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ON THE CACOPHONY OF HUMAN RELATIONS

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A major yield of psychoanalysis, which came about at the beginning quite by serendipity, has always been that the insights it produces can apply not just to the individual patient, but to mankind. It is for that reason that psychoanalysis has been looked to by the intellectual public with such interest, as well as with such ambivalence.

In this paper I will present clinical material and a psychoanalytic line of thought, and relate them to a subject of pressing social concern that I believe is a universal human experience: the disharmony between men. In the world today there is an awareness of the deep divisiveness between men and the difficulty in achieving enduring relations. Despite a yearning for closeness and constancy, which is integral to human striving, alliances are shallow and fleeting, undependable, narcissistically oriented, and, as often as not, run a relentless course toward dissolution of relationships between men and women, husbands and wives, men and men, siblings, even parents and children. Recently a patient lamented for himself and was moved to add, 'For all—the fragility of friendships everywhere'. Whether relationships are more frenetic and uncertain today than ever before, I leave to sociologists and historians to assess, but I suspect that any scholarly survey would reveal that they are merely another undulation in a continuous up-and-down curve. However, there is no denying the present acuteness or depth of the disharmony, nor can there be solace in the probability that it is a perpetual phenomenon.

While the role of psychoanalysis in this vast social problem

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might be considered obvious, psychoanalysis is often shunted aside and drowned out by louder voices. It is sometimes viewed as being concerned only with more specific problems. Hence, its role in the present social problem of disharmony between men needs to be explicitly stated. As the most dependable platform from which to trace a theoretical theme is clinical material, I will present several cases.

I

A woman had been in treatment with a neuropsychiatrist for about eight years prior to beginning analysis. Chronically depressed, and with a stooped posture which betrayed her morbid inner preoccupation, she had been treated with cheerful support, mood lifting drugs, and constant encouragement designed to elevate her self-esteem. It was when hospitalization and shock therapy were recommended that she came for analysis, which she had always felt she needed.

Early in the course of the analysis the patient described a compelling incident which at first commanded our attention, but then proved to be a distraction and a screen memory. When she was four, her father had been kidnapped and was missing for several days while ransom negotiations were going on. Her principal memory surrounding this incident was of being pushed on a swing in the backyard by a detective who told her that her father was away for the weekend; she knew that he was lying and felt she could not believe anyone. Her father was returned and she could recall no further concern about the kidnapping. However, he had a heart attack shortly afterward, and for the next twelve or fourteen years she remembered that everyone had to tip-toe cautiously in his presence lest he have another attack and die. What gradually emerged, however, as the most enduring memory and as the central fantasy in her preoccupation with her inner life was her constant fear of her screaming, dangerous mother. She had a never-changing picture in her mind: the scene took place in the basement of her childhood home and her mother was

screaming at her older brother, who later became schizophrenic and was hospitalized. The patient was in constant terror that her mother's uncontrollable wrath would next turn against her and would reduce her to 'nothing'. Various aspects of this memory came out piece by piece over months of analysis: her terror (after a long period of insisting that she had never known any fear), her anger (also not acknowledged for a long time), her guilt, and finally her being transfixed into silent immobility. The solution to her dilemma was to live like a cat—she felt like one—at the edge of her mother's spatial territory, quiet, immobile, phlegmatic-looking, and ready to spring—away.

Her childhood is reflected in her current adult existence: there is a continuation of her catlike state. She has a pervasive social anxiety in which everyone reminds her of her mother. If a person, usually of course a woman, is in the least irritable, does anything wrong, is inconsiderate, or tends to be shrill, she has to be careful to keep a wary distance. But even if the person is nice, competent, and attractive, the same danger exists, for her mother was all of these too. However, her anxiety is not only with women. At times her husband is her mother and also at times her children when they are demanding and inconsiderate. Her dog sometimes reminds her of her mother: 'He barks and he thinks he's so good'. And at one time a tennis ball which was coming toward her had on it the face of her mother; needless to say she could not return it.

Of importance during this period of the analysis was the fact that for a long time, which seemed interminable, the patient had an obsession about her mother. She woke up every morning with thoughts of her, started every hour with reference to her, and said that thoughts about her mother filled her entire waking day. 'I'm going crazy. Why can't I get over her?' was her constant complaint. She was told that she was now in 'midstream'; that her unconscious fantasy life had been uncovered, but that she was still unable to relinquish it and get to the other side. She felt that she could not go in either

direction: she could not forget the thoughts as though she had never known them, nor could she give them up and go on with her life. She confused her hurt, anxiety, anger, and guilt and played one affective state against the other. With each set of feelings she would at times deny them and at other times claim for them an exclusive existence at the expense of other reactions, both in the past and in the present. To her plaintive, 'Why can't I get over her?', she was told at different times that it was because she suffered from her mother so long; because she now wanted to resolve and adapt to her, to master the situation and her many conflicts and feelings about her; because she wanted her mother, or to have her as a good mother; because she wanted to be sure that she would not kill her; or even because she had loved her mother. The mother had committed suicide during the time the patient was in therapy with the neuropsychiatrist, and she had been so upset and angry that she did not go to the funeral. She was told that another reason for her present obsession was that she had never mourned for her mother and was now mourning for her interminably.

Interpretations made no impression on her. She acted as if her mother were still alive. 'If she walked in here, I'd have to cope with her and I know that I can't. . . . You don't understand. She'd even upset you.' At another time she said, 'If you saw her you'd like her. She's a very nice woman.'

Before attempting to extract conclusions of relevance to our subject, I will describe a second case (of a different level of psychopathology).

II

The patient was a middle-aged business man, in analysis for many years; his treatment had centered around a most severe and vivid castration anxiety. His father, a chicken dealer, was a brutal, insensitive, physical man, who not only dealt with the patient with an iron fist—he rubbed the little boy's fingers on

a hot radiator if he did anything wrong—but frightened and humiliated him verbally as well and prevented the mother from meting out any kindness. The patient's memories of his childhood were steeped in pictures of father and the *schochet* cutting off the heads of chickens, removing their insides, and of blood running down the table (reminiscent of the childhood of the artist, Chaim Soutine). He remembered being caught by his father as he was trying to look up his mother's dress and his fear of having everything cut off. His picture of his mother was that of a lioness calmly 'chomping' everything within sight without concern for the mayhem around her.

The patient's dreams, fantasies, and free associations during the years of analysis were ruminatively about castration fear, seeking out, coming close to, and then avoiding danger, and of aggressive retaliation. On occasion the latter would almost reach fruition, sometimes with hair-raising escapes by the patient. He would pick fights if anyone crowded him while he was driving his car. Once when a gang of hoodlums followed him home, he ran into the kitchen, grabbed a knife and scared them off. Once in a theater lobby, some man made an anti-Semitic remark; the patient picked up a two-by-four plank with a nail at one end and started to attack him. As a child he had shown similar aggressive behavior. On one occasion, when attacked by 'bullies', he successfully overcame them and exulted in having them run from him. Another time, with sudden courage, he picked up a rusty barrel hoop and chased some tormentors down the street.

These were, however, short-lived and widely separated victories. For the most part he lived in abject terror. His wife, a gentle and coöperative person, was viewed by him as a 'chomper', with a dentate vagina. He was careful and obsequious toward the analyst, afraid to make a wrong move or to show any trace of direct aggression.

The castration anxiety, as well as its varied pregenital precursors, was mobilized, lived through, and worked through in many contexts for many years. The analysis, though lengthy

and repetitive, was productive and there was considerable improvement in the patient's life, work, and behavior. After many plateaus which seemed interminable, there would always be a breakthrough, a lightening, and advance. Attempts were made to terminate on a number of occasions but each time, after varying periods of being away, the patient returned for some further work. The tendency was to continue, much as the first patient had done about her mother, with fantasied situations about castration threats, aggression, and retaliation.

During his most recent episode of postanalytic therapy the patient, who had been having slight episodes of precordial pain when walking uphill on his nightly walks, was told by a cardiologist that he needed open heart surgery. After a long series of consultations, from Los Angeles to Boston and points in between, the patient submitted and the operation was performed. The procedure turned out to be unexpectedly long and ridden with complications. More intracardiac and coronary pathology was found than had been expected, with the result that the patient was under surgery for about seven or eight hours, in the heart-lung machine for several hours longer than the surgeons considered optimum, and, he was told later, close to death on several occasions. Following the operation, he was returned twice to the operating room, once just a few hours postoperatively and once several days later following cardiac arrest and tamponade of the heart. On each occasion his wife was prepared for the worst, but the patient managed to survive. He remained in an unconscious or semicomatose state for some three weeks after which he suddenly became alert and recovered quite well from that point on.

When seen by the analyst at his home shortly after he returned from the hospital, the patient was sociable and gentle. A month or two later he returned for further psychotherapy and immediately spoke of his mentation during the period following surgery. He remembered revivals of consciousness during the three weeks he was semicomatose. In the weeks that followed, he had a recurring 'fantasy-dream'—i.e., a fantasy while

he was awake or semi-awake and a dream when he fell asleep—in which there was a fusion between the recent surgical experience and the chicken 'operations' of the past. In this fantasy-dream, the patient is on a slab which he described as a combination of an operating table and the counter on which the chickens were cut. Around the table and looking down at him are the surgical team, his father and the *schochet,* his wife who looks grim and sneering like his mother, and his children, his sons and daughters and their spouses, all of them in collusion. The patient is being opened up and disemboweled: a combination of a human, a chicken, and a piece of cattle. The table is tilted, the organs are thrown into a barrel nearby, and the blood drips down into a pail at the low end of the table. Periodically the pail is taken away, the blood emptied, and the pail brought back ready for more. Everything is being chopped off, his head, his limbs, his genitals. It is a continuous nightmare. The terror, which is indescribable, is followed by periods of depression and giving up. Occasionally there are moments of rest.

There were other fantasies, dreams, and associations—of being in a mortuary and smelling the embalming fluid, of riding in a railroad hospital car with bodies sticking out, of being inside an open hearth furnace. At times he would wake up with 'silent screaming' going on inside of him, which made him feel slightly better.

He also reported that after the operation, he had read several newspaper articles by cardiologists who, during his consultations prior to surgery, had been quoted as in favor of open-heart surgery. They now denounced it, saying that it had been used excessively and that the results were not yet known. They feared that the saphenous veins used for the by-passes could occlude as readily as the old, narrowed coronaries, and that whatever subjective relief was experienced could be achieved by placebos. The patient was discouraged, angry and depressed. He felt betrayed by his present family, as he had been by his parents, and by all doctors, the surgeons and the analyst. Aside

from his physical condition, he had thought that by now his fantasies, 'these old ogres', would be put to rest. Instead he found them as alive as ever, and that 'any little thing can bring them back'. Like the cardiac surgeons, the analyst 'had it made': no one could check up on him, and he could always say he tried and did his best. He would even be paid, no matter what the outcome.

The patient has improved steadily since then. He has more recently been in better mental and physical health.

It is characteristic of psychoanalysis that it provides an atmosphere not for creation but for discovery (Anna Freud, 1969). In spite of the dramatic turn in the second case, what I wish to emphasize in both of the cases described is not anything unusual but exactly the opposite, i.e., what is a commonplace and everyday experience in these clinical events. Conflicts about the preœdipal mother and castration anxieties are seen every day by every practicing psychoanalyst. So is obsessive rumination about symptoms and the persistence of patients' sufferings. These are the characteristics of inner psychic life. Hence, rather than look at the difficult and discouraging aspects of these problems, we should consider their common nature. They can be expected. Instead of shrinking from them, let us try to learn from them. All patients reach points which seem obsessive: we come to know what they are going to talk about for long periods of time. This is also true of their imperviousness to interpretations. All patients have phases, or plateaus, of seeming interminability which usually, though not always, pass. The point is that this is not a rare but a common experience for analysts. These observations seem to me to be like the air around us; they are there but we often look through them at something else. I suggest they are vital to our subject—the cacophony of human relations—and that we focus upon them.

What do we usually say about these everyday 'complications' of analysis? In clinical seminars, or in research projects where

failures or mistakes in psychoanalysis are investigated, questions are asked: What errors may have been made? Which interpretations have not been given or have been given wrongly? What transference resistances have been overlooked? Or perhaps basic trust or a proper working or therapeutic alliance may not have been achieved, for which some active intervention or parameter demonstrating the analyst's reliability and good intentions may be indicated.

While any of these deficiencies are possible, and, in psychoanalysis may occur in student, teacher, or training analyst alike, I suggest we must look also in another direction—where further elements of discovery may be made. Analysis teaches us about life. It was a brilliant moment in Freud's scientific development when, instead of giving up, he recognized a patient's distortions to him (in the transference) as 'material'. This has taught us not about an unusual symptom in a patient, but about a common neurotic mechanism (transference displacement) in life. But do we not often regress to prediscovery stages? Instead of recognizing that what happens is 'material', difficulties often escape detection which could help us understand important and common experiences. Even from psychotic transference manifestations, we will remember, we came to learn about the patient—his psychotic inner mechanisms—when analysts decided to stay with them and learn from them.

The derivatives to be extracted from these vicissitudes in treatment relate first from the patients' symptoms to their general lives, and second, from the patients to all people. From the facts of the persistence of psychic states—symptoms, affects, anxieties—and their resistance to external influences—in these cases to interpretations—, the following are a few theoretical points which emerge from the clinical material that has been presented.

Reflecting on the subject of psychic trauma, I suggest that the trauma an analyst is pitted against is often no longer the trauma of childhood but the cumulative traumata of a lifetime

of psychic repetitions of the original in an effort to master it. This, of course, is basically the mechanism of a traumatic neurosis. If the trauma is repeated indefinitely and mastery fails to evolve, it is like a series of reinoculations which come to exceed the original dose and restore the original disease in chronic and even more virulent form. A traumatic neurosis is at the core of every psychoneurosis, as Fenichel (1945) pointed out many years ago (a fact generally neglected in more recent theory and practice). Seldom appreciated, however, is the fact that repeated psychoneurosis, if the repetitively presented intrapsychic traumata are frequent and great enough, and if no solution is in sight, can again result in a traumatic neurosis, one which now is chronic and from within, rather than acute and from without. Thus traumatic neurosis stimulates a psychoneurosis which can then result again in traumatic neurosis. Psychoanalysis aims to tip the balance and to support the ego in its efforts at mastery against the current, intermediate, and original episodes of the traumatic state. Its task is quantitatively greater than we have been in the habit of thinking; it is directed not against childhood but against a lifetime.

Starting on the base of external *conditions,* rather than solitary *events* (in the two cases presented, the mother's screaming and the father's brutality), it is the unconscious fantasy of further action, of the actual attack on the patient, that provides the psychic trauma by conjuring up the anticipation of psychic helplessness. That this is no less important than the actual event was discovered by Freud in 1897 when he gave up his seduction theory (*cf.,* Freud, 1887-1902, Letter No. 69). Whether the external conditions continue or not, the psychic state which has been reactively stimulated outlasts them in its attempts at mastery. This is what Freud (1909) meant when he said that the neurotic suffers from reminiscences. And when, as in the cases cited, the repetition of the feared event in memory and fantasy continues indefinitely with every contact and object relation in the current external world, the cumulative psychic trauma reaches beyond the point of what in another context would be called 'overkill'.

In both cases it was seen how the fantasied humiliations occurred over a sufficient length of time and with sufficient force so that each patient has by now endured a chronic severe cumulative trauma from bombardments from within. This process is in keeping with the theoretical concepts of partial trauma, strain trauma (M. Kris, 1964; Rangell, 1967b; Sandler, 1967), and cumulative trauma (Khan, 1963) described in a symposium on psychic trauma held in New York in 1967 (*cf.,* Furst, 1967). The concept of unconscious traumata (signal and otherwise) which I added in my 'microdynamic' studies of intrapsychic conflict (Rangell, 1963b, 1963c) is an inevitable accompaniment of the idea of unconscious fantasies, described by Freud (1900), Arlow (1969), Beres (1962), Rosen (1960), and others, and of unconscious anxiety and unconscious affects in general as described by Schur (1963, 1967) and somewhat inconsistently by Freud (1915). And just as traumatic dreams can fail and become nightmares, so can these traumatic representations become repeated 'day-mares' when mastery fails and helplessness ensues. Each changes the patient's state; one from sleep to abrupt awakening and the other from calm control to agitation. Both of these occurred repeatedly in the two patients described.

The psychic reactions of current life come then, in time, to exceed the real occurrences (internal and external) of childhood. The discovery of psychic determinism and of the existence of psychic reality is pale by comparison to an appreciation of the *extent* to which such psychic reality exceeds any external occurrence in psychic importance. It is again a matter of perspective, of quantity, of proportions that I am emphasizing. A lifetime of internal psychic self-confrontations may be much more powerful in maintaining psychopathology than a fleeting, albeit more intense, occurrence in actual reality in times past. My woman patient felt acutely anxious and in terror of her mother, even though her mother was long dead. The same mechanism, however, had obtained also in the original version, the psychic representations of the anticipated trauma far exceeding anything which ever actually happened. The man

had felt in his childhood not that he would be castrated, but that he had been. Many dreams, fantasies, and associations led to memories of the feeling that he was already walking around with the stump of a penis rather than with the full organ. Psychic fantasies had exacted their toll. External reality could not stand up against them.

I turn now to the related technical problem: the empirical observation of the imperviousness to interpretations. It is this lifetime accumulation of psychic traumata, not just the original dose, that confronts the analyst in his work during the psychoanalytic procedure. This is why interpretations are thin and are sometimes comparable to throwing a needle against an elephant. To Freud's (1937) descriptions of the 'bedrock truths' beyond which psychoanalysis cannot go, such as penis envy in women and a feminine disposition in men, I would add this quantitative factor—this factor of perspective—to the literature on interminability, or at least to our understanding of the interminable periods so commonly experienced during the course of psychoanalysis.

An interpretation is pitted against psychic traumata which have achieved the status of psychic reality over most of a lifetime. The latter does not give up or dissolve easily. I am often amused at analysts, or schools of analytic thought, who, during the presentation of clinical material, record that the analyst gave 'the interpretation' after which the signs of its results are automatically expected. If not, something has gone wrong. That this is not the case is routine clinical and technical experience. It may take months or even years for an interpretation or a connected series of interpretations to become apparent, to be given, and to produce their results. A patient, in the terminal phase of analysis preparing, as he told the analyst, his 'valedictory speech' for the day he would say good-by, was exulting in repeating what might have happened to him in the last few years had he taken other courses and made other choices than he did at various points in his analysis. His summation contained almost the same words the analyst had used during the course of

many interpretations preceding the decisive choices—a fact of which the analyst could not resist reminding the patient on this occasion. 'Yes', responded the patient, 'but if we believed what you say, you would see each patient about three times and that would be it'.

It takes a certain amount of courage at times to make the 'leap' from neurosis to everyday life, from the anxieties of psychopathology to the anxieties of daily living. Freud's discovery of the œdipus complex was matched only by his recognition of it as universal. In the sociological and mathematical literature on the decision-making process—a vast literature in the past few decades (*cf.*, for instance, Edwards and Tversky, 1967)—, psychoanalysis, where it is mentioned at all, is considered to have made a contribution by adding unconscious irrational factors, but that these factors were pushed too stridently at the beginning and are now relegated to their more appropriate minor role in human life! Human decisions and actions, it is generally felt by writers in these fields, can be analyzed and predicted by computers and mathematical formulae: there may be unknown factors but they are mostly rational; man acts on the basis of what he wants and knows he wants.

I would say that the opposite is more often true. Rather than making strident claims, analysts more often demur. Rather than generalizing too much, an accusation which is frequently heard, analysts may hesitate to generalize when this is in order. It is from the nucleus of unconscious intrapsychic conflicts, which I have described as 'the human core' (Rangell, 1967a), that influences emanate which are decisive, not only for decisions and actions (Rangell, 1972), but for determining the nature of man's object relations, whether they are characterized by positive strivings toward gratification and object love, or directed toward autoplasticity and object alienation. By displacement and projection from this intrapsychic nucleus, there may come the divisiveness and fragmentation in object ties and the kaleidoscopic variety of destructive behavior seen so universally toward the outside world.

Freud's basic discoveries explain more than dreams, symp-

toms, and character. They also play the major role in explaining interpersonal relations. 'Imprinting' applies not only to ducks and to the feeding figure. It occurs throughout the human race and to the entire animate and inanimate configuration of the child's external world. The dramatic incident in my male patient, in which cardiac surgery clearly revived the old and ever-present castration threats, reaffirmed Simmel's (1944) idea that even combat anxiety, with its life threat, is an exacerbation of castration anxiety, and the opinions of Simmel, Abraham (1921), and Freud (1919) that the war neuroses are linked in mechanism to the transference neuroses.

The same extension from analysis to life can be made with regard to the second point singled out above, i.e., the technical finding of imperviousness to external influence. Just as analytic interpretations impinge upon a thick barrier of resistance, so during life itself is the person with such a weighty psychic burden impervious to current life and to the interpretations and therapeutic possibilities of further life experiences. At some time during the course of life, earlier in some than in others and more pronounced the greater the neurotic fixations, the weight of inner psychic experience and of the repetition compulsion begins to exceed the interest in further incoming experiences and the impact of new life situations, either actual or potential. The latter lose their beneficial possibilities; the former prevent outer experiences from entering or having much, if any, effect.

The woman patient described got no satisfaction (and certainly not a therapeutic effect, as one would have had a right to expect) from her devoted husband, her attractive and achieving children, and her bountiful household. Nor did the male patient reap appropriate rewards from his unusual accomplishments in business, his successful marriage, and, in this case too, the extraordinary accomplishments of each of his children. It was neither a mistake nor a complication in their analyses that these two patients found it difficult to accept interpretations. This was predictable, would have been sus-

pect if it were otherwise, and made long and hard work necessary. The interpretation of this long-standing character defense, now a resistance in treatment, was what was mainly needed. It is upon the ultimate effect of interpretations of this lifelong defensive characteristic that the further progress of analysis depends.

Another area in connection with our theme of the disharmony between men—again with a theoretical point at its center and applied aspects as derivatives—concerns the functioning of the perceptual apparatus: the effects of the affective conflictual life on the cognitive processes as they affect social intercourse. Here again what we see in exaggerated form in a severe neurosis gives us a hint of what exists in the more mitigated form generally. Both of the patients cited shunned friends; their relationships were limited almost entirely to the necessities of life, with scant social intercourse for pleasure. Both had a desire for human relationship but were restricted by nagging anxiety. Both misperceived widely: she was preoccupied with the hostile intentions of women, and he, with the castrative possibilities in the environment around him. The process by which such behavior takes place can be identified as a common explanation of the social inhibitions of mankind. One of the major, although often imperceptible, results is the misperception of motives and the consequent discordance of object relations.

Pötzl's (1917) experiments with subliminal tachistoscopic exposures, elaborated upon so effectively by Fisher (1954), showed that man is capable of a much wider peripheral perceptual intake than he is consciously aware of, and that the contents of such perceptions are immediately subjected to perceptual distortion. Filtered through the psychic apparatus, such stimuli emerge later, whether in dreams or recall, having been subjected to condensation, displacement, symbolization, and all the distortions and operations of primary process functioning.

Our daily psychoanalytic experience, the analysis of dreams and free associations, has made it abundantly clear to us that these stimuli are more prevalent than the experimental situations demonstrate. The Pötzl-Fisher experiments only confirm what we know clinically, and live every minute. Again perspective is in order. Life is a continuous series of motion picture frames, from each of which incoming stimuli are registered to an almost infinite degree. And distortion takes place at once upon perception and registration. *Primary* repression, an important early concept of Freud's (1915)—in my opinion, not sufficiently heeded today—, takes place not only during the infantile period of life, and not only with primitive material of traumatic potential, but continues throughout life as an everyday and moment-by-moment phenomenon with a wide array of current psychic intakes.

When a patient of mine goes to an art museum she sees the name of the artist while her husband sees the name of the donor. Freud (1900-1901), in talking about secondary revision in the dream, compared this part of the dream work to processes which take place during 'normal psychical activity . . . towards any perceptual content that may be presented to it. It understands that content on the basis of certain anticipatory ideas, and arranges it . . . on the presupposition of its being intelligible; . . . it runs a risk of falsifying it, and in fact, if it cannot bring it into line with anything familiar, is a prey to the strangest misunderstanding' (p. 666).

The number of neurons in the human brain, estimated as astronomical, is matched only by the number of memories stored in the human mind. Clinical experience in psychoanalysis points to the conclusion that each individual's store of memories consists of a huge combination of accurate and subjectively distorted ones. Breznitz (1971), an Israeli analyst, in a carefully thought out study, clarifies Freud's theory of secondary revision of dreams by dividing the organizing or revising process into three distinct phases, primary, secondary, and tertiary, which take place during sleep, at the moment of awakening, and after awakening. This same sequence can

be applied with profit to the perceptual processes during waking life, with a sequential series from primary process reception and registration, to secondary process remembering and reordering of previous cognitive intake. Just as the dream work operates at night so is there a 'day-work' which operates similarly during all waking life. And just as the ego keeps a vigilant eye even during sleep, so do the drives keep pressing their demands during the most alert and wakeful states. The results are not only daydreams but dreamy ideas and 'opinions' of facts.

Within this context, the following observations from both analysis and life are pertinent:

1. The misperceptions of the events in a preceding analytic hour, commonly seen under our controlled analytic conditions.

2. In analysis, hearing the same external event described completely differently by two or more patients.

3. The different versions of the same experience or interaction told by husband and wife, or parent and child, seen in consultations.

4. The common experience that conversations, not only passionate but even trivial, cannot be counted on to be repeated accurately by the participants.

5. Arguments among members, with partisan positions, of a psychoanalytic educational committee, about the accuracy of the minutes of a 'charged' meeting recently held.

6. And, on the broadest life scale, the confrontations of a husband and wife, such as in Who's Afraid of Virginia Woolf?, or of the two brothers in Arthur Miller's The Price, vehemently expressing to each other opposite recountals of the same shared lifetimes.

Nor do such selective perceptions escape affecting analysts in their daily ongoing work. An analytic candidate, in his free associations, said that a patient of his might be difficult but that 'his wife is really crazy—and so is her analyst'. There were two levels of running arguments going on: one between the patient and his wife; the other between their analysts.

The Psychopathology of Everyday Life (Freud, 1901) was a masterpiece of understatement. Freud's discoveries led to much more than an understanding of dreams and symptomatic neuroses. Daily events are filtered through the same subjective distorting screen. Just as the theoretical models held by analysts determine their clinical stances (Abrams, 1972), so does the individual intrapsychic model determine one's life stance. Each individual has his own way of viewing life's parade branded on his psyche. The Rashomon phenomenon 'took' because it touched a universal chord.

Does *human* history ever get recorded accurately? (I am not speaking of things and events.) As one sees history in the making, and how current events are immediately remembered or recalled, or even written down, one must wonder. Oral tape histories, used recently in the hope that recordings on the spot by the participants themselves cannot fail to deliver the truth, are also seen to record history filtered in each case through a subjective psyche. The result is not history but one person's version. I have seen such recorded 'histories', even of a psychoanalytic group, result in a babel of conflicting 'facts'. In a research study of the supervisory process, in which a series of viewers each observed the activities of others—i.e., the analyst watched the patient, the supervisor the analyst, a research team the supervisor, etc.—, one could see in the succession an escalation of distortions until the original words of the patient were quoted in an almost opposite meaning from those he had first spoken. Facts, especially personal and human ones, are as often as not obscured or lost indefinitely. Most of them follow the participants to the grave. In a recent obituary of a prominent leader, an organizational crisis in which he was involved was referred to as 'a fiasco, the causes of which will never be explained'. In biographies heroes and world leaders are written about years later in ways which reverse all previous opinion, probably replacing one myth with another.

From the cacophony of discordant impressions that result, the question is not so much why people do not get along bet-

ter but how they get along as well as they do. The answer to this, trying still to speak scientifically and not morally or romantically, is the libidinal stream of life, object needs in the human psyche, the superego values acquired during development, the capacity for sublimation, ego integrative and synthetic functions, ego adaptive mechanisms of all kinds, and the series of agglutinational motivations I described as cementing friendship relationships (Rangell, 1963a).

In my paper on friendship, I first discussed these positive and constructive aspects and concluded with the beginnings of deterioration. In the present paper, I started with the latter and am returning to the former. The positive attributes exist side by side with the negative. Both of the patients described above had strong social affinities. In a reflective mood, the male patient recently said that his wife was 'a special person, a very remarkable person!'. It was this capacity in both patients which cemented a therapeutic alliance with the analyst, making it possible to carry the work through.

These two patients were not recluses, schizoid, withdrawn, or without object relationships. But to the extent that there were limitations of social intercourse—and these were considerable in each case—on the basis of the restrictions caused by the unconscious processes described, such mechanisms act universally as socially limiting phenomena. The degree of such limitation, however, is not proportional to the overtness or concreteness of the separation or castration anxiety, nor to the intensity of the existing neurotic state. There are neurotic characters with less anxiety and less structured neuroses than in the two patients described, but who suffer more all-encompassing and chronic social restrictions. Conversely, 'getting along' and social cohesiveness can be prominent in 'normals' and neurotics alike.

The particular anxieties which appear in the clinical examples given are not exclusive as intrapsychic social inhibitors, but are only demonstrative. The intrapsychic constellations which may lead to sparsity of object relations are myriad,

and vary as much as men: the protection of narcissism; the mechanisms of defense against anxiety; the overwhelming role of envy; the threat of reinstinctualization of homosexual ties which had bound friendship relationships together; the breakthrough of aggressive energies following loosening of the repressive barrier; and, in general, the multitude of processes in the service of self-preservation wherever, for some reason, the self is counterposed to the object. Freud's original description of self-preservative instincts pointed to a vital insight into inner psychic mechanisms and struck a universally receptive chord from the beginning, even though a more refined conceptualization subsequently changed these motivations from instinctual to ego activity. The recent elaborations by Kohut (1971) on disturbances in self-esteem and injuries to narcissistic interests and defenses provide insight into the mechanisms at work and the behavior which results. However, in my opinion, these apply not so much to a limited group of 'narcissistic personality disorders' but, more appropriately, to the entire range of human behavior up and down the etiologic scale. 'The emotional, irrational aspects of man's mental life', Atkin (1971) points out, 'also reach into the most highly integrated psychic functions' (p. 562).

Psychoanalytic explanations do not explain all divisiveness and lack of cohesion between people. But where they do apply they explain the core. It is those areas and those explanations to which I am pointing and which I am offering as additions to the understanding of these universal human experiences. These do not include the many causative factors outside of psychological sources completely, nor, within them, factors which arise from extra-conflictual, autonomous differences: variations in ego interests, lack of common goals, differences in superego values, differences in intellectual levels, or even lack of id chemistry. Were the latter all, however, without the addition of the conflictual forces upon which we have focused, one might expect changing dyads, shifting alliances, and variations in the composition of groups, without

the bitter hatreds, the aggression, and the destructive shattering which is added and of which we are speaking here. And the more intimate the relationship, the more bitter the divisive end.

It is still psychoanalysis which can provide the most penetrating answers and explanations. The problems pointed to are by way of being realistic, not discouraging. And therapy remains what it is, no more, no less. Object relations belong squarely in the realm of general psychoanalytic theory which has been built up over the century and is not enhanced by a special 'object-relations' theory or school which sacrifices emphasis on the unconscious, on instinctual drives, ego defenses, and intrapsychic conflict. For the most part, it is from these latter areas that the 'motive power' for such splittings emanate —from which come, in fact, the forces that both bring people together and keep them apart—and it is to that intrapsychic nucleus that psychoanalysis adds the most specific knowledge and understanding. While it is true, as Atkin states, that in the complex institution of war, psychoanalysis can explain only man's readiness and not the phenomenon, in interpersonal wars the closer one comes to the individual, the more can psychoanalysis offer satisfying insights. The study of the dyad may be a bridge between the individual and the group. The dyad of friendship, with its positive and negative aspects, is one such bridge; the transference dyad of analytic treatment another. Through the latter one might begin to understand the former, and to approach, at least from the psychoanalytic side, that 'firm conceptual bridge' (Atkin, 1971) needed for a still scarcely developed psychoanalytic social psychology.

But psychoanalysts themselves are not exempt from the divisive influences stemming from these same areas. It is only too sadly known that we have our own brand and the same degree of shattering and fragmentation based on the same intrapsychic pulls and subjective perceptual distortions as the rest of the world. And all too often theories as well as personalities are used as targets for displaced aggression and as ve-

hicles for self-assertion. The word 'classical' is often appended before 'psychoanalysis', it appears to me, to provide the target necessary for the discharge of hostility and as a symbol against which to rebel. In addition to the hostility from without the field, which has always been present simultaneously with the wide acceptance of analytic concepts, there has also appeared a certain aversion to nuclear insights from within, which leads to competitive theoretical formulations. Two types of retreat from the tyrannical pull of this intrapsychic character core may occur, both of them within as well as outside of analysis. These are reflected in theories that span a spectrum from those which proceed to the surface, as the interpersonal, object relations, cultural, environmental, reality, and existential schools, to those which escape inward, to undervalue œdipal, castrative, and the structural developments of the mid-period of childhood with exaggerated emphasis on development in the early months of life.

While I have emphasized the chronicity and stubbornness of neurotic structures, and their resistances to therapeutic work, this does not minimize but rather affirms the need for patience, perseverance, and persistence in applying the psychoanalytic method. And I would have us return, as emphasized in all the considerations I have given, to our main focus on the unconscious and on repressed intrapsychic contents. Ego psychology without equal attention to what is defended against contributes only to the one-sidedness of modern interests.

