembered it; I did it and I understood it'. Most educators nevertheless adhere to traditional, empirical techniques utilizing passive absorption and repetition.

Piaget indicts educators for failing to fulfil their obligation to facilitate the development of each individual's unique potential. He asserts that 'if the aim of intellectual training is to form the intelligence rather than to stock the memory, and to produce intellectual explorers rather than mere erudition, then traditional education is manifestly guilty of a grave deficiency' (p. 51). To remedy the situation, Piaget recommends changes in teacher training and elevation of the status of teachers to one that better fits the cultural importance of their task.

The psychoanalytic practitioner will not find this book of direct assistance to him in carrying out his clinical work. It deserves the attention of those interested in psychoanalytic education, however, as Piaget's cogent remarks are relevant at all pedagogical levels.

¹ Summaries of Piaget's observations and theoretical formulations are appearing in increasing numbers. A very good, brief overview, written by an English lecturer in education, is *An Introduction to Piaget*, by P. G. Richmond (New York: Basic Books, Inc., 1971).

Structuralism is a very different kind of book. Within its pages, Piaget reaches far beyond his own circumscribed observational field to embrace a speculative theoretical position that seeks to define all natural phenomena in terms of constructivist laws. The structuralistic approach, which possesses some current popularity on the European continent, seeks to define phenomena in terms of their inherent organizational properties.

Piaget defines a structure as 'a systematic whole of self-regulating transformations' (p. 44) and states that 'what structuralism is really after is to discover "natural structures"—some using this vague and often denigrated word to refer to an ultimate rootedness in human nature, others . . . to indicate a nonhuman absolute to which we must accommodate ourselves instead of the reverse' (p. 30).

He attempts to demonstrate that the structuralistic point of view has general explanatory significance applicable to all bodies of knowledge. His description of its usefulness in conceptualizing physicomathematical relationships is fascinating and edifying. When he proceeds to a consideration of human phenomena, however, he is less convincing. His reflections upon the rules of structural development, within the individual and among individuals in a societal group, are thought-provoking.

When Piaget criticizes the behavioral sciences, including psychoanalysis, for not being rigorous enough in describing the developmental and structural organization of the systems they are studying, his observations deserve serious consideration. He tends, however, to overemphasize the structural dimension and to ignore other important facets of the human process, which exposes him to the danger of reductionistic error.

He attempts to explain all human behavior in terms of more or less logical, rational, mechanistic regulations arising out of successively re-equilibrating reflective constructions. There appears to be no room in his cosmogony for irrationality or idiosyncrasy. The enormous role played by the impulsion of primitive, instinctual urges in shaping the development and functioning of the executive apparatus of the human psyche is virtually ignored, despite the mass of data as to its existence that has been accumulated. Although there is much in this volume that deserves attention, the centristic distortion produced by its reductionistic bias detracts from its value.

MARTIN A. SILVERMAN (MAPLEWOOD, N. J.)

IMPAIRED INTELLIGENCE. Pathology and Rehabilitation. By Carl Frankenstein. London and New York: Gordon and Breach, Science Publishers, 1970. 244 pp.

Among its achievements, this book demonstrates the *superior* intelligence that an international education and scholarship can produce. Professor Frankenstein reveals a breadth of mastery which is truly astonishing. He is at home with psychoanalytic theory as well as with other, perhaps more worldly, epistemologies.

He adroitly and successfully applies psychoanalytic structural and genetic theory both to the problem of mental retardation and evolving 'normal' intelligence as few psychoanalysts have done. On the whole he is to be congratulated for using psychoanalysis with thoughtful discrimination. For instance, I agree with his doubts that psychoanalytic theories of sexuality, indulging as they do in 'untenable abstraction from structural variables', can be applied even to the intellectually 'normal' child, let alone to the feeble-minded. For the latter, Professor Frankenstein finds them 'completely unjustified'.

Professor Frankenstein breaks no new ground in finding the concept of 'mental age' untenable and useless. The fourteen-year-old youth with a mental age of six is not the same developmentally or structurally as the child at the age of six. The author, however, gives the point new emphasis and illumination.

Similarly, the distinctions as well as the relatedness between feeble-mindedness and secondary retardation are studied. The former is more or less 'intrinsic'; the latter is largely socially and/or culturally determined—but both types may be irreversible. The *social* type is that impairment due to growth under conditions of extreme poverty and educational neglect. *Cultural* retardation results from what Professor Frankenstein calls 'social ambiguity': where the individual and his group have been transplanted from primitive life conditions into a modern technologically oriented society.

For rehabilitation, Professor Frankenstein has much to say concerning the role of parents, teachers, and society. He calls for intensive involvement of parents in schools. Currently, parents, less than coöperative, are seen as obstructing the efforts of schools and teachers. Parental participation must be maximized. He calls for the radical proposition of parents accompanying 'the child at least dur-

ing the first years of schooling' (p. 118). For teachers there must be a new dedication to teaching the abstract rather than the concrete and practical. Concepts such as 'mental hygiene' are to be replaced by 'intellectual hygiene'. And for society, there must be a new sense of social justice whereby educators and social planners will educate the children of the disadvantaged strata of the population at least equally with the upper classes of society.

Professor Frankenstein places top priority on what should seem like an elementary point of justice and fair play. All studies point to the fact that the potential for abstract thinking exists as abundantly among the poor as the affluent. Biologically and genetically, no differences in the congenital level of intelligence can be found between groups. Yet this potential of the disadvantaged strata is neglected by societies ruled by an elite which reflexly takes care of its own—a rich man's headstart program built into most social and political systems. (We bear witness to this inequity in New York State where more money is spent on education per child in the affluent suburbs than in the inner city school systems attended mainly by the poor.)

Professor Frankenstein writes at the beginning of chapter seven: 'The equalitarian doctrine of modern democratism is opposed to the injustice implied in the fact that many millions all over the world are doomed to functioning on a low level of achievement, only because they are unfortunate enough to be thrown, by birth or by circumstances, into social and/or cultural conditions detrimental to the preservation of the development of innate abilities' (p. 163). He chides the reactionary attitudes of most educators and social planners who accept without hesitation 'the fact that many more representatives of non-abstract thinking, of achievement based on so-called practical abilities alone, come from the disadvantaged strata of the population than would be justified by their numerical distribution in the total population'. The author herein confronts us with a reality that society must sooner or later (if there is a later) face if it is to survive as a *human* society and serve the needs of those most deprived instead of just the privileged few. Professor Frankenstein touches a nerve that should send shock waves through all of us.