The psychoanalyst should be, more than anyone else, the generalist, integrating and cohering influences from past to present, from inner to outer, from microscopic to the most global macroscopic, cultural, socioeconomic and political influences on human life. And above all, the fragmentation and divisiveness between individuals—subjects which can be studied and understood by the psychoanalytic method—should vigilantly be prevented from influencing, by a process of entropy, the observing instrument itself.

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ORGAN TRANSPLANT, BODY IMAGE, PSYCHOSIS

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Transplant operations are more than outstanding surgical feats, and their accomplishments involve more than the opening of a new surgical frontier. They are contributing also to our understanding of body image phenomena and, in particular, to our concept of how the *inside* of the body is arranged, and of the effects which are observed when this representation is radically altered through surgery. Until recently our knowledge of body image disturbances was mainly based on changes in the exterior of the body, and on congenital or acquired discontinuities of the external anatomy, as in cases of amputation or congenital aplasia (*cf.*, Kolb, 1954, 1959). Here the issue was the *loss* of a normal body part and the intrapsychic reaction to that loss. By contrast, transplants enable us to consider what happens when a foreign part is introduced into the body, when something new is *added.* The evidence suggests that the psychological processes in organ loss are different from those that occur when a foreign organ is introduced *into* the body. A hint of what may be involved is obtained when we consider the implications of the word, cancer. Cancer is no greater a killer than heart disease or a variety of other degenerative processes, yet it carries a special dread in that it is thought of as something alien which devours the person from within,

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i.e., it aggressively attacks the normal architecture so that it is radically and fatally altered. Something bad, foreign, and noxious replaces what is good, stable, and represents the normal self. It is perceived as a return of the repressed, as a replacement of what is adult, predictable, and socialized by what is primitive, destructive, and uncontrolled.

A way of approaching the question of how the inner body image is perceived, and the resultant effects when it is radically altered, is to consider the emotional sequelae of transplants of major body organs and how these are tolerated. The sequelae are often of major proportions. While this is especially true in the case of heart transplants, they also occur, more frequently perhaps than is generally realized, after kidney transplants. For example, I was told by Dr. Donald Rochelle, a member of Dr. Denton Cooley's team, that one half to two thirds of their heart transplant patients had shown some significant depression and that a few had been deeply depressed (*cf.*, Castelnuovo-Tedesco, 1971). In Lunde's (1969) report on heart transplantation at Stanford University, of the first nine patients, three suffered a psychotic reaction during the postoperative period. In a case of heart transplant that I had the opportunity to study, the patient showed massive anxiety, which finally took the form of a wild and disorganized psychotic reaction (*cf.*, Castelnuovo-Tedesco, 1970). Penn and his co-workers (1971), in their study of two hundred ninety-two kidney transplant patients, reported that all had experienced episodes of reactive depression; that severe depression occurred in fifty-eight patients; and that seven patients had attempted suicide, two successfully. They also estimated that fifty-eight patients had developed *de novo* psychiatric problems following their transplants. This is a much higher proportion of severe psychiatric complications than one encounters after major surgery not involving transplantation. It has been estimated that in general surgery the incidence of postoperative psychosis is approximately one out of every fifteen hundred cases (*cf.*, Abram, 1971).

One should avoid simplistically correlating the patient's emotional disturbance with changed body image. Clearly other issues are involved. For instance, there is the role of corticosteroid compounds (*cf.*, Castelnuovo-Tedesco, 1971) widely employed as immuno-suppressive agents, and the fact that transplant operations typically are 'eleventh hour' events occurring in the context of grave threat, high uncertainty, and florid fantasies of rescue. Yet there is also substantial evidence that the patient may be responding to the presence within him of what is to him psychologically a foreign body. For example, in the case I studied the patient was clearly distressed by the fact that he possessed not only a heart that was not his own, but one that had belonged to a woman. Ultimately, in his highly regressed state, this meant that he had stolen what did not—or should not—belong to him, namely, his mother's heart. Later, in his psychosis, he had the distinct hallucinatory impression that the woman was calling him: that she was coming back to retrieve what belonged to her and, by this process, she could absorb and incorporate him just as he had done earlier when he had acquired her heart (Castelnuovo-Tedesco, 1970). Cramond (1971) has noted the concern of male patients who receive a woman's kidney; Kraft (1971) reports that one of his heart transplant patients asked 'if having a girl's heart would change him in any way. Another patient told his daughter, "Now I am a woman".' A third patient referred to his heart as his 'lady', and even answered some questions about himself in the female gender (p. 67).

Another point of evidence refers to the feelings of being reborn which transplant patients experience with considerable frequency (*cf.*, Cramond, 1967; Castelnuovo-Tedesco, 1970, 1971; Christopherson and Lunde, 1971; Kraft, 1971). The intensity of these feelings varies from a mild and pleasant sense of confidence in one's own renewed ability to carry on to a feeling, which borders on the delusional, of actually having received a new life and which often is accompanied by marked and inappropriate euphoria.

A patient with a kidney transplant, whom I studied closely, felt that he had received not only a new kidney and a new lease on life but also new wisdom. Yet only a few days prior to his transplant, he had been extremely depressed and in great despair. The transplant had been carried out just at that time, in part because he appeared not to tolerate the dialysis situation any longer. Two or three days prior to the kidney transplant the patient had had two dreams, the first having recurred several times over the course of two nights.

Dream 1: I am fighting with the doctors who want to take the AV shunt out of my arm. I am struggling and saying that I do not want them to do it.

Dream 2: I am at my childhood home. A huge map of the U.S. is lying on the front yard outside the house. I am somewhere in the eastern United States [where, in fact, the patient had been born] and the action is taking place in colonial times. Everyone is wearing the dress of that period. I have staked out an area of land for myself but there is another man, wearing a tuxedo, who wants to jump my claim and take it away from me. In order to foil this man I stay awake until the land official arrives to register my claim. However, the man in the tuxedo shoots the land official and then changes into someone dressed like an old-fashioned general practitioner, carrying a doctor's bag. I run to the front of the house, pursued by the murderer who has changed once more into a tuxedo. I run away then to avoid him.

The first dream specifically refers to a real event: the doctors were planning to replace the AV shunt attached to the patient's arm with an AV fistula. He had raised objections and had reminded the doctors that at one time they had told him he would not have to have this procedure if he did not want to. Now, however, the doctors wanted to carry it out and the patient felt that he was being pressed against his will. The dream thus refers indirectly also to another more serious procedure

—the transplant—which was also being considered by the doctors and was unconsciously resisted by the patient.

The two dreams, then, brought together this patient's great fear of the forthcoming transplant operation—perceived unconsciously as a murderous attack—and his suspicion and resentment of his doctors who 'change', who are unreliable, who say one thing and do another. His œdipal guilt (he cannot 'stake his claim'), his castration anxiety and resultant passive-feminine posture toward his father derive from the past ('colonial times'). At the deepest level, however, he saw himself as the murderous thief trying to steal what did not belong to him. He would also be the one who had undergone a 'change', a reference to his altered body image after the transplant. In order for him to undergo the change (to receive the transplant) someone would have to die, which, in the language of the unconscious, means that someone would have to be killed. In the dream someone *is* killed. It is significant that the patient knew he would receive a cadaver kidney, inasmuch as no one in his family could act as a donor. Another interesting aspect of the second dream is the patient's effort to stay awake in order to avoid the murderer who wants to 'jump' his claim. This suggests another facet of the forthcoming operation, the anesthesia, and his fear that castration-murder would be inflicted upon him unless he remained awake and vigilant.

After the transplant operation he reported that he had felt 'a little weird' at the thought of now having someone else's kidney. The thought, however, had been quickly dismissed and repressed in his increasing euphoria. He became quite elated and talked a great deal, mainly about religion and about having found God. He explained that the operation had given him a feeling of confidence he had never known before. He said the doctors had put into him more than a new kidney, that he felt reborn, and as if he had got 'more than my slice of life'—a new slice which made him feel like a chosen person. In fact, he said, with the operation 'God had come inside' of him, so that he had developed a 'new

wisdom'; now he would be less demanding toward others and would not be upset by their hypocrisy or their behaving in an unchristian fashion. He continued in this vein for about a week and then gradually stopped talking about God and spoke instead of travel and of hoping to find a strong, wise man—someone like Albert Schweitzer—who would give him wisdom and teach him about life. After a few more days he no longer spoke of Schweitzer but of wanting to join Vista or the Peace Corps and of helping Indians or the poor.

One day he revealed that he knew that the man whose kidney he had received was white and thirty-eight years old. This was the extent of the information he had about his donor, and from this the patient had concluded that the man must have been married and must have been a 'level-headed guy'. In part, this was the basis for his newly found maturity and wisdom. He would have to prove himself worthy of his donor and, in turn, when he died he wanted to make parts of his own body available for transplantation so that someone else might benefit, just as he had. After considering which organs he might donate, he decided that, like Œdipus, he would dispense with his eyes. This seemed to be, among other things, an obvious expression of guilt over having taken what did not belong to him. He emphasized the high-mindedness and altruism of those who donate their organs as if to stress that he had a kidney not because he had taken it, but because someone had given it to him.

Over a year later, the patient let me know that he had given his kidney a name, Clarence. He said he had done this because he felt embarrassed whenever a particular friend asked him in public, 'How is your kidney?'. He had advised this friend to say instead, 'How is Clarence?' so that others would not know what they were talking about. Somehow the name had stuck and, in fact, the patient now referred to his kidney as 'Clarence'. For example, while telling me about a recent serious episode of rejection, he said. 'I almost lost Clarence'. When I asked him how he had happened to select the name Clar-

ence, he thought a while and then said that Clarence to him was a name like Clyde; it suggested 'a screwball, a ding-a-ling, a country bumpkin, someone who goes "dah" [here he imitated a moron's grunt]. It would be okay in the Ozarks, but not in a big city.' Then he went on, 'Clarence is the name of someone that doesn't fit. So it's the right kind of name. You might say that the kidney does not fit me because it doesn't belong to me.'[1]

On the same occasion the patient also related an interesting fantasy. He fantasized that his donor (a man of thirty-eight) had an eighteen-year-old daughter, and that one day he would meet a girl who would talk to him about her father. She would mention that her father had died on such-and-such a date in such-and-such a hospital and that one of his kidneys had been used for transplantation. Suddenly the patient would realize that she was the daughter of his donor and he would say to her, 'I have your father right here', pointing to his abdomen where his single kidney now rests. I asked how the fantasy ended and he said he had never been able to take it beyond this point, i.e., beyond imagining the face of the girl, aghast at the startling and dramatic revelation.

The patient also mentioned that he preferred a cadaver kidney to one received from a member of his family because it made the whole affair more impersonal and there was less feeling of having *taken* something from someone. The patient considered the possibility that, should his present kidney fail, he would need a second transplant. Again, he said, he would seek a cadaver transplant. He would not like to receive a kidney from a member of his family, especially from his mother (what if she were injured as a result of the operation?) or from his brother (because he would then have to show him appreciation and gratitude). Besides, he said, his brother is very different from him; while he sees himself as

[1] 'Clarence' is also close enough to 'clearance' (kidney function) to suggest a pun. Although the patient did not make this connection, a patient with chronic kidney disease knows that his life depends on his 'clearance'.

'fairly square', his brother is 'something of a hippie'; therefore, his brother's kidney would not fit well in him. Moreover, he added jokingly, someday he and his brother surely would have an argument and then maybe his brother would want his kidney back.

In a similar vein is some material about a pair of twins (one asthmatic, the other homosexual) which Dr. Cecil Mushatt kindly made available to me from an unpublished work by Knapp, et al. (in preparation). Cross skin grafts had been carried out to establish that the twins were identical. Soon after receiving the skin graft (a small patch, approximately one inch square), the asthmatic twin said he did not like having his brother's skin on him; he was at that moment on the verge of anger and felt like tearing at the graft. He added that if it were a matter of a kidney transplant, he would not want to receive a kidney from his brother. 'I'd *give* him a kidney, but I wouldn't *take* one from him.' Looking at the small piece of grafted skin on his left arm, he said, 'That's Herb's. . .'. Later, again pointing to the skin graft, he joked that he had been 'branded', a reference to their life-long symbiotic tie which the graft now had intensified. For the asthmatic twin the graft quite literally meant having his brother under his skin; it had mobilized his extreme ambivalence and conflict about union, identification, and separation, and had again brought into question his own heterosexuality.

Adverse psychological reactions seem to be more common, and also more severe, following transplantation of the heart than after transplantation of the kidney. This, we believe, has much to do with the special way in which the heart is perceived as the most vital of organs and as the recipient of the most intense cathexes. Surgery on the heart, therefore, is accompanied by greater threat, by a heightened sense of danger, and by special fears that it will result in annihilation.

Significant in this context is one of the more successful attitudes toward transplantation assumed by both patient and surgeon in order to stave off potentially catastrophic implica-

tions. This is the idea that what is transplanted is not the heart, the vital organ, the bearer of life, but simply a pump. In the words of Dr. Michael DeBakey the heart is a pump, 'a magnificent pump, but only a pump' (Castelnuovo-Tedesco, 1971). In the same spirit is a vignette about one of Dr. Denton Cooley's patients who had made a particularly successful adjustment to the operation. One day Dr. Cooley showed the patient a glass jar with his old heart in it and then asked him if it bothered him to be reminded in this way that he no longer had his own heart. The patient, who had been a car salesman, said that he was not troubled at having given up his heart, just as in his work he had never been bothered at seeing old cars come and go. He, too, regarded his heart as 'just a pump', to be turned in for a newer model when it got too old to do its job (Castelnuovo-Tedesco, 1971).

At this point we might consider what appears to take place psychologically in connection with the experience of receiving the transplant of a major organ. One is led to surmise that the new, transplanted organ immediately achieves mental representation and that it begins to relate itself to existing introjects with which it unites and which it activates. The patient then has an experience that goes beyond receiving a bodily organ with which his physiology must come to terms. It is not simply a matter of the body learning to use the new organ as its own and adapting to it physiologically in the interest of survival. Rather, it seems, the self unconsciously experiences the new acquisition as an introject, as an object or part-object that immediately becomes affectively very active. The presence of this foreign organ, the conflictual meanings attached to it, as well as the anxiety of the life-and-death struggle in which the patient is immersed, facilitate and stimulate regression. The transplant then is not experienced as it actually is—as 'just a pump'—but as a bit of reality that has been anthropomorphized, as a symbolic representative of another human being. Thus some male patients receiving a woman's heart feel that they now have a woman inside, that they are becoming

feminized. Similarly other recipients of heart or kidney transplants have felt that they might have received the special human traits that were characteristic of the donor, ranging all the way from criminality to special virtue or artistic talent. Barzini (1971), the Italian writer, mentions that Malaparte, another Italian writer and journalist, who died some years ago of lung cancer, 'right to the end . . . refused a blood transfusion for fear of thinking another's thoughts or being animated by another's life' (p. 59).

This material and these theoretical considerations suggest that we should speak of 'body imagery' or even 'body imaginings' rather than of 'body image', which inevitably conveys something much more fixed and static. Actually, the body image turns out to be a rather fluid process, strongly influenced by, and influencing, the level of ego integration, including the degree of regression present at any given time. One cannot overemphasize the variability, fluidity, and time-bound quality of this whole phenomenon. Schilder (1950, especially pp. 188-194, 234-243, 273-283), of course, was well aware of this. Yet the term 'body image', which he coined and popularized, has promoted the tendency to regard this concept in the singular and as firmly established rather than as a kaleidoscope of views held together in a dynamic equilibrium.

The greater the degree of regression, the more the patient's mind, under the stress of the situation, operates in terms of primary process and deals with the transplant experience in fantastic, primitive, instinct-ridden terms. For some patients, these introjects have a primarily malevolent, hostile, and destructive significance. For others, they have a life-giving, life-strengthening, and enriching meaning. In the latter group one sees patients who are euphoric, imbued with special strength and vitality, sure that they have a gospel or a new message and that it is their obligation to make it known to all. For example, some of Cooley's patients felt an obligation to promote the work of transplantation by collecting money, proselytizing, and convincing others. Some were indefatigable

in speaking and working for their causes. Here one can readily recognize the patient's feverish effort to remain on good terms with his ambivalently held introjects and to keep them from becoming dangerous persecutors as a result of further regression. Such profound regression manifests itself by a disorganization of psychotic proportions.

Considerations of this sort have led me to suggest that transplant operations which replace an old organ with a new and foreign one differ fundamentally in their psychological significance from more traditional operations that simply remove diseased or worn out organs, no matter how serious and risky this latter type of operation might be (Castelnuovo-Tedesco, 1970). Similarly, therefore, one might distinguish between operations that are simply life-*saving* and those, like the transplants, that may be regarded as life-*extending*. The life-saving operations, then, act by *removing* a body part that has become bad, noxious, or 'waste' as a result of disease. If successful, these operations permit the patient to achieve, or at least approach, his normal or 'allotted' life span. By contrast, transplant operations—regardless of their ultimate outcome—carry the implication that life has been extended *beyond* the normal or 'allotted' time and that the person has, in fact, been granted a new life. Moreover, life-saving operations, by removing a diseased part, appear to restrict or limit the body image. What was ego must become nonego; the patient experiences a *loss* and this is demonstrated by the depression that typically and quite regularly, at least in mild form, follows surgery and by the tendency in many cases to retain the lost part or organ in fantasy, as shown by the occurrence of phantom phenomena.[2] By contrast, life-extending operations *enlarge* the body image. Something is *added* and the individual must make room for this addition so that

[2] Phantom sensations can occur after surgical removal of internal organs (particularly the uterus, stomach, bladder, or rectum) although of course they are most characteristic after loss of an extremity or an exterior part of the body (*cf.*, Dorpat, 1971).

something which previously was nonego may come to be felt as part of the ego. Here one finds affective phenomena that are typical sequelae to the transplant experience: on the one hand, the euphoria associated with the possession of a new life-giving and strength-enhancing source; on the other hand, paranoid dread and panic arising from the presence within of an object which now has become a dangerous persecutor.

In attempting to understand the psychological vicissitudes of transplantation, it may be helpful to consider certain physiological analogies. Surgeons have found that the success of a transplant depends upon the immunologic similarity of the tissues of donor and recipient. These, in fact, can be graded as to the quality of the 'match'. If the match is not close enough, the transplant fails to 'take' and is rejected as a foreign body. In a similar way the self must come to terms psychologically with the newly acquired organ, making it an integrated, functioning part of its body image rather than experiencing it as something alien and dangerous, or perhaps even as simply unassimilable. The process by which this integration takes place is complex, multifaceted, and, as yet, understood only in its broadest outlines. Clearly it involves not only the unconscious significance ascribed to the particular organ transplanted but also the ego's over-all adequacy, resilience, synthetic effectiveness, as well as its sustained capacity to function in terms of the secondary process. It is precisely this capacity for objectivity and neutralization that might make it possible to regard a new heart as 'just a pump'; that is, in the same spirit with which we regard the fillings in our teeth. On the other hand, it is easy to see that, given the enormous stress and life-and-death anxieties inherent in the whole transplant situation, the opportunities for regression are very great. With regression the new transplant not only may not be assimilated and integrated but may, in fact, be recharged with primitive and destructive meanings and be experienced as a dreaded

monster within, giving rise to a picture which clinically would be described as psychosis. This heightened vulnerability to regression by no means invalidates the possibility of successful transplantation. However, appreciation of this issue does help to define the source of the psychological risks and the extent of the practical problems that are encountered clinically.

SUMMARY

Recent experiences with organ transplantation contribute to our understanding of body image phenomena and, in particular, to our concepts of how the *inside* of the body is arranged. Until recently our knowledge of body image disturbances derived mainly from changes in the body's external anatomy when a body part is *lost* (as in the case of amputations or congenital aplasias). Now transplants enable us to consider what happens when a foreign part is introduced *into* the body, i.e., when something new is *added*.

Psychological material from a case of heart transplant and a case of kidney transplant are presented and related to other experiences from the literature concerning the frequency with which psychosis and other major emotional disturbances have been observed after transplantation. Although a variety of factors underlie the occurrence of postoperative emotional disturbance, the patient's need to cope with an altered body image appears to play a significant role. The patient commonly finds it difficult to regard the transplanted organ as a part of his own body; he may tend to view it, instead, as something which does not belong to him and to which he has no rightful claim. During regressed mental states, guilt about having 'stolen' the organ may occur together with the feeling that his essential characteristics have been altered as a result of possessing, inside, a part from another human being. Thus, some patients are euphoric and feel they have gained special strength as a result of this acquisition, while others, in a more regressed state, feel persecuted by the transplanted organ which they regard as a malignant foreign body.

The task of integrating the representation of the transplanted organ into the body ego is a difficult one, not infrequently fraught with major psychological complications. It is postulated that 'life-*saving*' and 'life-*extending*' operations differ significantly. The former are exemplified by the traditional surgical interventions which remove diseased organs and body parts; the patient experiences a loss and must adapt by restricting his body image. The latter are represented by the new transplant operations which add a foreign body part; the patient must cope with this predicament by enlarging his body image and permitting the foreign part to be integrated into it. There is always the possibility, fueled by the enormous life-and-death anxieties inherent in the whole transplant situation, that a major regression may occur which will not permit the new transplant to be assimilated and integrated. In fact, under such circumstances the transplant may become recharged with primitive and destructive meanings, giving rise to a clinical picture of psychosis.

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THE INTRAPSYCHIC INTEGRATION OF A NEW ORGAN

A CLINICAL STUDY OF KIDNEY TRANSPLANTATION

BY SAMUEL H. BASCH, M.D. (NEW YORK)

INTRODUCTION

As the surgical and medical complexities of kidney transplantation are reduced, psychiatric complications become more prominent and, in some cases, determine survival. Previous papers have discussed emotional problems accompanying organ transplantation (*cf.*, Kemph, 1966, 1967; Beard, 1969; Eisendrath, 1969; Eisendrath, et al., 1969) or have referred to variation in patient reaction to a given stressful situation (*cf.*, Blacher and Basch, 1970).

These patients have suffered the emotional sequelae of long-standing renal disease, often with disfigurement, and unsolicited dependency on doctors, limited recoverability, and severe problems in life adaptation. Most patients suffer from weakness, malaise, and fear of technical hazards, compounded by the dread of uncontrollable physiological changes which not infrequently cause central nervous system disturbances. Many have required peritoneal dialysis, a painful procedure accompanied by cramps and disturbing abdominal penetration. Repeated cannulation for hemodialysis requires hours of surgery with subsequent discomfort and pain at the operative site. The patient is left with a mechanical apparatus (shunt) on his arm or leg as an omnipresent reminder of his condition. The losses the patient experiences range from nephrectomy and the loss of body integrity and function to material and occupational

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losses, food and sexual deprivation, disruption of recreational activities, hospitalization with separation from family and friends, and the unpredictability of health. Ultimately, the patient realistically fears the loss of his life.

The two groups of patients this paper considers are recipients of family donated kidneys and recipients of cadaver kidneys. Although there are many similarities between the two groups, there are also significant differences. The recipient of a family donated kidney enters the transplantation situation with the cumulative complexities of the preceding relationship. Since only consanguineous relatives are donors, elements of the family drama may be compounded by the new factors in the transplantation situation.

The recipient of the cadaver kidney, on the other hand, has no previous relationship with the donor. The inert quality of the cadaver, however, offers ample opportunity for the recipient to fantasize about the donor or to transfer preconceived attitudes and feelings onto the cadaver or its organ. In addition, the recipient's associations to the lifeless state of the donor can affect his integration of the new organ.

This paper explores the effect of the transplantation experience and the patient's attitudes toward the donor on the integration of the new organ into the body image, and the effect of post-transplantation changes in the recipient's self-representation on his psychological adjustment and life course. The hypotheses expressed here are based upon clinical observations without a preconceived research design. Therefore, the findings must be viewed as suggestive rather than conclusive and as indications of directions for further, more substantive research.

METHODOLOGY

The data were collected over a four-year period from September 1966 to November 1970 at the Organ Transplantation Service of The Mount Sinai Medical Center in New York. The psychiatrist was one member of a 'renal team' which also in-

cluded two surgeons, two internists, a urologist, rotating medical and surgical residents, one social worker, four nurses, and a technician. Over fifty potential recipients were seen, of whom twenty-eight became actual kidney recipients. Of these, nine received kidneys from live donors and nineteen from cadavers.

All transplant patients were initially seen by the psychiatrist. Post-transplantation patients were followed in the weekly clinic where they were interviewed individually and observed in group interaction. The length of the interviews varied, depending upon the circumstances, with a variable interval between interviews. When indicated, the families were seen by the social worker and psychiatrist. Regularly scheduled conferences were held with the medical staff and nurses. No attempt was made to establish a psychoanalytic model or to deal in depth with the link between the current transplantation experience and pre-existing fantasies and conflicts despite the unquestioned value of this approach.

CASE MATERIAL

FAMILY MEMBER RECIPIENTS

Of the nine family donors, there were three maternal, two paternal, and four adult sibling donors. Pre-existing family conflicts were brought into the transplant situation. Although positive sentiments between the donor and the recipient predominated in most cases, ambivalence predating the transplantation appeared heightened by the procedure. The importance of the donor-recipient relationship has been noted elsewhere (*cf.*, Eisendrath, et al., 1969; Cramond, et al., 1968), and specific dyadic relationships such as mother donor-child recipient appear to exist in patterns. It has been reported that mothers may be better donors psychologically (*cf.*, Kemph, 1966) even though siblings may make better donors physiologically. However, conflicts with parental donors are reflected in serious complications or even suicide.

Recipients of Parental Organs

The adjustment of the recipient of a parental kidney is influenced by the parent's and the recipient's personalities and

attitudes and by the shifting relationship between the patient and the parental donor. In this paper there is no attempt to separate the category of mother donor from that of father donor, although this difference might be more important than other differences that are presented.

In *Case A,* Ina, a twenty-five-year-old married female, while awaiting her transplant stated that she felt happy about receiving her mother's kidney: 'My mother is a part of me. If my kidney was from a stranger, it would be like borrowing it from somebody.' Although dependent upon her mother, she had gone to a distant college.

The mother donor preoperatively described her feelings: 'When a baby is sick you can always do something. You can give her something. With my daughter I was helpless, and then I finally discovered and thought of an idea of doing something for her to save her life.' She added that she was waiting for the time when she 'would be able to give her life'. When the mother was asked how she felt about being a donor, she replied: 'How do you think I felt when I carried her for nine months? She is part of me anyway. She shared things with me then and she'll share them now.' She ambivalently added, 'Please, God, her body shouldn't reject it'. The mother prepared herself for the operation by taking vitamins for the first time since her pregnancies. She believed the patient would never have become ill if she had not gone away to college but remarked, 'You can't tie a child to you when they grow up'.

The mother suffered a postoperative depression, was despondent and angry. She contrasted her experience with her postpartum experience: she was surprised and disappointed to have so much postoperative pain; the only thing she had delivered was a kidney (not a baby), with nothing to show for her suffering except a scar. On the first postoperative day the mother, weak from surgery, managed to call her daughter on an intrahospital telephone and delivered an angry tirade. The telephone had to be disconnected to protect the daughter from her mother's invective. The mother stated: 'I would give up my mind for Ina. I would give anything to make her well, but how much of nothing am I supposed to be? I've done things

for my children and my husband and nobody seems to care anything about me.' She added, 'If something ever happens to me they would cut me into pieces and throw me to the wolves'.

Following the transplant, the patient went to great lengths to deny her dependency on the doctors. She would come to clinics late, leave quickly, and take trips to distant places. She appeared at the follow-up clinic insisting that she did not care to discuss her plan to adopt a baby and then proceeded to institute the adoption arrangements.

Psychodynamics peculiar to the maternal donor were reflected in her identification of the surgery with pregnancy: her preparing and planning, including the taking of vitamins, her sharing of organs with the offspring, her disfigurement, the genitourinary connections, the giving of life, and her loss of internal contents. Although a comparison can be drawn between a postpartum reaction and the mother's postoperative anger and ambivalence, the dissimilarity may actually be the critical factor. The mother suffered a loss of a significant organ but did not bear the fruit of her pains. She felt resentment over her lack of compensation for her sacrifice. The difference between childbirth and transplantation became real to the mother only after the transplantation. The altruistic motivations of a maternal donor may be sincere and in keeping with the motherly role. However, beneath the surface the donor's expectation may be contrary to the reality. The unconscious factors must be carefully considered in understanding donor motivation.

In *Case B,* a twenty-six-year-old male prospective recipient lived at home with his nurturing mother who was his confidante and constant companion. She even accompanied him to his only outside activity, bowling. When interviewed the mother volunteered a comparison to parturition by stating, 'I gave birth to Richard. Now I'm giving him something of myself. I'm giving him a new start in life again. It's glorious.' However, ambivalence was reflected in her covert assault through the medium of 'joking' with her son about the impending trans-

plant with statements such as: 'Treat me good or I won't give you my kidney'; or 'A forty-five-year-old woman's kidney is better than none'. She told him of an older man she knew 'who received a kidney from a nineteen-year-old which made him younger'. Despite this, both mother and son regretted that they could not be with each other postoperatively to give comfort, and each expressed concern over being apart too long. Both Richard and his mother appeared to consider transplantation as a legitimate opportunity to intensify the pre-existing symbiosis and dependency.

In the two cases presented, the mothers expressed strong desires to continue the mother-child nurturing relationship and compared the transplantation to giving birth. However, the ambivalence was marked by a post-transplantation telephone tirade in the first case and by joking threats in the second. The recipient in *Case A,* before the transplantation, appeared to agree to the donor's rather symbiotic terms, but after the surgery, she rejected her mother's attempts to rekindle an earlier dependent relationship. She strove to ensure her independence by distant travel and her plan to adopt a baby. In *Case B,* the symbiotic and dependency elements superseded the ambivalence.

In *Case C,* Judy, a sixteen-year-old recipient of a maternal kidney, was both dependent upon and hostile toward her mother. She had a similarly ambivalent attitude toward the transplanted kidney, which she received in March 1967. Until her death in October of the following year, she resentfully referred to 'mother's kidney'. During medical crises she would state how disturbing it would be to her mother if something went wrong with 'mother's kidney'. She remarked that she had felt ugly since the transplant operation. She complained of being restricted in her activities and forced to spend excessive time at home with her mother who 'babied' her. On the other hand, she felt she needed to maintain a good relationship with her mother, upon whom she relied heavily. When the fall school semester approached, Judy became more concerned

about her appearance. She was unhappy about the kidney's forcing her to use medication which would make her unattractive and her mother's stressing that she must take drugs 'in order to keep the kidney alive'. During a September clinic visit it was noted that her steroid facies had diminished although she denied reducing her prescribed drug intake. She had previously expressed envy of another adolescent transplantation patient who had become prettier following steroid reduction. Shortly after the September clinic visit, Judy became acutely ill and died. The death was attributed to the discontinuation of her medication.

Although dependent on her mother, Judy associated her feelings of being unattractive with the maternally donated kidney. She resented being babied and viewed the restriction of her activities as her mother's doing. The ambivalence was marked, as was her persistence in referring to her new organ as 'mother's kidney' and not accepting it as part of her own body. As a projection of her internal state, the matter of appearances was quite critical here and closely connected with changes in body image and self-image. Assuming the patient's contribution to her own demise, one could speculate whether her death represented an attempt to remove an undesirable and ugly part of herself—the maternal introject—and in so doing to eradicate her mother or an undesirable aspect of her mother specifically represented by the kidney.

A similar situation in which the kidney was endowed with unacceptable introjected qualities of the donor was seen in *Case D,* a ten-year-old boy, Henry, who died prior to the time the psychiatrist became a part of the transplantation program.[1] The boy initially refused to accept his father as donor because he had abandoned the family when the patient was younger. Without the boy's knowledge, the father, who professed remorse for his previous behavior, donated the kidney that was trans-

[1] The information in this case came from other members of the transplantation team.

planted into his son. The recipient did well until six months later when his father appeared unexpectedly and revealed that he was the source of the transplanted kidney. The next day the patient was rushed to the hospital moribund; he died of severe leukopenia, explained by the doctors as secondary to an overdose of the immunosuppressant being used.

In this case the rejecting father, attempting to make amends, imposed himself on the patient in the form of the kidney. The boy may have inadvertently ended his own life in attempting to reject his father by destroying the kidney. The organ appeared to be treated by the recipient as the personification of the donor, the hostility toward the donor being expressed against the kidney. The psychodynamics resemble those Freud (1917 [1915]) proposed in explaining depression, namely, aggression toward the ambivalently conceived introjected object. The distinctive element here is the intrapsychic representation of one organ of a person (the kidney) being equated with the introjected representation of the entire person (donor).

In these four cases involving parental donors, the past and present dependency conflicts in the parent-child relationship were magnified by the actual dependency imposed on the patient in the transplant situation. The transplantation disrupts the previous resolution of problems of separation since in transplantation a manifest tie is re-established. These problems are especially pronounced in the younger recipients because of their concurrent developmental conflicts which involve changes in body image and identifications.

In the description of the recipients of parentally donated kidneys, there was a focus on the complications. This is not to imply that parents are undesirable donors; it is likely that the opposite is true, although complications may occur when a prominent disturbance in the parent-child relationship exists. Careful study of these relationships prior to the transplantation is essential, as is the continuing psychological evaluation postoperatively.

Recipients of Sibling Organs:

Complexities are also seen in the sibling donor-recipient relationship. The specific conflicts exhibited in the parental donor situation were not as marked in the sibling group although other conflicts were noted.

In *Case E,* a forty-eight-year-old woman, Evelyn, who held a highly responsible position as an executive secretary, received a kidney from her younger sister with whom she had shared a strikingly parallel early development. She stated that the transplantation had drawn her and the sister closer together than they had ever been before; that they had become 'like two little peas in a pod'. However, she apparently did not include her sister's kidney as part of her own body; she referred to the new kidney in the third person: 'She's doing pretty good'. Although a warm relationship always existed, since the transplantation the two sisters have spent much more time together.

Case F illustrates the unacceptability of what the new organ can represent. A fifteen-year-old boy, Arnold, had two kidney transplantations performed at another institution but was followed up at The Mount Sinai Medical Center. The patient discussed how disturbing it had been to receive his first transplantation from a man who had shot himself. After six months the kidney was rejected. The second kidney was donated by the patient's twenty-six-year-old brother. The patient described his anxiety and guilt prior to the second operation and his fear that his brother's kidney would fail and he, the patient, would die. Following the transplant, the patient did well for over a year and a half, but one morning reported to the clinic in a panic, demanding that the surgeons remove his brother's kidney. He stated that his brother was a homosexual and he did not want a homosexual kidney inside him. Furthermore, he was dissatisfied with the kidney because his blood urea nitrogen was elevated and he feared he would die. After lengthy discussions, he agreed to keep the kidney. Following this incident, he went on a stringent diet and lost forty pounds, saying that he wanted to be in better shape since he was too soft and round; he wanted to feel and appear stronger, especially for the girls at school.

The patient's identification with the homosexuality of his brother was accompanied by overwhelming anxiety. Defensive attempts at resolution were made through actual changes in body appearance. The brother's kidney was conceptualized by the patient as a genitourinary introject which he first dealt with by demanding its removal; later he attempted to alter the feminine image by creating a leaner, more masculine external appearance.

The potential recipient in *Case G,* a thirty-year-old woman, Babette, was edematous following a bilateral nephrectomy. She had a dream while her brother was being evaluated as a potential donor. She fell asleep worrying that her brother would be harmed in the surgery. In the dream her family was huddled safely in a hut in the midst of a swamp. Despite the patient's warnings to her father of the dangers of sinking and drowning, he went out into the swamp to search for her missing brother. He found the brother squatting down and urinating like a woman. She remained standing safely in the hut. The patient did not provide associations to her dream and the data do not warrant any conclusions about penis envy. However, it is interesting to note that following a bilateral nephrectomy and the patient's wish to have her brother's invaluable organ, the brother's squatting and her standing in the dream reflect a male-female posture reversal of urinary functioning.

Case H was another potential cross-sexual sibling transplantation. The brother recipient, who feared that the transplantation would decrease his sexual feeling, compared the personality of his wife to that of his sister, the donor, to whom he had strong childhood ties. 'They are very close and similar, just like sisters. They wear the same size and exchange clothes. From a distance you can't tell which is which. We all live in the same house.' He stated that his sister should be allowed to be the donor even if it hurt her, in order for her to feel the satisfaction of giving.

As in similar cases at other centers (*cf.*, Fellner and Marshal, 1970), the sister made an immediate and unqualified decision to be the donor and spontaneously stated that even if donating

meant that she could never become pregnant because of having only one kidney, this was the least she could do for her brother. Her brother would owe her nothing; however, if she were the recipient of her brother's kidney, she might feel forever grateful, as if she would have to do something for him in repayment.

In this cross-sexual sibling transplantation, the male recipient was concerned that his sister's organ might reduce his male functioning, while the sister viewed it as potentially removing her female functioning. Post-transplantation impotence reported by other male recipients and the legitimate concerns on the part of female recipients regarding childbirth indicate the ways in which anxiety over reduced sexuality may affect the integration of the new organ.

Although dependency conflicts and ambivalence were more striking in the cases with parental donors, they were not absent in the sibling donor situation. The problems of cross-, or even same sex, transplantation in siblings require further study.

RECIPIENTS OF CADAVER ORGANS

Of the total number of nineteen patients, there were three paired sets (one cadaver, two recipients) and thirteen other recipients. Just as the recipients of family donated kidneys appear to ascribe traits of the donor to the new kidney, so in a sense do recipients of cadaver kidneys, despite the absence of a previous relationship with the donor. However, the donor's being dead and unknown allows free rein for fantasy regarding the cadaver. These fantasies may be significantly influenced by the recipient's prior attitudes toward death and dying.

In *Case I,* the father of a seventeen-year-old boy was evaluated as a potential donor. As a child, James had made interminable but unsuccessful efforts to be closer to his remote and passive father. The father was disqualified as a donor when found to be hyperglycemic, much to the son's disappointment and simultaneous relief. James felt guilty, as if he himself had caused the diabetes by necessitating the father's transplant evaluation.

Although the patient had been informed of his prospective transplantation several weeks prior to the procedure, he was told forty-eight hours before the operation that 'a man down the hall' was terminal and that as soon as the man died he could have his kidney. The patient prayed the entire preoperative night that the dying man might live. He felt like a 'vulture', and spontaneously referred back to having felt guilt over his father's hyperglycemia. After the operation he became curious about the donor and was told the donor's name was Jaime. He began studying Spanish, at first on his own, eventually requesting a tutor. He also imagined that the donor looked just like his uncle, for whom he had warm feelings. When he later suffered a rejection crisis and was informed that he would lose the kidney, he tearfully said, 'Doctor, you'll never know just how attached I was to that kidney'.

This case illustrates the patient's conflict in taking an organ from someone for personal benefit and also the recipient's struggle to integrate the foreign organ into his body image. There were pretransplantation guilt feelings about his father as a donor as well as about the actual dying donor. In his fantasy following the operation, the cadaver was not viewed as his father but as a noncontroversial and warm figure, his uncle. He identified with only a single and neutral trait of the donor—his language. He suffered no apparent guilt postoperatively and more easily accepted an organ to which he had become literally and figuratively attached.

Cross-sexual transplantations with a cadaver donated kidney seem to create conflict just as in the cross-sexual sibling donated transplants.

Case J, a twenty-eight-year-old single woman, Veronica, received a new kidney from a male cadaver and seemed to be making satisfactory postoperative progress. She did not reveal her underlying fears regarding her sexual functioning and fertility until a surgical resident informed her that she should never bear children. At that point, for no apparent medical reason, she suffered a sudden rejection crisis with metabolic imbalance

and abnormal laboratory findings. It was not established whether the cross-sexual transplantation in conjunction with the news that she should not become pregnant made her feel less of a woman, but the organ rejection did follow her emotional disequilibrium.

In *Case K,* Dolores, a forty-eight-year-old woman, received her kidney from a surgeon donor who died unexpectedly. After the operation she complained about the pain from the kidney and feeling guilty about her ingratitude toward the 'insensitive' surgeons who 'like most men were a pain'. Several weeks after the transplantation, she became negligent about her appearance and room, later disregarding her general physical cleanliness despite susceptibility to infection while on immunosuppressants. Simultaneously, however, she spent much time washing her genitourinary area. She could not explain why she washed that part of her body alone, but said only that she felt it was different since she received the surgeon's kidney and that it required more care than the rest of her body. Several other recipients of cadaver kidneys developed handwashing compulsions.

The lifeless state of the cadaver donor appeared to affect other recipients in a variety of ways. One female recipient lapsed into periodic semistuporous states which were neither catatonic nor organic in nature; possibly they represented an identification with the donor. On several occasions as she was recovering from these states, she asked if she had just returned from the dead.

Identification with the cadaver donors was complicated in the three instances in which a pair of recipients each received a kidney from the same cadaver. These patients identified not only with the cadaver but also with their paired recipient. In all three instances of paired transplantation, when one of the recipients died, the survivor of the pair was overcome with feelings of guilt and impending doom, and became withdrawn. In one case the survivor of a paired transplantation who had closely identified with the deceased recipient became immobile,

mute, and exhibited no emotions following the death of his 'partner'. He was described by a nurse as appearing 'half dead'. One survivor of a paired cadaver transplantation took great pains to deny any danger and to prove his situation was in marked contrast to that of his deceased 'partner'. Shortly after the death of the paired recipient, the patient began to get excited each time he urinated and would state how great it was to be alive. On one occasion he curled up into a position which one nurse described as 'kidney shaped'. He facetiously stated, 'I am just a big hot dog'. Each urination assured him that he was still alive; he said his entire body had become like one huge genitourinary device.

Another morbid type of identification with the donor occurred in two young male recipients of cadaver kidneys. Each got a job related to death—one arranging flowers for funerals, the other guarding a cemetery. In this connection, Castelnuovo-Tedesco (1969) reported a cardiac transplant recipient whose apparent guilt reaction manifested itself in hallucinations in which the heart donor returned to reunite with the missing body part. Although it is possible that certain recipients feel there is a dead part of them that should be in a cemetery for a variety of reasons, including the reunion of the organ with its original owner, this was not apparent in the kidney transplant patients described.

In the cases of cadaver kidney transplantation presented, the recipients' attitudes toward the cadaver and his organ seemed to affect their integration of the organ. Just as the recipients of family donated kidneys appear to endow the new kidney with traits of the donor, so in a sense do recipients of cadaver kidneys, despite the absence of a previous relationship with the donor. Since there is no dynamic interaction as in the live donor situation, there is only a 'taking in' of qualities. The cadaver donor is not present to serve as a reminder of dependency, indebtedness, or other conflicts, and the recipient does not have to contend with the donor's reaction to sacrificing his organ. The donor's being dead and unknown, therefore, paves

the way for an intense elaboration of fantasies which, in turn, may be colored by the recipient's previous beliefs about death and dying. They are imposed on the feeling of death attached to the organ the recipient now has within him. Of the total number of recipients, only the patients in the cadaver donor group assumed immobile, deathlike states, or took up death-related occupations.

DISCUSSION

The data presented suggest how the attitudes a recipient develops toward his new kidney can affect the way the organ is accepted and integrated into his body image.[2] This assimilation is affected not only by the patient's preoperative ego functioning and object relations, particularly if there is a live donor, but also by the specific transplantation experience and other reality factors. In some of our patients, psychic conflict about the new kidney and donor appeared to contribute to physiological changes, possible transplant rejection and, in at least two cases, death. Understanding these conflicts may help to clarify criteria predicting success or failure in potential transplant patients.

It would appear that the transplant situation might interfere with normal introjection, identification, and other intrapsychic mechanisms that foster adaptation. Intrapsychic integration of the new organ and the adoption of traits of the donor are influenced by the relationship between the donor and the recipient. On one extreme there are individuals who appear to immediately incorporate the new object and what it represents into the ego in a primitive matter—in effect, a narcissistic identification. The other extreme includes those recipients who continue

[2] This article was completed before the publication of Muslin's (1971) paper, *On Acquiring a Kidney,* which touches on similar issues. The findings in both studies seem to re-enforce each other. However, while Muslin proposes that in most cases the internalization of the new kidney takes place in three stages (foreign body, partial incorporation, complete incorporation), our data do not reveal an integration of the kidney in stages, but rather a specific style of integration peculiar to each patient and his particular intrapsychic mechanisms.

to treat the new organ as an entirely foreign object. Most recipients are in the middle range of this spectrum and may assimilate the new organ without complications. However, the integrative process of assimilating the new organ representation into the self-representation may be unstable or faulty.

Although a number of recipients refer to the new organ in the third person, it is not clear whether they view it as an external or internal entity. The new organ may be endowed with qualities regardless of whether the recipient views it as internal or external.[3] In fantasy, the recipient may view the grafted organ as a foreign body within the body image, belonging to someone else but still internal. A favorable psychological adaptation does not require that the organ be considered internal by the patient. This was evidenced by the patient (*Case E*) who viewed the kidney as still belonging to her sister but enjoyed an uneventful postoperative course psychologically and continued compatible relations with the sister. In some, however, externalization may serve as a means for denying the presence of the new organ.

The recipient may treat the new organ as internal in several different ways. The organ can be 'taken in' and become part of a healthy body and self-representation, or it may be taken in as a pathologic fusion of the ego boundaries of donor and recipient. Alternatively, the organ can be taken in but treated as an appendage. Moreover, it can be taken in either intact or in part and can carry along with it singular traits attached to the donor, for example, the language, as in *Case I*. The recipient may then identify with those traits and the organ may become an internalized total or partial personification of the donor, almost a new identity.

Integration of the new organ is further complicated by what the organ represents and by fantasies and attitudes attached to it. If the organ is known or imagined to be from a different

[3] For a discussion of the confusion and controversy regarding the distinction between internal and external and the process of internalization, see Beres and Joseph (1970).

age group or from the opposite sex, there may be special problems. Difficulties are not limited to cross-sexual transplantation, but may arise from the recipient's endowing the kidney with any sexual or gender attributes of the donor, as seen in the brother-brother transplantation (*Case F*) followed by homosexual concerns.

A feeling of fusion or symbiosis with the donor may vitiate the recipient's image of himself as an independently functioning individual. This is most often the case since the sense of autonomy of most recipients is already tenuous because of the serious chronic renal disease. He is in reality dependent for his survival on this newly introduced organ and on the individuals associated with it. Although most of the patients in this series were adult, it was two of the younger patients whose behavior was suspected of being suicidal. These younger individuals, with developing and changing defensive structures and without established ego coping functions, may be particularly affected by the transplantation situation. Perhaps the turbulence of adolescence with its fluctuations in drive, body representation, and sense of identity, as well as ambivalence toward parents, rendered these recipients particularly vulnerable. Further investigation is required to understand which ego defenses and other mechanisms are necessary for healthy adaptation to the transplantation situation.

Prior ambivalence in the donor-recipient relationship may be aggravated by the transplantation. When the recipient considers his new organ a counterpart of the donor and displaces his mixed feelings toward the donor onto the new organ, he finds himself with an undesirable part of his body image that cannot be discarded. This unresolvable conflict could explain some of the complications noted among the recipients. The vulnerability of such an ego state was exemplified by the twenty-eight-year-old single female (*Case J*) whose sense of womanhood was threatened when she was informed that she should never bear children. Following this she experienced an actual kidney rejection crisis. The psychogenesis of rejection, although impossible to prove, has been impressive.

There appears to be an inertia that works against altering the body image. A breach in the ego boundaries and body image may cause the psyche to react to the threat of the new organ and attempt to reject it. This is the psychological analogue of the immunologic antigen-antibody response.[4] The two suspected suicides (*Case C* and *Case D*) may have been actions to 'throw off' the kidneys. However, it remains a perplexing issue why some recipients may need to take physical action, such as stopping medication, to rid themselves of the object rather than find an intrapsychic resolution to the conflict.

In most cases the resistance to change in body image does seem to be overcome and an attempt is made to integrate the transplanted organ into the body image. This may take time, and the lag may be accompanied by difficulties or distortions before a transformed body image can be reconciled. Prior to transplantation the recipient has individual expectations of himself and his body with regard to his own development and maturity, and preconceived notions of the type of body alterations which will transpire. These expectations are radically altered by the transplantation situation. As in other major surgery, there is a jolting disruption of the extant body image which demands sudden adjustment. The new object brought into the body must be integrated into the body image. The abrupt change in the body image, superimposed upon the vicissitudes of the introjection and identification mechanisms, provides fertile ground for disequilibrium and disruption. This may result not only in a lag in the patient's adaptation but in denial which, in turn, is difficult to maintain because of all the medical reminders of his condition. His expectation that the medicine will help is impaired by the disfigurement of steroidism. His expectation that surgery will be a quick or magical complete cure is betrayed by the post-transplantation complications. In his quest to shed his helplessness and gain autonomy, he paradoxically finds himself more dependent and helpless.

[4] The actual operating neurohormonal immunologic mechanism would be a complex reaction possibly set off by a psychosocial stimulus.

The way the patient views himself as dependent or as a 'vulture' having damaged, robbed, or otherwise harmed the donor, or how he feels about his appearance, may affect the integration of the new organ. This may be reflected in specific symptomatology. In *Case K,* the cross-sexual transplantation from a cadaver surgeon donor, closer investigation and more information would be required in order to do more than speculate whether the washing compulsion signified a washing away of guilt for taking the surgeon's organ (the death-connected part of her), the transsexual aspect of the transplantation, or had some other meaning.

If the post-transplantation image of himself is intolerable to the patient, he may act out self-destructively. The connection between the self-image and the integration of the traits of the donor were dramatically indicated in the suspected suicides of the daughter recipient (*Case C*) and of the boy (*Case F*), who by taking off forty pounds hoped to remove his homosexual image. Although not dealt with here, antecedent conflicts would have to be taken into account in both cases (*cf.,* Beres and Brenner, 1950). The connection between the self-image and the process of introjection relates not only to the attitudes the recipient holds toward the living or dead donor, but also to the ambivalence the recipient exhibits toward himself. He may feel he is an incomplete or partial person and look upon himself unfavorably. If he cannot compensate for this constructively, he may neglect his shunt or abuse the medical regimen, or compensate by utilizing other defenses. Denial, commonly employed, is interfered with by the ongoing relationship with the live donor or by the Cushingoid features.

The issue of indebtedness is important in the transplantation transaction. Ralph Waldo Emerson's statement, 'In Nature, nothing can be given, all things are sold', aptly describes the transplantation situation. The gain of the recipient at the expense of the donor is very real when there is a living donor. With a cadaver donor, the recipient may feel that the donor died so that he might live, as in *Case I.* Both donor and recipient are aware of the live donor's sacrifice—the increased probability

of renal pathology with a single kidney—and the recipient is well aware of what it means to suffer from kidney disease. In this regard, the altruistic motivations of maternal donors need to be more closely examined. Only through focusing on underlying childbirth fantasies and other unconscious conflicts can the motivations of any donor be understood.

It would also be of interest to investigate donors' motivations regarding what they may expect in return for the organ. In *Case H,* a sister donor-brother recipient, it was not determined whether incestuous wishes were aroused or unconsciously fulfilled in transplantation. The sister donor was willing to give up the prospect of pregnancy to be the donor. Her awareness of a reciprocity aspect was expressed only by the reversal of how indebted she would feel as the recipient.

The feeling of being indebted may apply to a cadaver as well as to a live donor. In the case of the heart transplantation patient previously referred to (Castelnuovo-Tedesco, 1969), the recipient had a hallucination in which the donor returned to reclaim her heart. To be considered here are psychodynamics dealing with feelings of guilt and indebtednesss on the part of the recipient for having robbed the donor of her heart (*cf.,* Basch, 1969). It appears that the essential ingredients of a comfortable intrapsychic adaptation to a new organ entail not only an integration of the new object into the body image but also a more complex integration of it into the new self-image representation and sense of identity.

SUMMARY

Nine recipients of family donated kidneys and nineteen recipients of cadaver kidneys were observed. Pre-existing family conflicts in the consanguineous recipients were heightened by the transplantation. Specific dyadic relationships reflected particular psychodynamic patterns, such as the dynamics comparable to those of parturition exhibited in the mother donor-child recipient cases. Recipients of cadaver kidneys seemed affected by their fantasies about the cadaver and their attitudes toward death and dying. They identified with the lifeless, inert

traits of the donors, and two patients took death-related jobs. Cross-sexual and homosexual aspects of transplantation were observed to affect the patients. Conflict over guilt and indebtedness was also present. Although most transplantation patients make a satisfactory adjustment, some have serious difficulties integrating the new organ into their body image, and pathologic introjections, denial, and other ego disruptive sequelae may follow. The evidence demands that psychological screening be as thorough as physiological screening of kidney recipient and donor.

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FEMININE PSYCHOSEXUAL DEVELOPMENT IN FREUDIAN THEORY

A HISTORICAL RECONSTRUCTION

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Freud's writings on feminine psychology have long been the subject of controversy. Much of the criticism of his formulations has come from dissident psychoanalytic groups and, of course, from the old and new feminists (*cf.*, Gilman, 1971). Current psychoanalytic literature reveals little direct questioning of his formulations,[1] although at times somewhat varying conceptions do appear.

Many analysts convey the impression that what is written on the topic does not accurately reflect their current views. Thus, to take one example, not many analysts would now view masochism in its various forms as the inevitable concomitant of normal adult femininity, although they may expect to see *fantasied* sexual masochism emerge as a normal development during the phallic phase and in adolescence. Similarly, few analysts would expect women to regard the acceptance of a generalized passivity and of feelings of inferiority as suitable therapeutic goals for themselves. Yet a reading of the standard literature on the subject could easily convey just such notions. We thus observe a curious phenomenon, namely, that there has been a difference between contemporary attitudes and the standard literature. This split is all the more striking if we consider the number of articles published on the most subtle and minute shifts in other theoretical formulations. An examination of the history of psychoana-

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[1] Recent exceptions to this have been Gillespie (1969), Sherfey (1966), and Robert Stoller's (1968) important volume. Previously, other contemporary authors had questioned aspects of Freud's views in this area, e.g., Greenacre (1952), Jacobson (1964), and Zetzel (1965).

lytic writings on femininity suggests that the gap was the overdetermined result of a combination of factors in the evolution of psychoanalytic thought and the psychoanalytic 'movement'. This paper traces the steps that led to this gap and attempts a reconstruction of some of the relevant history.

In the 1920's and early 1930's there was an intense controversy over feminine psychology that must have been well known to everyone at the time. Jones (1933, p. 466) and Fenichel (1930, p. 184) both refer to an ongoing debate among psychoanalysts. This debate was recorded in a fragmentary and partly submerged way, and, with fading memories, has since become rather obscured. For one thing, some of it was conducted in unpublished correspondence[2] and oral discussion. More important, without scrutinizing the dates of the relevant printed polemics it is not always clear who is answering whom or where. What follows is an attempted reconstruction of some of the sequence.

Karen Horney, Ernest Jones, and Freud were the main protagonists; Jeanne Lampl-de Groot, Helene Deutsch, and Otto Fenichel played important parts; others were involved peripherally. The key papers were four by Horney (1924, 1926, 1932, 1933), three by Jones (1927, 1933, 1935) and two by Freud (1925, 1931). There were important papers by Lampl-de Groot (1927) and Helene Deutsch (1930, 1932); Fenichel's (1930, 1934) role was interesting, and Melanie Klein (1928) was an important background figure.

We start with Karen Horney's (1924) paper, On the Genesis of the Castration Complex in Women, delivered at the 1922 Berlin Congress. Ideas presented there anticipate some very modern contributions.[3] The two central points in relation to the later controversy are: first, Horney's suggestion that early

[2] For instance, Jones (1933, p. 472) refers to a written exchange with Freud on the subject.

[3] See, for instance, Greenacre (1952), chapters four, seven, and twelve, and Rubinfine (1965).

pregenital penis envy (which in her next paper she designates as 'primary penis envy') be differentiated from a later, more intense form; second, for the latter, she posits different origins within the vicissitudes of the female œdipus complex, and regards it as the more important nucleus of what may develop into a neurotic 'castration complex' or 'masculinity complex' in women. She undertook to analyze both the primary and secondary forms of penis envy into their psychic components, rather than taking them as self-evident and self-explanatory reactions to the girl's factual constitutional inferiority. Thus Horney saw the origins of primary penis envy in the little girl's actual disadvantage in relation to three pregenital components: 1, urethral erotic omnipotent fantasies, arising out of children's narcissistic overestimation of excretory processes; 2, exhibitionistic and scopophilic wishes, in which the little boy is at an advantage due to the accessibility of his genital; 3, suppressed masturbatory wishes, since the girl tends to interpret the boy's ability to handle his genital during urination as permission for him to masturbate.

This primary penis envy is distinguished by Horney from a later, more complex defensive formation. Crucial to these formulations is an underlying idea, later to be argued forcefully by Jones, that *the little girl's œdipal attachment develops out of her intrinsic, innate femininity undergoing its own maturational processes.* According to Horney's thesis, and supported by extensive case material, the little girl, both disappointed and threatened by her œdipal attachment to her father, renounces her œdipal wishes and replaces them with an identification. Such defensive œdipal resolution is seen by Horney as the more potent force in keeping the 'masculinity complex' alive in adult women.[4] She assigns a secondary importance to the regressive factor, whereby early penis envy is revived by such an identification.

[4] The defensive function of the identification is stressed more explicitly in Horney's second paper (1926); in the first paper (1924) it is implicit, *cf.*, the statement '. . . the identification with the father . . . does not carry with it any sort of feelings of guilt but rather a sense of acquittal' (p. 65).

To do justice to her early insights, one more element of her observations should be mentioned; her description of a wishful fantasy of castration through intercourse with the father:

> . . . we encounter under totally different guises this basic phantasy of having suffered castration through the love relation with the father . . . . this phantasy whose existence has long been familiar to us in individual cases, is of such typical and fundamental importance that I am inclined to call it the second root of the whole castration complex in women (Horney, 1924, p. 63).

The disappointed œdipal girl defends against her wishful but guilt- and anxiety-laden castration fantasies with the opposite fantasy of possessing a penis. As far as I can determine, Horney is the first author to have identified this particular fantasy system as typical, though she is not generally credited with it. Through a clinical example, she linked her patient's persistent beating fantasies to all of the above—a point which will acquire special relevance later in this paper.

One can only guess why Freud found Horney's 1924 paper so unacceptable; masculine narcissism as a factor in shaping psychoanalytic formulations, explicitly referred to by Horney, may have played a part. Her thesis also implies the existence of an intrinsic pleasure-oriented feminine sexuality. Despite his well-known stress on the importance of sexuality generally, this idea seems to have been profoundly alien to Freud's thought. As early as 1905 Freud defined libido as 'invariably and necessarily of masculine nature, whether it occurs in men or in women' (p. 219). This he reiterates in the New Introductory Lectures on Psycho-Analysis (1933 [1932]): 'Nevertheless the juxtaposition "feminine libido" is without any justification. . . it is our impression that more constraint has been applied to the libido when it is pressed in the service of the feminine function . . .' (p. 131). Freud's insistence on the essential masculinity of the clitoris is related to his view of sexuality and libido as being intrinsically masculine.

In 1925 Freud's paper, Some Psychological Consequences of the Anatomical Distinction between the Sexes,[5] was published. Before examining its content, it is important to note that up to 1925 Freud had regarded the little girl's œdipal development as rather obscure and in need of clarification. On several occasions, he had spoken of his bafflement. For instance, in 1923 he wrote: 'Unfortunately we can describe this state of things only as it affects the male child; the corresponding processes of development in the little girl are not known to us' (p. 142). And again in 1924 Freud wrote: 'It must be admitted, however, that in general our insight into these developmental processes in girls is unsatisfactory, incomplete and vague' (p. 179). As late as December, 1924, Freud wrote to Abraham: 'I do not know anything about it. As I gladly admit, the female part of the problem is extraordinarily obscure to me' (H. Abraham and E. Freud, 1924, p. 379).[6]

In 1925, however, Freud offered a theory of the girl's psychosexual development.[7] A juxtaposition of relevant passages from Freud's 1925 paper with Karen Horney's thesis shows that some of the formulations he now presented constitute a direct reversal, an almost faithful mirror image of Horney's thesis. Freud wrote:

> In girls the Œdipus complex is a secondary formation. The operations of the castration complex precede it and prepare for

[5] Despite the time lag, this paper is regarded here as a response to Horney's for reasons which will become clear upon examining its content and later, the historical setting.

[6] This was Freud's response to an inquiry by Abraham regarding Freud's views on the relation between possible early vaginal sensations and the phallic phase in girls.

[7] Curiously, despite having arrived at a formulation which he was to reaffirm in all subsequent writings on femininity, within other contexts Freud was to go on making similar disclaimers of his understanding of feminine development. Thus in 1926, writing in The Question of Lay Analysis: 'We know less about the sexual life of little girls than of boys. But we need not feel ashamed of this distinction; after all, the sexual life of adult women is a "dark continent" for psychology' (p. 212).

> it. As regards the relation between the Œdipus and castration complexes there is a fundamental contrast between the two sexes (p. 256).

An italicized sentence follows:

> *Whereas in boys the Œdipus complex is destroyed by the castration complex, in girls it is made possible and led up to by the castration complex.*

In Freud's 1925 formulation, the girl develops her œdipal wishes and feminine attitude toward her father as a consequence of frustrated phallic jealousy, and by way of forced resignation to her castrated condition. Along with that, '. . . she develops, like a scar, a sense of inferiority' (p. 253). In her 1924 paper, Horney had suggested that the little girl retreats from the dangers of the œdipal attachment by attempting to identify with the father, thus greatly re-enforcing preexisting primary penis envy. Later in the 1925 paper, Freud wrote:

> In girls the motive for the demolition of the Œdipus complex is lacking. Castration has already had its effect, which was to force the child into the situation of the Œdipus complex (p. 257).

In contrast, Horney's thesis is based on the girl's need to escape from œdipal conflicts.

As mentioned above, Horney discussed the displaced genital meanings of her patient's persistent beating fantasies. In his 1925 paper Freud supplements his original interpretation of beating fantasies (1919), which had been primarily in terms of sibling rivalry and the vicissitudes of the infantile sadistic component. (His 1919 paper had also discussed a *secondary* phase of the fantasy, where it acquired an œdipal meaning [p. 189].) In 1925 Freud wrote:

> This phantasy seems to be a relic of the phallic period in girls. The peculiar rigidity which struck me so much in the monotonous formula 'a child is being beaten' can probably be inter-

> preted in a special way. The child which is being beaten (or caressed) may ultimately be nothing more nor less than the clitoris itself, so that at its very lowest level the statement will contain a confession of masturbation, which has remained attached to the content of the formula from its beginning in the phallic phase till later life (p. 254).

As compared to his original 1919 view, Freud's 1925 formulation emphasizes the *primary phallic,* i.e., in terms of his formulation, precœdipal derivation of this fantasy, but makes no mention of the œdipal significance he had originally suspected, and which was stressed especially in Horney's paper.[8]

One other item in Freud's 1925 paper arrests attention. In a footnote, he refers to a statement made in 1908:

> I believed that the sexual interest of children . . . was aroused, not by the difference between the sexes, but by the problem of where babies come from. We now see that, at all events with girls, this is certainly not the case. With boys it may no doubt happen sometimes one way and sometimes the other; or with both sexes chance experiences may determine the event (p. 252, n. 2).[9]

The changed stimulus for the earliest sexual curiosity was necessary for the inner consistency of Freud's 1925 thesis. If

[8] Later authors again stress the œdipal derivation of these fantasies, as reported by Rubinfine (1965): 'Since the publication of Freud's paper . . . a number of clinical observations . . . have suggested that the latent content of beating fantasies is more varied in meaning than was at first recognized. For example, *the relative importance of œdipal versus pre-œdipal derivatives and components is more significant than Freud originally was aware of . . .*' (p. 315, italics added).

In the same paper Rubinfine states: 'In 1957 at a study group meeting Kris . . . proposed that the infantile wish to be loved by the father (genitally) was perhaps regularly conceived by the child as being beaten by him. . . . Analytic experience with children and adults lends plausibility to this hypothesis' (p. 322).

[9] As pointed out by the editors of the Standard Edition, in the original 1908 paper to which Freud refers, he had reversed an earlier, 1907, formulation in terms of sexual differences. Freud then reiterated his new 'curiosity about babies' formulation on successive occasions, in 1909 and 1915, and in this paper does not altogether discard it.

penis envy was to be considered the one primary source of all feminine wishes, including those for a child, then the interest in babies had to occur later, at least for girls.

The only reference to Horney occurs in the final paragraph of Freud's (1925) paper:

> In the valuable and comprehensive studies on the masculinity and castration complexes in women by Abraham (1921), Horney (1923) and Helene Deutsch (1925) there is much that touches closely on what I have written but nothing that coincides with it completely, so that here again I feel justified in publishing this paper (p. 258).

As Jones was to suggest with reference to another point, it is difficult to guess here whether Freud actually misunderstood Horney to the extent that he did not recognize how antithetical some of their formulations were, or whether he was being polite. I rather think the latter, since his introduction to the paper shows that, without time to corroborate his impressions through further clinical observations, he now felt under pressure to offer his own formulations on questions he had for a long time kept in abeyance. Freud explained this departure from his more usual procedures on the basis of his limited life expectancy, reduced case load, and the availability of collaborators to confirm or deny the validity of his ideas:

> On this occasion, therefore, I feel justified in publishing something which stands in urgent need of confirmation before its value or lack of value can be decided (*ibid.*, p. 249).

Horney did not take kindly to the way Freud responded to her formulations. Her second paper, published in 1926, titled The Flight from Womanhood: The Masculinity-Complex in Women, as Viewed by Men and by Women, is frankly polemical, and in this way very much at variance with the first, which had respectful references to other analytic writers and to Freud in particular. The second paper elaborates some of her earlier formulations, and stresses the importance of

motherhood envy in men—the one observation with which she is still generally credited. She develops her ideas about the œdipal anxieties of the little girl, and is, I believe, the first author to point to the effects of fear of internal injury due to the disproportionate size of the paternal phallus.