From the reviewer's comments thus far, the impression could be gained that this book is flawless. It is not. It shows once again the

tragic irony of a superior mind reflexly succumbing to our most malignant prejudice. The subject is women as teachers. Here Professor Frankenstein is as chauvinistic and sexist as so many of us in the 'helping' professions are. The book is written using the masculine pronoun exclusively as though there is concern only for the intellectual plight of male children. Fine for primitive nurturing functions, women as teachers are suspect. On page 154, we read that children 'may have difficulty because a woman [sic] appears as the authority of culture transmission that makes it impossible for them to accept the school and to coöperate with the teacher'. Flagrant misogyny surfaces again on page 220 in a section dealing with what Professor Frankenstein calls 'feminization of the teaching profession'. Here he seriously wonders aloud why teaching, especially of the elementary schools, has such low status that it can attract *only women*. He then postulates that *true* learning from someone 'feminine' is practically impossible. Sadly, Professor Frankenstein's statements reveal that prejudice against women is not confined to nonliterate and otherwise stupid people—and is perhaps infinitely more malignant in the hands of 'experts' who are the new high priests of mental health or, in Professor Frankenstein's idiom, 'intellectual hygiene'.

Another disappointment: because Professor Frankenstein teaches at The Hebrew University in Jerusalem, the reviewer had expected at least some allusions to the social and cultural 'experiments' which are occurring in that nation. Among the Jewish Israelis, the Ashkenazi and Afro-Asian groups provide unique social and cultural polarities that seem ripe for Professor Frankenstein's very special talents. But perhaps in another book!

Some might pass over this work as another in the relatively specialized (and usually dull) field of mental deficiency. This is not the case. The book is about the urgent problem of our day—*underdeveloped people*. And what literate person today can risk not educating himself to the fullest on this issue?

ROBERT SEIDENBERG (SYRACUSE)

FAMILY PROCESS. Edited by Nathan W. Ackerman. New York: Basic Books, Inc., 1970. 431 pp.

This, says the editor tactfully, is not an anthology of 'best papers' but a collage of competently designed ones culled from multidisci-

plinary sources. It is in the nature of a *Festschrift* for a young movement that has good reason to celebrate its extraordinary growth within a short period of time. Like so many historical movements in their early days, there is a feeling of freshness and enthusiasm about much of the writing as if the exponents were self-consciously aware of their position in the vanguard of a new development. The editor, as major prophet, is entitled to his apocalyptic conception of this 'new vision of man and of the Family of Man'.

In keeping with the related movements dealing with individuals and groups, its theory is a by-product of therapy for the most part, the concepts being conceived in treatment and thereafter grafted to the framework of ideas. The result is a patchwork, with some parts a little more patchy than others. To make systematic and cohesive sense of the whole field demands the comprehensive genius of a Freud, and lacking this it remains, like the proverbial curate's egg, 'good in parts'. Characteristic of the shortcomings of a young movement, it is deficient in self-criticism and self-examination of disadvantages, liabilities, and failures.

The strengths are easy to detect in a volume as inclusive as this one. Family therapy is a reasonably effective short-term treatment especially under conditions of crisis such as the impact of mental illness on a family or extended family. The most telling contributions deal with crisis therapy, multiple impact therapy, network therapy, and home therapy. It is also successful in short diagnostic-therapeutic measures in child guidance where the role of family pathology makes it nonsensical to relate, in Ackerman's terms, 'a piece of the child and a piece of the parent'.

On the negative side, it is clearly not a long-term therapy because of the absence of a sustaining process like transference and its analysis. The 'shock' measures, if they are to be used at all, have to be short-lived since in the long haul, bantering, teasing, mocking, and other types of persiflage can develop horrendous tendencies to backfire on the therapist. It is this aspect—the confrontations, the by-passing of defenses, the lack of working through, and the general crudity of approach—that puts off many analysts deeply interested in the 'external' family. The scopophilia, the exhibitionism, and the cult of the therapist's personality seem more in evidence than in individual therapy, and one wonders why the crucial paper on countertransference was not included—perhaps because it was never

written about in the *Family Process Journal*. The tendency to use inflated terms like the 'now' word ecology should also have been discouraged by the editor.

Where then is family therapy going? According to one author, beyond the nuclear family and out into the extended group or tribe. These contributions do not mention Laing and Cooper in England whose revolutionary purpose is to destroy the family and emancipate the individual from a tyranny that never leaves us alone, mutilates our consciousness, and teaches us to live mediocre lives behind labels (Jackson's rules and roles). They seem to have brought family therapy to its logical absurdity. This book, on the contrary, delineates an evolution, not a revolution. The pace is slower than in the culture outside and, like group therapy, its development appears to have reached a plateau suggesting that the anthology of the second decade will be a much quieter and more restricted affair altogether, which is not a bad thing: there is a time to expand and a time to consolidate.

The book is highly recommended to all those interested in the family, in family process, and in family therapy which must be well-nigh everyone.

E. JAMES ANTHONY, M.D. (ST. LOUIS, MO.)

DRUG DEPENDENCE. Aspects of Ego Function. By Henry Krystal, M.D. and Herbert A. Raskin, M.D. Detroit: Wayne State University Press, 1970. 127 pp.

Krystal and Raskin achieve a rare clarity of style and thought in their exposition of the psychology of drug dependence. By eschewing political, legal, or sociological rhetoric, they become relevant with their pithy, one hundred twenty-seven page treatise, for they thoughtfully blend the contributions of recent advances in ego psychology and developmental studies with the consequent implications for therapy of the drug dependent.

Despite the polarizing tendencies of current times, the conflicts within the generation gap, the travails of the teen-agers and the youth of today, Krystal and Raskin clearly and carefully outline the drug dependence problem in terms of our most current knowledge and show it to have a developmental aspect and direction, to be approached longitudinally. This essay stands out as a positive contribution to psychoanalytic psychology.

They begin with reminders of little appreciated basic facts: 'It was not many years ago that defining "addiction" was a relatively simple matter. It always meant "drug addiction". . . .' They recall that without strict adherence to four criteria (physiological dependence, vague reference to psychological dependence, the factor of tolerance, and withdrawal syndrome), ' . . . addiction did not exist; the person would be "habituated" or "using". . . . We are all aware that our old term "addiction" has grown far beyond its allusion to the abuse of narcotic drug substances. The list of "addicting" depressant, stimulant, and hallucinogenic drugs continues to grow each day', even without applying the 'idea of "addiction" to such things as food, cigarettes, coffee, people, sex and love. Even our old definition of drug addiction has fallen in terms of increased tolerance and physiological dependence.'

The authors recall for us that: 'In 1957 the World Health Organization adopted this revised definition: Drug addiction is a state of periodic or chronic intoxication detrimental to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include: (1) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (2) a *tendency* to increase the dose; (3) a psychic (psychological) and sometimes a physical dependence on the effects of the drug [reviewer's italics]. The psychological elements inherent in the particular relationships established between the person and his drug finally gained their proper focus. The physical dependence, . . . withdrawal syndrome became a "sometimes" thing; tolerance became a "tendency" to increase the dose. . . . These characteristics came to be viewed as only complications . . . [of the] chemical structure of the particular drug involved and the dose and frequency. . . . Innumerable physical, physiological, and social conditions were observed to be consequences and outgrowths of the syndrome often serving as strong reinforcements of the process but not the primary cause.'

Krystal and Raskin underscore the recent changes in terminology from 'drug addiction' to 'drug dependence', so eruditely recommended by Eddy, et al. (1965). They state: 'It has finally come to be recognized that its etiology resides in the psychological structure and functioning . . . rather than in the pharmacological effect of the drug. . . . The drug is not the problem but is an attempt at a self-

help that fails. . . . The drug dependent person is suffering from a serious mental or emotional disorder. . . .'

Drug dependence is described as a manifestation of ego function, a mode of adaptation, and as perhaps the sole adjustive mechanism to living problems available to the individual at the moment. It is a symptom representation and a behavior reflection of psychological stress, an attempt to master some serious intrapsychic imbalance; '. . . it is a kind of last grasping towards something to forestall the horror of the feeling of inevitable disintegration of self, of psychic disorganization that spells the doom of total helplessness'.

Guided by concepts of ego psychology, which make up the nucleus of the book, the authors emphasize three areas of ego functions: 1, the ego vis-à-vis affect, especially anxiety and depression; 2, object and self-representation; 3, modification of consciousness.

In an editorial of March 8, 1971 on the Richards and Carroll survey (in *Public Health Reports*, 85:1035-1041, 1971) the *Journal of the American Medical Association* confirmed the scope of the problem: 'the number of heroin-related deaths annually in N. Y. C. has constantly been about 1% of the number of reported addicts' (p. 661). In 1969, a total of nine hundred persons (actually one thousand six) suffered deaths that have been attributed to heroin, and only half of these addicts were listed in the city's narcotic register. Such cruel facts oblige us to reassess this serious problem of drug abuse. Richards and Carroll dealt only with abuse of the opiates (narcotics), marihuana, sedatives, stimulants, and tranquilizers. They excluded the widely abused drugs, alcohol and tobacco.

Krystal and Raskin agree that the drug dependent person shows little awareness of his affects. Discovery and verbalization of the nature of affect, with the help of psychotherapy, contribute significantly to the cessation of regressive symptoms. Furthermore, they feel that the same ego functions utilized in reaction to physical pain become involved in the handling of unpleasant (painful) affects, and that these functions may be deficient. The individual is less able to tolerate pain and anxiety as signals and becomes more susceptible to stress and trauma, particularly since the stimulus barrier is defective. The drugs themselves are used, hopefully, to produce changes (temporary) in ego functioning and consciousness, to relieve the dysphoric states produced by disturbed functions.

The authors emphasize the therapeutic importance of pinpoint-

ing the specific effect sought by the particular person—the specific relief craved. Unfortunately, for many observers, the pharmacogenic effect has tended to overshadow the meaning of the act to the patient in terms of its symbolic wish-fulfilment. Krystal and Raskin conclude that the drug represents a transference object, that it has a symbolic meaning, and that the taking of the drug can serve a kind of psychic self-manipulation. It becomes a substitute for the love object. The yearned-for primitive type of relation with the object is ingestion and incorporation. 'We view drug dependence, with Dorsey, as an instance of an extreme form of transference.'

Drug dependent persons have disturbed ambivalent relations to love objects. They need external (narcissistic) supplies, and tend to become chronically depressed. There is a disturbance of the separation-individuation process, in the formation of benign self and object representations, and in the handling of aggression. They crave surcease from all tension through the use of drugs—seeking fusion with the object—and use delusional attempts at repair and self-sustenance. The authors use case illustrations describing all these major points.

They claim that the drug dependent individual attempts to take advantage of a variety of drug effects, such as modification of his consciousness, primarily in the pursuit of modifying painful affective states. The attempt by drug use to reinterpret psychic conflict, or change the self-image, is described. The basic modification then is in ideas of self, the world, the meaning of one's state (as in the claim that certain drugs are 'mind expanders' in order to deny the need to suppress or distort the painful self-awareness).

Implications for therapy are explicit in this study. They emphasize that in the beginning, extreme ambivalence and the dread of aggressive wishes may make dyadic situations unbearable. A clinic or some type of group therapy is useful then. The recommended period of preliminary preparatory work appears similar to that suggested in the analysis of some young children. It is designed to help the patient become aware not only of painful affective feelings, but also the fact that they are self-limiting and nondestructive. Interpretations are 'from the ego side' to enable mastery of affect and needs and, therefore, to aid instinct gratification. Such active psychotherapeutic procedures, with supportive explanations and didactic instruction, are analogous to those used in the therapy of the

'borderline' patient. They enable the individual to discover his ego disturbances, and help him deal with affects. These efforts are not considered supportive if the therapist fails to interpret and deal with those impulses that have broken through the preconscious part of the ego and have been acted out.

Countertransference attitudes to these demanding patients have led therapists, the authors suggest, to re-enact the role of the patient's mother in not attending to his specific needs but, instead, either angrily rejecting him or overtreating him with sedatives. One should bear in mind the interrelated but yet separate concepts of drug use, abuse, and dependence. The drug fails as the solution in the quest for the symbolic reunion with the alienated love-object.

The reading of *Drug Dependence* is recommended as a psychedelic experience that is developmentally progressive.

JEROME S. SILVERMAN (NEW YORK)

INNER AND OUTER SPACE. Introduction to a Theory of Social Psychiatry. By Richard Rabkin, M.D. New York: W. W. Norton & Co., Inc., 1970. 215 pp.

This is a difficult book to review. The author promises to introduce here a 'new medicine, a new disease, and a new patient', and attempts to outline a new theory of social psychiatry. If his promise is taken seriously, the book will be disappointing for it falls far short of fulfilling this goal.

At times important topics are treated as if the author were outlining a paper without the details necessary to confirm his propositions. He introduces many new terms and challenges the reader by stating that he sees the patient, the disease, and the medicine 'all to reside outside of the body in outer space . . .'. In fact, Dr. Rabkin is very space oriented, and he uses this term—as he does so many others—at times in a philosophical sense, as a psychic experience, or in other connections as a means to arrange data for his own theoretical 'dimensions'. Thus he arrives at the proposition of interfaces. 'An interface can be a third piece of cloth between two others. It suggests a new ingredient in the environment of the social sciences.' Employing this concept of interface, he then proposes six dynamics—among them the interface shock, interface penetration, resonance, and so forth. These descriptive statements reveal how the

author uses terms either as part of a theoretical model or in order to describe social phenomena.

Anecdotal propositions are interspersed with references to the history of science and philosophy. The author leans heavily on psychoanalytic theory which he frequently employs incorrectly. Thus he refers, under the economic proposition of psychoanalysis, to the libido, and fails to mention aggression or energy distribution. Furthermore, he suggests that the genetic propositions of psychoanalysis are encompassed by the libidinal phases of development.

If one were to forget the author's claim of creating a new social psychiatry, and were to read the book as 'exploratory' thinking in a new field, one could be stimulated by some of the ideas and preliminary attempts at model formation. Every so often there emerges a formulation which one would hope the author would dignify with a careful exploration. Taken as a 'notebook', here and there it is possible to find some stimulating reading.