But the main thrust of the paper is polemical. Under the influence of Simmel, she discusses the masculine orientation of the culture within which psychoanalysis developed, and of psychoanalytic formulations themselves. In a table, she compares the phallic little boy's notions of femininity and the corresponding psychoanalytic formulations, and concludes that they are identical. A note of bitterness creeps in at times:

> . . . men are evidently under a greater necessity to depreciate women than conversely. The realization that the dogma of the inferiority of women had its origin in an unconscious male tendency could only dawn upon us after a doubt had arisen whether in fact this view was justified in reality (Horney, 1926, p. 331).

Her later sociocultural bent is also foreshadowed here:

> It seems to me impossible to judge to how great a degree the unconscious motives for the flight from womanhood are reinforced by the actual social subordination of women (p. 338).

One year later, Ernest Jones (1927) strongly supported Horney in his paper, The Early Development of Female Sexuality, read at the 1927 Innsbruck Congress. While he introduces a number of observations and concepts of his own, in terms of the controversy under discussion he explicitly agrees with Karen Horney, whom he cites repeatedly. Like Horney, he regards the girl's femininity as primary: *'Freud's "phallic phase" in girls is probably a secondary, defensive construction rather than a true developmental stage'* (p. 451). Jones further elaborates on the danger of her incestuous wishes by considering the rival mother as a factor and records his impression that vaginal awareness may develop much earlier than had been assumed (p. 443). Melanie Klein (1928) read a

paper at that Congress, reporting her conviction of very early vaginal awareness. In her view, the little girl turns directly from the frustrations of weaning by the mother to receptive œdipal wishes toward the father.

Freud did not respond to the new Horney and Jones papers until 1931, but in the interval other authors offered some support for his theories. Lampl-de Groot (1927) wrote:

> In the first years of her development as an individual . . . she [the girl] behaves exactly like a boy not only in the matter of onanism but in other respects of her mental life: *in her love aim and object choice she is actually a little man.* When she has discovered and fully accepted the fact that castration has taken place, the little girl is forced once and for all to renounce her mother as love object and therewith to give up the active, conquering tendency of her love-aim. . . . Perhaps here, too, we have the explanation of a fact with which we have long been familiar, namely, that the woman who is wholly feminine does not know object-love in the true sense of the word; she can only 'let herself be loved' (pp. 186-187, italics added).

Lampl-de Groot posits the regular occurrence of a masculine 'negative œdipus complex' in girls, with the mother as sexual object and the father as rival; this, in her view, normally precedes the œdipal interest in the father (p. 189).

In 1930 Helene Deutsch stated in her paper on masochism: *'My view is that the œdipus complex in girls is inaugurated by the castration complex'* (p. 200). She also credited Horney with 'a very illuminating description' of flight from femininity (p. 202). In 1932, in her paper on female homosexuality, Deutsch refers to Freud's 1925 theory as follows: 'In that paper, he *demonstrates* the fact that the œdipus complex is not established until after the phallic phase' (p. 222, italics added). This is noteworthy considering the tentative way in which the 1925 formulations were offered, and also Freud's statement, in the interval, that he was relying in part on Deutsch's and Lampl-de Groot's findings (*cf.,* Freud, 1931). Deutsch's 1932 statement is consistent with her 1930 phrasing, where the italicized sentence states a *view.*

In 1930, Otto Fenichel, referring to 'the lively discussion in which different and sometimes contradictory views have been expressed' (p. 184), suspends judgment:

> Satisfactory answers to all these questions can be given only after exhaustive analysis of very many instances, which must exclude the regressive factor as far as possible in order to bring to light the true genesis. Perhaps the analysis of children may throw some light on the subject (p. 185).

He offers his own paper as 'a modest contribution to the collection of such material'. In the discussion following his case material, Fenichel agrees with Freud, Horney, and Jones on various points. He could find no support in his material for Lampl-de Groot's 'little girl is a little man' formulation (p. 201). He points out that Horney's finding of the use of masculinity as a defense 'does not necessarily contradict Freud's' (p. 200), and supports the notion of differentiating pre- and postœdipal penis envy, which he ascribes to Jones rather than to Horney (p. 201).[10]

In a paper written four years later, Fenichel (1934) still disagreed with Lampl-de Groot's totally masculine definition of the girl's preœdipal phase, and could not find support in his cases for the concept of a regularly occurring negative œdipus complex in girls (p. 279). These ideas were by then fully endorsed by Freud.[11] In his long and painstaking 1934 paper, Fenichel again tests the consistency of the proposed formula-

[10] Jones did suggest the designations 'pre- and post-Œdipus' for distinguishing the two sources of penis envy, but the idea of making such a differentiation in the first place clearly originated with Horney. This is worth noting since Horney's position is often presented as being one of denying altogether the existence of primary narcissistic penis envy. In addition, it became an increasing trend in the subsequent literature that ideas originating with Horney and supported by Jones were credited to Jones, if at all; at times even later authors were cited.

[11] Fenichel indicates no awareness of this in the 1934 paper. After reiterating his doubts about the regular occurrence of a negative (phallic) œdipus complex prior to the positive, Fenichel, in a footnote, cites Lampl-de Groot's paper (p. 219, n.) and does not refer to Freud's clearly expressed agreement with it. Fenichel could not have overlooked it, especially since Freud, in 1931, after endorsing Lampl-de Groot's position, explicitly took note of Fenichel's 1930 rejection of it (*cf.*, Freud, 1931, p. 242).

tions with his extensive case material. He expressed agreement with Freud on many points but voiced disagreement on the essentially masculine nature of the precœdipal girl and the essentially phallic nature of the clitoris. While demurring on this point, Fenichel appears not to recognize that this becomes a key issue in the whole controversy. Since Horney never denied primary penis envy, and Freud was ready to grant its later defensive re-enforcement, arguments about its relative strength should not have proved insuperable, except in so far as it related to the questions of whether the girl was psychologically in effect a castrated boy, or whether there was such a thing as 'primary femininity'.

It may be useful to stop here briefly to recapitulate the implications of the two antagonistic positions. Jones's final summation in his 1935 paper on the subject may serve this purpose best. Referring to his view that feminine œdipal feelings develop spontaneously in the girl who then temporarily takes flight in the phallic position, he continues:

> This view seems to me more in accord with the ascertainable facts, and also intrinsically more probable, than one which would regard her femininity to be the result of an external experience (viewing the penis). To my mind, on the contrary, her femininity develops progressively from the inner promptings of an instinctual constitution. In short, I do not see a woman . . . as an *'homme manqué'*, as a permanently disappointed creature struggling to console herself with secondary substitutes alien to her nature. The ultimate question is whether a woman is born or made (p. 495).

In contrast, Freud's (1933 [1932]) final words on the subject repeat: 'We are now obliged to recognize that the little girl is a little man' (p. 118). In short, Freud (1931) sees a 'complete identity of the pre-Œdipus phase in boys and girls' (p. 241); there is no intrinsic *difference*. In this view, it is only her recognition of castration that 'forces her away from masculinity . . . on to new lines which lead to the development of femininity' (Freud, 1925, p. 256). To growing evidence

of early vaginal awareness Freud was to respond first with doubt (1931, p. 228), later with the assertion that these sensations 'cannot play a great part' (1933 [1932], p. 118).

The opposing views carry therapeutic implications. Freud's position is discussed in Analysis Terminable and Interminable (1937):

> We often have the impression that with the wish for a penis and the masculine protest we have penetrated all the psychological strata and reached bedrock, and that thus our activities are at an end. This is probably true, since, for the psychical field, the biological field does in fact play the part of the underlying bedrock. The repudiation of femininity can be nothing else than a biological fact, a part of the great riddle of sex (p. 252).

If Freud's statement that 'our activities are at an end' after reaching this 'bedrock' be taken literally, then all that could be offered is resigned acceptance. Yet, if explored, penis envy may be found to screen other early losses and privations (as Freud recognized in other contexts), deeper feminine wishes (as urged by Jones and Horney), and developmental failures in other areas.[12]

To return to the history, I propose to follow the main controversy only a little further. The reader will recall that with his 1925 paper Freud had anticipated further contributions from his collaborators, some of whom offered confirmation of his thesis, while others dissented. In the interval there was apparently also correspondence with Jones on the subject. In 1931 Freud's paper on female sexuality was published. It is a comprehensive restatement of his earlier position, citing the evidence of Lampl-de Groot and Deutsch. Freud stresses that his own clinical evidence is limited:

> . . . women analysts—as, for instance, Jeanne Lampl-de Groot and Helene Deutsch—have been able to perceive these facts more easily and clearly because they were helped . . . by trans-

[12] For an illuminating discussion and case illustration of this last point, see Zetzel (1965, pp. 106, ff.).

> ference to a suitable mother-substitute. *Nor have I succeeded in seeing my way through any case completely* . . . (pp. 226-227, italics added).

In his text as well, Freud is careful to delineate his own observations from those he accepts from others.[13] He explicitly notes the limitations of his own material concerning the sexual content of the phallic phase:

> The sexual activity of this period culminates in clitoridal masturbation. This is probably accompanied by ideas of the mother, but whether the child attaches a sexual aim to the idea, and what that idea is, I have not been able to discover from my observations (p. 239).

Later, he cites Lampl-de Groot's reported findings, which he henceforth incorporates into his own formulations (*cf.*, Freud, 1933 [1932]):

> I am in agreement with the principal points of Jeanne Lampl-de Groot's (1927) important paper. In this the complete identity of the pre-Œdipus phase in boys and girls is recognized and the girl's sexual (phallic) activity towards her mother is affirmed and *substantiated by observations.* . . . The whole development is summed up in the formula that the girl goes

[13] It is interesting to note a passage in Heinz Kohut's (1959) excellent essay, Introspection, Empathy, and Psychoanalysis. Kohut, rightly stressing Freud's general commitment to psychological empiricism, chooses to illustrate it as follows: 'An example of this empiricism is contained in his papers on female sexuality. Much has been said about Freud's supposed antifeminine bias as evidenced by his stressing the importance of phallic strivings in the development of female sexuality. *The obvious biological truth seems to be that the female must have primary female tendencies and that femaleness cannot possibly be explained as a retreat from disappointed maleness.* It is yet improbable that Freud's opinion was due to a circumscribed blindspot that limited his powers of observation. His refusal to change his views on female sexuality was much more likely due to his reliance on clinical evidence—as it was then open to him . . .' (p. 479, italics added).

Thus we have a seemingly incidental though forceful disavowal of Freud's formulation, associated with defending Freud from accusations of antifeminist bias on the grounds of his commitment to empiricism. Yet in this instance Freud acknowledged deviating from his usual procedure (*cf.*, Freud, 1925).

through a phase of the 'negative' Œdipus complex before she can enter the positive one (Freud, 1931, p. 241, italics added).[14]

Conspicuously, Freud does not mention that the papers he now cites as the clinical foundation for important parts of his thesis came in response to his own 1925 paper. The editors of the Standard Edition twice call attention to what they regard as a curious omission in the 1931 paper:

> The last section of the present paper contains—and this was a very unusual thing in Freud's writings—some criticisms of a number of papers. And it is a curious thing that he seems to treat them as though these papers had arisen spontaneously and not, as was clearly the case, as a reaction to his own somewhat revolutionary paper of 1925—to which, indeed, he makes no reference whatever (p. 223, Editor's Note).

And again, in a footnote:

> It should be pointed out that recent works by other writers discussed . . . appeared *after* Freud's earlier paper on 'Some Psychical Consequences of the Anatomical Distinction between the Sexes' (1925j), which covered the majority of the points in the present paper, but to which he here makes no reference at all . . . (*ibid,* p. 240, n. 2).

Freud seems to feel on firmer ground in this second essay, and his tone is more modulated here than it was in his 1925 paper. The final two paragraphs are the only occasions in which he discusses the formulations of Horney and Jones in print. He dismisses them both, but this time discusses his differences with Horney. His dismissal of Jones is rather curt. Jones was to claim in his next paper that in his criticism

[14] Actually, Lampl-de Groot's (1927) own claims for her empirical base were more modest. After elaborating her theoretical formulations, in which she is guided by Freud's 1925 paper, she introduces her brief account of two cases: 'I am afraid that it will be objected that all this looks like speculation and is lacking in any empirical basis. I must reply that this objection may be just as regards part of what I have said, but that nevertheless the whole argument is built on a foundation of practical experience, although unfortunately this is still but meagre' (p. 190).

of Horney, Freud had not adequately understood her position. I believe that the problem in grasping both their views rested in a strange fact: that here Freud, this most imaginative writer, was not helped by his imagination. Thus he asks in his 1931 paper, regarding Horney's concept of flight from femininity:

> And if the defence against femininity is so energetic, from what other source can it draw its strength than from the masculine trend which found its first expression in the child's penis-envy and therefore deserves to be named after it? (p. 243).

This, after having noted earlier in the same essay, though in another context, '. . . the surprising, yet regular, fear of being killed (? devoured) by the mother' (p. 227).

Jones tries once more in 1933, in his essay on The Phallic Phase:

> Freud, in criticizing Karen Horney describes her view as being that the girl, from fear of advancing to femininity, *regresses* to the (deutero)-phallic stage. So sure is he that the earliest (clitoris) stage can only be a phallic one. But this is just one of the questions at issue; to anyone taking the opposite view the process just mentioned would not be a regression, but a neurotic new formation. And it is a question to be discussed. . . . The clitoris is after all part of the female genitals. Clinically the correspondence between clitoric masturbation and a male attitude are very far indeed from being invariable. . . . In my Innsbruck paper I expressed the opinion that vaginal excitation played a more important part in the earliest childhood than was recognized—in contradistinction to Freud's opinion that it begins only at puberty. . . . For all these reasons I feel that the question of the alleged clitoric and therefore masculine primacy of the female infant may well be kept in suspense . . . (pp. 470-471).[15]

[15] Had Jones's ideas on clitoral sexuality been given more serious consideration at the time, some of the confusion engendered by maintaining a theory of sharp clitoral-vaginal antagonism might have been avoided. Fenichel (1934) expressed similar views to Jones's. For a recent reopening of the issue, see Gillespie (1969).

We leave the controversy with this unheeded plea by Jones; it was to die down soon, at least in print. Jones was never to recant, but after a while he kept his peace. Horney, of course, went her own way. We have now come full circle, since it was from Jones's last quoted essay, and especially its footnotes, that I first realized there had once been a much livelier debate than the occasional references to Horney's early papers would suggest.

A casual reading of the available literature does not reveal the extent and nature of this unresolved controversy, except in a partly submerged, almost camouflaged way. Jones's biography is a case in point. In it no mention is made of the debate around Horney, even though Jones himself was so closely involved in it. There are two cryptic references to his own dissent, to be quoted in full. One occurs in connection with a discussion of libido theory:

> I did not wholly agree with some of these conclusions, and this led to considerable discussion between Freud and myself, both in correspondence and in publications. Several of the disputed questions are still not satisfactorily solved (Jones, 1957, p. 263).

The other reference comes in connection with Jones's 1935 visit to the Vienna Society, as part of an exchange aimed at reaching a better understanding between the increasingly divergent London and Vienna groups:

> My own differences were partly doubt about Freud's theory of 'death instinct' and partly a somewhat varying conception of the phallic stage of development, particularly in the female. So I read a paper on the latter topic before the Vienna Society on April 24, 1935. Freud never agreed with my views, and perhaps they were wrong; I do not think the matter has been entirely cleared up even yet (*ibid.*, p. 196).

Jones's reticence here is striking, considering that generally in his Freud biography all kinds of details are to be found, e.g., about feuds around the most efficient way to proofread the International Journal of Psycho-Analysis.

There are a few references to Karen Horney, perhaps best described by an analogy to screen memories. Thus, discussing the 1922 Berlin Congress, Jones lists her first paper among eleven papers which 'have had stimulating effects' (*ibid.*, p. 87). And again, while discussing events of 1932 he mentions Horney's emigration to the United States, along with others. A reader of Jones's three volumes could hardly tell why Horney's whereabouts would be of interest.

The Jones biography is only one especially puzzling instance of the gradual disappearance from the record of Horney's important early work. I mentioned the tendency to ascribe to later authors, Jones among them, ideas which had originated with her. The process appears almost analogous to political, or perhaps better, psychological repression; rather than a deliberate policy, it seems more like the operation of an unconscious defense. In those early papers she originated many ideas and observations which reappear in later writings on the subject—but in the fragmented and incomplete manner of the return of the repressed.[16] I suggest that the ghost of this early controversy haunts most printed formulations. It may have been one theoretical controversy which Freud won, at considerable cost to the inner coherence of psychoanalytic literature on this subject for some decades.

For a clearer understanding of these developments in the history of psychoanalytic thought, it is helpful to look at the historical context in which they took place.

Perhaps most important, the year of publication in German of Horney's first paper, 1923, is described by Jones (1957) as 'one of the critical years in Freud's life, the last of them' (p. 89). Freud was discovered to have cancer and underwent the first two of the many grueling operations he was to have. The tragic loss of his favorite grandson, one he had described as 'the most intelligent child he had ever encountered' (*ibid.*, p. 91) occurred in the same year.

[16] In the interval since this paper was originally written there have been some signs of a reviving interest in Horney's early work.

In addition, the psychoanalytic movement, which represented to Freud his main hope for the survival of his achievements, was again showing internal strains. Though it was more than a decade since the first great schisms, the defections of Adler and Jung, new dissension threatened from several quarters. There was a growing distance between the Vienna and London groups over Melanie Klein's contributions, and an increasing antagonism with America over the issue of lay analysis; furthermore, there was growing personal friction between some of the key figures of the 'movement'. All of this carried the danger of splintering the international psychoanalytic movement at the very time when Freud's personal survival was uncertain.

Most relevant for the present discussion may be the publication in December, 1923, of Rank's Trauma of Birth. During the next couple of years Freud tried almost desperately to avoid an open split with Rank. But in 1925 it was becoming evident that another schism was inevitable, though it did not take its final form until 1926. It was in this context that Freud turned his attention to Karen Horney's work.

An insightful comment on himself in a letter to Ferenczi in 1924 can help us understand better both Freud's vacillation vis-à-vis Rank and his summary treatment of Horney:

> As for your endeavor to remain completely in agreement with me, I . . . find this aim neither necessary nor easily attainable. *I know that I am not very accessible and find it hard to assimilate alien thoughts that do not quite lie in my path.* It takes quite a time before I can form a judgment about them, so that in the interval I have to suspend judgment. If you were to wait so long each time there would be an end of your productivity. . . . *That you or Rank should in your independent flights ever leave the ground of psychoanalysis seems to me out of the question* . . . (Jones, 1957, p. 57, italics added).

A year later, with Rank clearly on his way, Freud may have felt that suspending judgments was not a very good policy. His comment about his inaccessibility to alien thought has

special relevance to the ideas Horney advanced. There were two related areas where Freud's genius strained against its limitations until the end of his life. One was his understanding of feminine development, and the other, postphallic stages. In his 1923 paper on The Infantile Genital Organization, Freud attempts to differentiate the phallic-castrated phase from a later one, where it is replaced by a masculine-feminine polarity. In the main, this paper presents yet another vivid description of the phallic little boy's fantasy systems and dread of castration. It is only in the last few sentences that Freud comes to the genital phase and the corresponding male-female polarity he had been groping to define:

> Maleness combines [the factors of] subject, activity and possession of the penis; femaleness takes over [those of] object and passivity. The vagina is now valued as a place of shelter for the penis; it enters into the heritage of the womb (p. 145).

This does not move very far from the phallic conception. Freud continued to work on the idea of the postphallic male-female polarity (*cf.*, Brunswick, 1940).

Freud's often expressed puzzlement about the 'riddle of femininity' and his evident vexation at the limits of his understanding of women may well have been linked to a personally and deeply rooted conception of sexual polarities. At the end of his life, he found this concept inadequate. He writes in his posthumously published An Outline of Psycho-Analysis (1940 [1938]):

> For distinguishing between male and female in mental life we make use of what is obviously an inadequate empirical and conventional equation: we call everything that is strong and active male, and everything that is weak and passive female (p. 188).

Even the concept of bisexuality no longer offers satisfactory solution to the implicit difficulties. Rather, 'This fact of psychological bisexuality, too, embarrasses all our enquiries

into the subject and makes them harder to describe' (*ibid.*).[17]

To return to the historical setting: when Freud's cancer became known, there was already a sizable international group of analysts, but an atmosphere of dedicated pioneering effort remained. To many of his followers, thoroughly involved in their joint endeavor, Freud was at the center of their world. Their reactions are described in some incidental remarks of Siegfried Bernfeld (1962):

> Most important, however, . . . was Freud's illness. . . . I need not explain in detail what Freud's 'death and resurrection' within this one year [1923-1924] meant to the older psychoanalysts in Vienna and Berlin—to those who for a decade or more had fought alongside him, who had shared his triumphs and failures, to whom he was the incomparable leader, but to whose unconscious he was father and God, ambivalently hated and loved.
>
> There were, as you would expect, outbursts of the id forces and reaction-formations against them. The case of Rank may quite suitably illustrate the outburst of the id. . . . Some of the others grew intensely anxious because of the threatened loss, and became very eager to establish a solid dam against heterodoxy, as they now felt themselves responsible for the future of psychoanalysis (pp. 466-467).

This description makes it easier to understand how most of Freud's followers, who were to become the leading authorities in the field for the next generation, accepted so quickly his tentatively advanced new insights. Neither Jones nor Fenichel were to have much impact, nor would the issues remain openly recognized as controversial.

[17] Already in New Introductory Lectures on Psycho-Analysis (1933 [1932]) Freud expressed reservations about equating femininity with passivity. In that work, his struggle with inner contradictions becomes especially evident. After enumerating many reasons for regarding the above equation as inadequate, Freud goes on to assert: 'There is one particularly constant relation between femininity and instinctual life. . . . The suppression of women's aggressiveness which is prescribed for them constitutionally and imposed on them socially favors the development of powerful masochistic impulses. . . . Thus masochism, as people say, is truly feminine' (p. 116). Also, here Freud still utilizes the concept of bisexuality in his attempt to resolve contradictions.

SUMMARY

A gap exists in the historical record of psychoanalytic literature on the subject of feminine development and psychology. This paper has attempted to show that such a gap has resulted to an important degree from a combination of circumstances surrounding the Horney-Jones-Freud debate in the 1920's and early 1930's. Freud, threatened in his survival, shaken in his trust in his closest collaborators, worried about the cohesion of the psychoanalytic movement and the survival of his life's work, responded to the 'alien thoughts' emanating from Horney and then Jones as a threat to the integrity of his theory. He reacted with what was perhaps the most dogmatic stand of his career, despite an often reiterated awareness of limited insight and understanding in this area.

In this paper, Freud's historic 1925 essay is regarded as a direct response to Horney's 1924 paper. Acknowledging insufficient clinical evidence, Freud called on his collaborators to confirm or refute his proposed formulations. In 1931, with the help of some of his followers' reported findings, Freud reaffirmed his original views. Though Horney, Jones, and Fenichel were to continue questioning one or more aspects of Freud's thesis for a few more years, the debate was essentially closed with Freud's 1931 paper. The issues were not re-examined for some decades. The original debate, incompletely recorded to begin with, has largely disappeared from the historical record, as a study of current references and of Jones's biography of Freud demonstrates.

With but few exceptions, Freud's followers accepted his new theories, and Horney's and Jones's papers on the subject have since been ignored for the most part. According to Bernfeld, at the time of the original controversy there was particularly intense reaction against potential heterodoxy as an effect of Freud's illness. There was also realistic concern over the dilution of psychoanalytic ideas by deviant schools substituting single overblown elements or levels of analysis for the complex totality of Freud's thought. Horney eventu-

ally founded such a school and her valuable early work was mostly relegated to oblivion. Furthermore, criticism of Freud's antifeminine bias often came from hostile sources attempting to depreciate his total achievement, no doubt making it more difficult for those who followed him to approach this subject dispassionately and openly.

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Kant's Way: The Psychoanalytic Contribution of David Rapaport

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KANT'S WAY: THE PSYCHOANALYTIC CONTRIBUTION OF DAVID RAPAPORT

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It might be argued that David Rapaport was one of the most learned persons to have become involved with psychoanalysis. Aside from his encyclopedic grasp of psychology, he studied physics and mathematics, and his doctorate was obtained in epistemology; hence his expertise in much of philosophy was unmatched among us. He was well qualified to review Kris's collection of papers on art, having thought deeply about matters of style and form. He gave evidence, in his only piece of published self-revelation, of significant immersion in poetry, and he was a writer of touching obituaries, capacities astonishing in a person whose work is characterized primarily by intellectual austerity. He was also a political activist deeply committed to Zionism, but one who was able to step back in order to view the causes he espoused with detachment when scientific questions arose about them.[1] He spent little more than two decades in the United States but gave to and took from this country in full measure without ceasing to be a typical central European Jew. This array of qualities and achievements is so seldom found in one man that it is difficult to grasp that Rapaport died before the age of fifty. His intellectual brilliance and his prodigious scientific output had earned him the status of a senior theoretician at what is usually considered the age of a fledgling.

Rapaport's work, as it impinges on psychoanalysis directly, is now available in three volumes: Organization and Pathology of Thought (1951), a book of readings he selected, translated, and supplemented with copious notes and commentaries; a synthesizing monograph, The Structure of Psychoanalytic

[1] Thus he wrote a reasoned article about the effects of the child-rearing practices of the Israeli kibbutz movement (*cf.*, Gill, 1967, pp. 710-721); along the same lines, one can cite his farsighted statements about public policy and research in the behavioral sciences (*op. cit.*, pp. 237-244).

Theory (1959); and The Collected Papers of David Rapaport (Gill, 1967), sixty-five papers written from 1938 to 1960, edited by his friend and collaborator, Merton Gill. A supplementary bibliography in The Collected Papers lists Rapaport's psychological publications in areas of lesser concern to analysts, principally that of diagnostic testing.

A concentrated reading of Rapaport's contributions to psychoanalysis gives an over-all impression of a superb intelligence at work with untiring zeal to master the entire system of the theory and its evidential base, to systematize it, to spotlight its inconsistencies and omissions, to make refinements, and to devise critical tests for some of its more crucial but controversial hypotheses.

Rapaport's great ability enabled him to become a master teacher of psychoanalytic theory and to influence a whole generation of students at The Menninger Foundation, Topeka, and The Austin Riggs Center, Stockbridge. He acquired a distinguished following of analytic researchers such as George Klein, Merton Gill, Robert Holt, Philip Holzman, and Roy Schafer, and became the one voice of psychoanalysis respectfully listened to by behavioral scientists without analytic training. If the reverence and awe with which his students recall David Rapaport has puzzled those who only knew him from his published writings, it may nonetheless become understandable from the facts I have just cited. These qualities have also stamped his writings in a way that could not have been detected when they were originally published: very little that he wrote seems to be dated. It is just as fruitful to study his papers today as it was when they were written; this is true even of his earliest efforts in the late 1930's.[2]

Perhaps one reason both for Rapaport's mastery of the field and for his ability to write with lasting value about it was his prevailing commitment to a historical approach. It had

[2] This does not mean that Rapaport was invariably *right*. The question of validity is separate from that of detecting important issues and dealing with them in a thoughtful and thorough manner.

been no accident that his dissertation had dealt with the *history* of the association concept. His greatest talent may well have been his brilliance as an expositor, as a reviewer, and as a historian of ideas. Many of his contributions consisted in bringing to light certain historical developments. For instance, his translations of selected analytic works from German into English did much to further the triumph of ego psychology within American psychoanalysis. Because of this mode of exerting influence, Rapaport's originality may have been underestimated; it has been screened by his championship of others, mostly Hartmann and Erikson, or it has passed modestly as an echo of some prior discoverer. Yet it is a major accomplishment to discern what is most vital and germane within the immense body of work of a genius such as Freud. Rapaport's first paper on psychoanalysis, written with E. Lewy and justly described in Gill's editorial note as a somewhat weak effort, was read in February 1942 and published in 1944. He did not begin to focus on analytic topics in any regular way until 1950. His great reputation as a theoretician actually rests on some fifteen papers produced during the last ten years of his life. The progressive increase in quality and in depth in the works of this last decade sadly underscores the great loss psychoanalysis suffered through David Rapaport's premature death.

Rapaport's approach to his profession may be characterized through his definition of the human condition. In a 1947 discussion of the development of technology, he chose to describe what is uniquely human in terms of the evolution of the function of thought (*cf.*, Gill, 1967, pp. 276-284). This developmental process formed the center of Rapaport's life work. In other words, he was not principally a psychoanalyst; as a psychologist of thinking, he had found that he needed psychoanalytic theory as a tool—probably the most crucial one—in order to make sense of his primary subject matter.

Rapaport's stupendous attempt to be a polymath was in the service of solving the age-old problems of epistemology. His annotated source book, Organization and Pathology of Thought,

was his first major effort to bring psychoanalysis to bear on the psychology of thinking. In it Rapaport (1951) stated:

> How can the mind form knowledge of the world of objects? The 2500 years of struggle of Western epistemology with the problem testify that the grasp of thinking on objective reality was most puzzling to man. The importance of this problem can be gauged from the fact that it stood in the center of the systems of most great Western philosophers, from Parmenides and Heraclitus to Kant and Husserl. A study of the various solutions offered . . . might add an important chapter to the theory of thought-processes.
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> When at the end of the last and the beginning of the present century, attempts were made to wrest this epistemological problem from philosophy and offer a psychological solution . . . these attempts were discredited not so much by philosophical a priori criticism as by attacks upon their factual relevance. The growth of psychological knowledge brought us closer to the possibility of a more satisfactory answer. . . .
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> In his developmental studies, Piaget has demonstrated that the possibility of knowing is rooted in the organic adaptation-relationship of man to his environment. He has shown how, from this basic root, a hierarchic series of thought-organizations arises, in the course of maturation and development, culminating in reality-adequate thinking. The functional categories which he found to exist on all levels of this hierarchy led him to specific epistemological conclusions similar to Kant's. The relatedness of Kant's epistemology to the assumptions underlying dynamic psychology seems to be more than apparent or accidental (pp. 721-722).

The only area relevant to epistemology in which Rapaport made no attempt to gain expertise was that of language. Because he had concluded that the strongest lever for the understanding of thinking processes is the study of motivation, he made psychoanalysis his principal conceptual tool. His relative lack of interest in the clinical aspects of analysis may have been due to their marginal cogency with regard to the problems

of thinking. Rapaport (1951) stated: 'The clinical psychoanalytic method, though it yielded fundamental theoretical knowledge and observations concerning the intellectual functions and the thought-organization underlying them . . . is not the method of choice for a systematic investigation of this area' (p. 154, n. 2).

David Rapaport has sometimes been depreciated as a theoretician because his concepts were not based on clinical experience. It is difficult to assess the validity of these criticisms. His comments on the psychoses, which reflect extensive clinical experience as a psychodiagnostician, may be somewhat less schematic and more valid in their observations than are his papers on other topics. Only one of his papers contains a case illustration from a treatment he conducted—under supervision (*cf.*, Gill, 1967, pp. 530-568). His description of his psychotic patient conveys an adequate grasp of the clinical situation for 1953; by contemporary standards, however, it is uninspired. In this instance Rapaport commits his greatest scientific indiscretion: his inferences from his observations involve too great a leap into abstraction. As Waelder said nonclinicians regularly do, Rapaport leaves out the intermediate steps between observations and theory, the processes of interpretation and generalization. Perhaps his mode of operation—using the generalizations arrived at by the profession as a whole for his theory building—served as a needed brake on his penchant for premature inferences.

It may be in matters of methodology, as exemplified by his procedures for his own work, that Rapaport made one of his more permanent contributions to psychoanalysis. Even his *example*, that of scholarly zeal, erudition, and an untiring intellectual struggle with the issues, has had a salutary influence on the field. His previously unpublished lectures on the methodology of psychoanalysis are models of their kind and show a great teacher in action (*cf.*, Gill, 1967, pp. 165-220). Gill's report that Rapaport did not regard them as important enough

or definitive enough to publish casts the strongest light on the standards he set for himself.[3]

Rapaport regarded *systematization* as the most urgent methodological requirement of psychoanalytic theory; he admired Otto Fenichel in particular for his efforts in this area. His own monograph, The Structure of Psychoanalytic Theory, which was full of sophisticated methodological and historical material, he called a mere 'systematizing attempt'. In 1947 he wrote:

> It is the job of research, and research alone, to produce tested knowledge that can be used *with* the art of the clinician. The question should be raised: Is it possible that clinicians in their clinical work produce this tested knowledge? The atmosphere of the Hippocratic oath, the importance to the clinician to discharge his duties to the patients first, is inimical to research. Add to this the present-day never-ending stream of patients and there is no room left for clarification. We have seen . . . a stream of ingenious, top-flight clinicians lecture in our institution. . . . I believe that . . . systematizing ingenuity was not a part of these clinicians' equipment (*cf.*, Gill, 1967, p. 239).

Thus he stayed away from practice deliberately, in order to save himself for the more urgent investigative task: 'Research is the fat of the land on which practice and teaching live—we must act vigorously to replenish this fat of the land' (p. 244).