PETER B. NEUBAUER (NEW YORK)

THE THEORY AND PRACTICE OF GROUP PSYCHOTHERAPY. By Irvin D. Yalom. New York: Basic Books, Inc., 1970. 398 pp.

Despite certain limitations, this is one of the best books on group therapy available at the present time. The limitations are related to the author's theoretical point of view which limits description of analytic approaches. However, the description of how a group is formed and how group therapy operates is clear and the clinical material and comments are excellent. The result is a well-rounded book on group therapy.

Yalom attempts to differentiate the basic therapeutic 'mechanisms of change'—which he calls the 'curative factors'—from the specialized language, techniques, etc., of the different schools of group therapy. He feels the 'curative factors' are basically the same, no matter how they are designated. He first discusses what he calls the minor curative factors—the imparting of information, the instillation of hope, universality, altruism, the 'corrective recapitulation of the primary family group' (to correct maladaptive relationships), development of socializing techniques (including role playing), and imitative behavior. He feels these fairly self-evident factors contribute considerably to the treatment.

The major 'curative factors' are considered to be 'interpersonal learning' and 'group cohesiveness'. He uses Harry Stack Sullivan's 'interpersonal theory of psychiatry' as the basis for his theoretical formulations: 'the concept that mental illness emanates from disturbed interpersonal relationships, the role of consensual validation in the modification of interpersonal distortions and the definition of the therapeutic process as a clarification of interpersonal relationships'. The corrective emotional experience, using the term described by Franz Alexander, occurs also in group therapy and provides 'the emotional experience in therapy and the patient's discovery of the inappropriateness of his interpersonal reactions through reality testing, a process that is aided by opportunity for consensual validation that occurs in the group'.

Yalom includes transference under the 'general rubric of interpersonal or parataxic distortions' and he states, in contrast to the opinion of many group therapists, that 'group therapy research indicates that the working through of the specific relationship to the group therapist is not considered . . . of paramount importance'. He does not use the term 'insight' because it is 'not a unitary concept' and he believes it contains several kinds of understanding, including 'motivational' and 'genetic'. He adds, 'There is considerable question about the validity of many of our most cherished assumptions about the specific relationship between types of early experience and adult behavioral outcomes'.

Yalom considers 'group cohesiveness' to be the second major or 'curative factor' in group therapy; it is 'the analogue of "relationship" in individual therapy'. The important points about group cohesiveness are summarized: 'By definition, [group] cohesiveness refers to the attraction that members have for their group or for other members. Members of cohesive groups are more accepting of each other, more supportive, more inclined to form meaningful relationships in the group . . . patients will be more inclined to express and explore, to become aware of and integrate hitherto unacceptable aspects of self. . . . Self-esteem is greatly influenced by the patient's role in a cohesive group. Social behavior demanded of highly cohesive members is heavily reinforced by the group and is eventually socially adaptive to the individual both in and out of the group. . . . Highly cohesive groups are more stable and [tend to be more successful therapeutically]. . . . Cohesiveness favors the constructive

expression of hostility in the group which may facilitate success.' Yalom cites psychological research studies based on questionnaires and rating scales as the basis for his conclusions.

In a chapter entitled, *Curative Factors—Overview*, the author reviews the literature on research, and his own research, dealing with the 'curative factors'. In a listing of the findings, he found these items rated as most important: '1, interpersonal input; 2, catharsis; 3, cohesiveness, and 4, insight'. He discusses these and points out that by insight is meant not 'genetic insight' (related to childhood and development), but 'discovering previously unknown and unacceptable parts of myself'. Later, Yalom states that to focus 'unduly on sibling rivalries and incestuous, incorporative, or patricidal desires is to deny the reality of the group and the other members as a living experience in the here and now'. (Here, he takes the opposite view of analytically oriented group therapists such as Sutherland, Ezriel, and Bion who use the 'here and now' of the group to help the members understand and deal with this type of unconscious childhood conflict.)

Yalom then considers 'basic principles regarding the therapist's role and techniques'. These are 'group maintenance and culture building' (helping the group develop therapeutic goals and behavior), 'the technical expert' (as regards social re-enforcing and interpretation), 'the model setting participant', and 'judiciously' used self-disclosure by the therapist. In a chapter, *The Technique of the Therapist: Basic Considerations*, he emphasizes that the therapist should have an 'ahistoric approach . . . which focuses on what is happening in the group in the present—at that very moment'. By doing this the therapist will help the group to work with material that involves all of them and thus will create 'optimal conditions for the operation of the primary curative factors'; the therapist should help the group focus on, and comment on, the group interaction or process. There is a difference between interpersonal and group interpretation: group interpretations should be made only to deal with resistance, not with the transference as a resistance. This chapter concludes with a review of some of the analytic literature and indicates that the 'here and now' approach in individual analytic therapy was used by Wilhelm Reich, Ferenczi, Strachey, and others; Yalom cites Karen Horney's approach as the most consistent with this approach.

The most important and valuable chapters of the book are comprised of 'a chronological view of the therapy group, emphasizing group phenomena and therapists' techniques relevant to each stage': The Selection of Patients; Composition of Therapy Groups; Creation of the Group: Place, Time, Size, Preparation; In the Beginning; The Advanced Group; Problem Patients; Technique of the Therapist: Specialized Formats and Procedural Aids (which includes a brief discussion of the use of dreams in the group). Group Therapy and New Groups deals with the difference between 'Therapy of Groups' and 'T-Groups' (sensitivity or laboratory training groups). The need for adequate training of the group therapist and the importance of more effective research in group therapy are emphasized.

Yalom focuses on conscious 'here and now', interpersonal interaction rather than on infantile conflicts, the unconscious, and transference. This leads to some important deficiencies in the book. For instance, in discussing the selection of patients for group therapy, the author omits analytic considerations relating to conflicts, narcissism, ego strength, and transference, which usually makes the selection of patients for group therapy fairly clear-cut. Similarly, his discussion of the handling of resistance, the transference to the leader and to other members of the group, and the use of dreams in group therapy is not wholly satisfactory because of the limitations of his point of view. Nevertheless, and despite the language and his theoretical point of view, Yalom's comments are based on a great deal of clinical experience and a rich understanding of the dynamic factors involved. His description of group therapy and the examples cited are the clearest of any existing book on group therapy.

To all those interested in the field of group psychotherapy, this book is highly recommended.

AARON STEIN (NEW YORK)

Journal of Nervous and Mental Disease. CLIII, 1971.

Harold R. Galef

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ABSTRACTS

Journal of Nervous and Mental Disease. CLIII, 1971.

Personality Characteristics of Nightmare Sufferers. Michel Hersen. Pp. 27-31.

Although a questionnaire methodology was used to obtain data and draw conclusions in this study of a state hospital population, the results nonetheless offer some support to a number of previous clinical observations about the degree of psychopathology associated with patients who experience nightmares. The nightmare is defined operationally as a frightening dream that awakens the dreamer. Significant positive relationships between nightmare frequency and the following variables were found: fear of death, high manifest anxiety, low indices of ego strength, and other types of sleep disturbances.

The Compulsion to Repeat Trauma. Mardi J. Horowitz and Stephanie S. Becker. Pp. 32-40.

This is a well-designed experimental study to test clinical observations revealing symptoms of compulsive repetition after psychic trauma. It is based on the psychoanalytic formulation of the repetition compulsion with the motives of mastery and adaptation to trauma. The study involved showing subjects a neutral and a stress film. The prediction of more intrusive thoughts after stress was confirmed. The results also suggest that intrusive thinking is a common response to stress in persons without psychiatric illness. Repetitive thinking seems to occur in normal persons after less than major stress. Also in line with routine clinical observation is the finding that more negative affect was reported after the stress film.

On Objectivity in the History of Psychotherapy. L. Chertok. Pp. 71-80.

Chertok's paper deals extensively with Freud's lecture, *On Male Hysteria*, presented in 1886 after Freud's return to Vienna following his studies with Charcot. The author's intent is to show how similar data can be seen in diverse ways by different authors. In this case, the central issue (in his view of the data versus that of Ellenberger) is the effect of Freud's work with Charcot on the subsequent development of psychoanalysis. His point is that years after the events in question, there is still sufficient emotional charge to bias the historian's view. What is of particular interest in this paper is its contribution in adding to the setting that existed at 'the dawn of dynamic psychology'.

Features of the Manifest Dream in Schizophrenia. C. Brooks Brenneis. Pp. 81-91.

As the title indicates, this paper deals with an old and still controversial issue: namely, the overlap between the dream and psychosis. Brenneis reviews a number of earlier studies, all of them reaching the general conclusion that there

are no unique or uniform differences between the dreams of schizophrenics and those of nonschizophrenics. Primitive content and blatant defensive failures, for example, while assumed to be characteristic of the ego deficit in schizophrenia, are by no means uniquely reflected in the dreams of schizophrenics. Brenneis's own study attempts a more specific and sophisticated approach. Content is examined not in terms of bizarreness or primitiveness, but rather in terms of the fluidity of concept formation, the insubstantiality of self-nonsel differentiation, and, conversely, the exaggerated definition of boundaries as polarities. In these areas the data suggest a continuity in the thinking of schizophrenics during wakefulness and sleep. Most notable was 'fabulized combinatory', 'confabulatory', and 'contaminatory' dream material. Formal properties and issues of perceptual organization were found more useful in the task of differentiating dreams than content and issues of personal or symbolic meaning.

Is Schizophrenic Expression Art? Otto Billig. Pp. 149-164.

In an interesting presentation with graphic illustrations, Billig considers the ancient question of the comparison between creative genius and the artistic productions of psychosis. The author feels that all art seems to be concerned with a societal orientation. The schizophrenic, though, seeks to communicate his own inner needs. His productions are not social comment, but rather inner directed and solipsistic. The motivation, then, is different, but there is an even more significant difference in basic structure. In spite of frequent similarities, art has a cohesive quality lacking in schizophrenic productions. Artistic production is conceived of in two phases. During the first phase, traditional order is interrupted, shapes are loosened and fragmented, ego boundaries between inner and outer reality disappear, and oceanic feelings, chaos, and confusion appear. During the second phase of creativity, the ego attempts to defend itself against this anxiety by taking the fragmented substructure and bringing it into consciousness as a cohesive entity. This process of scanning and integration is impossible for the disintegrated schizophrenic ego. Examples are presented to demonstrate this process at different levels of clinical illness and improvement.

HAROLD R. GALEF

American Imago. XXVIII, 1971.

Black Militant Drama. George R. Adams. Pp. 107-128.

Adams is interested in the structure and functioning of a literary work as an analogue to the structure and functioning of the minds in the audience. More specifically, he is concerned with the differing responses to works that imitate particular aspects of mental structure. He presents incisive analyses of Hansberry's *A Raisin in the Sun*, Baldwin's *Blues for Mr. Charlie*, and LeRoi Jones's *Dutchman*. He argues persuasively that these can be characterized respectively as an ego play, a superego play, and an id play. However, he fails to discuss the impact of these plays on their audiences and so fails to achieve the stated purpose of the article.

Amos Tutuola: *Emerging African Literature*. Paul Neumarkt. Pp. 129-145.

Most contemporary African writers are meeting a vital need of their people by contributing mythopoeic works: they reach back into the African's pre-colonial past for identity, life force, and a sense of where the African came from. They then go on to address the problem of how he will master his current situation, given this identity. An exception is Amos Tutuola, once regarded as a writer of considerable promise. Tutuola explores African origins, but does not go beyond. His tales of the African bush are filled with terror and magical thinking; there is no emergence and successful adaptation. Accordingly, Tutuola's tales are regressive and of no use to the modern African who wishes to move ahead toward true independence.

Géza Róheim: *Psychoanalytic Anthropologist or Radical Freudian*. Roy C. Calogeras. Pp. 146-157.

Calogeras defends Róheim against the accusation of being a prophet of the radical or left tradition in psychoanalysis and anthropology, leveled by P. A. Robinson and others. The basis for the accusation is twofold. One is that Robinson sees Róheim, along with Reich and Marcuse, as exemplifying a movement toward a reconciliation between Marx and Freud. The other is a triad of characteristics that he also finds in Reich and Marcuse: *sexual radicalism*, meaning an overestimation of the part played by sex in individual psychology and in the evolution of mankind; the *linkage of politics and sexuality* achieved by regarding sexual repression as a principal mechanism of political domination; and *stylistic radicalism*, which means a propensity for extreme statement and hard, inflexible argument. Calogeras explains that Róheim's emphasis on sexuality is accounted for by his adherence to pre-World War I psychoanalytic theory and his failure to include what was learned later about the child's social and ego development. His linkage of politics and sexuality was based on analyses and not mere reductionism, and his stylistic radicalism is attributed to the circumstance of his being Hungarian.

The Ulysses Complex. Luciano P. R. Santiago. Pp. 158-186.

The author believes that the oedipus complex in males has three successive phases. The first is the mother-phase, with separation from the father; second is the father-phase, with paternal ego and superego identifications; and third is the trinity-phase with reunion of the three. Santiago designates this last phase as the Ulysses complex and seeks to illustrate its dynamics with Homer's *Odyssey*, Joyce's *Ulysses*, and Joyce's life experience, as well as with the case of an adolescent boy he treated.

Einstein's Rejection of Quantum Theory: A Personal Motive. H. M. Schey. Pp. 187-190.

Schey speculates that Einstein's antipathy to quantum theory may have been determined in part by intrapsychic conflict. This conjecture is based on a para-

praxis contained in a letter Einstein wrote to Schrödinger on April 16, 1926. In the letter he quarreled with an equation he mistakenly attributed to Schrödinger and offered as his own one that had actually been proposed by Schrödinger. Einstein spontaneously recognized his error and acknowledged it in a letter written six days later. He objected strenuously to quantum theory because of its inherent probabilistic description of physical phenomena. Schey suggests that unconscious envy of Schrödinger's achievement played a role.