Rapaport took little for granted. He called for exploration of the methodological problems inherent in introspective observation—the very basis of psychoanalysis as science. He pointed out that the teleological nature of some analytic concepts was justified in the early phase of a science in the service of parsimony, because causal explanations were not yet possible. He also

[3] The informality and liveliness of his lecture style shows that Rapaport's dry and Talmudic papers were designed to be that way. The sacrifice he made in restraining his pen is also demonstrated by his single published polemic, in which he demolished a critic of psychoanalysis by pointing out his inadequacies as a historian (*cf.*, Gill, 1967, pp. 682-684).

noted that theory building in new areas may require the use of models and analogies. He defended the legitimacy of verification by the observational method of psychoanalysis against the exponents of exclusively experimental methods. On the other hand, he made serious efforts toward making experimental verification of analytic propositions feasible, particularly by clarifying the formal organization of analytic theory and the problems of quantification and mensuration peculiar to it. About the method of clinical research, Rapaport (1951) wrote: 'Its inherent postulate is the fundamental lawfulness of the biological individual; its inherent danger lies in the difficulty of knowing the realm of applicability of the inferences drawn from the sample chosen' (p. 584, n. 8).

Rapaport was emphatic in his assertion that in order to integrate psychoanalysis with other branches of psychology—those using experimental methods—the gap between the disciplines would have to be bridged at the conceptual level of metapsychology, i.e., beyond the clinical theory of psychoanalysis. It was therefore at this conceptual level that his monograph, The Structure of Psychoanalytic Theory, and his collaborative paper with Gill (1967, pp. 795-811) clarifying the points of view and assumptions of metapsychology, were organized. Although in these works he arrived at the conclusion that the five points of view they discerned must be assumed independently, Rapaport's writings probably laid most stress, as a historian's should, on the genetic viewpoint as central for the study of behavior. He had already espoused this bias in a review of Heinz Werner's work on genetic psychology in 1941. One of his last papers (*cf.*, Gill, 1967, pp. 820-854) reiterated that psychoanalysis is in its core an epigenetic developmental psychology that gives due weight to the effects of experience and at the same time stresses the importance of intrinsic maturational factors in a manner equaled only by the psychology of Werner. Rapaport defended the genetic constructs derived from clinical findings on the basis of the possibility of confirmation through the method of direct child observation.

By virtue of his mastery of the whole system, Rapaport was the best of the critics of metapsychology, ever alert to its inconsistencies and shortcomings. In a 1953 paper on the development of analytic affect theory, he noted that it had been handicapped by the fact that Freud, in his statements on the subject prior to the conceptualization of the structural theory, did not yet have a concept of discharge thresholds. In his later 'conflict theory' of affects, on the other hand, Freud had overlooked the fact that the discharge of drives is just as affectful as is their frustration—an error that had come down to him from Spinoza (*cf.*, Gill, 1967, pp. 476-512).

Rapaport felt that the economic and dynamic points of view had not been sufficiently distinguished from each other because the relation of our energy concepts to our force concepts had not been made explicit. One consequence of this vagueness is the unsatisfactory state of our theory of affects. Another aspect of psychology given short shrift by psychoanalysis is that of volition; 'will' has been regarded as an epiphenomenon, 'as an outcome of impulse dynamics' (Rapaport, 1951, p. 507, n. 49). Rapaport believed that a future psychoanalytic psychology would come to grips with this issue in a more illuminating way—a prediction currently being borne out as a result of Kohut's (1971) work on self-cohesion and its relation to initiative.

Rapaport also specified that the prevailing complacency about simultaneously using a psychology of drives and one of object relations involving interpersonal communication was ill founded; it involved disavowal of a gap in psychoanalytic theory in the area where these divergent realms of discourse have to be connected. He called for the erection of a new theoretical framework to bridge this gap which, in the past, had been dealt with only by the 'act psychology' of Brentano and his followers, including Paul Schilder. Husserl and the existentialists have been more interested in this problem than psychoanalysts; we had no satisfactory reply to their critiques prior to the recent development of an analytic theory of the self. This awareness permitted Rapaport to do justice to Sartre's

insights in two brief book reviews concerning the latter's psychological work.[4] He also pointed out that traces of Brentano's thinking are detectable in that of his student, Sigmund Freud. However, these ideas are better represented in psychoanalysis in terms of the influence exerted by Schilder on Heinz Hartmann. Rapaport himself probably derived his theory of attention cathexes from the body of data about the varieties of consciousness transitional between waking and dream states.[5] This is the clearest illustration of his concern with phenomenology.

Rapaport restated the problem of the psychoanalytic theory of object relations in 1956 (*cf.*, Gill, 1967, pp. 594-623). He then saw the contributions of Hartmann and Erikson as the major efforts within psychoanalysis to supply the missing link between drive psychology and adaptation. In an unfinished draft from the same period (*op. cit.*, pp. 685-709), Rapaport went beyond their concepts, asserting that ego psychology had focused on certain issues at the expense of other issues, e.g., problems involving the superego. This may well be the paper in which Rapaport's lack of clinical experience as a psychoanalyst shows up most regrettably. Forced to accept traditional clinical theory, he falls short of the necessary breakout from the tripartite framework applicable to the study of the differentiated psyche. Thus he could not tackle the unsolved problem, in spite of his ability to discern that it is to be found in the realm of narcissism.

Rapaport's last statement on this theme occurred in a 1959 critique of Edward Bibring's theory of depression (*cf.*, Gill, 1967, pp. 758-773). He concurred with Bibring's dissatisfaction with existing theories of depression, based on drive vicissitudes, and with the proposal to replace these by a theory postulating a return to a feeling state previously experienced in infancy. These regressions are precipitated by some narcissistic trauma

[4] *Cf.*, reviews in This QUARTERLY, XVIII, 1949, pp. 389-392; also Gill, 1967, pp. 304-308.

[5] In this connection, Rapaport made extensive self-observations about hypnagogic phenomena.

that shatters self-esteem. Rapaport stated unequivocally that 'Bibring's formulations seem to require a more radical redefinition of narcissism' (*op. cit.*, p. 765). He also foresaw that such a revision would bring in its wake a reformulation of the psychoanalytic theory of aggression (*op. cit.*, p. 679; see also, Kohut, 1973) and that these advances in psychoanalysis would successfully meet the challenge of existentialist critiques of our psychology.

Perhaps more insistently than any other issue, Rapaport reiterated his view that psychoanalysis is in need of a viable learning theory. In a 1960 paper (*cf.*, Gill, 1967, pp. 853-915), he commented that 'psychoanalytic theory so far has no theory of learning, but it does have, in its theory of consciousness, a possible point of departure for such a theory' (p. 906). He pointed out that this lack renders us incapable of effectively rebutting the claims of behaviorists. In The Structure of Psychoanalytic Theory, Rapaport (1959) stated:

> This lack is not palliated by the demonstration that the conditioning theory of learning does not meet the empirical requirements (e.g., automatization problems, structure formation, distinction between primary and secondary processes) which a psychoanalytic learning theory will have to meet. Psychoanalysis will be totally free of embarrassment from this quarter only when it has a learning theory which not only fulfills its own empirical and theoretical requirements, but is also broad enough to account for conditioning phenomena—including the conditioned analogues of 'unconscious mechanisms'—as special cases (pp. 116-117).

Rapaport believed that Freud's concept of the secondary process arising from the primary process leads to contradictions. Leaning on the findings of Piaget, he postulated:

> . . . the secondary process does not simply arise from the primary process under the pressure of environmental necessity, but, like the primary process, arises from an undiffer-

> entiated matrix in which its intrinsic maturational restraining and integrating factors are already present. . . . animism, which is so striking a form of the primary process in pathological states, preliterates, children, etc., is a 'theoretical' system and as such is organized in terms of a synthetic function alien to the primary processes . . . demonstrating that animistic thought and practices involve secondary processes as well as primary (*cf.*, Gill, 1967, pp. 842-843).

He concluded

> that both the primary processes and the secondary processes involve intrinsic maturational factors. The intrinsic maturational factors involved in the primary process are related to the instinctual drives, and those involved in the secondary processes are related to instinctual-drive restraints and synthetic functions. . . . the ontogenetic course of these restraining factors, and their interaction with experience . . . have been given very little attention so far. It is probable that the study of these relations of restraining factors will center on the problem of structure development and will lead to a learning theory compatible with developmental psychology (p. 844)[6]

What has been said thus far may already have demonstrated that it is grossly inaccurate to characterize Rapaport's work under the exclusive label of 'ego psychology' (*cf.*, Loch, 1971; Zelmanowitz, 1968). Nonetheless, he saw the utilization of psychological testing as one avenue of exploration into a systematic ego psychology, and he accepted Hartmann's concept of inborn autonomous apparatuses as the bases of ego development, to which he added the concept of inborn thresholds.

Rapaport cautiously defined the 'quasi-stationary functions' of the personality, such as memory and attention, as having 'much to do with the ego'.He never lost sight of Freud's early conclusions that memory is also id-derived; thus studies of thinking functions cannot be subsumed in a direct way under 'ego psychology' (*cf.*, Gill, 1967, pp. 256, 405-431, 631-644).

[6] For Rapaport's impressive critique of existing learning theories, see Gill, 1967, pp. 435-436.

Rapaport espoused the concept of ego autonomy as the explanatory tool to resolve this question; this concept made it possible to assume that the thought processes, whatever their origin, are ordinarily removed from the sphere of intrapsychic conflicts. In line with this theoretical decision, Rapaport then conceived of ego development as a process in which there is progressive gaining of mastery over the drives. He apparently thought that his most original theoretical contribution was his stress on the importance of such ego mastery. The polar opposite of this state is one of passivity of the ego. The conceptualization of an activity/passivity gradient permits the differentiation of passive regressions—i.e., collapse of the prevailing ego organization—from regressions in the service of the ego, which must be seen as evidence for ego activity.

Rapaport accepted Erikson's epigenetic schema of psychosocial development as 'the only consistent attempt to characterize the autonomous course of ego development' (*cf.*, Gill, 1967, p. 592). Aware that Erikson had presented this without concern for systematization of theory, Rapaport attempted to integrate this contribution with that of Hartmann in a sequence of papers on intellectual history (*op. cit.*, pp. 594-623, 745-757). Rapaport injected metapsychological content into Erikson's writings. In retrospect it would seem that Rapaport had been too optimistic about the possibility of integrating into metapsychology a body of work which does not refer to the intrapsychic world but finds its points of reference in the realm of social relations. Today one has to question whether Erikson's schema properly refers to ego development at all; it seems instead to focus on the whole person's adaptive fit with his milieu.

As Gill and Klein (*cf.*, Gill, 1967, pp. 8-34) have pointed out, Rapaport's greatest contribution to ego psychology was his extension of the concept of ego autonomy. In a paper of 1957, he stated:

> Man can interpose delay and thought not only between instinctual promptings and action, modifying and even indef-

> initely postponing drive discharge, he can likewise modify and postpone his reaction to external stimulation. This independence of behavior from external stimulation we will refer to as *the autonomy of the ego from external reality* (*op. cit.*, p. 723).

As the relative autonomy from the id is guaranteed by the development of the inborn apparatus of primary autonomy, so the autonomy from the milieu is safeguarded by the constitutionally given drives. Rapaport successfully correlated these concepts with that of the activity/passivity gradient of the ego. Autonomy from the environment may be lost under certain conditions in which the required stimulus nutriment is no longer provided, e.g., perceptual deprivation, brainwashing, etc.

Rapaport was more interested in the conflict-free sphere of the personality than in the ego proper. It is true that it has been customary to equate such interests with ego psychology. In agreement with Rapaport's disciple, George Klein (1968), however, I believe that psychoanalysis has more to gain from restricting the definition of the ego to those circumstances in which intrapsychic conflict is in process.[7] Although Rapaport's position on these matters was the traditional one, on occasion he made statements that supported the revisionist argument, such as the following note on creativity (Rapaport, 1951):

> . . . discovery, invention, and creation, in science as well as in art, will always be based on the creative impulse, which is unique, individual, and autistic. . . . Validity is provided for scientific inventions by empirical and logical criteria, and in artistic inventions by concern for communication. The roots of invention will, however, always be autistic. The unique quality of the creative man is that he is both sufficiently free and strong to allow his impulses and their ideational representations to come to consciousness and sufficiently controlled to be able to delay and hold these in order to validate them

[7] The complex arguments behind this preference cannot be reviewed here; they will be stated in a forthcoming monograph (Gedo and Goldberg, 1973).

> by empirical or logical criteria (science) or communicability (art). Creation and invention are autistic products, but they are so constructed as to reveal a segment of nature or to communicate a segment of experience (p. 439, n. 3).

More frequently, however, Rapaport equated the hierarchic organization of various aspects of the personality with the ego; he called the intellect 'the ego organization of thinking' in spite of the fact that he included the drive organization of memories within this hierarchy. In one of his last papers he discussed Freud's failure explicitly to conceptualize the development of drive restraints, i.e., of the ego (*cf.*, Gill, 1967, pp. 820-854). In this context he discussed the synthetic function as an aspect of ego psychology.

I prefer to look upon Rapaport's research into the 'quasi-stationary functions', which operate autonomously from conflict, as investigations of personality, including the depths, rather than studies of the realm of the ego alone (*cf.*, Kohut and Seitz, 1963). My point may be illustrated by Rapaport's first important contribution to psychoanalysis: his statement of a theory of thinking in which he lucidly discussed the need to examine states of altered consciousness, such as fugues, in order to develop a comprehensive theory (*cf.*, Gill, 1967, pp. 313-328). I feel that these primitive states are largely organized in terms of drive pressures and can by no means be understood as ego functions exclusively. In practice, Rapaport understood these considerations perfectly: his succinct footnotes on thought disorders in obsessional neurosis stressed the drive cathexis of thinking in this condition (Rapaport, 1951, p. 589, n. 17; pp. 622-625, n. 107). His discussions of various schizophrenic symptoms show a similar awareness (*op. cit.*, pp. 602-603, n. 49; pp. 606-608, n. 60; pp. 612-613, n. 70, n. 71). His concluding chapter in Organization and Pathology of Thought emphasized the importance of memories of drive gratification for the development of thinking, and acknowledged that autonomy in this

area, although it has to be based on use of certain apparatuses of primary autonomy, can never reach completeness.

Rapaport's paper written in 1951, The Conceptual Model of Psychoanalysis, also stressed that the primary analytic model for all behavior is that of drive cathexis and tension discharge, albeit through implied threshold structures (*cf.*, Gill, 1967, pp. 405-431). He took into account that the hierarchic organization of the more mature personality involves not only drive restraint through a layering of defenses but also the continuing discharge of drive derivatives, generally of a partially tamed quality, as well as the need to *maintain* an optimal degree of tension. Thus Rapaport's view of man was hardly a picture of disembodied intellect.

His statement of a theory of affects again deals with the concept of a complex hierarchy, the most archaic component of which involves affects as pure discharge phenomena (*cf.*, Gill, 1967, pp. 505-508). The alteration of discharge thresholds, which permits the delay of such responses and the substitution of thinking and reality-oriented action, is accompanied by the progressive taming of affects, eventually leading to the capacity to utilize affect signals in the service of the ego. Yet the more archaic modes of affect discharge remain available at all times, and it is the richness and modulation of the range of potential affects which indicate that adaptation is adequate: '. . . enduring affective states . . . come about as integrations of complex balances and conflicts of components from all three major structural divisions of the psyche' (*op. cit.*, p. 508). In my view, the persistence of archaic discharge channels indicates that the situation is even more complex, and that prestructural conditions must be taken into account simultaneously in any comprehensive assessment of behavior.[8]

[8] On occasion, Rapaport fell into the unthinking use of the structural concepts of the tripartite model in discussing conditions characteristic of the undifferentiated psyche. This is one regard in which his lack of clinical experience may have been a handicap. Compare his questionable clinical judgments in *The Theory of Ego Autonomy: A Generalization* (*cf.*, Gill, 1967, pp. 722-744).

Rapaport's paper written in 1957, Cognitive Structures, gives a similar account of the organization of complex hierarchies. In this context, consciousness is shown to have a wide variety of primitive and more developed alternative forms which remain at the disposal of a supraordinate integrating agency. Elsewhere Rapaport (*cf.*, Gill, 1967) restated this as follows:

> . . . the ego network includes as archaic levels of its structure the integrates which are passively regulated by drive tension. . . . The differentiation of the ego and the id is not sharp but progressive. It reaches a definitive crystallization with those defense-identifications which arise as a solution of the œdipal conflicts. This point is a separating line between the integrates that are passive and those that are active in relation to the drive tension (p. 706).

I think this quotation demonstrates that Rapaport only overextended the applicability of ego concepts in his more generalized statements and not in his detailed handling of specific psychological issues.

Rapaport's most ambitious attempt to outline a psychoanalytic theory of thinking, written in 1959, was organized around his concepts about attention cathexis (*cf.*, Gill, 1967, pp. 778-794). Early traces of these ideas had appeared in his 1944 paper on memory, written with E. Lewy, which stressed Freud's conceptualization of hypercathexis as the mechanism for bringing a thought process into awareness. The next mention occurred in 1951 when consciousness was described once again as the result of utilization of attention cathexis (Rapaport, 1951, pp. 698-699; Gill, 1967, pp. 405-431). In the same year, however, in connection with Silberer's views on the role of affects in the formation of symbols, Rapaport (1951) emphasized that drive motivations invariably play a role in all thought formation, and that one of their effects is that 'of establishing a certain state of consciousness and a corresponding form of thought-organization: for example, hypnagogic state, sleep-dream state, fugue state' (p. 224, n. 78). In other words, he did not reduce

the problem of consciousness to a simple quantitative formula. He insisted on its centrality for the study of cognitive processes in spite of the difficulties inherent in its examination by virtue of its subjective nature.

Rapaport credited the phenomenologists and Paul Schilder with the realization that empirical investigation of the form-variants of consciousness is feasible. His discussion (1951, pp. 627-628, n. 115) of the hypermnesia frequently encountered in psychoses is an example of such a study; it deals with the vivid recall of previously forgotten life experiences after the psychotic break. Rapaport had studied this phenomenon by means of psychological tests that measure attention span. He found that in certain cases the hypermnesia was increased as a consequence of a general lowering of 'the hierarchic importance of meaning'. He questioned whether the increased availability of attention cathexis might already constitute a sign of the restitutional effort to renew contact with reality. In fact, Rapaport (1951) tried to develop a hypothesis to explain much of schizophrenic phenomenology on the basis of alterations of consciousness:

> . . . the cathectic conditions in schizophrenia lead to an altered state of consciousness in which the formal characteristics of thought are those illustrated by Bleuler [in *Dementia Praecox*]. . . . These formal characteristics . . . are an aspect of schizophrenic thinking different from the drive determination of its content (p. 603, n. 49).

Rapaport felt that Freud's observations about the use of words in schizophrenia as a restitutional cathexis of word representations following the decathexis of the object world helped to explain psychotic neologisms in an analogous manner. He believed that psychotic confusional states also imply some alteration in consciousness, perhaps through a loss in the capacity to apportion attention cathexis.

Rapaport conceived of variant forms of consciousness on the basis of returns to differing levels within a hierarchy of hyper-

cathectic organizations. By 1953 he was using the concept of attention cathexis in a more ambitious manner to provide the foundation for a theory of the formation of psychic structure, particularly that of thought organization (*cf.*, Gill, 1967, pp. 558, ff.). This theory was stated more fully in 1959 in preparation for a program of experimental testing which Rapaport did not live to carry out (*op. cit.*, pp. 778-794). Fortunately, it has been continued by some of his collaborators (*cf.*, Schwartz and Schiller, 1970; Schwartz, 1973). Rapaport's statement of the hypothesis starts with the assumption that the genetic aspect of cognitive processes is central for psychological development in general. All previous cognitive theories, including his own book, Emotions and Memory (Rapaport, 1942), had failed to account for the persistence of structures established by conditioning. Now he felt that the concepts of attention cathexis (*cf.*, Freud, 1900-1901), automatization, and secondary autonomy (*cf.*, Hartmann, 1939) could be used to overcome this problem. He wrote: '. . . such an attempt is conceived for the purpose of exploring whether or not structures can be expressed in the dimension of cathexes . . . organized under very specific conditions of restriction (binding)' (*cf.*, Gill, 1967, p. 779). The theory of attention cathexis therefore implies the elimination of the previously assumed dichotomy between perception and cognition; at the same time, it is understood that the deployment of attention cathexis does not necessarily imply the attainment of consciousness. Rapaport listed a formidable array of variables which must be considered by a unified learning theory based on the economic point of view (p. 780). They aim to introduce psychoanalytic economic concepts into experimental psychology through the differentiation of three sets of variables: structure, motivation, and cathexis. These variables might be determinate under varying experimental conditions.[9]

[9] In spite of his commitment to the theory of psychic energy, in a 1950 review of Norbert Wiener's *Cybernetics*, Rapaport was willing to accept information theory as a superior model for the description of the secondary process (*cf.*, This QUARTERLY, XIX, pp. 598-603; Gill, 1967, pp. 329-333). He did insist, however, on the necessity for energic constructs with regard to the primary process.

In December 1960, at a crucial juncture of his career, David Rapaport died. The dozen years since then have seen the publication of the major portion of his writings and the completion of his experimental projects. Nonetheless, without his charismatic presence, many of his disciples have changed the direction of their own psychoanalytic work, and Rapaport's reputation seems to have suffered a considerable decline. Perhaps this is merely the expectable course of history, as described in Ehrenzweig's (1967) study of artistic styles: once a given style is absorbed by the relevant audience, it ceases to appear exciting; worse, it goes through a phase in which it is experienced as *ugly*. In 1973 Rapaport may strike the reader as dry and Talmudic; but the beauty of his work may re-emerge at a later time when his controversial ideas shall have assumed their appropriate place in intellectual history. Currently, we are probably entering an era of revolutionary challenge to the dominance of ego psychology. Just as the natural, albeit reductionist, reaction to psychoanalytic id psychology was the stress on social motivations advocated by Adler and Horney, so the polar opposition to the work of Hartmann was the Kleinian clinging to primitivism and the search for a psychology of the whole man by existentialists and various theorists of object relations. As Rapaport correctly pointed out, these critics of psychoanalysis failed because they did not make use of the structural viewpoint. In other words, in reacting to a presumed overemphasis on one of the metapsychological points of view, these critics discarded it altogether.

Rapaport thought that in his time psychoanalysis had reached a proper balance between the roles of unconscious motivation and of man's social niche for the determination of his behavior and adaptation. His immediate successors have clearly disagreed. Rapaport's career thus happens to have coincided with the end of an era in psychoanalysis. Although he was prescient enough to have been able to predict that the next phase of analysis would involve the development of a metapsychologically sound theory of self, his own psychoanalytic work, centered on cognitive psychology, could not possibly lead in that direc-

tion. Ego psychology may be swept aside by a new break-through into man's psychological depths (*cf.*, Kohut, 1971). One indication of this tendency is the fact that today Rapaport's espousal of Erikson's psychosocial theory as an adequate schema of ego development appears to be a strange historical misjudgment; for psychoanalysis in 1973 Erikson seems a peripheral figure who has lost interest in man's inner life.

But what of David Rapaport himself? Can he remain a significant figure while psychoanalysis turns away from the age of Heinz Hartmann? In my opinion, he will not primarily be remembered for his contributions to ego psychology; however, he deserves a permanent place in our science for a more enduring accomplishment. Cognitive psychology is not the core of psychoanalysis. Sigmund Freud's personal creation is a unique humanist discipline in the tradition of the introspective poets like Shakespeare and Cervantes (*cf.*, Gedo and Wolf, 1973). I believe this tradition, which originated in classical Greece and was kept alive in Julio-Claudian Rome, reconquered the Western intellectual community in the sixteenth century and found its first systematizer in Michel de Montaigne (*cf.*, Rieff, 1959; Gedo and Wolf, in press). A seventeenth century reaction led by Cartesian dualism relegated this moral philosophy to the domain of literature and led to that materialist bias of the culture of science which was only to be corrected by Nietzsche and Freud. Psychoanalysis may be said, then, to pursue the way of Montaigne. Rapaport has been its only major figure who stems from a different tradition—that of Kant.

Rapaport (1951) described this blending of intellectual strains as follows:

> It may seem surprising that Freud was . . . tardy in 'bringing the psychological significance of the real outer world into the structure of . . . [his] theory'. Therefore, it will be important to remind ourselves of some historical relationships. Philosophical psychology, the ancestor of scientific psychology, was a subsidiary of epistemology. Its major query was: How do we

> acquire our knowledge of the world of reality? It studied psychic functions mainly in their relation to the acquisition of knowledge of reality. Though there were exceptions to this, the milestones of psychology . . . were written in the service of epistemology. In its beginning, scientific psychology did not radically change this focus of interest. It was centered in stimulus and reaction, that is, in evaluation by the psychic apparatus of the impingements of external reality, though some studies employing introspection were already concerned with intrapsychic reality.
>
> Freud's point of departure was different: he was concerned with the evaluation by the psychic apparatus of *internal stimuli* (drives, needs) rather than *external stimuli*. . . . Thus it occurred that only after considerable exploration of psychic reality and in the wake of observations concerning maladaptations to external reality did Freud have to face the problem of reality adaptation. . . .
>
> For the theory of thinking, it may be of some advantage to note that his manner of facing the problem . . . shows some similarity to Leibnitz's formulation of the problem of epistemology. Leibnitz asked: How is it possible that reasoning arrives at conclusions which coincide with the outcome of processes occurring in reality? or in his own words: How can there be a correspondence between *'verité de fait'* and *'verité de raison'*? Freud's problem was: How can the apparatus regulated by the pleasure-principle (drives) be also adapted to reality? (pp. 316-317, n. 6).

Rapaport's publications contain a sophisticated epistemological expertise that is invaluable for psychoanalysis if we are ever to answer Leibnitz's question. His most extensive statement on the subject, in 1947, tried to demonstrate that epistemology is in fact a branch of psychology, but that the empirical, psychologistic, genetic analysis of 'knowledge' will never obviate the need for *'aprioristic* philosophical analysis of the conditions of gaining valid knowledge' (Gill, 1967, p. 291).

Rapaport also showed that Immanuel Kant had reconciled the polarized philosophical positions of Berkeleian idealism

and Cartesian materialism—the rationalist versus the empiricist epistemologies. The former had placed exclusive reliance on reason at the expense of sensory data; the latter had denied the capacity of reason to arrive at universal and necessary truths. In psychology this split is still reflected in the opposition of empiricist 'nurture psychologies' based on Descartes and Hume —such as that of Pavlov—to systems, including psychoanalysis, 'mainly interested in the rules of functioning *inherent* in the psychological subject' (*cf.*, Gill, 1967, p. 291).

Rapaport's (1951) summaries of the philosophical background deserve to be quoted here:

> The conception of 'innate ideas' assumes that we are born with certain ideas, the existence of which explains how it is that we have general concepts even though the sources of our knowledge—sensory impressions—are concrete. This is the diametrical opposite of the '*tabula rasa*' conception, according to which the mind is a *clean slate* at birth and all mental contents are acquired by experience. Descartes . . . assumed that the idea of God, as well as the ideas of all universally valid and necessary truths, are innate, and that sensory impressions do not create concepts but only provide the occasion for concepts to become conscious in us (pp. 176-177, n. 5).

> *A priorism* is a specific form of the conception of innate ideas. Its most systematic presentation is Kant's *The Critique of Pure Reason*. . . . Kant maintained that the validity of a priori synthetic propositions (as for instance Euclid's postulates) cannot derive from experience. To explain the origin of their validity he asserted that the mind synthesizes all experiences in terms of the a priori forms of sensibility, that is, space and time; and in terms of the categories of pure reason, which he classified as categories of quantity, quality, relation, and modification. The validity of synthetic (a priori) propositions derives from the fact that all impingements of the environment are synthesized by the pure mind

> in terms of these forms and categories, and this synthesis lends them validity (p. 177, n. 6).

Because Kantian transcendentalism had successfully bridged the gap between polarized philosophical views, Rapaport thought that it could perform a similar function within psychology. Specifically, psychoanalysis can best avoid the solipsistic dangers of the idealist-rationalist position by giving proper weight to the problem of cognitive development. His life work as a psychologist of thinking who had integrated the theory of psychoanalysis thus possesses enduring value as an anchor that can keep us from drifting into the type of id mythology exemplified by the school of Melanie Klein.

The ubiquitousness of such temptations was keenly perceived by Rapaport (1951):

> Freud's findings, demonstrating that the 'psychological' appears as the determining cause of behavior, and even of some physiological processes, were hailed by many as a new mine of evidence for idealism, vitalism, spiritualism, etc. The *fin de siècle* reaction against 'materialism' is the proper background against which [such] views should be appraised. . . . Freud himself never made any concessions to philosophical idealism (p. 232, n. 104).

Further,

> . . . modern dynamic psychology has implications suggestive of solipsism. . . . The epistemological paradox of dynamic psychology is: how account for an adequate knowledge of reality when consciousness, the medium for gaining knowledge, is determined by intrapsychic laws? This paradox—implicit to the psychoanalytic concept of 'reality testing' and amenable to psychological solution—is rarely tackled (p. 519, n. 2).

In this regard, as scientists we still have difficulty in taking the last step in reality testing, showing the relevance for us

of Rapaport's (1951) comment about some conclusions of Piaget:

> Piaget, the philosopher-epistemologist and student of science, was struck by the similarity of the child's conception of physical phenomena to that of pre-Socratic, peripatetic, and Aristotelian physics. . . . Indeed, the struggle of the Milesians, Eleatics, Heraclitus, the Sophists, and Socrates-Plato to distinguish 'appearance' and 'truth' is in essence similar both to the development of reasoning, of the world picture, of causality, etc., in the child described by Piaget and to the development of 'reality testing' described by psychoanalysis. The thought-products of these philosophies are often astoundingly similar to those of our children (p. 155, n. 7-8).

Rapaport serves as a continual antidote to clinicians' bent to focus on the content of thinking at the expense of observing thought processes. The concluding chapter of his 1951 book was titled Toward a Theory of Thinking; it is an awesome synthesis of the conceptual model of psychoanalysis and other psychological issues more closely determined by innate Kantian categories. His last paper was a monumental attempt to apply psychoanalysis to motivation theory—to correlate it with learning that is *not* drive motivated.

If Rapaport seems somewhat alien to the reader who is a clinician, it is because, as a Kantian, he is less interested in behavior (the outcome of mental processes) than in its mediation (the question of how the mind works). Coming from a master of psychoanalytic theory, his warnings that there are more things in heaven and on earth than are dreamed of in our philosophy may yet gain a hearing. This may well prove to be David Rapaport's greatest contribution to psychoanalysis. As he stated in a review of William James's Principles of Psychology: '. . . ultimately every psychology depends on the stand it takes in regard to the possibility of attaining knowledge' (*cf.*, This QUARTERLY, XXI, 1952, p. 431; Gill, 1967, p. 474).

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Victor H. Rosen 1911–1973

Theodore Lidz

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VICTOR H. ROSEN

1911-1973

The death of Victor Rosen, a former President of the American Psychoanalytic Association, on February 5, 1973 at the age of sixty-one, deprived us of a person cherished for his warmth and humanity and admired for his creativity; and a colleague who made many significant contributions to psychoanalysis.

A native of New York, Dr. Rosen was graduated from Columbia University and received his medical degree at Columbia University College of Physicians and Surgeons. Following his psychiatric training at the Phipps Clinic of the Johns Hopkins Hospital under Adolf Meyer, he served in the Army during World War II and became Chief of the Neuropsychiatric Service of the 98th General Hospital in the European theater. Even among the many exceptional analysts who trained at the New York Psychoanalytic Institute shortly after the war, his brilliance was apparent. He served as Medical Director of the Institute's Treatment Center from 1957 to 1961 and as Chairman of its Educational Committee from 1964 to 1965 when he became President-Elect of the American Psychoanalytic Association. He was Clinical Professor of Psychiatry at Albert Einstein College of Medicine from 1967 until 1972 when he joined the Yale faculty with the same academic title.

Dr. Rosen's great interest in language and thought began in college through his fascination with Lewis Carroll and was stimulated by Adolf Meyer who emphasized the importance of symbolic processes in human integration. He became one of the most productive members of the Gifted Adolescents Project led by Ernst Kris: his papers, 'Mathematical Illumination and the Mathematical Thought Process' and 'Some Effects of Artistic Talent on Character Style', were gems that emerged from the study group.

His studies of the creative process led Dr. Rosen back to the study of cognition. He had become increasingly concerned with the deficiencies in psychoanalytic theory, and the confusions in therapy that arose from the relative neglect of the study of language in a discipline that depended upon the examination of signs and symbols and which sought to produce change in patients

primarily through verbal communications. He organized and led the study group in linguistics and psychoanalysis at the New York Psychoanalytic Institute, and became thoroughly familiar with the field of linguistics. He noted various ambiguities in Freud's discussions of symbolism and in his hypotheses concerning schizophrenic language, and set about providing more coherent and scientifically based concepts. His last several papers not only show the mastery he attained and the clarity of his thinking, but also the promise his approach held for the advancement and clarification of psychoanalytic theory. Just six months before his death he joined a group at Yale who were studying schizophrenic language and thought to which his knowledge of both linguistics and psychoanalysis was central.

Those of us whose lives were enriched by Victor Rosen mourn our own loss and that of our discipline. He is survived by his wife, Dr. Elise Snyder Rosen; two daughters of a previous marriage, Barbara Garber and Winifred Rosen; his sister, Norma Starobin; and a granddaughter.

THEODORE LIDZ, M.D.

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Basic Psychoanalytic Concepts on the Theory of Instincts. The Hampstead Clinic Psychoanalytic Library, Vol. III. By Humberto Nagera, et al. New York: Basic Books, Inc., 1971.136 pp.