JOSEPH WILLIAM SLAP

Psychoanalytic Review. LVIII, 1971.

Blushing. Fred E. Karch. Pp. 37-50.

Various theories on the causes of blushing are reviewed in this paper. Darwin held that interest in personal appearance and concern about the opinion of others are important causes of blushing. Other theories emphasize exhibitionism, masochism, scopophilia, sadism, urethral erotism, or castration fear as contributing factors. Karch concludes that, in general, an ego ideal goal which is related to physical appearance is not attained and the blusher feels shamed and depreciated.

The Jocasta Complex, Mothering and Women Geniuses. Matthew Besdine. Pp. 51-74.

Besdine believes that male geniuses have unresolved oedipus complexes, fear of love, a strong homosexual element, great egocentricity, difficulty with the opposite sex, exorbitant need for recognition, strong masochistic and paranoid trends, and significant narcissism. These characteristics develop because of a family dominated by an 'affect hungry mother' with an 'absent, inept, distant, aloof or gentle father'. Descriptions of the lives and characters of Isadora Duncan, Violette LeDuc, Pearl Buck, Sarah Bernhardt, Ellen Terry, George Sand, and others illustrate that creative women also have such characters and family experiences. A father can occasionally play the role of the 'Jocasta mother', however. 'The key to the psychosexual dynamics in women geniuses appears to be the role of provider and "husband" to which the girl child is conditioned by her Jocasta mother.'

Notes on Shakespeare's 'The Winter's Tale'. Charles K. Hofling. Pp. 90-110.

The plot of *The Winter's Tale* involves a king's jealousy of his wife, her loyalty, and a later reconciliation. Hofling shows that female characters in Shakespeare's plays written after his mother's death became gradually more loving, wifely, and realistic in relation to the principal male characters. He suggests that *The Winter's Tale* reflects Shakespeare's successful effort to control deep inner conflicts involving his mother by turning to his wife.

Dependency Conflicts in the Young Adult. Joseph Barnett. Pp. 111-125.

The author states that 'the cognitive matrix' of the child entering adolescence 'is largely structured by . . . the implicit family ideology'. Adolescence, bringing new capacities for cognition and a larger social environment, presents a creative task: to restructure and comprehend experience, and develop patterns of 'intimacy and effort'. Anxiety results from 'confrontation with chaos' and is alleviated by regression to dependency on the family or on an alternate ideology.

ERNEST KAFKA

American Journal of Psychiatry. CXXVII, 1971.

Depression in Primates. William T. McKinney, Jr.; Stephen J. Suomi; Harry F. Harlow. Pp. 1313-1319.

Previous work with Rhesus monkeys has demonstrated that infant-mother separation produces changes in infant monkeys similar to anaclitic depressions described by Spitz in institutionalized infants, and to reactions described by Bowlby in older children separated from mother. Monkey depression is depicted as occurring in two stages: an initial stage of protest (hyperactivity), and a stage of despair and withdrawal characterized by self-mouthing, self-clasping, and huddling. Further experiments revealed that profound depression also occurred in monkeys removed from peer groups in which they had been reared from infancy. Moreover, in monkeys reared with mothers for six months, then separated and placed with peers, depression was not as profound as when monkeys were completely isolated. When finally separated from peers and placed in isolation, profound depression ensued. Reunions with peers were characterized by mutual clinging behavior.

Another experimental variable, a cage resembling a vertical pit with little room for locomotion, was used. When separated monkeys were confined in this cage, even upon reunion with peers there was no clinging behavior, depression appearing permanent and profound. The authors call attention to these four variables: 1, the nature of the bonds which, when broken, lead to depression; 2, the kinds of separation experiences most likely to lead to depression; 3, the effect of age on response to separation; 4, the effect of reunion at varying stages of separation. There is little question that the variables explored by the authors are also important in human object relations and in reactions to object loss, but the authors correctly caution against unfounded extrapolations of animal data to human clinical situations.

The First Three Years of Life: An Overview of a New Frontier of Psychiatry. Reginald S. Lourie. Pp. 1457-1463.

Recent work on the development of ego functions in the conflict-free sphere is summarized by Lourie. In the area of autonomous ego functions, the oral, anal, and phallic phases are headlines for dozens of developmental stages for each autonomous ego function as newly discovered body parts and functions are ex-

perimented with in terms of instinctual gratification and expression. Lourie also reviews current theories regarding the interplay between constitutional factors and early object relations. For example, early maternal object relations may be severely affected by a constitutional hypersensitivity to touch in the infant, which leads to adverse maternal reactions and damage to the earliest object ties, or may provide an early association of pain to object ties, a possible origin of masochism. Lourie describes the concept of 'organizers', such as early separation experiences as precursors of depression, the development of body image as a precursor to self-esteem, and toilet training which acts as an organizer of the infant's control system. This is an instructive contribution containing a good bibliography.

FREDERICK M. LANE

American Journal of Psychiatry. CXXVIII, 1971.

The Burned Child: A Neglected Area of Psychiatry. Roslyn Seligman; Bruce G. MacMillan; Shirley S. Carroll. Pp. 52-57.

This interesting study of children hospitalized for severe burn injuries suggests accident proneness and unconsciously motivated self-ignition in a significant proportion of cases. Of note is an unusual frequency of childhood abandonment in the parents' life history, usually the parent of the same sex as the burned victim. The authors propose that the second generation following a parental loss is subject to significant deprivation of object love by the abandoned parent who, in turn, may see himself as worthless and undeserving of warm object ties. This may result in defective cathexis of the child's own body, with subsequent indifference to bodily integrity. There is the suggestion that burn injury may represent an 'anniversary' response via identification with the abandoned parent, as the ages of victims at the time of the burn injuries were similar to the ages of their parents when abandoned. Though no conclusions should be drawn from this small sample, there is the implication that the burned child may present dynamics that differ significantly from those of child victims of other forms of injury.

Pseudo-Therapeutic Benefits from an Adverse Social Phenomenon (Racial Prejudice). Herbert A. Robinson. Pp. 232-234.

The author takes issue with two ideas regarding racial attitudes. The first is that prejudice is the product of poorly resolved oedipal conflict and represents a phobic compromise between lingering oedipal strivings and the defense against them. Robinson briefly presents case material which suggests that prejudicial attitudes are pregenital in origin and strongly reflect features of the oral and anal phases, particularly oral aggressive aspects. He then challenges the concept that a black therapist may have greater success with a white paranoid patient ~~since the~~ patient may more easily identify with the black therapist as a victim of oppression. The denial of the black psychiatrist's obvious professional status, accomplishment, and position—an attitude that sees him only as the victim of oppression—is based on primitive denial and is as great a fantasy distortion as

the patient's original paranoid feelings. Robinson reminds the reader that these transference elements, though positive, must be analyzed, as they are founded upon important perceptual and cognitive distortions.

FREDERICK M. LANE

Psychiatric Quarterly. XLIV, 1970.

Are We on the Threshold of a New Psychiatry? D. Pivnicki. Pp. 652-666.

Pivnicki cautions us about the vagueness and confusions as well as the dangers in the concepts of 'milieu therapy'. The so-called 'new psychiatry' invites interventional therapy with the least expertise. In contrast to the value placed upon knowledge of the patient through the 'uncovering technique' of psychiatry and psychoanalysis, emphasis is placed upon radically directive techniques to alter both the individual and the community in which he lives. The author feels that many of the new psychiatrists display an amateurish naïveté and are seduced by their political beliefs and biases. While many studies suggest that the environment has a restrictive power on individual development, there has been little evidence that altering the environment or community has been therapeutic. The study of environment must start with descriptions of environmental changes that do have definite positive effects on the individual. Moreover, there is a large body of literature encompassing the impact of environmental changes upon the individual that should be pursued before developing new theories and therapies outside the realm of psychiatry.

Community Psychiatry in 1970—Some Successes and Failures. Jack Zusman. Pp. 687-705.

This article is based on the premise that social conditions and culture influence mental illness. Some community psychiatrists are concerned with treating the community, i.e., changing social circumstances; others attempt to deal with the individual through various treatment techniques. The author is primarily concerned with the methods of organizing and delivering the best psychiatric service at the lowest cost. Various aspects of this problem are thoughtfully discussed.

Important new approaches to treatment provide for crisis intervention and brief therapy. Local responsibility for seriously ill patients as opposed to state responsibility is advocated, as well as rapid admission and discharge procedures in local general hospitals. Rapid return to the home and community, even if this involves multiple hospitalizations, is preferable to long hospitalizations in state institutions. The author attributes current failures in community psychiatry to setting unrealistic goals, to the shortage of staff, and to treating selected 'cream puff' patients while ducking the treatment of seriously ill schizophrenics and senile patients. The problems of planning, governing, and community involvement are discussed. Zusman believes that psychiatrists would prove most useful as diagnosticians and supervisors of nonmedical personnel who would provide direct treatment.

VIVIAN FROMBERG

Psychiatric Quarterly. XLV, 1971.

Technique in Regard to Some Specific Ego Defects in the Treatment of Borderline Patients. John Frosch. Pp. 216-220.

The author defines the spectrum of the borderline patient who shares the dangers and fears of dissolution and loss of identity with the psychotic. Maintaining individuation and preservation of identity are the primary concerns of therapy. While the borderline patient displays disturbances in the relationship of the ego to reality and objects, he retains to some degree the capacity to test reality. The threat of break-through of primitive fantasies and the tendency to regression in stress situations in the presence of poor ego control are conducive to impulsive behavior. Psychotherapy, even if exploratory, should be directed toward discouraging such manifestations. While we may interpret defenses brought about by the ego weakness, we should not attempt to interpret the defect itself while trying to repair it. The therapist must delineate the defect and the defense for himself and for the patient. Although the patient should be made aware of the defect and of the attempt to remedy it, interpretation of the defect and the patient's inability to understand such interpretation may be harmful. Therapy should be directed toward establishing reality constancy by re-enforcing the patient's trust in his own perceptions and by answering questions reflecting his uncertainties. It is important that the therapist not align himself with the patient against the parents, although he may acknowledge the appropriateness as well as the distortions within the transference.

VIVIAN FROMBERG

Psychiatry. XXXIV, 1971.

Misnaming, Metaphors, the Medical Model and Some Muddles. D. A. Begelman. Pp. 38-58.

A number of constructive ideas are contained in this article. One such idea is that to use the term 'illness' for certain deviant behaviors may be to enlarge the category of 'illness' in a useful way, much as including the platypus within the category of Mammalia broadened that category, which then suggested other possibilities. The alternative is to view 'illness'—as applied to deviant behavior—as a misuse of the term for reasons of social control, which may then obscure investigations into the interrelationships between the bio-psycho-social systems.

'All We Like Sheep—' (Isaiah 53:6): Followers and Leaders. Margaret J. Rioch. Pp. 258-273.

This article describes the processes involved in the group sessions conducted by the Washington School of Psychiatry, deriving from the work of Wilfred Bion, A. K. Rice, and others at the Tavistock Institute of Human Relations. Neither the phenomenology nor the formulations presented in this article are very satisfying. Notably absent is the psychoanalytic point of view pertaining to individual and group psychology.

Freud on Feminine Identity and Female Sexuality. Mildred Ash. Pp. 322-327.

In this brief communication, the author attempts to relate what she considers Freud's shortcomings in the realm of female sexuality to his cultural milieu. She maintains that lack of progress in dealing with femininity has to do with an unwarranted reverence for Freud's writings. Following this brief communication is a previously unpublished letter, dated July 21, 1935, from Freud to Dr. Carl Muller-Braunschweig, in which Freud again emphasizes the need to keep psychoanalysis separate from biology.

JOHN HITCHCOCK

Meetings of the New York Psychoanalytic Society

Ernest Kafka, Michael S. Porder & Robert J. Kabcenell

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

November 24, 1970. LATE ADOLESCENCE: DEVELOPMENTAL AND CLINICAL CONSIDERATIONS. Brill Memorial Lecture. Samuel Ritvo, M.D.

Adolescence normally spans six to eight years. In its closing phase the now biologically mature individual takes self-defining steps toward an identity in his society. Particularly important are identifications with parents as sexually and work-active persons. The subsidized, dependent student group is most affected by social conditions that prolong late adolescence.

Crises arise when latent vulnerabilities of the ego become manifest in the face of the demand for integration and consolidation. The issues of the period are the heterosexual approach, homosexual concerns, and self and societal definition. Drugs, contraception, mobility, instantaneous communication, the nuclear threat, and the prolongation of adolescence in our technological society provide conditions for kaleidoscopic shifts and modifications in the expression of basic psychological conflicts.

In early adolescence, reawakened pregenital urges threaten oedipal and pre-oedipal objects. Consequent anxiety motivates efforts to loosen infantile object ties. The return of this object libido to the self and the ego results in heightened narcissism, manifested in bodily preoccupations or, when externalized and projected, in quickly formed and broken attachments based on idealizations. Later, with increasing need for genital gratification, reality assumes a greater power. Reality directed activity increases the possibility of aggression upon the new object, as well as of acting upon oedipal and pre-oedipal fantasies. Anaclitic elements, clinging demands, or when the object is regarded as a possession or embodies ideals for the self, further complicate the relationship.

However, the object permits identifications and the release of neutralized energies and thus serves as an organizer for action and work, and strengthens the sense of purpose as the mother once did. Normally, passive wishes merge and their projected forms, experienced as fears of being found inadequate, appear and subside as narcissistic and object libidinal gratifications raise self-regard, object regard, and pleasure in work.