Otto F. Kerneerg

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BOOK REVIEWS

BASIC PSYCHOANALYTIC CONCEPTS ON THE THEORY OF INSTINCTS. The Hampstead Clinic Psychoanalytic Library, Vol. III. By Humberto Nagera, et al. New York: Basic Books, Inc., 1971. 136 pp.

This thin, compact book packs into a most succinct set of summary statements the basic psychoanalytic instinct theory as it evolved throughout Freud's work. Although written by several authors, the unity of approach and the consistently high level of analysis make one aware of the intensive work of the Hampstead Clinic's Concept Research Group that underlies the deceptively simple summaries presented in the various chapters.

For example, Alex Holder's chapter, Instinct and Drive, clarifies in only four pages the semantic complications that arose from translating Freud into English. In the process, Holder highlights Freud's clear differentiation of biological *Instinkte* (reflecting an 'inherited recognition of external situations') from the psychological 'frontier-concept' of *Trieb* (reflecting an 'excitation occurring in an organ which subsequently may find a conscious or unconscious representation'). *Instinkte* are related more to self-preservation and are discontinuous, in contrast to *Triebe,* which represent a more continuous or cyclical stimulation. One is tempted to relate this formulation to the contemporary concepts of instincts derived from the work of Tinbergen and Lorenz, which imply that instincts constitute an integrated hierarchy of component systems activated under specific environmental circumstances that release innate response mechanisms. These component systems, which constitute discontinuous 'building blocks', lead to an over-all organization of general 'instincts' as a result of the ongoing influence of psychosocial learning on the activation of such component systems. In other words, Freud's *Triebe* (which this reviewer would still prefer to translate as 'drives') may reflect the eventual hierarchy of the basic (mostly unconscious) psychological states derived from partial, discontinous, 'instinctive' components (such as bodily perceptions, affect states, and innate behavior patterns) 'released' in the context of

the infant-mother relationship as a fundamental environmental reality. But to mention this potential relationship between Freud's basic theory and modern biological and ethological findings is in contrast to the extraordinary precision and restraint of Nagera's book which focuses only on Freud's thinking.

Rose Edgcumbe's analysis of the development of Freud's instinct theory starts with his early abandonment of what he rightly considered premature attempts to describe psychical phenomena in terms of physical events. She goes on to summarize his evolving formulations and ends with his return to biological theory in the postulation of life and death instincts. It is difficult to do justice to her excellent historical overview of Freud's thinking and her impressive capacity to summarize entire phases of his thinking in two or three sentences. Quotations from Freud are used to illustrate particularly complex issues that cannot be easily summarized. For example, in discussing the concept of fusion of instincts, Freud is quoted as saying that this hypothesis 'throws no light whatever upon the manner in which the two classes of instincts are fused, blended and alloyed with each other; but that this takes place regularly and very extensively is an assumption indispensable to our conception' (p. 43). Indeed, it seems to me that the mechanism of fusion of instincts and of the related processes of neutralization which were studied so extensively by Hartmann have never been fully clarified in psychoanalytic literature.

Dale Meers discusses the same problems in the chapter, Fusion-Defusion, illustrating the uncertainties involved in this concept in viewpoints different from those in the chapter by Edgcumbe. He uses a multifocal approach to analyze crucial psychoanalytic concepts. This overlapping aspect of various chapters adds a further dimension of depth to what otherwise might have become a dogmatic, textbook-like summary of Freud's views.

In a brief, lucid, and stimulating foreword Anna Freud explains that the aim of Nagera and his group has been to facilitate the understanding and definition of basic psychoanalytic concepts by tracing the history of these concepts in Freud's work. They hoped to contribute to precision in psychoanalytic work and reduce the many sources of misunderstanding and confusion in present psychoanalytic literature. In this reviewer's opinion, the authors have

accomplished these aims. What is particularly interesting is their awareness of areas where, in spite of all efforts, unclarity persists, where new findings may have to be integrated and further research needs to be done. They leave the reader with an exciting set of instruments for developing his own understanding and work.

I feel it would have been helpful if the editor had included a chapter on Freud's theory of affects as it relates to his instinct theory and a chapter on Freud's thinking on the mutual influences of instinctual vicissitudes, ego formation, and object investments. In this connection, it is interesting to note that one of the few exceptions where psychoanalytic thinking is taken beyond Freud's own work is a quotation from Anna Freud which implies that fusion of drives is very much related to the growth of the ego that results in the integration of contrasting instinctual strivings toward the same object.

Has the time come for re-examining the possibility of relating psychoanalytic concepts of the theory of instincts to new findings in related fields, such as ethology, neurophysiology, psychophysiology of affects, and learning theory in general? My answer would be a cautious 'yes'. It seems to me that exploring the external 'boundaries' of psychoanalytic instinct theory would stimulate further developments in psychoanalytic scientific thinking and new ways of viewing clinical phenomena. This does not mean that present-day findings and fashions in other fields should lead us to abandon basic psychoanalytic hypotheses regarding instincts which have been documented by a long history of clinical findings. Also, such an exploration should not fall into a mechanistic way of relating physical findings to psychological phenomena. However, the very nature of the process by which psychoanalysis renews itself in exploring its interface with related sciences should have a healthy effect on our clinical work as well as on our theory building. Nagera's book is an excellent focus around which such interdisciplinary exploration could start.

Psychoanalytic researchers and theoreticians, students in the behavioral sciences interested in psychoanalysis, and candidates in psychoanalytic institutes should find this book invaluable.

OTTO F. KERNBERG (TOPEKA)

BASIC PSYCHOANALYTIC CONCEPTS ON METAPSYCHOLOGY, CONFLICTS, ANXIETY AND OTHER SUBJECTS. The Hampstead Clinic Psychoanalytic Library, Vol. IV. By Humberto Nagera, et al. New York: Basic Books, Inc., 1971. 233 pp.

The volume and complexity of Freud's writings pose a formidable and intimidating intellectual challenge for students of psychoanalysis. An attempt to reorganize and restructure this work in terms of basic concepts has been made by members of the Concept Research Group of the Hampstead Clinic under the chairmanship of Dr. Humberto Nagera. Anna Freud, in her foreword to The Hampstead Clinic Psychoanalytic Library, points out that this effort is intended for readers concerned with the history of psychoanalytic concepts. In endorsing the aims of the group, she stresses the importance of understanding the terminology in which psychoanalytic thoughts have been expressed and the need to define concepts according to their relevance for the historical phase of psychoanalytic theory in which they have arisen, as well as for their individual significance. Sources of confusion and misunderstanding which invade psychoanalytic literature may thus, hopefully, be reduced and students of psychoanalysis inspired to further constructive and critical thinking.

The present volume, the fourth in the Library, contains eighteen chapters. It begins with a consideration of metapsychology and the dynamic, economic, topographical and genetic points of view. There are sections devoted to Principles of Mental Functioning, Cathexis and Freud's Theory of Conflict. The concepts of fixation and regression, anxiety, ambivalence, reality testing, transference and countertransference, and masturbation are also included. A summary of Three Essays on the Theory of Sexuality with historical revisions will aid the reader to identify significant corrections and additions that this work has undergone in various editions. As in the other volumes, the text consists mainly of quotations or paraphrases from the Standard Edition of Freud's Complete Psychological Works, together with clarifying comments by the author of each chapter. References are available on each page.

The authors and the editor have succeeded admirably in assimilating, condensing, and presenting this vast array of material in a cogent and eminently readable style. The opportunity to follow the development of Freud's thinking about each concept

enables one to savor even more fully his towering genius. There is, of necessity, a great deal of overlapping in this work. Because of its complexity, it is not meant to be read lightly, but rather as a reference for those interested in pursuing Freud's theoretical formulations in depth and in historical perspective.

In a work of this nature, where accuracy of references and quotations is so essential, it is unfortunate that errors appear. Some are trifling, but for example on page 128 'affect' appears as 'effect', which could lead to misunderstanding. In the Historical Revision of The Three Essays, the topic, Sexual Aim of Inverts, is omitted. Fortunately most of the inaccuracies and ambiguities are easily recognizable and may be corrected by reference to the Standard Edition.

The Hampstead Clinic Psychoanalytic Library is a most important and prodigious contribution to psychoanalytic literature. Clinicians, students, teachers, and scholars owe a debt of gratitude to Dr. Nagera and his collaborators.

MILTON E. JUCOVY (GREAT NECK, N. Y.)

THE ANALYSIS OF THE SELF. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders. By Heinz Kohut. The Psychoanalytic Study of the Child Monograph No. 4. New York: International Universities Press, Inc., 1971. 368 pp.

'The subject matter of this monograph is the study of certain transference and transferencelike phenomena in the psychoanalysis of narcissistic personalities, and of the analyst's reactions to them, including his countertransferences' (p. 1). This introductory sentence indicates the clinical scope and focus of Kohut's important and complex book, the fruit of many years of the psychoanalytic treatment and study of a group of patients with whom every analyst practicing today is becoming more and more familiar. The title and subtitle of the book imply the author's theoretical approach and suggest his attempt to put the treatment of such patients on a firm metapsychological basis.

The patients under consideration fall into a category halfway between Freud's transference neuroses and narcissistic neuroses (as nosological groups). While their complaints and symptomatology vary within a considerable range, they may be characterized by

two outstanding features: 1, these patients appear to have what is commonly called a sufficiently intact ego, permitting them to develop a reasonably stable and close rapport with the analyst which makes transferences possible and enables them to engage in a meaningful self-observation; 2, their psychopathology centers less around conflicts over œdipal relations which would be reactivated in the transference neurosis than around more primitive, mostly preœdipally determined problems of self-object differentiation. These archaic problems are reactivated in the transference relationship with the analyst and give that relationship its 'symbiotic' fusion quality and, at certain times, its character of cold or haughty detachment.

If, with Hartmann, narcissism is defined as the cathexis of the self, then the psychopathology of such patients centers around repressed or otherwise warded-off narcissistic issues[1] which have not been resolved, resulting in a deficient development of true object-cathexis (the latter being involved in œdipal relationships). As Kohut sees it, narcissistic personality disturbances are narcissistic not in the sense that the patients are not engaged with objects, but in the sense that objects are unconsciously, or in a disavowed sector of their personality, cathected with narcissistic rather than with object libido. Objects are either predominantly 'used in the service of the self and of the maintenance of its instinctual investment', or they are 'themselves experienced as part of the self'. He refers to the latter as 'self-objects' (p. xiv). It is, according to Kohut, not the 'target of the instinctual investment (i.e., whether it is the subject himself or other people) but . . . the nature or quality of the instinctual charge', which determines whether cathexis is narcissistic or object cathexis (p. 26). The transference phenomena, characteristic for these patients once their archaic problems have been reactivated in the analytic situation, accordingly are called narcissistic transferences. To call them transferences, at least in a broad clinical sense, is justified by 'the unquestionable fact that the image of the analyst has entered a long-term, relatively reliable relationship with the mobilized narcissistic structures which permits the maintenance of a specific, sys-

[1] Kohut distinguishes between repression, a 'horizontal split' in the personality, and a 'vertical split' akin to the disavowal described by Freud as a split in the ego, as in fetishism.

tematic process of working through' (p. 205). Narcissistic transference is distinguished from those transferences established in the classical transference neuroses by the fact that 'the phenomenon is not produced by cathecting the analyst with object libido' but by including him 'in a libidinal (i.e., narcissistic) state to which (the patient) has regressed or at which he has become arrested' (Anna Freud's personal communication, p. 205, n. 1).

The stage in development preceding the differentiation of self and object, usually referred to as primary narcissism, is followed by a stage in which 'the child replaces the previous perfection (a) by establishing a grandiose and exhibitionistic image of the self: the grandiose self; and (b) by giving over the previous perfection to an admired, omnipotent (transitional) self-object: the idealized parent imago' (p. 25). This twofold process—the fixation point of the narcissistic personality disturbances—leads Kohut to divide his subject matter into two main parts, the 'therapeutic activation of the omnipotent object' (Part I, pp. 37-101) and the 'therapeutic activation of the grandiose self' (Part II, pp. 105-199). In terms of the narcissistic transferences at play, the former, i.e., the patient's relationship to the analyst *qua* omnipotent object, is called the idealizing transference; the latter, i.e., the patient's relationship to the analyst as merged with or as an extension of the self, is called the mirror transference.

The idealized self-object and the grandiose self are considered as 'two facets of the same developmental phase' (p. 107). The original all-embracing (primary) narcissism unfolds into these two facets: one is not more primitive than the other, although one or the other may be more prominent in the analytic relationship. The therapeutic task in either type of narcissistic transference consists in allowing the reactivation of these primitive configurations in relation to the analyst, so that the development toward true object relations (involving the emergence of more stable and more pervasive object cathexis) and toward a more realistic (i.e., limited) self may be resumed in the working through process, thus permitting the integration or reintegration of these configurations with the more mature part of the personality.

The concept of internalization, here called transmuting internalization, is crucial for Kohut's theoretical framework. He sees psychic structure formation—referring specifically to ego and super-

ego structure—as based on the decathexis of object imagoes (p. 49), whether these be archaic self-objects, idealized objects, or the more evolved objects of the œdipal phase, and on their transmuting internalization by which the resulting 'internal structure now performs the functions which the object used to perform for the child' (p. 50). The self-object in particular is seen as the precursor of psychic structure. Kohut emphasizes the crucial difference between '(1) the narcissistically experienced, archaic self-object (an object only in the sense of the observer of manifest behavior); (2) the psychological structures (. . . built up in consequence of the gradual decathexis of the narcissistically experienced archaic object) which continue to perform the drive-regulating, integrating, and adaptive functions—previously performed by the (external) object; and (3) true objects (in the psychoanalytic sense) which are cathected with object-instinctual investments, i.e., objects loved and hated by a psyche that has separated itself from the archaic objects, has acquired autonomous structures, has accepted the independent motivations and responses of others, and has grasped the notion of mutuality' (pp. 50-51).

The idealizing transference of narcissistic personality disorders permits the resumption of that internalizing process which leads specifically to the consolidation of the superego in its 'narcissistic dimension, . . . i.e., to its idealization. . . . The internalization of the object-cathected aspects of the parental imago transmutes the latter into the contents and functions of the superego; the internalization of the narcissistic aspects accounts for the exalted position which these contents and functions have vis-à-vis the ego' (p. 41). The author stresses this distinction, which is related to that between superego and ego ideal.

The mirror transference constituting the activation of the relatedness of the primitive self to itself, as it were, permits the resumption of that process in which the grandiose self becomes modified. In Kohut's words: 'Under favorable circumstances (appropriately selective parental response to the child's demands for an echo to and participation in the narcissistic-exhibitionistic manifestations of his grandiose fantasies), the child learns to accept his realistic limitations, the grandiose fantasies and the crude exhibitionistic demands are given up, and are *pari passu* replaced by ego-syntonic goals and purposes, by pleasure in his functions

and activities and by realistic self-esteem' (p. 107). It is Kohut's implication that in the mirror transference in the analytic situation the analyst is called upon to provide these favorable circumstances—not adequately provided in infancy—at the same time as he elucidates for the patient, appealing to the more mature sector of the patient's personality, the genetic sources of his deficiency or lack of development in the narcissistic realm. In his view, a 'person's ultimate goals and purposes, and his self-esteem, carry the imprint of the relevant characteristics and attitudes of the imagoes . . . of the persons against whom the child's grandiose self had been reflected or whom the child had accepted as extensions of his own greatness' (pp. 107-108); but they 'also carry the earmark of the original narcissism which infuses into the central purposes of our life and into our healthy self-esteem that absoluteness of persistence and of conviction of the right to success which betrays that an unaltered piece of the old, limitless narcissism functions actively alongside the new, tamed and realistic structures' (p. 108).

The mirror transference appears in three forms, in decreasing degrees of archaism: 1, the 'archaic merger through the extension of the grandiose self' (primary identity with the analyst); 2, the alter-ego or twinship transference (the analyst is experienced as like or very similar to the grandiose self); 3, the mirror transference in the narrower sense. In this last, comparatively most mature form, 'the analyst is most clearly experienced as a separate person,' but he is 'an object which is important only insofar as it is invited to participate in the child's narcissistic pleasure and thus to confirm it' (pp. 115-116).

That the analyst provides these favorable circumstances means that his general empathic attitude and understanding of the patient's narcissistic needs, demands, and defenses prevent his interventions from interfering with their activation in the transference, for instance, by premature or ill-timed demonstrations of their unrealistic nature, by judgmental statements, or hostile withdrawal. These are pitfalls in the treatment of such disorders to which most analysts are susceptible, since we ourselves have to struggle often enough with unresolved or recurring problems of similar vintage. The opposite, an overidentification with the patient's narcissistic needs, of course is equally uncalled for. It

is my impression that Kohut is not sufficiently aware of or concerned with this latter problem. Chapters ten and eleven of the book give an instructive survey of some of the analyst's reactions to the idealizing and mirror transferences.

In order to understand Kohut's conception of narcissism in a broader perspective, it is important to make clear that he postulates 'two separate and largely independent developmental lines: one which leads from autoerotism via narcissism to object love; another which leads from autoerotism via narcissism to higher forms and transformations of narcissism' (p. 220). In chapter twelve he discusses these higher forms and transformations as they occur in successful analyses of narcissistic personalities. The healthy development of narcissism as the cathexis of the self, from this point of view, may be characterized as the development of a mature, rich self. Kohut stresses, and rightly so, the importance and value of narcissism in this sense, implying, as I see it, that the development from early phases in mental life need not and does not only involve development *away* from early phases but also signifies higher development *of* early stages themselves. Specifically, this appears to be so in the case of particularly empathic or of especially creative individuals and often tends toward a certain hypertrophy of specific gifts, traits or interests, at the cost of other desirable character traits, frequently making for disharmony in personality development. Kohut's warning against a common bias in favor of 'object love' and against 'narcissism,' is well taken. But I would question how independent from each other these two lines of development are, or can be, or how useful it is to see them as two separate lines of development. We must keep in mind that either of them can undergo further development and higher transformations, as distinguished from mere hypertrophy, only in conjunction with and under the influence of higher development of the other, although a given individual may have his center of gravity, in the life he lives, more in one than in the other. In chapter twelve, when speaking of the increase and expansion of object love as one of the beneficial changes occurring through analysis, Kohut takes account of these considerations to a limited extent.

Extensive clinical discussions and numerous case illustrations throughout the book make these theoretical-genetic formulations

concrete and demonstrate their pertinence and usefulness. I believe every analyst will be stimulated and enabled to review and deepen his understanding of his own case material, particularly in relation to transference-countertransference problems, in the light of Kohut's illustrations. This is true whether or not one agrees with all of his theoretical formulations or with his particular inclinations in regard to therapeutic management.

What follows are some brief critical reflections. The value of the case illustrations and clinical discussions, useful and illuminating as they are, is somewhat diminished by two factors. First, Kohut's metapsychological formulations and genetic reconstructions of the patient's psychopathology frequently overshadow his descriptive material which is understandably abbreviated and condensed. It seems to me that the author's passion and superior ability for comprehensive and precise formulations tends to interfere with his presentation of the case material and to pre-empt the reader's own judgment.

Secondly, we are too much left in the dark about the processes by which the integration of the repressed or disavowed sectors of the narcissistic personality with the more mature sectors is supposed to come about. I gained the impression that the issues of defense and resistance in the analysis of these patients are not sufficiently developed. In my experience, there is not only resistance against the reactivation of the submerged narcissistic configurations, but there is often powerful resistance against the above-mentioned integration—a resistance which is not merely due to technical errors or countertransference reactions, although the importance of the latter is beyond doubt. Are the favorable changes one hopes for in the majority of cases simply the outcome of permitting and promoting the flourishing of the hitherto warded-off narcissistic configurations? To my mind a not inconsiderable share of the analytic work consists in more or less actively and consistently confronting these freed narcissistic needs and narcissistic transferences with what Kohut calls the mature aspects of the reality ego of the patient. Granted that such confrontations too often are ill-timed or judgmentally tinged, there are also good times for them and a balanced attitude may be maintained. Although Kohut does not altogether ignore this side of the work, it would be important to devote considerably more attention to this type of resistance than

he does. Integration with the more mature sectors of the personality, in my opinion, needs working through of its own. Because of the fixation on the archaic stages they become ingrained and proliferate in the course of time—factors which render them different from the early flourishing of childhood narcissism—, requiring 'educational' work which consists in repeated though not nagging or premature confrontations with, and demonstrations of, the more mature personality sectors. This aspect of the work is underplayed by Kohut. Freud's observation that the analysis of patients with immature egos comprises a good deal of 'after-education', is particularly pertinent in the treatment of narcissistic personality disorders.

I should like to add here that a more mature integration of the personality does not merely include an acceptance of the limitations of self and others based on resigned acknowledgment of 'reality'—although that ingredient is always present—, but also and importantly it involves an affirmation of the positive and enriching aspects of limitations. This latter element in particular is involved in the expansion of object love and true object relations. Kohut's seeming neglect of analytic work with this type of resistance leads to the impression that a subtle kind of seduction of the patient may be at play in his work with such disorders.

Regarding other clinical problems, there is something forced about the dichotomies set up between narcissistic and object-libidinal issues and between the warded-off immature and the more mature sectors of the personality. For expository purposes these dichotomies are most valuable, but they do not do full justice to clinical realities. Object-libidinal and narcissistic issues, while distinguishable, are frequently blended or intermingled in such a way that each can be expressed in terms of the other, and it will depend on one's clinical acumen whether one or the other aspect is chosen for interpretation. Whether one interprets given material in terms of the self and its fragility, or of self-esteem, as against interpreting the same material in terms of castration fear, for example (i.e., in its object-libidinal dimension), or goes back and forth between one and the other, depends on subtle shifts signaled by the patient between more and less developed layers of the personality, but also on one's point of view regarding the interrelations and interdependence between narcissism and object-libido.

Moreover, in terms of more conventional conceptualizations I would say that Kohut is biased in favor of the analysis of the archaic ego and neglects the analysis of ego defenses.

This brings me to my concluding remarks on some strictly theoretical problems. As mentioned earlier, Kohut adopts Hartmann's definition of narcissism as the cathexis of the self. If I understand Hartmann correctly, he substitutes the term 'self' for Freud's 'global ego', meaning the mind as a totality, irrespective of the subdivision into the mental provinces id, ego, superego (Freud sometimes speaks of ego in this sense as *Gesamt-Ich*), and in contrast to the external world or object world. The development of the self as a cohesive organization which is experienced as different from 'objects', is contingent on the differentiation between subject and object, in contrast to their non-differentiation in the primitive state we designate as primary narcissism. At the stage of primary narcissism, if we follow Freud's elaboration of this concept as given, for example, in Civilization and Its Discontents, such distinctions as cathexis of the self versus cathexis of objects do not exist. This is one of the reasons why the definition of narcissism as cathexis of the self, in my view, is questionable. Object love is not in opposition to or in place of narcissism. Rather, mature narcissism, mature cathexis of the self in Kohut's terms, and mature object love are tied together. It is because the narcissistic personality's self in its warded-off sectors is so immature, because the differentiation between self and object is so deficient, that object cathexis is deficient. For this reason Kohut speaks of the archaic object as self-object. But when he speaks of the self-object as transitional, he should stress not only that the *object* is transitional and archaic, i.e., not a true object in the psychoanalytic sense (although an object from the point of view of an outside observer), but that the *self,* too, is transitional, and not a true self. (It too, is a self only from the outside observer's viewpoint.) Neither the omnipotent object in the idealizing transference, nor the grandiose self in the mirror transference are sufficiently differentiated *qua* object or self. They are, as the author himself says, facets of the same early developmental phase. In terms of the distinction between identification and object relations, closely akin to that between narcissistic and object cathexes, identification and object relations are just

beginning to differentiate out of what Freud has called object-tie (*Objekt-Bindung*), in contradistinction to object relation (*Objekt-Beziehung*).

Kohut's self-object is not only the precursor of psychic structure, but equally the precursor of the object as a cohesive and reliable (constant) organized unit. If narcissistic and object cathexes are not determined by the target of the instinctual investment but by the nature and quality of the cathexis, this means that these differentiating modes of cathexis create the self *qua* self and the object *qua* object. The stimulating material, the target, becomes an element either of self or object world through the respective cathexes.

In my opinion Kohut's attempt to arrive at conceptual clarification of such basic terms as self in its relations to id, ego, superego remains unsuccessful. While self, unlike id, ego, and superego, is not a constituent or agency of the mind, it also cannot, I believe, be conceptualized as a content of the human mind or mental apparatus, much less as 'half of the contents of the human mind—the other half being, of course, the objects' (pp. xiii-xv). If self is something like Freud's *Gesamt-Ich* (the total 'ego' where the distinction between id, ego, and superego remains unspecified), then, far from being a content or a structure within the mind, self would be the mind as cathected in its totality. Self, mind, personality, identity are terms referring to a totality seen from different perspectives.

I also question the by now common equation of self and self-representation, or of object and object representation, due, I believe, to confused thinking in regard to the term 'mental representation'. While mental representations of self and objects may conceivably be called 'contents' of the mind, in so far as they refer to more or less specific fantasies, images, memories, or ideas of self and of objects, these entities themselves (whatever their nature may be) are not mental representations. In a certain sense they may be characterized as mental creations, but not as structures within the mind.

I wish to emphasize that grandiose self, omnipotent object, mirror transference, and idealizing transference as clinical concepts are most illuminating and valuable, and that my critique of complex metapsychological issues and of certain clinical problems in no

way detracts from the value of this monograph. I consider it a major achievement. The book is apt to inspire the careful reader to review his own analytic experience in depth, to revise his analytic technique with such patients, and to devote fresh thought to many theoretical and technical problems pertaining to narcissism. We do not often come across a book which gives this kind of inspiration, and which shows such a high level of integration of clinical experience and theoretical sophistication. Any reader who does not fall prey to the temptation of considering The Analysis of the Self as the final word on narcissistic personality disorders, and their psychoanalytic treatment, will be amply rewarded by Kohut's outstanding contribution.

HANS W. LOEWALD (NEW HAVEN, CONN.)

FREUD: LIVING AND DYING. By Max Schur. New York: International Universities Press, Inc., 1972. 587 pp.

The title of this large book suggests the difficulty of defining the scope of it. The author states that the approach and title of his earlier work, The Problem of Death in Freud's Writings and His Life, were too narrow for the present work. 'The problem of life and death cannot be separated. The wish to live and all the elements which sustain it, the fear of death, which can gradually change into acceptance, or even into a wish to die, the conflict and shifting balance of these opposing wishes are all part of human existence. My book will . . . deal with all these elements as they are reflected in the life of one man. However, the choice of material is highly selective, and many of Freud's works and events in his life are not discussed.' Schur emphasizes the fact that his book, 'although a biographical study, is *not a full-scale biography*' (p. 16).

I believe that the true theme of the book is the history and prehistory of Schur's relationship to Freud during his long and ultimately fatal illness. The last third of the work deals explicitly with Freud's cancer and the surgery in 1923, and, from 1929 until Freud's death in 1939, Schur's relationship to Freud as his personal physician, admirer, disciple, colleague, and friend. The first two thirds deal with the 'Pre-History': those elements of Freud's life

and writing to which Schur turned in order to give a temporal perspective to his own experience with Freud.

This, then, is a book that *had to be written,* a book written out of a deep inner need. Schur had to deal with the cancer, with the terrible 'side effects' of the radical surgery and later of the radiation, and with a patient who continued to use a proven carcinogenic agent, the cigar. The involvement was deeper than most doctor-patient relationships because of Schur's own personal investment in psychoanalysis. In fact, he was still in analysis in 1929 when he became Freud's physician.

It is this intense involvement, however, reworked and reviewed with the passage of time, that accounts for both the strengths and weaknesses of the book. The author (or his editors), despite his attempts to clarify the issue, has not decided unambiguously on the appropriate audience for his book. It is detailed and it is synthetic; yet it is not an æsthetically satisfying balance of detail and synthesis. The work gives evidence of a need to abreact, and is not sufficiently shaped and contoured by art. The subject is described accurately but in such overwhelming detail that the accuracy may be obscured. There is admirable zeal to defend Freud and to understand him empathically and psychoanalytically. Schur takes pains to elaborate his own position and to avoid anything that resembles self-justification. Yet inevitably, I believe, intense admiration and love shade into idealization and romanticization of the figure of Freud that do not entirely enhance the man.

In short, it is a book full of many interesting and important things, but, as a *book,* it always threatens to collapse under its own weight.

Each reader, I feel, will take away from the book much new knowledge, many facts and valuable constructions. I can discuss only a few aspects that stand out in my mind.

First, Schur assembles and, to a great degree, integrates new biographical material about the early life of Freud, particularly the work of Sajner and Gickelhorn. It is clear from Freud's own writings that the accident of his being the child of a young mother and a father old enough to have two grown sons with families of their own was a focus of Freud's self-analysis of his œdipal conflicts and, in fact, important in the discovery of the œdipus complex itself. There is the new disclosure that the Freud family lived

in one room for the first four years of his life. Schur argues that Freud's later interest in the importance of primal scene material must have some actual correlate in this early experience, of which there are only rather pale reflections in the childhood memories reported in The Interpretation of Dreams. Also of interest is that Freud's father seems to have had three wives, not two as Freud and his siblings had believed. Schur feels that the fact that Freud's father had a wife in between the mother of Emanuel and Philipp and Sigmund Freud's mother, Amalia, had been kept secret must have had some significance. Schur speculates that Freud's persistent interest in 'pre-historic' material and his unshakable belief in the phylogenetic importance of actual experiences (for example, the primal horde murder in Totem and Taboo) were a reflection of the importance of repressed material from these early years, with repression buttressed by the family's keeping certain facts as 'secrets'.

Another important aspect of the book is the detailed discussion of the relationship between Fliess and Freud, including Schur's formulation of the role of Fliess as Freud's analyst, that is, as an object of Freud's transferences. Schur presents material based on some previously unpublished letters to Fliess from Freud. Although Kris, citing Edith Buxbaum, had made the point that we must view Fliess's role as that of the analyst in Freud's self-analysis, Schur presents some new ramifications of this idea. Especially convincing is Schur's argument that Freud needed to idealize Fliess and to believe in Fliess's ideas well beyond the time when Freud sensed that they were probably either wrong or inconsequential.

Many other details of the vicissitudes of the self-analysis are revealed in Schur's discussion of the sequence of letters in the correspondence. An interesting possibility emerges from the discussion of the letter to Fliess in which Freud introduces the term 'endopsychic myths' (p. 136, Letter No. 78). 'Endopsychic myths' and 'endopsychic perception' were important in Freud's early writings, but these concepts seem to have disappeared by about 1914. It appears plausible that the concept of 'endopsychic perception' is a product of the period of intense self-analysis, referring to some perceiver-within-the-mind.

The discussion of Totem and Taboo (p. 282) is of interest. Schur raises the point that one should view the theory of the

primal horde in the context of the interactions within the young psychoanalytic movement; Totem and Taboo was an essay about current group process and not just a reconstruction of the archaic past.

Schur's recovery and reconstruction of the facts of Freud's cardiac episodes (around 1896) are also important. He corrects Jones's supposition that this was a cardiac neurosis of some sort. Freud probably had a myocardial infarct or at least some serious organic pathology. This account enhances our appreciation of Freud's struggle to understand and treat conditions such as hysteria and neurasthenia that seemed to border between the organic and the psychological. It also sheds further light on Freud's 'Irma dream', which deals with the anxieties of a physician lest he misdiagnose serious organic disease as hysteria. Over-all, this material enriches our view of the difficulties in Freud's transition from physician to psychoanalyst.

Of central importance to this book, of course, are Freud's attitudes toward sickness and death. What Schur has achieved—although one wishes he had achieved it more succinctly—is the demonstration that Freud's attitudes are *not* reducible to one or even a few simple formulations. One's behavior while dying, including how one deals with the fear of dying, always involves a variety of ego attitudes and behaviors as well as unconscious fantasies. Schur deals at length with some of these factors in Freud's life: the 'guilt of the survivor', the fear of hurting his loved ones by his death, an unwillingness to suffer unduly just for the sake of suffering, and unwillingness to experience the work difficulties associated with giving up cigar smoking, even to avoid recurrences of tumor. The very complexity of Schur's material lends conviction to the portrait.

Although the premature death of the author undoubtedly accounts for some of the defects of the work as it stands, it is not a well-written book. Any work of large scope on Freud inevitably invites comparison with Jones's biography, and here the palm goes to Jones for quality of writing. Jones's account of Freud's terminal illness is a case in point. Schur himself provided Jones with a detailed essay on the years of his contact with Freud as his patient, a report highly praised by Anna Freud (p. 6). Jones, somewhat to Schur's chagrin, decided that he would incorporate

the essay into his narrative rather than publish it as a separate chapter under Schur's name. Now that we have Schur's own extended account, I feel that Jones was wise in his decision. I believe Jones exercised greater tact than Schur by *not presenting* all of the grim medical detail Schur provides. (Jones put some of the surgeon's notes in an appendix.)