The ego ideal appears, and the wishful inflated self-images diminish in importance, unless earlier developmental disturbances have caused clinging to grandiose self-images. In such cases, narcissistic wounds threaten the ego, and the ego ideal may then be reinternalized and repersonified in a homosexual object with the idea, 'I love and am loved by the kind of person I would like to be'.

In early adolescence as libido is withdrawn from parents, little is available for investment in the past, or in analysis. Later, with the shift of influence to the ego, as grandiose self-images are relinquished, as goals are experienced as threatened by unknown, uncontrolled forces, the adolescent may seek help. The analyst tends to be regarded as a powerful ally in the search for independence. Passive, homosexual strivings heighten the transference resistance. Revived pre-

oedipal urges may appear as somatic symptoms, heralding the transference neurosis. Analysis tries to ride the wave of progressive stabilization of the ego, which is the normal development of the period, and contributes to this stabilization. Student status and schedule may conflict with analytic needs, but a flexible attitude that recognizes this reality conflict, leaving analysis of resistance for later, usually overcomes the difficulty.

ERNEST KAFKA

February 23, 1971. DEVELOPMENT OF THE YOUNG CHILD AS EXPRESSED THROUGH BODILY MOVEMENT. Judith S. Kestenberg, M.D. with H. Marcus, E. Robbins, J. Berlowe, A. Buelte.

Dr. Kestenberg and her group described how certain motor patterns follow an organized maturational sequence influencing, and being influenced by, libidinal phase development. Brief film sequences of children's motions and hand demonstrations of types of motions were shown.

The two basic concepts are 'flow of tension' and 'flow of shape'. Flow of tension refers to muscle tension, which is divided into 'free', unrestricted energy flow, and 'bound', which is controlled and restricted. Flow of shape refers to the body growing or shrinking in size, and growing toward or shrinking away from objects. Dr. Kestenberg's thesis is that coordination of these patterns is important for phase appropriate drive discharge and object relatedness. Each phase of development can be considered in light of these concepts. In the neonatal phase, the primary task is the beginning integration of these patterns, centering around feeding and organized by the mother. Growing toward or away from, enlarging and shrinking during the feeding and swallowing process, are organized by mother and child successfully or unsuccessfully.

During the oral stage 'communication' with the mother is the primary task. Free tensions mold mother and child together; bound tensions cause narrowing and shrinking away from each other during the oral sadistic subphase. Late in this phase, the hand becomes the extension of both the mouth and the mother, and prehensile movements replace global shape changes. Space extends further in the horizontal plane with the use of the eyes, tongue, and hand, and concepts of distance begin.

For the anal phase, the task is development of the 'ideational content of self and object'. Motor rhythms of this phase are at first smooth; low tension games such as peek-a-boo are typical. Later, squatting and squeezing in bound tension with sudden lengthening and shortening takes place. The body focus becomes the vertical plane. The stabilizing and supportive antigravity muscles give the child a stable image of self. In addition, the child can begin to transmit internal tensions by facial expression.

During the urethral phase, this rigidity and contained sense of self is replaced first by a passive flowing or running over; this is followed by the characteristic stop-and-go motions which Dr. Kestenberg calls 'urethral sadistic'. Accompanying this mobile image are beginning concepts of time.

DISCUSSION: Dr. Eleanor Galenson questioned the idea of a maturationally programmed motor development independent of experiential factors, giving as

an example early castration anxiety as a modifying factor. Dr. Margaret Mahler felt that focusing on this new developmental sequence, with its new language, was a welcome addition to her knowledge of the mother-child dyad. She believes particular note should be taken of the use of facial expression to mimic body tensions, the great importance of the upright position, and the concept of a separate urethral phase.

MICHAEL S. PORDER

April 13, 1971. BEING IN LOVE AND OBJECT LOSS. Freud Anniversary Lecture. Robert C. Bak, M.D.

Dr. Bak stated that he had combined scientific and literary qualities in this paper. In *Mourning and Melancholia*, Freud wrote: 'In the two most opposed situations of being most intensely in love and of suicide, the ego is overwhelmed by the object, though in totally different ways'.

'Being in love' was examined by Bak in a triangle with mourning and melancholia, and the similarities and contradictions were discussed. He cited the role of object loss in melancholia and added that the state of being in love is often preceded by separation or by an important object loss—real, imaginary, or threatened. The person who suffers from being in love finds a substitute object to replace the loss.

After reviewing some mythological and literary examples of the relationship between these seemingly dissimilar states, Bak cited the ambivalence in melancholia and in the state of being in love. The latter is a stormy, irrational, and eventually tragic emotional turmoil in contrast to the state of loving. Goethe's *Werther* is the most appropriate model for this particular state of being in love: *Werther* wanted to lose himself in the totality of the infinite. The state of loving, on the other hand, is a calmer, more rational and durable state, a mature genital object relationship. Freud himself was the subject of a fiery 'grand passion' in his early love for Martha Bernays, and even in his later relationships with his colleagues. His separation from Brücke and Fleischl played a dynamic role in his seeking a new love object.

The most conspicuous aspect of being in love is the sexual over-evaluation of the object, an effort to counteract, or counteract, the aggression. Bak spoke of two cases of erotomania (the most pathological form of being in love) in which there was a schizophrenic attempt to grasp an object unambivalently before final inexorable deterioration. The state of being in love draws immature sensations and wishes from early ego phases and aims toward a fusion of self and object. Obsessive preoccupation with the face of the beloved is the return to the recognition of the mother's face during infancy. Being in love is comparable to the loving state of adolescence after the loss of primary objects and prior to mature adult relationships. Masochism and masochistic love lie between the fulfilment of love and suicide; the suffering and degradation by the love object fulfil two forms of gratification—possession of the object and annihilation by it.

Being in love, Dr. Bak pointed out, is a feeling state directed toward undoing the separation of mother and child, as well as undoing separation from later

important objects. There are several results. 1. Where there is gratification and a mutual acceptance of dependence and separateness for securing stable gratification, being in love gives way to loving. 2. Fulfilment is blocked by the object and the individual gives up the object with a certain amount of mourning and goes on to find a new object; this, of course, depends upon the ability of the ego to sustain the injury and to cathect a new object. 3. Gratification is blocked by the object as an unrequited love and the ego identifies with the bad object, taking it into itself; this outcome may eventually end in suicide.

Bak stated: 'In being in love the self is overwhelmed by the hypercathected good object; in suicide by a bad object which was taken into the self'. The ideal compromise between love and death lies in sexual gratification and in the human capacity to experience orgasm—the orgasm in which one experiences a 'little death'.

ROBERT J. KABCENELL

The Seventh Annual Conference of THE AMERICAN ASSOCIATION FOR CHILD CARE IN HOSPITALS, under the sponsorship of McGill University and the Montreal Children's Hospital, will be held May 24-27, 1972, in Quebec. For further information write to: Mrs. C. L. Keleny, Montreal Children's Hospital, 2300 Tupper Street, Montreal 108, Quebec, Canada.