This leads to another important issue discussed by Schur but hardly satisfactorily resolved. Despite Miss Freud's praise for his account, it is not clear to this reader that Freud would have wanted *this kind* of intimate detail published. There is no easy solution to the problem of striking a balance between impartially revealing all, on the one hand, and respecting the wishes and sensitivities of the subject of the biography, on the other. Many analysts, following Freud's example, would reveal (and have revealed) some embarrassing aspects of their own inner life and behavior in the service of furthering analytic understanding and treatment. It is questionable, however, whether such aims are furthered by discussing foul bodily smells, exudates of pus and blood, and the details of changing surgical dressings. Further, there are hints that Schur has not been truly impartial in discussing bodily matters, especially those relating to sexuality. It is doubtful that anything sensational or scandalous has been suppressed about Freud's sexual life, but there are several instances of silence, or little comment, in this work. Most striking is the rather casual treatment of the fact (recorded as a *footnote*, p. 363) that Freud underwent ligation of the spermatic ducts (vasectomy?) five days after the last stage of horrendous radical surgery on his month and jaw (November 12, 1923). The operation was performed because *Freud* favored it. Surely this deserves at least a raising of an analytic eyebrow (*cf.*, Freud's comments on our ignorance of Nietzsche's sexual 'constitution' as a limit on psychobiography, p. 11).

One of the central features of this work is Schur's attempt to relate Freud's writings to ongoing issues and conflicts in his personal life. Schur invokes the model of thinking-invaded-by-conflict to account for Freud's formulations about the death instinct, repetition compulsion, and the inheritance of earlier phylogenetic experiences, ideas which Schur and many analysts think are wrong. The use of this model is a hazardous enterprise even in an ongoing analysis when both patient and analyst can agree that

the patient's ideas can be so treated. It runs the risk of using *post hoc* judgments on the validity of certain ideas as the touchstone of whether or not they should be scrutinized for evidence of conflict. In particular, Schur argues that in relation to the death instinct, 'we encounter not only new ideas, but also a departure from Freud's usual method of approaching his topic, i.e., the inductive reasoning that in Freud's case almost always was solidly grounded on observed phenomena here gives way to speculation' (pp. 320, ff.). Schur pins down examples of supposed circular reasoning. I am not convinced by Schur's arguments that Freud's *methods of reasoning* here are radically different from the methods used in many other contexts. If these particular ideas have not fared so well, so be it. It is extremely risky, however, to argue that *here* conflict invaded his reasoning, while elsewhere it did not. Further, to describe Freud's usual method as 'inductive' glosses over the complexity, richness, and *imagination* involved in his thinking. Reasoning by analogy, inspired guesses, creative use of the ideas of other thinkers, knowing what to look for—terms such as these more aptly fit Freud's typical working method.

Finally, there is the tantalizing problem of the limits of psychobiography, a problem which Schur discusses in his introduction. Could a psychobiographer hope for a more apt subject? There is abundant evidence about Freud's life, although, of course, more would always be welcome. The major biographers have been trained analysts who knew Freud. Gradually, gifted historians are entering the field. How far has this particular book, a most serious piece of psychobiography, enlarged our understanding of Freud as a man and as a creative thinker? This, of course, is difficult to measure and will vary greatly from reader to reader. With all its drawbacks, the book has, I believe, contributed to a fuller portrait of the man and afforded some important glimpses into his creative struggles. That 'the miraculous gift that makes an artist' (p. 10), the secret of Freud's creativity, has not been illuminated by this work is not a fault to be laid at the feet of the author.

The book also raises some more general questions about research on Freud. It is not entirely clear to this reviewer (and I thank Dr. Kurt Eissler for some helpful clarification) what archival resources are available, to whom, and under what conditions.

Apparently, the Freud Archives lodged in the Library of Congress will not be open to anyone until a number of years hence in order to encourage people to make contributions of a confidential nature. Some simple public statement about the contents and accessibility of Freud's estate, a prospectus of correspondence to be published, and similar information would be most helpful to current and future investigators.

In sum, as this is a book that had to be written, so it will have to be read by any serious student of the life of Freud.

BENNETT SIMON (CAMBRIDGE, MASS.)

PSYCHOANALYTIC STUDIES OF THE SIGHTED AND THE BLIND. By Dorothy Burlingham. New York: International Universities Press, Inc., 1972. 396 pp.

Dorothy Burlingham needs no introduction as a pioneer and outstanding contributor to child analysis and psychoanalytic work with blind children. The quality of her work is constantly reflected in her lucid, concise and stimulating writing. This collection of major papers includes several that have been published previously only in German. They deal with many subjects, interlinked by a strong *leitmotiv*—Burlingham's pervasive interest in the child-mother relationship.

Part I, Child Analysis and the Sighted, contains eleven papers. Probably best known of these are Simultaneous Analysis of Mother and Child (written with Alice Goldberger and André Lussier), and A Study of Identical Twins (with Arthur T. Barron).

Part II, Development of the Blind, contains six papers beginning with Psychoanalytic Observations of Blind Children, originally published in German in 1940, and first published in English as Psychic Problems of the Blind, in American Imago in 1941. The present version is a new translation of the original. The last five papers emerged from the sustained creative work of Burlingham and her co-workers at the Nursery School for Blind Children of the Hampstead Child Therapy Clinic.

The general excellence of these contributions, most of which I have read with profit two or three times, makes it impossible for me to rank them as to quality for neophyte, experienced analyst, or other professional worker. For those of us working

with multihandicapped blind children and with their parents and teachers, the last might be most instructive, namely, The Re-Education of A Retarded Blind Child (with Alice Goldberger). It exemplifies what is too often disregarded: that meaningful diagnosis and prognosis with a latency age child can be arrived at only after a prolonged therapeutic trial.

I would like to see this volume made available to the thousands of teachers, psychologists, counselors, and administrators who work with multihandicapped children but who do not have ready access to psychoanalytic literature.

H. ROBERT BLANK (WHITE PLAINS, N. Y.)

RECONSTRUCTIONS IN PSYCHOANALYSIS. By Michael T. McGuire, M.D. New York: Appleton-Century-Crofts, 1971. 147 pp.

In this intriguing monograph which begins with a challenge to the underlying assumptions of the psychoanalytic theory of reconstruction and general psychic development, the author maintains an objective, historical-philosophical approach and concludes with an attempt to resolve some of the problems and paradoxes he has discussed. The work is erudite and perceptive in many aspects yet is unfortunately incomplete in terms of awareness of present-day classical psychoanalysis. Significant areas are left untouched: much of ego psychology, the work of Hartmann and Loewenstein on autonomous ego functions, free association and the genetic fallacy, the contributions of Kris and Greenacre on reconstruction and memory, as well as the careful studies of Anna Freud, Mahler, Solnit, McDevitt, Galenson and Roiphe (and many others) based on direct child observation and developmental studies. In addition, the central importance of transference and the transference neurosis in the reconstruction and understanding of the patient's past is minimally indicated.

The author's interest in the subject began about four years ago when he read R. G. Collingwood's The Idea of History. The latter's reasoning (as an 'idealist historian') about the nature of historical thought seemed to eliminate the 'confusion surrounding the role and uses of the past in psychoanalysis'. Briefly, the idealist's position emphasizes that the present view of the past is all that a historian can know (i.e., everything that has happened is

in the mind now; thus there are no historical 'facts') and that history begins with the historian's reduplicating the mental process of the historical agent.

McGuire focuses on what he suggests is the paradox of psychoanalytic reconstruction: if psychoanalytic theory is interpreted literally, the patient's reported history must be incorrect since the unconscious has its own rules for data processing, leading to constant distortions or repression. This represents a major epistemological dilemma which remains unresolved, and is without any detailed discussion in the literature. He recognizes various psychoanalytic opinions which indicate that, while desirable, accurate reconstruction is neither crucial for successful analysis nor essential to understanding patients. However, if psychoanalysis is to be considered as a theoretical scientific discipline with general statements about human development, it needs a historical framework and must be accurate about the representation of childhood experiences.

From the beginning of psychoanalysis, Freud emphasized two major themes: permanence and change—the past was the most important variable in understanding the present. It determines the present and helps in predicting the future. It could therefore both explain the underlying personality structure and could work to change it, thus eventuating in 'cure'. McGuire challenges the concept that the past can be reconstructed primarily from memories as opposed to the observation of behavior, and states there is no evidence that children have the capacity for understanding attributed to them by analysts.

He confirms as an important clinical fact that most patients and analysts develop a sense of conviction about the past that they eventually construct and put to use, but the increase in self-knowledge resulting from this analysis does not depend on the accuracy of the reconstruction. As noted earlier, the vital importance and contribution of the 'reliving through the transference' is neglected here.

One particular statement in the text that gives one pause in the midst of a genuinely thoughtful appraisal of the analytic method is the following: 'One practical thing psychoanalysts have to offer their patients is to assist them in controlling their motives and in directing them towards fulfillment of those ends which are possible'. Without going into a detailed review of the goals of

analytic treatment, this is far from an adequate or accurate statement.

In his concluding chapters, after a cogent review of the contributions of experimental psychology, present-day theories in structural linguistics, and the relevance of theories of time to psychoanalysis, the author brings us to his resolution of the paradox implicit in the current methodology of psychoanalytic reconstruction. He conceptualizes an important historical event as composed of four elements: ends, means, conditions, and responses. These are interrelated in a framework that both allows a classification for the organization of historical data and also defines the various facets of the event which must be known before it can be explained and understood. The ends (or goals) are seen as the wishes or instinctual derivatives, the means as the skills or 'ego capacities' (the estimate of innate ability), the conditions as the influence of the environment (repetitive experiences), and the responses as the reaction of patients to the events or experiences. With the identification and correlation of these factors, the analyst can then outline the event and have available a structure for the union of theory and the data of experience. Dr. McGuire suggests that the history as constructed in terms of these four facets can be taken as 'fact', and may then be explained. Psychodynamics and structural explanations can then explore and understand the interrelationship between the elements of the quartet at any given moment in time.

The author's proposed resolution of the methodological problem certainly falls within the purview, and is actually close to the approach of most analysts to the patient's productions (based on the metapsychological 'points of view'). His scholarly and carefully formulated understanding of the problems of psychoanalytic historiography and reconstruction is a worthwhile achievement, making this monograph a positive contribution to the literature in this area and deserving of critical attention. Its limitations have been suggested above, chiefly those involving apparent lacunae for the more recent analytic literature, a study of which would have broadened and yet simplified some of the methodological problems and paradoxes that intrigued the author.

I feel that with a more encompassing perspective, McGuire could supplement his present volume with an evaluation of modern

psychoanalytic reconstruction and analytic work which is substantially based on the important recent contributions from ego psychology and child observation.

BERNARD D. FINE (NEW YORK)

LA SEXUALITÉ PERVERSE: ÉTUDES PSYCHANALYTIQUES (Perverse Sexuality: Psychoanalytic Studies). By Ilse and Robert Barande, Joyce McDougall, Michel de M'Uzan, René Major, Christian David, Sidney Stewart. Paris: Payot, 1972. 256 pp.

This book by seven authors aims at an exploration of the problem of perversions, sadomasochism, inversion, and fetishism. It claims to be the result of group discussion but it demonstrates very little coördination of viewpoint and contains very little clinical data. Instead, generalization is piled on generalization with little reference to cases.

Only one case, a masochistic pervert of sixty-five, is described in detail. This man tattooed self-humiliating phrases all over his body, mutilated his penis with a razor to enlarge the outer meatus, had his breasts burned off by red-hot irons, and contracted tuberculosis from his equally masochistic wife. Nevertheless he was able to have normal intercourse; the intensity of his orgasm coincided with the peak of his suffering. Contrary to Reik's observation, he showed remarkably little richness of fantasy. But even this case does not contain the clinical data that a good modern seminar gives us. To illustrate the naïveté of the discussion, we find that in this case a constitutional factor is assumed because the patient, his cousin whom he married, and his father were all masochists.

The most obscure and least satisfactory contribution is titled The Language of Perversion and the Perversion of Language. Actually, there is little said about distortions of words, sentences, styles, mannerisms, etc., which linguistic research, such as has been done in schizophrenia, has brought to light. It is claimed that visual imagery is more important to perverts than acoustic imagery, but no case material is offered to support the claim.

What is most valid in the book is that which is most familiar. For example, the lack of ego identity, weakness of body image, weakness of symbolization, and unresolved œdipal conflicts are all

cited as essential factors in perversions. There is no reference to the discussion on masochism by Loewenstein, Eidelberg, Waelder, Berliner, and Bak in 1956. Joyce McDougall states that the basic fear in both male and female homosexuals is of symbiotic fusion with the oral and anal mother, with consequent loss of identity. The relation of these ego defects to the defenses of denial and regression, however, is not adequately illustrated, substantially diminishing the value of her contribution.

This book suffers from the all too prevalent tendency in psychoanalytic literature to overemphasize and theorize at the expense of clinical substantiation.

HENRY HARPER HART (SOUTHBURY, CONN.)

THE PSYCHOANALYTIC STUDY OF SOCIETY, VOL. V. Edited by Warner Muensterberger and Aaron H. Esman. New York: International Universities Press, Inc., 1972. 258 pp.

The individual papers that make up the contents of Volume V of the Psychoanalytic Study of Society are grouped under the following headings: Anthropology, Social Pathology and Sociology, Methodology, and Art and Literature.

In the first section M. Masud Khan, in Freud's Provision of the Therapeutic Frame, discusses Jean Pouillon's paper titled Doctor and Patient: Same and/or the Other?. 'Jean Pouillon . . . defined for us the doctor-patient-illness relationship in its social frame in certain primitive societies . . . [and] christened this relationship . . .: The Therapeutic Triangle.' The three apices of this triangle are the 'evil', the patient, and the doctor—and it is the interrelatedness, or lack of it, among these three that constitutes the dynamism of the 'therapeutic triangle'. At the close of his subtle analysis of the theme of this fascinating and intricate study, Khan calls attention to the paper's challenge to psychoanalysis: it sets us 'a task of self-inquiry, without which psychoanalytic research can very easily ossify into a pseudoscientific manipulation of concepts'.

In Effects of Acculturation on the Vicissitudes of the Aggressive Drive Among the Apaches of the Mescalero Indian Reservation by L. Bryce and Ruth M. Boyer, we learn of the sad outcome—group anomie and depressed masochism—of the strong aggressive

drive in the Apache as a consequence of current unstable social organization in that tribe.

The next section of the book, under the heading, Social Pathology and Sociology, contains papers dealing with Tahiti, the American ghetto, and the Woodstock Festival at Liberty, New York. In the first, Tahiti, Sin and the Question of Integration between Personality and Sociocultural Systems by Robert I. Levy, the author approaches his subject cautiously, cognizant of the pitfalls of 'wild analysis'. If only for its contribution to methodology, the paper is worth reading as an illumination of the difficulties involved in relating psychosocial integrations to underlying psychodynamic features.

Crucible of Ambivalence: Sexual Identity in the Ghetto by Dale R. Meers would be called 'relevant' by our youth culture, dealing as it does with one of the significant problems of our times: the ghetto and its impact on the individual. The next paper might be viewed similarly: The Day of a Psychoanalyst at Woodstock by James L. Titchener, a study written from the heart. The author fervently hopes (and we echo that hope) that what he observed at that festival signaled a 'possible shift in emphasis in personal and group values toward openness of the self and away from emotional reserve, toward empathy in relations and away from fear of embarrassing intimacy, toward closeness and caring and away from being careful and untrusting'.

Under the heading of Methodology, a paper by David Zern utilizing 'a particular method of cross cultural analysis' examines 'the validity of the psychoanalytic concept of secondary process development'. It is an intricate paper that leaves one with some vexing questions. (The full title of the work is The Differentiation of Time and Objects: A Cross-Cultural and Longitudinal Approach to an Examination of the Concept of Secondary Process Development in Psychoanalytic Theory.) Also in this section E. Victor Wolfenstein, in Some Technical Concepts of Applied Psychoanalysis, discusses 'social interpretive guidelines' he found useful in psychobiography. His article is a worthwhile contribution to that field.

The last section of the book, Art and Literature, lists three papers: Frederick Baekeland's Depressive Themes in the Graphic Work of Odilon Redon, Henry Edelheit's Mythopoesis and the

Primal Scene, and Bernard C. Meyer's The Grumus Merdae of Black Bart, the California Highwayman. Accompanying illustrations help to vivify each of these papers. In a most convincing paper Baekeland brings the depressive dynamics of the artist Redon into conjunction with the themes of drawings that spanned a lengthy period of his artistic life. Edelheit offers a persuasive 'attempt to clarify the universal myth-making power of the primal scene', and Bernard Meyer, in a delightful paper about a witty criminal with the touch of the poet—or as he termed it 'PO-8'—adds another notable contribution to psychoanalytic studies of the artist, in this instance a highwayman artist.

Congratulations are due to the editors for assembling articles over a wide range of subjects that hold one's interest throughout. Reading of cultures different from our own or about subcultures within our own, about art, myth, and about an intriguing highwayman—all in a psychoanalytic perspective—is a most refreshing and instructive experience and is to be recommended.

HENRY WEXLER (NEW HAVEN, CONN.)

FOLKLORE AND PSYCHOANALYSIS. By Paulo de Carvalho-Neto. Coral Gables, Fla.: University of Miami Press, 1972. 211 pp.

Folklore and Psychoanalysis may be viewed from two aspects for our purpose. Of great value are the folktales that are mainly derived from Frazer's The Golden Bough and the discoveries of folklorists who have pursued their quarry among the indigenous and peasant populations of Brazil. The relationships between these findings and psychoanalytic findings are remarkable and impressive, and well worth the time of the interested reader.

On the other hand, an eclecticism and idiosyncratic interpretation of Freud's meanings pervade the pages of this book. For instance, when the author decides to deal with his material from the standpoint of metapsychology, he uses mental structure, mental energy, and mental mechanisms as the only categories. There is a tendency in this book, that I have also noted in American folklorists, to lump Freud's work and Jung's work together under the rubric 'psychoanalysis'. This book is therefore not a theoretical text for use by the beginning student, but rather a theoretical piece in which one must seek out familiar concepts enclosed in semantic

usages that are foreign to the conventions established within the freudian psychoanalytic school.

What is particularly striking is the absence of reference in the bibliography to psychoanalytic writings other than those of the author which were written after 1952. I have the impression that this book was written from notes gathered twenty years ago. Advances in metapsychology introduced by Hartmann are not included in the metapsychology section. Nowhere in the body of the book can one find any evidence of the influence of the monumental contributions of Joseph Campbell's Hero with a Thousand Faces or The Masks of God, Henry Murray's Myths and Mythmakers, or Thomas Mann's important essay on psychoanalysis and mythology. Arlow's paper on the ego aspects of mythology is also not mentioned. Worst of all, Freud and Oppenheim's Dreams in Folklore (1958) is mentioned only as possible supplementary reading in an introduction by someone not the author.

There is undoubted value in a book in which the approaches to folklore of Jung, Malinowski, dialectic materialism, Kardiner and Freud are presented, side by side. This value is dampened, however, by the fact that Freud's views are not fully presented, and modern freudian developments are neglected.

CHARLES A. SARNOFF (GREAT NECK, N. Y.)

PSYCHOSOMATIC CLASSICS. SELECTED PAPERS FROM 'PSYCHOSOMATIC MEDICINE', 1939-1958. Edited by L. A. Gottschalk, et al. Basel: S. Karger, 1972. 252 pp.

Psychosomatic medicine, never recognized as a special discipline or subspecialty, nonetheless commanded much respect in the forties and fifties and many significant investigations were reported. However, in more recent years, fewer meaningful clinical studies have appeared, and the research emphasis has shifted to further testing, refinement, and exploration utilizing newer techniques, approaches, and theoretical conceptualizations from the basic and social sciences.

The volume under review consists of fourteen papers, all written by American investigators and all previously published in the journal, Psychosomatic Medicine. Five members of the editorial board, L. A. Gottschalk, P. H. Knapp, M. F. Reiser, J. D. Sapira,

and A. P. Shapiro, presumably made the selection of these 'classics' and have assumed responsibility for either preparing or soliciting capsule retrospective comments on each of the papers. These brief critiques attempt to place the given paper in its appropriate historical niche, to indicate the significance of the reported work, and to explore the evolution of ideas in the more contemporary research. The comments, all identified with the names of their authors, are a welcome addition. The contemporary references cited in them are, however, not bibliographically listed, thus making it a bit more difficult for the reader who may wish to read these contemporary studies.

Carl Binger, a former editor of the journal, has written a brief foreword to this collection. He describes how the 'classics' were selected, pointing out the care used in making the choices as well as general criteria employed: high merit and interest and excellence of argument. Binger comments on a few of the articles selected, particularly pointing out that Franz Alexander's Psychoanalytic Study of a Case of Essential Hypertension, published in the first issue of Psychosomatic Medicine (1939), was the first paper chosen. The comments of M. Lipkin about this contribution unfortunately do not address themselves to the more significant issues associated with Alexander and the Chicago group, namely the specificity-generality hypothesis and its broader implications for nosology, etiology, and clinical theory. The need for a critical volume addressing itself to these issues, not only in terms of Alexander's contributions but those of other writers represented in this collection, is long overdue. This, of course, was not the purpose of the committee responsible for the present book. As Binger points out, excellent work has been done elsewhere, and, of course, published in journals other than Psychosomatic Medicine. Perhaps if interest warrants the issuance of additional collections of psychosomatic 'classics', such papers can be republished.

Although psychoanalytic theory and psychoanalysts are abundantly represented in the collection, (e.g., George Engel, M. Rosenbaum, H. Weiner, T. Benedek, B. Mittelmann, F. Alexander, F. Reichsman, I. A. Mirsky, M. F. Reiser), other serious researchers utilizing different conceptual frameworks and methods are also reprinted (e.g., P. D. MacLean, J. Romano, H. G. Wolff, G. Saslow, J. V. Brady,

J. W. Mason, R. Galambos, D. McK. Rioch, R. W. Porter, J. I. Lacey, L. E. Hinkle, Jr., W. J. Grace, D. T. Graham).

This volume can be useful to medical students, residents, and others who are unfamiliar with the pioneering studies in psychosomatic medicine. However, a balanced overview of the entire field focusing on theory, methodology, research, and clinical applicability still remains unwritten.

GEORGE H. POLLOCK (CHICAGO)

LA FORMATION PSYCHOLOGIQUE DU MÉDECIN. A partir de Michael Balint (The Psychological Formation of the Doctor. Beginning from Michael Balint). By Michel Sapir, M.D. Paris: Payot, 1972. 354 pp.

This book opens with a historical survey of the roles played by psychosomatic medicine, medical psychology, and psychoanalysis in gradually making the general practitioner of medicine aware of the emotional conflicts associated with organic disease. Overcoming the resistance of the medical profession to this aspect of disease has been a long struggle, from the days of Groddeck, Ferenczi, Alexander, Deutsch, and Jelliffe to the recent work of Michael and Enid Balint and their disciples. In France particularly there was rigid opposition among the heads of specialities in the medical schools; the emotional conflicts of their patients were defensively ignored. But the general medical practitioner knew that conflicts hid behind symptoms, and since 1950 many physicians have joined the groups organized by the Balints to discuss their difficulties with patients. At meetings there were four foci: 1, the personality of the patient and his attitude toward his malady; 2, the physician himself and his feelings about the patient-doctor relationship; 3, the development of transference and countertransference relationships; and 4, the transference to the leader of the Balint group, who was a psychoanalyst.

The many difficulties these sessions presented indicate the need for skill, patience, and flexibility on the part of the group leader. He has to handle the emotions of the physicians in the group as exemplified in their views of the patient; he must wait silently until the emotions of the group gradually emerge. At other times the analyst leader has to act firmly or intervene by refocusing the

discussion. It was found that general practitioners were more flexible than specialists in combining a scientific attitude toward the patient with empathy for the patient's conflicts. Often the group would escape the tension and anxiety involved in the patient-doctor transference by shifting the discussion to techniques of diagnosis and treatment.

The group meetings often continued for as long as three years, during which œdipal and preœdipal material emerged with the patients' regression into dependence and passivity. The physicians learned to accept these regressive phases without guilt and anxiety. This enabled them to restore confidence in their patients. As the doctors found themselves more relaxed about exploring the feelings of the patients, they also found that they became more at ease with themselves.

The author illustrates the group meetings with dialogues based on recordings of the sessions. It was noted by all that the amount of aggression expressed in the recordings seemed much greater than was felt at the time of the meetings. Members abreacted much anxiety, frustration, depression, and hostility as they presented their difficult cases. It was understood that the physician's 'apostolic role' was challenged by the patient who wished to render him impotent. The castration complex in both physician and patient was recognized and dealt with in the sessions. This led to diminishing anxiety in both; gradually the resistant patient, unwilling to reveal his conflict because of guilt and anxiety, became less of a threat to the physician. Not all physicians were equally flexible and intuitive. Some would take refuge in 'psychologizing'—evolving theories instead of facing their own guilt and their sadistic and masochistic reactions. Some of the doctors went into classical analysis as a result of this group experience.

Projective identification was frequently demonstrated in these sessions: the physician identified with some aspects of the patient's problem, leading to projection onto the patient of the doctor's desires and expectations. Some qualities in the patients that the doctors disliked came up for investigation. It was interesting to see how the male physicians reacted with castration anxiety in their criticism of the female physicians who seemed to show phallic traits when feeling challenged by competition with the

men. Thus a rivalry between the sexes revealed the castration anxiety and fear of retaliation by the other sex.

Not every kind of patient was discussed in these group meetings; those with severe neuroses, psychoses, and character disorders were excluded. Even hysterics, who formed the focus of a few groups, evoked great tension as the basic erotic needs behind the symptoms of the patients were revealed. Frustration over the patient's resistance to the doctor's expectations, causing punitive countertransference reactions, became recognized as such, as did guilt and anxiety over the erotic wishes of the female hysteric.

Two theoretical concepts are dealt with in this book: the 'basic fault' and the phenomenon known as the 'flash'. The former, traceable to Ferenczi's ideas about the patient's continuing need for maternal love derived from earliest infancy, was seen at work in those patients who came regularly over the years to their physicians, getting the same medication and never gaining any intimacy or insight. These patients frequently lived in isolation and had warm relations with no one; the physician represented the primal maternal object, or part object.

The 'flash' concept is less clearly illustrated. It seems to be the physician's sudden, intuitive perception of himself—or of the patient—as he becomes less defensive, guilt-ridden, and anxious, and more able to discard his apostolic role. After three years in these Balint groups, the physicians were noticeably more confident in their perceptive powers and in their ability to empathize.

The author, Michel Sapir, feels that this kind of postgraduate training is an important contribution to the psychological development of the physician. He believes, however, that medical students are not suitable for such a training program. (Perhaps the patient-doctor relationship does not become meaningful until the student becomes a practicing physician.) Sapir does not underestimate the risks involved. With psychosomatic disorders, these risks are considerable and an amelioration of symptoms is often considered sufficient. The psychoanalyst may have many misgivings about the permanence of these changes and also about the possibility of 'wild analysis'. One must remember that most of the participating physicians had no preliminary analysis. Psychoanalysts believe that the physician must be content to be a patient before he can become an analyst. The reviewer questions how permanent per-

sonality change can occur in these doctors on the basis of one session a week for three years. Far-reaching interpretations were rarely made of the physician's own conflicts.

Despite the shortcomings and risks involved in this training program, it appears to this reviewer that much good was accomplished in making the approach of the general practitioner more flexible and free through the development of a more elastic and tolerant superego.

HENRY HARPER HART (SOUTHBURY, CONN.)

DEL PSICOANÁLISIS A LA PSICOLOGÍA SOCIAL, TOMO II (From Psychoanalysis to Social Psychology, Vol. II). By Enrique Pichón-Rivière. Buenos Aires: Editorial Galerna, S.R.L., 1971. 342 pp.

This volume is a compilation of Pichón-Rivière's notes, lectures, comments, and previously published papers on a wide variety of psychoanalytic and psychiatric subjects covering a period of twenty-five years. The title, Collected Papers, would have corresponded more accurately with the contents. The author's theoretical orientation, like that of most of his colleagues in Buenos Aires, is in a general way identified with Melanie Klein. Within the Kleinian orientation, however, Pichón-Rivière is quite original in his approach to many topics that reach far beyond the limits of psychopathology, such as art and creativity.

Certain basic theoretical constructs are consistently applied by the author to a wide range of data, including clinical psychiatric observations, problems of technique in psychoanalysis, psychotherapy and group therapy, psychosomatic illness, psychiatric training, and the teaching of psychiatry to medical students. The explanatory constructions are based on theoretical principles vastly different from traditional ones, even though they are formulated in familiar language. In these formulations, the idea of (internal) object vicissitudes is substituted for the usual structural theory. For instance, resistance and defense are viewed as resulting not from inner danger but from a dread of change, which expresses 'basic fears': the fear of loss of object, originating in the depressive position, and the fear of attack from the object, originating in the schizoparanoid phase. The notion of a rich early infantile

fantasy life is reconciled with observations that seem to contradict it merely with the explanation that fantasy experience does not depend upon verbal images or words, even though fantasies are sometimes expressed in words. In the infant's fantasy, the world is a womb and a breast occupied by dangerous objects; for a psychotic adult, it remains so (sometimes consciously).

A major part of the volume is dedicated to the subject of creativity in art. The work of art is considered to be a symbol that stands for the internal, projected object. In the initial experience of the process of artistic creation, the inner 'lost' object is 'rediscovered', is 'found' in varying degrees of destruction. By this the author apparently means that repressed remnants of unresolved conflicts of the schizoparanoid phase come to the fore. The work of art, strictly speaking, consists in the symbolic repair or restitution of the destroyed inner object. The amount of 'benefit' thus obtained by the artist—be he patient or not—depends on the degree of success of the process; specifically, the degree of restitution. When the artist is a patient in analysis, as in a case presented, the process becomes strikingly clear. The analyst participates emotionally in the process through his empathic identification with the patient, some 'benefit' resulting for him thereby. This may be particularly true when there is some affinity of interest between the patient-artist and the analyst, as was the case in the instance presented. The re-encounter with the object produces an emotional impact on both patient and analyst, presumably because of the state of destruction in which the object is 'found'. The affect thus experienced is similar to the sense of the *uncanny*. While on the level of internal object relations, the artistic creation consists in the symbolic restitution of destroyed inner objects; on the level of the affects that attend the process, it consists in a transformation whereby that which was formerly experienced as uncanny (*siniestro*) becomes beautiful and produces the æsthetic experience.

Sartre's reflections and comments provoked by a mobile given him by Calder are the object of some of Pichón-Rivière's psychoanalytic speculations. Sartre felt that the mobile had an autonomous, well-controlled motion, as if derived from an 'intelligence' of its own, thus giving him a sense of the uncanny. In relation to these reflections, the author postulates that the work of art is a triumph

over death and madness: the 'dead' mobile has autonomous movement and self-controlled 'equilibrium'. One would surmise that the author's idea about the relative success of restitution and the 'benefit' thereby obtained relates to the *quality* of the work of art. However, he also advances the theory that in the case of Picasso, the *quantity* of his work is the 'price of his sanity'. While in the case of Sartre's mobile the author seems to be referring to a *symbolic* function of art, with Picasso he seems to refer to something *real.* A proper differentiation between what is symbolic and what is real is often absent or ambiguous in Pichón-Rivière's formulations. Thus a construct is sometimes used in his elaborations as if it were *fact,* or as evidence for itself.

His theory of restitution, which explains the process of artistic creation, is in the nature of a basic construct that has application to a wide range of human experience: for example, to integrative processes such as recovery through analysis. The idea of destroyed objects refers to a condition present in all mental illnesses; and a symbolic restitution, similar to that of art, characterizes the successful analytic process.

Finally, Pichón-Rivière advances the theory of a *single* illness. 'Basic depression' is considered the one illness, of which all other conditions are elaborations or attempts at resolution. The universality of basic depression explains the widespread idea that in order to experience successful treatment, every patient must undergo a phase of depression.

ALFREDO NAMNUM (MEXICO CITY)

RADICAL AND MILITANT YOUTH. A Psychoanalytic Inquiry. By Robert Liebert. New York: Praeger Publishers, 1971. 257 pp.

The psychoanalyst approaches this book eager to learn what an on-the-spot psychoanalyst at Columbia University in 1968 can contribute to a fuller understanding of the radical behavior of the students in that uprising. As Liebert so aptly puts it, his study 'is an example of what has come to be known as "firehouse research"—that is, what takes place when a social crisis erupts unexpectedly and the researcher races out and studies it as best he can, with no prior plan for the project'. His principal sources of data in this lone effort were 'direct interviews with students, term papers by students

and clinical descriptions of student patients by therapists other than myself, supplemented by more informal observations and discussions with administrators, faculty, parents, therapists, non-academic employees of Columbia and other students'. He also drew on background information on the student activists obtained from college records. The interviews, the primary source of data, were open-ended, 'psychoanalytically oriented, two- to four-hour interviews with fifty students. Sixteen of these were seen in pairs or small groups. They were selected from among male and female, black and white, undergraduate and graduate students of all degrees of political activism.'

From these data sources and with this methodology Liebert sought answers to the basic question of 'why particular men and women, at a particular time and place, engaged in a particular form of radical action. To answer this question requires speculation about the process of psychohistory, by which I mean the complementarity and mutual influence of the individual's inner dynamics, the development of his personal "identity", and the existing and changing social conditions.' At the outset it looks as though Liebert is setting out on a rough sea in a very small boat. The question he wants to answer involves extremely complex behavioral phenomena which would require information about all levels of psychodynamics in the individual, from group behavior to depth psychology.

The methodology is not adequate for yielding other than highly speculative answers to the question. The students are a very articulate group who write and speak colorfully and expressively. They document clearly and unmistakably that entering the buildings and risking police attack become for the moment the behavioral context in which they live out the late adolescent developmental issues of removal from parents and family, adult identifications, and issues of identity. In this connection the relations of the students to the faculty contain many of the same elements as the relations to the parents, ranging from idealization to disillusionment.

In a chapter entitled Individual Factors in Radical Activism, Liebert presents the conceptual model he developed for understanding student behavior during the rebellion. He views the political belief and actions of each student as the outcome of three individual and two sociopolitical-historical factors. In the first category are: ***individual character, value orientation,*** and ***re-***

sponses to the nature of the radical action. The sociopolitical-historical factors include: *the external sociopolitical situation* and the *psychohistorical context.* The individual factors are then conceptually arranged on a scale of radical activism from *idealistic* to *nihilistic* according to the developmental outcome of polarized characteristics arranged on a time scale of stages modeled after Erikson's well-known psychosocial developmental schema. These characteristics are speculatively linked to generalizations about the outcome of psychosexual developmental conflicts unrelated to the data of the study. These speculative conceptualizations hang in mid-air, so to speak. Although they are on the clinical-observational level of abstraction they are not related in a systematic way to the data of the study. They are also not intrinsically related to the methodology and therefore do not offer the possibility of enriching further research in the area.

The chapter, The Psychohistorical Context, sets the study in the frame of reference of the work of Erikson, Lifton, Keniston, and Coles. Liebert attempts 'to relate the Columbia rebellion to the shared meaning and collective impact on the students of certain recent historical events . . .'. These are the Vietnam war, the Kennedy assassinations, the Martin Luther King assassination, growing up in a nuclear age, etc. Whether these lead to 'the emergence of new forms of individual character organization and ego organization', as Liebert claims in his epilogue, seems highly questionable. It is necessary to distinguish character organization and ego integration as developmental processes, in which universal basic mechanisms are operative, from the behavioral fabric of the personality which obviously and necessarily represents an adaptation to current social, cultural, and historical realities.

In his epilogue Liebert attributes the decline of popularity of psychoanalysis as a cultural ideology and as a therapy to the reluctance of psychoanalysts to apply and adapt their conceptual tools to the understanding of phenomena such as student rebellion. Unfortunately, his book demonstrates what many psychoanalysts have realized; namely, that the conceptual tools of psychoanalysis are closely linked to psychoanalysis as a method and that they lose much of their usefulness for investigation when they are employed outside the psychoanalytic situation. Why the limitations of the methodology of psychoanalysis and psychohistory should become

the basis of a gratuitous pejorative criticism of psychoanalysts eludes rational understanding. Psychohistory can meaningfully borrow from psychoanalysis only to a limited extent and, as Liebert's book shows, has much difficult work still to do to forge its own tools and methods.

SAMUEL RITVO (NEW HAVEN)

THE SCIENCE OF BEHAVIOR AND THE IMAGE OF MAN. By Isidor Chein. New York: Basic Books, Inc., 1972. 347 pp.

Professor Chein's book is exceptionally ambitious in its scope. Among other topics it deals with the nature of man, the nature of reality, the meaning of freedom, and the function of science. Its sixteen chapters include those with such titles as Man or Robot, Behavior, Mind, and Related Concepts, Some Reflections on Reality, and Verity vs. Truth in the Scientific Enterprise. It is primarily a philosophical work addressed to professional psychologists and especially to those engaged in research. Written at a time when, according to Chein, the movement in academic psychology is still in behavioral revolt against E. B. Titchener (1867-1927) and the latter's concern with consciousness and experience, the book is likely to be read as an 'answer' to B. F. Skinner's recent Beyond Freedom and Dignity. As such it will be of little interest to psychoanalysts who hardly need philosophical or research support to understand the limitations of Skinner's position.

Chein does make considerable use of psychoanalytic language and concepts in attempting to marshal arguments in favor of a humanistic definition of man and science. Two of his chapters are titled Ego and Superego, and The Id, but the arguments contained therein range very broadly and do not follow any psychoanalytically coherent form. Some readers may object to the occasionally dogmatic language the author employs, as when he asserts that 'the moral aspect of human nature is as much contained in the ego as in the superego', or when he describes the theory of the repetition-compulsion as 'an abortion' that led Freud into 'conceptual disaster'.

The primary focus of Chein's polemic is the scientific enterprise itself as practiced by American academic psychology. He finds that scientific psychology has produced little that is relevant and depends on a robotic image of man that is in error because it does

not match the self-evident facts. He recommends as a remedy that where 'scientific conceptualizations do not agree with Man, throw the conceptualizations away; the science is about Man, not Man about science'. With obvious sincerity (and perhaps some naïvité) Chein asks the reader to accept the author's own view of Man as the proper frame of reference.

This view of man will be congenial to many of those engaged in clinical work. However, the book is not addressed to such an audience, and one must wonder how successful it will be with those psychologists who have chosen careers based on a narrower conception of man, one that ignores unconscious motivation. Unfortunately, Chein does not make good use of reasoned and consistently developed argument, but erratically mixes in appeals to blatant sentiment, liberal doses of Jewish scriptural and folk lore, and dogmatic assertion.

In general I found the book appealing in its basic intent but, partly for the reasons mentioned above, extraordinarily difficult to follow. The primary fault lies with the fact that it does not seem to have been edited at all. In his preface, Chein apologizes for his personal style, which he confesses may not have prevented 'a pedantic note from creeping into my writing . . . and my complexly structured thought processes'. But the sincerity of his apology makes it no easier to follow sentences of one hundred fifty to two hundred words in length, or to maintain interest in shorter sentences of, say, twenty-five words when broken up by ten commas. Either the publishers of Chein's book did not feel it necessary to save his ideas from being buried under the weight of his writing style, or Chein did not permit it; in either case the reader is the loser.

Among the best realized aims of this book is the author's attempt to restore the scale of human limitation to the scientific enterprise; that is, to make the activity of science a function *of* man and not a process that transcends man. At a time of growing disappointment and anger over the failure of science to rescue man from himself, such a cautionary reading of the scientific enterprise may serve a useful purpose.

MICHAEL BELDOCH (NEW YORK)

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Bulletin of the Menninger Clinic. XXXVI, 1972.

S. Warren Seides

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ABSTRACTS

Bulletin of the Menninger Clinic. XXXVI, 1972.

The Right To Die with Dignity. Elisabeth K. Ross. Pp. 302-312.

After citing examples of the ubiquitous defense of denial of impending death, the author describes her interviews with dying hospitalized patients. To deal with the psychological needs of patients who are 'beyond medical help', the physician must understand his own fear of death. If he can give hope and convey a nondeserting, silent companionship, it will enable the patient to move more easily—and with dignity—through what Ross describes as the five stages of dying: 1, the stage of shock and denial; 2, the stage of rage and anger; 3, the bargaining stage; 4, the stage of depression; and 5, the stage of final acceptance. Ross presents examples that focus on the importance to dying patients of cathected ego functions and body parts, and of dealing with 'unfinished business'.

Object Constancy in the Light of Piaget's Vertical *Décalage*. Louise J. Kaplan. Pp. 322-334.

An attempt is made to shift the dialogue between psychoanalysts and Piaget from searching for correspondences in content (such as that between object constancy and object permanence) to focusing on parallels in structure (such as studying self-object differentiations through developing levels of organization). The author reviews Piaget's periods of cognitive development—sensorimotor, representational, and formal intelligence—with a view toward the vertical *décalage*, or separations of cognitive achievements at progressive levels to allow unfolding of developmental processes. She postulates that object constancy is not a stage specific achievement but can continue to be restructured with new levels of meaning through adolescence. The timing of attainment of object constancy is discussed, with emphasis on its gradual restructuring through successive developmental levels of self-object organization. The view of gradual and progressive restructuring of object constancy presented in this paper places too little emphasis on the integration of affect and function.

Freud's Influence on Social Case Work. Shirley C. Hellenbrand. Pp. 407-418.

The author reviews the history of social work beginning in 1890, particularly the casework aspects, and examines its changing ties from sociology to psychoanalysis since 1930. The focus on individual conflict began to be seen as the precursor of change in life adaptation. Casework particularly incorporated the discovery of the unconscious, the multidetermination of behavioral patterns from the dynamic past, an emphasis on both childhood and adult sexuality, and a treatment model from psychoanalysis. Yet the focus on libido theory in analytic technique led to many distortions in the practice of casework;

its misapplication permitted overpermissiveness and efforts at therapeutic neutrality in the casework situation. The advent of ego psychology in the 1940's corrected some of these distortions. Today, however, casework finds itself under attack for being too freudian, for disengaging itself from the poor, and for limiting the possible range of social work in the area of prevention. Casework, like psychoanalysis, is facing the periodic resistances of society.

Ego Impairments and Multiple Drug Abuse. Roy E. Gryler and Phyllis A. Kempner. Pp. 436-450.

This is a case history, primarily genetic in its presentation, of a young man who in many ways typifies the user of hard drugs. The authors discuss deficits in ego and superego functioning which they feel are common in this group: defects in object relationships, in impulse and affect control, and in cognition and synthetic abilities. The paper is an interesting, well-written illustration of the defensive use of multiple and shifting drugs. Unfortunately, the opportunity to explore the dynamic origin of such severe psychopathology does not often present itself to analysts.

Self-Cutting. Peter Novotny. Pp. 505-514.

The symptom of self-cutting without conscious suicidal intent is found most often in women who display severe disturbance in reality testing. Alcoholism, drug ingestion, and eating disturbances frequently accompany the symptom. In investigating self-mutilation from the five points of view of metapsychology, Novotny places most emphasis on the dynamic, structural, and adaptive aspects. The act not only expresses an attempt to handle castration anxiety, but represents the wished for and feared phallic penetration. Passive homosexual wishes, masochistic phenomena, and oral conflicts are common. An aim of the symptom would be the gratification of sexual impulses and rage.

The particular ego impairment in the patients described is characterized by an inability to separate fantasy from reality when stress reaches a certain intensity; otherwise ego functions are intact. Oral aggressive and incorporative modes are emphasized throughout the paper in spite of the scarcity of genetic data. That the skin is the target organ suggests disturbances in the body ego boundary: difficulty in differentiating what is inside from what is outside. An adaptational secondary gain from the symptomatic act would be an alleviation of the confusion between self and environment. Based on these formulations, some implications for treatment are discussed.

Relation of Language Development to Problem Solving Ability. David A. Freedman. Pp. 583-595.

Drawing primarily upon Freud's topographic theory of mental functioning, the author shows that the process of problem solving need have no direct connection with the use of language; that language occurs without thought and that thought occurs without any prior exposure to language. An example

of the former is seen in autistic children who can repeat words and phrases in a foreign language but cannot use words for communication. On the other hand, studies of deaf children confirm that if they have developed adequate early object relationships, they can think conceptually long before they attach words to their thoughts. Other observations in normal, congenitally deaf, and blind children indicate that vocalization develops independently from audition and is only later integrated into an apparatus for communication by means of language. What, then, is the developmental connection between thought and words? Freedman is drawn to Escalona's hypothesis that development of personality is not a direct result of the interaction of the organism and its environment, but involves the operation of an intervening variable designated as a 'pattern of concrete experience'. If a child progresses to the point of differentiation of self and object, with the establishment of both object relationships and internalized object representations, problem solving ability can be achieved. The echolalic/autistic child lacks this ability because of the absence of the synthetic ego function. The congenitally deaf child's situation is the reverse. He has achieved internal self-object differentiation, for oral language is of relative unimportance during the precœdipal period. Therefore his behavior is adaptive (problem solving) and his difficulty occurs later in communication (understanding the nature of the problem). Even with normal children the developing, immature ego does not correlate psychological understanding with language development. Clinical examples from the work of Fraiberg, M. Wulff, and the author convincingly substantiate the thesis.

S. WARREN SEIDES

Journal of the American Academy of Child Psychiatry. XI, 1972.

Distress in Feeding. Short Term Effects of Caretaker Environment of the First Ten Days. Padraic Burns; Louis W. Sander; Gerald Stechler; Harry Julia. Pp. 427-439.

A meticulously designed, detailed study presents one aspect of extensive research in early interactional experience, focusing upon the initial phase of infant-caretaker interaction. The conceptual model is of mother-infant as components in an interactional field-adaptive process leading to ever developing synchronous organization within and between the component parts. The critical first phase accomplishment is the establishment of synchronization between intrinsic infant rhythms and stable regularities of the caretaker. Psychoanalysts interested in experimental research design will find this paper rewarding.

Personality Differences in the Perceptually Handicapped. Stanley R. Lesser and B. Ruth Easser. Pp. 458-466.

In children with congenitally deviant endowment, the usual theoretical developmental framework cannot be taken for granted. Paralleling the con-

cept of 'average expectable environment', the authors propose 'average constitutional endowment'. In the absence of the latter, evaluation, classification, and dynamic formulation are meaningless and/or misleading without knowledge of the very different pathways of development and experience that these children follow.

Considering specifically the congenitally deaf child, the authors detail the kinds of classifications of behavioral symptoms and faulty dynamic formulations that can result. They discuss delayed development of ego organization, especially the 'emotional self' (analogous to Piaget's 'action self'); the probable factors in the empathic deficiencies of deaf children (the feedback interference resulting from their emotional 'obtuseness' and its influence on the kinds of defenses evolved); hypotheses for the relative absence of guilt responses and the predominance of hyperactive, agitated responses; and new formulations for apparent obsessive compulsive patterns. They conclude that: 1, usual psychopathologic categories are poorly applicable; 2, psychic characteristics generally thought of as primary (such as organizations of emotions) need to be further analyzed as to genesis and structure; and 3, further study of the perceptually handicapped can enhance our understanding of the development of ego functions.

Pregnancy, Abortion and the Developmental Tasks of Adolescence. Carole Schaffer and Fred Pine. Pp. 511-536.

Schaffer and Pine present clinical material from in-depth interviews with twenty-four pregnant girls who sought abortions. The girls ranged in age from twelve to nineteen and were from a lower socioeconomic background. The authors describe the dominant conflict aroused by the situation and its clinical and developmental implications. Although differing in personality, the girls invariably exhibited intense conflict between 'being mothered and being a mother'. The manner in which abortion was sought, planned, and carried out depended upon the balance of the 'being mothered-mothering' polarity. Where passive wishes for 'the mother of infancy' predominated, patterns of extreme denial and passive dependence upon the mother were the rule. The opposite extreme was reflected in independent, active management and self-care, with a subsequent increase in sense of mastery; these girls appeared to utilize the crisis as an organizing experience. The authors found this conceptualization a useful approach to clinical appraisal and planning, especially in the selection of the patients most in need of active supportive measures.

A Five Year Follow-Up Study of Ninety-One Hyperactive School Children. K. Minde; Gabrielle Weiss; Nancy Mendelson. Pp. 595-610.

Ninety-one of an original one hundred and four patients in a prospective study of chronically and severely hyperactive children were re-examined five years later. They had been patients in a psychiatric outpatient department

from 1961 to 1966. Although the initial target symptoms had diminished, they remained significantly greater than in the matched control group. Higher scores resulted on tests of neuroticism, psychopathy, and immaturity. Pharmacotherapy showed mixed results. Psychotherapy appeared to affect neuroticism scores only. No single item was of predictive value, but a cluster of twelve variables did allow for successful predictive grouping.

Personality Development in Twins. Competence in the Newborn and Preschool Period. Donald J. Cohen; Martin G. Allen; William Pollin; Gale Inoff; Martha Werner; Eleanor Dribble. Pp. 625-644.

From a broader longitudinal study, data are presented on five twin pairs, now between three and a half and four and a half years old. The relationship between constitutional adequacy as measured in the first week of life and competence at preschool age is examined. Intratwin comparison offers both a reduction of familial and socioeconomic factors and a built-in 'standard of comparison'. (It also provides interesting data concerning the interaction between parent and child as affected by constitutional differences.)

Methodologically, the study is carefully designed and implemented. Appraisal of constitutional status in the first week is based on the authors' First Week Evaluation Scale (FES) which delineates and rates the following categories: health, physiologic adaptation, calmness, vigor, attention, and neurological findings. At the nursery school age, assessment was made by observing play under standardized conditions, Rorschach testing, IQ testing, psychiatric play interviews, and detailed family interviews. Despite the small group, the results are impressive and convincing due to the meticulous long-term observations in depth. The findings demonstrate vividly the correlation of high FES scores (constitutionally excellent infants) with high level of linguistic and generally adaptive competence, and low FES scores with the poorest levels of later competence. The authors' discussion of the importance of early differences in arousal, attention, and 'soothability', as well as their review of other work in this area, warrants reading.

A Psychoanalytic Viewpoint of Behavior Modification in Clinical and Educational Settings. Gaston E. Blom. Pp. 675-693.

Blom argues persuasively for a more open-minded attitude toward behavior modification on the part of psychoanalytically oriented therapists. Avoiding an either-or approach, he presents his views on behavior modification as an additional tool (along with analytically oriented approaches and educational techniques) in a day care facility for seriously disturbed children. An exclusive focus on underlying conflicts fails to enhance skills, alter specific behaviors, and facilitate adaptation and change; it also fails to provide sufficient guidance for parents. Blom's discussion of behavior modification theory and the extreme responses that it elicits among professionals merits attention.

A Therapeutic Approach to Treating a Grieving Two-and-Half-Year-Old. Margie B. Clark. Pp. 705-711.

In a neat clinical vignette, the brief intervention (four sessions) with a mother and child is presented. The sudden death of the father-husband had resulted in a pathologic mourning process in the child. A concise discussion of object loss and mourning in young children is included. This case illustrates nicely the effectiveness of prompt clinical intervention based upon good understanding of the dynamic and developmental forces.

ALICE KROSS FRANKEL

Journal of Youth and Adolescence. I, 1972.

Beyond Anxiety and Fantasy: The Coital Experience of College Youth. William Simon; Alan S. Berger; John H. Gagnon. Pp. 203-222.

This paper, based on statistical data drawn from a 1972 study of fourteen- to eighteen-year-olds and a 1967 study of college students, attempts to delineate the factors that inhibit or encourage coital behavior. The conclusions drawn seem to cast some doubt upon the reality of the so-called sexual revolution. The rate of increase in premarital coital behavior is shown to be only a fourth as much since 1940 to the present in comparison to the rate of increase from the beginning of the century until 1940. Frequent intercourse is engaged in by rarely as many as forty per cent of today's female college students. Evidence that regulatory influences are fairly traditional contradicts the current view that coital behavior is casual and superficial. Increased coital activity was correlated with frequent dating behavior and 'being in love'; patterns of abstinence were based on religious attendance and 'relationship with parents'. Popular discussion exaggerates sexual freedom as a cause of anxiety in young people who did not experience this 'revolution' in attitude, thus encouraging a self-fulfilling prophecy. Although thought-provoking, this study reflects the usual limitations of statistical approaches.

Youth's Outlook on the Future: A Past-Present Comparison. Douglas A. Kleiber and Guy J. Manaster. Pp. 223-232.

A statistical survey of three hundred and twenty college students was compared with a 1955 study of attitudes and values in a similar population. Present-day students were judged to be significantly different in attitudes from students twenty years ago. The 1971 students desire fewer children, are less religious, are more approving of women's working and of racial equality, and express more confidence about their future. Student activists reflect the greatest change in attitudes and are seemingly more oriented to the present, while nonactivitists seem closer in values to the 1950 sample.

Compliance from Kindergarten to College: A Speculative Research Note. June Lovin Tapp and Felice J. Levine. Pp. 233-249.

Utilizing data from interviews with students from kindergarten through college, the authors attempt to reconstruct developing ideas of 'rule', 'justice', and 'compliance'. Their conclusions are optimistic for society: there is within the individual the potential for analytic, legal reasoning which is consistent with the attributes of a democratic, just legal system. Of interest to analysts might be the study of the evolution of such internalized systems. Younger children interviewed regarded rules as a series of admonitions rigidly followed to avoid negative environmental reactions; the older youths saw rules as reflecting internalized concepts of social order and felt that there was more flexibility in following and interpreting established patterns.

Cheating in High School: A Comparison of Behavior of Students in the College Prep and General Curriculum. Fred Schab. Pp. 251-256.

A survey of students from twenty-two high schools shows cheating to be sufficiently prevalent to constitute an academic way of life. Boys are more culpable than girls and cheating in the area of mathematics is the most common. Schab expresses his fear that permissiveness (educators' lack of curbing such activities) might also influence and be reflected in the multiple problems facing society today; that is, poor behavioral patterns in school would continue in other areas and run counter to the requirements of a democracy. Although sharing the author's concern, one might also conjecture as to whether the continued need for external controls in high school classrooms reflects early overindulgent child rearing practices, or is consonant with the maturational struggle to consolidate and restructure an adult superego during adolescence.

On the Adolescent Process as a Transformation of the Self. Ernest S. Wolf; John E. Gedo; David M. Terman. Pp. 257-272.

This interesting paper utilizes biographical source material from Freud's adolescence, introspective accounts from the self-analysis of several psychoanalysts, and vignettes from the psychoanalytic literature. It is proposed that during adolescence the necessary de-idealization of archaic parental images, with their transformation into newly internalized idealization which consolidates into a stable ego ideal, is served effectively by intense peer relations called 'Academia' by the authors after Freud's 'Academia Castellona'. The 'Academia' serves to maintain narcissistic balance and the cohesion of the self. Freud's intimate correspondence with Eduard Silberstein re-enacted Cervantes's solution to his disillusionment with the world and its evils. Freud's discredited, old internalized childhood image, inspired by his often quoted disillusionment

with his father who bowed to anti-Semitic ruffians, created a temporary gap in his psychic structure. The 'Academia' was important in facilitating the internalization of a new ideal taken from Cervantes.

The data suggest that the intrapsychic changes of adolescence are not the consequence of sexual maturation. The crucial transformation of the self, reported from ages eleven to twenty, are related to the emergence of the inner necessity for new ideals and the opportunities encountered for this transformation.

MARION G. HART

Journal of Nervous and Mental Disease. CLV, 1972.

Visual Sensitivity and Sexual Arousal Levels During the Menstrual Cycle. Milton Diamond; Leonard Diamond; Marian Mast. Pp. 170-176.

This study is an interesting addition to the growing body of literature on biological and cyclic influences contributing to copulation. In general, coitus has been found more likely to occur at or around the time of ovulation. Previous research has found that women's sensitivity to olfactory stimuli is related to the menstrual cycle and estrogen production, with the greatest sensitivity occurring during the ovulatory phase. Similarly, sensitivity to pain appears related to the cycle and is most decreased at the time of ovulation. The present study indicates that the greatest sensivity to visual stimuli also occurs around the time of ovulation. All these findings are seen in line with the theory that sensory thresholds for those modalities mediating sexual receptivity would vary at the time of ovulation in order to increase the probability of copulation and hence conception. Additional data from other authors studying subjective sensations imply that emotional tendencies generally vary in the direction of greater stability, self-satisfaction, and feelings of pleasure during ovulation. From the point of view of evolution these emotional and sensory variations are seen as adaptive for the perpetuation of the species.

HAROLD R. GALEF

American Imago. XXIX, 1972.

Psychoanalysis in Hitler Germany, 1933-1949. Käthe Dräger. Pp. 199-214.

A barbaric regime's gradual destruction of psychoanalysis to a point of near extinction is described in this paper. Its author recounts with pride the clandestine efforts of those who persevered in their analytic endeavors. The article is most gripping but leaves the reader with a wish for anecdotal material; in particular, one would be interested to know more about Dr. John Rittmeister, who was executed because of political resistance.

Henry James's *The Ambassadors*: The Ritual Scene Revisited. Thomas R. Deans. Pp. 233-256.

This paper is interesting because of its analysis of a sought after *déjà vu* experience. The protagonist takes a train to a randomly selected spot on a river in the hope of seeing 'something somewhere' that would remind him of a small painting that had charmed him years ago. When a boat drifts into view containing a man and a woman who appear to him to be mother and son, he recalls a forgotten detail of the painting—a boat containing lovers. His reaction is one of horror because of the arousal of primal scene fantasies stemming from an earlier period of his life.

James Barrie's 'M'Connachie'—His 'Writing Half'. Edwin F. Alston. Pp. 257-277.

Barrie gave names to two facets of his personality: M'Connachie was his writing self and J.M.B. was his dour, practical, canny self. M'Connachie represented a regressive, childish, sentimental side which seems derived from fusions of idealized self-images, idealized mother images, and his mother's expectations. M'Connachie had the ideas and wrote the plays; J.M.B. revised and adapted them.

JOSEPH WILLIAM SLAP

Seminars in Psychiatry. IV, 1972.

The Therapeutic Process in ECT. Max Fink. Pp. 39-46.

Notwithstanding the fact that many therapists regard repeated convulsions as the most effective treatment for psychosis, there has been no satisfactory theoretical understanding of the mode of action of this therapy. The many theories that have been proposed fall into either psychogenic or biologic classes. The psychogenic theories have been found by many to be speculative and unconvincing. Those theories that base the effect of ECT on memory changes are contradicted by therapeutic results following a newer technique which avoids memory loss. The somatogenic approach has made it possible to eliminate many of the factors which previously had been thought determinative: anoxia, muscular exertion, adrenal effect, catecholamine response, and other stress factors. It is now thought that the activity responsible for clinical change is inherent in the convulsions.

The neurophysiologic adaptive view of convulsive therapy, developed by Fink, takes into account the fact that changes in cerebral function, measured by increased EEG slow wave recordings, are essential for change in behavior. In addition, he notes that patterns of change are also influenced by individual personality qualities and by environmental reaction which has the effect of rewarding certain behaviors and discouraging others. Fink implies that convulsive treatment exaggerates behavior already present in the pretreatment character of improved patients, including increased verbal denial, euphoria, displacement, and a tendency to minimize.

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Meetings of the New York Psychoanalytic Society

Winslow Hunt & Dorothy Ueberman

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

May 16, 1972. THE INFANTILE FETISH. Herman Roiphe, M.D. and Eleanor Galenson, M.D.

The authors distinguish two situations in which a child may have intense attachment to a particular inanimate object: 1, the object may be a transitional one used by the child to help him endure separation from the mother; 2, the object may be a true fetish, 'a substitute for the missing penis of the mother and hence a means of defense against castration anxiety'. In a previous study, Roiphe reported that children between sixteen and twenty-four months of age regularly, and normally, experience sexual arousal and that some children develop castration anxiety during this period.

The present paper considers the formation of a true fetish, based on castration anxiety, which may develop in the precœdipal child under certain conditions: 1, normal sexual arousal at ages sixteen to twenty-four months; 2, observation of the anatomical differences between the sexes; 3, experiences such as birth defect, severe illness, surgery, loss of a parent or not-good-enough mothering, which result in instability of self- and object representations. Clinical cases were presented to demonstrate this thesis. The authors feel that the fetish reassures against castration anxiety by defining and supplementing the body schema, especially the genital.

DISCUSSION: Dr. Manuel Furer questioned the definition of a fetish as an inanimate object which represents the missing maternal phallus and nothing else. He felt that this concept did not do justice to the complexity of the interrelationship between precœdipal and œdipal development. He also thought that a genetic and dynamic continuity between the infantile and adult fetish was not proven by the data presented.

Dr. Robert Bak suggested the following classifications of inanimate object attachments in the first two years of life: 1, transitional objects which primarily soothe the trauma of the infant's separation from the mother's body; 2, prosthetic objects which serve the narcissistic purpose of maintaining the sense of body integrity, especially as props of the phallic self-image; 3, infantile fetishes which reassure against castration anxiety by symbolically representing the maternal phallus. The existence of an infantile fetish is in doubt as it would vitiate the temporal factor, the fetish being contingent on the phallic stage. Dr. Bak felt the issue may be impossible of solution since direct infant observation cannot tell us the precise meaning of a given behavior to the infant.

Dr. Margaret Mahler noted that the phenomena reported were commonly observed, especially in the violent reactions in girls to the early discovery of sexual differences.

WINSLOW HUNT

May 30, 1972. EARLY EGO DEVELOPMENT AND THE DÉJÀ VU. Bernard Pacella, M.D.

Dr. Pacella suggests that the *déjà vu* phenomenon is a defensive regression for the individual, which revives an early preverbal experience of the mother. In the face of a current threatening reality situation, and in order to provide the reassurance and security associated with the mother's gestalt at this early time in the child's life, there is a controlled transient regression of one aspect of the reality testing function of the ego. The unique sense of the familiar, which is the hallmark of this experience, relates to a visual representation of the mother in the first year of life; at this time the child feels that the mother is omnipotent and able to protect him from harm, is totally good, and, most significant in terms of the present defensive needs, belongs to him alone. Two clinical cases are presented, one from a 1959 paper on *déjà vu* by Arlow and the second an analysand of the author. For both patients the current situation aroused castration anxiety related to the œdipal phase.

In reviewing the early preverbal period, Dr. Pacella stressed the importance of the visual modality, which according to Spitz shifts from the tactile modality at about four weeks of age. The author feels that it then becomes increasingly important in the development of object relationship and constancy, and the ego. In relation to *déjà vu*, the process described by Mahler as scanning and seen in the infant toward the end of the first year was emphasized. The infant just emerging from the symbiotic unit begins to show anxiety in the presence of strangers and will view first the stranger's face, then look back to the mother, and repeat this back-and-forth behavior. Dr. Pacella postulates that the *déjà vu* experience derives its drive investment from the mother's gestalt at this period. The scanning process serves both adaptive and defensive functions. Some theoretical suggestions as to the source of energies include a noninstinctual neutral source, a familiarizing drive, and gratification derived by the sensual exploration of the object; thus the energies are derived from both ego and id.

Other phenomena involve similar defensive and regressive processes. The author agrees with Arlow that the screen memory, like *déjà vu*, is an attempt to ward off threatening memories but unlike *déjà vu* is the expression of a wish from the ego rather than the id. The Isakower phenomenon, Lewin's dream screen, and *déjà vu* may be related as they all involve regression to the preverbal period and to memory traces of the mother. However, in *déjà vu* the visual modality alone provides the drive; in the Isakower phenomenon and the dream screen, tactile and visual percepts are mixed. Further, in *déjà vu* the individual is fully awake and ego function and reality testing are essentially intact.

DISCUSSION: Drs. Margaret S. Mahler and Phyllis Greenacre agreed with the author's emphasis on the preverbal period development and the visual modality during this period. Dr. Mahler felt that *déjà vu* might very well relate to this period, and recalled a patient reported by Dr. Greenson whose preverbal experience associated with reassurance and security was revived as a defense against a present danger.

DOROTHY LIEBERMAN

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

January 17, 1972. INDECISION AND CLAUSTROPHOBIA. Raymond H. Gehl, M.D.

Indecision often poses a difficult problem in initiating the process of analysis or in evoking a long-term commitment to it. Freud studied indecision in relation to the obsessional neurosis which led to the tendency to think of the obsessive when one considers problems of indecision. In this paper, Dr. Gehl points out the ubiquity of states of indecision, delineates the multiple functions they serve, and presents four cases which demonstrate how indecision can be a phobic manifestation often related to claustrophobic symptomatology. The making of a decision and the commitment to it may itself be a source of phobic anxiety. To decide and to act involve an aggressive expression; the decision itself may relate directly to aggressive or sexual involvement, and may have to be avoided. In the more complex phobic avoidance of decision, there is often a displacement of anxiety onto the claustrum with an underlying claustrophobic fantasy. In this situation making a decision becomes a commitment to a non-escape situation, a claustrum that must be avoided, and any movement toward commitment and action raises the anxiety to an intolerable level. Structural elements that contribute to indecisiveness in general are drives and ego and superego factors.

DISCUSSION: Dr. Frank Berchenko spoke of the clinical aspects of claustrophobic indecision, and expressed reservations about the extent of both the claustrophobic base of states of indecision and the omnipresence of womb fantasies in claustrophobia itself. He stressed the defensive level of anxious indecisiveness. The 'teasing out' of fantasies in such a complex syndrome is important in order to isolate those fantasies that help us to identify more specific genetic factors.

Dr. Jerome Levine mentioned the complexity and variability of the clinical phenomena subsumed under states of indecisiveness. He agreed with Dr. Gehl that indecision is common in many clinical states. He felt the author was emphasizing the phobic displacement and projection of libidinal and aggressive id wishes onto the ego function of decision making, though the latter itself can be divided into a series of complex functions.

Dr. Alan Eisnitz cited examples from everyday language which seemed to illustrate the use of underlying fantasies of the type described; he felt that claustrophobic fantasies do not necessarily involve womb fantasies. Dr. Merl Jackel noted that Lewin described two types of claustrophobics: patients who fear entering the claustrum and those who fear being evicted once inside. He questioned whether the second is truly claustrophobic; the fear might be related to anxiety concerning the outer world. Dr. George Wiedeman questioned whether all claustrophobic symptoms are necessarily related to womb fantasies.

SIMON A. GROLNICK

At the Sixtieth Annual Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION in May 1973, Burness E. Moore, M.D. took office as President; George H. Pollock,

M.D. as President-Elect; Martin A. Berezin, M.D. as Secretary; Alex H. Kaplan, M.D. as Treasurer; Homer C. Curtis, M.D. and Paul A. Dewald, M.D. as Councilors-at-Large.

At the Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY in April 1973, the following took office: Albert J. Stunkard, M.D., President; Alvin P. Shapiro, M.D., President-Elect; Donald Oken, M.D., Secretary-Treasurer.

THE AMERICAN PSYCHOANALYTIC ASSOCIATION will hold its Fall Meeting at the Waldorf-Astoria Hotel, New York City, December 13-16, 1973.

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